

FAMILY CONTACTS OF MENTALLY HANDICAPPED ADULTS IN DIFFERENT TYPES OF RESIDENTIAL CARE

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INTRODUCTION

This study compares the extent and frequency of family contacts of mentally handicapped adults in different forms of residential care. A Project was set up in Sheffield, England, to establish small, community-based residential facilities that provided a homelike, domestic environment with the aim of enabling clients to live in the community as much as their disabilities would allow. Three types of accommodation were provided: small hospital units for the most severely handicapped residents; hostels administered by the Health Authority (HA hostels) for those requiring limited medical and nursing supervision and hostels administered by the Local Authority (LA hostels) for those who could be cared for within an ordinary home if such were available. At the time of study, 19 units were operational: 4 pre-Project hospitals due to close eventually; 2 Project hospitals; 2 pre-Project HA hostels; 6 Project HA hostels; 3 pre-Project LA hostels and 2 Project LA hostels.

It might be expected that more residents of Project units would maintain family contacts or have contact more frequently than residents in pre-Project units because the Project units were designed to be physically more pleasant, being more homelike and allowing more privacy, and because the encouragement of community links was an important feature of the Project philosophy. Project units were to be sited close to the centres of population from which their clients would be drawn, for instance. Lunt *et al.* (1978) found that although around the same proportion of clients had contacts in a new, locally-based hospital unit and in villas on a traditional hospital campus, those in the new unit had more frequent contact.

The population of mentally handicapped adults in residential care was not assigned randomly to the 19 Sheffield units. As expected under the Project, residents with more severe handicaps lived in hospitals, although there were no significant differences in the dependency of HA and LA hostel residents. A greater proportion of hospital residents had speech problems. Further, the Project units housed more dependent residents than the pre-Project units, their residents were younger and were more likely to live within 8 miles of their next-of-kin. Thus, in order to understand levels of contact in different types of provision, relationships between contact with relatives and clients' dependency, speech ability, age and distance from next of kin were also examined.

METHOD

Information was obtained from the city's Case Register (set up as part of the Project) on the ages, degree of handicap and speech ability of all those resident in facilities for mentally handicapped adults in Sheffield. The 19 unit heads provided the frequency with which each client visited or was visited by relatives, and the postal address of their next of kin, allowing "crow" distances from the unit to be calculated.

RESULTS AND DISCUSSION

749 people, 383 female and 366 male, were resident in the 19 units in June 1980. 209 had contact with relatives at least fortnightly, 67 at least monthly, 116 at least 3-monthly

and 357 had had no contact in the past 3 months. Extent of contact was not related to degree of dependency (consistent with Ballinger, 1970), speech ability (in contrast to the effect noted by Colledge, 1980) or residence in hospital, HA hostel or LA hostel.

However, residents in Project units were more likely to have contact than those in pre-Project units ($\chi^2=13.2$; $df=1$, $p<.001$). Residents aged under 45 years of age were more likely to have contact than older residents ($\chi^2=33.3$, $df=1$, $p<.001$) as were those whose next of kin lived within 8 miles ($\chi^2=25.1$; $df=1$, $p<.001$) and in both cases, contact was more frequent. There were no significant differences in levels of contact for clients with next of kin within 4 miles and those with next of kin between 4 and 8 miles from the unit.

It would be exciting to be able to conclude that the new, more homelike units provided under the Project encouraged greater contact, but since the new units housed younger residents and residents who were more likely to have their next of kin living within 8 miles, further analysis was carried out to disentangle these factors. This illustrated that the effect of unit type was attributable to age, since contact was similar in Project and pre-Project units when only younger residents were considered. Thus, this study indicates that family contacts are related to residents' age and the distance to be travelled (no relationship being found between these factors).

It is not surprising that older residents would have less contact with relatives than younger relatives: their parents may be less able to visit and they may have been in care longer. However, this does illustrate the importance of recognising that this group may have a greater need for structured external contacts. The finding that distance of next of kin related to family contact was consistent with other studies (e.g. Anderson *et al.*, 1975; Sechrest and Sukstorf, 1977) but with the current emphasis on local catchment areas it is perhaps surprising that under 8 miles the effect disappeared. A very different result may, however, emerge in a rural area, less well served by transport, or if a more sensitive measure, incorporating travelling time and costs, were incorporated.

It may be that the lack of difference between Project and pre-Project units was because the philosophy of encouraging family contacts affected all units in the city. An alternative explanation is that the Project had no effect at all on contacts with relatives. In a study of 626 mentally handicapped people in residential care over a comparable 3 month period, Ballinger (1970) reported that 56.6% were visited. The present study showed that only 52% of residents had contact with relatives in the past 3 months. The similarity in these figures, despite the Project and despite 10 years during which the importance of family contacts for mentally handicapped people in residential care has been heavily emphasised, suggests that visiting frequency is relatively unaffected by administrative considerations.

SUMMARY

As part of an evaluation of the effects of a Project to provide new services for mentally handicapped people, visiting patterns in residential facilities provided under this Project were compared to those in pre-Project provision. The type of unit, whether Project or pre-Project, Health Authority or Local Authority, did not in itself affect visiting patterns. However, fewer older residents were visited than younger residents and those who were, were visited less frequently. Fewer residents retained family contact when families lived over 8 miles from the unit, and contact was more frequent when families lived within 8 miles.

Acknowledgements

This research was funded by the Department of Health and Social Security as part of the Mental Health Buildings Evaluation Programme of the DHSS Works Group. Views expressed are those of the author and do not necessarily reflect the views of the DHSS.

References

- ANDERSON, V. H., SCHLOTTMAN, R. S. and WEINER, B. J. (1975) Predictors of parent involvement with institutionalised retarded children. *Am. J. Mental Deficiency*, 79, (6), 705-710.
- BALLINGER, B. R. (1970) Community contacts of institutionalised mental defectives. *Brit. J. Mental Sub-normality*, 16, 17-23.
- COLLEGE, J. (1980) Visiting the mentally handicapped in residential care. *Brit. J. Psychiatry*, 137, 313-318.
- LUNT, B., FELCE, D., KUSHLICK, A. and MANSELL, J. (1978) *The frequency of contact between clients and their relatives during one year in five Wessex locally-based hospital units and in five villas on a traditional hospital campus*. Health Care Evaluation Research Team report No. 141.
- SECHREST, L. and SUKSTORF, S. (1977) Parental visitation of the institutionally retarded. *J. Applied Social Psychology*, 7, (4) 286-294.