

**THE RESIDENTIAL CAREERS OF A GROUP OF  
MENTALLY HANDICAPPED PEOPLE:  
THE INFLUENCE OF EARLY RESIDENTIAL EXPERIENCE**

ROGER C. SUMPTON, NORMA V. RAYNES and DEBORAH THORP 1)

**INTRODUCTION**

Policies and philosophies relating to residential services for mentally handicapped people have changed markedly in the past two decades in both the USA and in Great Britain. Some signs of the extent to which policies and philosophies have been implemented are visible from nationally available statistics. These do not present a picture which reflects either a steady move to the community or a process of deinstitutionalisation.

Change in the nature of a residential provision has been strong in the USA. National Survey data show that in 1967 approximately 195,000 mentally handicapped people were resident in public residential facilities ("institutions") in the USA. By 1980 this number had dropped to about 128,000 (Best-Sigford et al., 1982). However, as Best-Sigford et al. (1982) point out, deinstitutionalisation does not necessarily entail the development of community-based residential services. Their data show that many people leave institutions to go to nursing- and rest-homes ("mini-institutions", it could be argued). The term "transinstitutionalisation" has thereby emerged, to refer to the movement of people from "traditional" institutions to such mini-institutions (Morrisey & Goldman, 1981).

In England in 1970 there were 55,434 people living in National Health Service (NHS) mental handicap hospitals and units. By the 1980's there were 42,000 people resident in NHS facilities and 13,000 living in local authority (LA) hostels. A further 4,000 people lived in privately-run establishments. The 1971 White Paper on mental handicap services recommended the run-down of the mental handicap hospital population and the prevention of inappropriate admissions (DHSS, 1971). Ten years later, it was clear that the targets of the 1971 Paper were not being met (DHSS, 1980). In the early 1970's, LA provision of hostel places grew, but it seems that these places were not being used by people from the existing hospitals (CMH, 1977). Tyne and Wertheimer's (1980) review of developments in the 1970's concluded that, despite an apparent shift toward community care, policies were in fact promoting the continuation of traditional hospital-based residential services. What the national data do not tell us, since they reference the provision of places and facilities at given points in time, is what is happening to those in residential care to produce the kinds of patterns available and commented on by Tyne and Wertheimer.

The residential careers of the mentally handicapped children, now young adults, seen in the King et al. study (1971) can be considered in the context of the national figures. These careers can throw more light on what is happening to clients, than can nationally available official statistics on the provision of places and establishments over the years. When the children were originally seen in 1967, they lived in three different types of facility -- five mental handicap hospitals, nine LA hostels and four privately-run establishments. The LA hostels were a randomly selected sample, the hospitals and private homes were not.

1) Department of Social Administration, University of Manchester, Oxford Road, Manchester M13 9PL  
This paper is based on a study funded by the DHSS.

Marked differences were found in the quality of care provided for the children living in the different types of residence. The LA establishments showed more individualised patterns of care than the hospitals or privately-run homes, as measured by the Child Management Scale (King and Raynes, 1968). These differences could not be accounted for by differing characteristics of the residents in the three types of establishment. On age and degree of retardation, there was as much variation within as there was between the types of residence (King et al., 1971). In 1967, the children were between the ages of five and 16. The majority were severely and profoundly mentally handicapped.

#### METHOD OF DATA COLLECTION

The data reported here were obtained from a brief postal questionnaire used in a follow-up study to trace the original sample of 448 mentally handicapped people seen by King et al. The questionnaire was mailed to the known residences at the time of the first study. It asked if members of the sample still lived in the establishment. If any had moved, the questionnaire was then mailed to the next reported addresses. This procedure was followed until the current (i.e. July 1983) whereabouts of all in the original sample was discovered. The questionnaire also requested, from current places of residence, information about residential movements since 1967 and about current weekday activities. This method enabled 414 (92 per cent) of the original sample to be traced. Of these 414 people, 373 (82 per cent of the original sample) were still alive in 1983 and therefore provide the data for this paper.

#### FINDINGS

At follow-up, the people in the sample were found to be living in nine different types of accommodation, having started out at the time of the first study in just three types of residential care. Table 1 shows the current type of residence as a function of the original type of placements.

It will be seen that 58 of the 373 people (i.e. 15.5 per cent) were found to be living in voluntary homes, 175 (46.9 per cent) in hospitals and 57 (15.3 per cent) in Local Authority hostels. The equivalent distribution pattern in the original sample was 18 per cent in voluntary homes, 42 per cent in hospitals and 40 per cent in Local Authority hostels. It seems, therefore, that overall, most of the movement in type of residence has been from Local Authority hostels – a much smaller proportion of the sample now live in Local Authority hostels. As pointed out earlier, the range of types of residence increased. However, the proportion in accommodation other than the original three types is small (22.3 per cent). The most "popular" new type of residence is the family home. Of those traced, 67 people (17.9 per cent) now live with their families. Only six (1.6 per cent) live independently; one person (0.3 per cent) lives in lodgings; and a total of nine others (2.4 per cent) live in group homes, foster homes or community units. In brief, these figures do not show any real shift away from institutions as homes for this group of mentally handicapped people. Indeed, policy recommendations over the last 15 years would lead one to expect a much higher proportion to be now living in Local Authority hostels, rather than in hospitals.

Further comment on the lack of movement in the sample emerges from an examination of the numbers of people who have remained in the same types of residence. For 39 people, voluntary homes are still home. This is 65 per cent of the

**TABLE 1**  
**Numbers of People Living in Different Types of Current Residences,**  
**as a Function of their Original Type of Residence.**

CURRENT TYPE OF RESIDENCE	ORIGINAL TYPE OF RESIDENCE			TOTAL
	VOLUNTARY HOME	HOSPITAL	L.A. HOSTEL	
VOLUNTARY	39 (65.0)	10 (6.4)	9 (5.7)	58 (15.5)
HOSPITAL	17 (28.3)	125 (80.1)	33 (21.0)	175 (46.9)
L. A. HOSTEL	3 (5.0)	16 (10.3)	38 (24.2)	57 (15.3)
GROUP HOME	0 (0)	0 (0)	5 (3.2)	5 (1.3)
FAMILY HOME	1 (1.7)	3 (1.9)	63 (40.1)	67 (17.9)
FOSTER HOME	0 (0)	1 (0.6)	1 (0.6)	2 (0.5)
OWN HOME	0 (0)	1 (0.6)	5 (3.2)	6 (1.6)
COMMUNITY UNIT	0 (0)	0 (0)	2 (1.3)	2 (0.5)
LODGINGS	0 (0)	0 (0)	1 (0.6)	1 (0.3)
<b>COLUMN TOTAL</b>	<b>60</b> (16.1)	<b>156</b> (41.8)	<b>157</b> (42.1)	<b>373</b>

*Note: Figures in parentheses are column percentages, except for those under totals, which give row percentages.*

group who originally lived in this type of residence. Of the original hospital group, 125 (80.1 per cent) still live in hospitals. These two groups have been rather more static than the Local Authority hostel group. Amongst the latter, 38 (24.2 per cent) still live in Local Authority hostels.

The above refers to movement within (or out of) type of residence. There is another index of movement, referring to movement from the particular original establishment in which individuals lived.

Table 2 indicates that 132 (38 per cent) of the 346 people upon whom we had information about the number of residential moves made no moves at all. This is a large proportion, given the fact that the sample of people involved had grown to adulthood from childhood between the original and present studies. The majority (72.7 per cent) of people not moving at all lived in hospitals, while 26.5 per cent of them lived in voluntary homes. Only one person who originally lived in a Local Authority hostel had not moved at all and was, therefore, still living in the same establishment. To consider the data differently, we know that 35 of the 80 people

TABLE 2

The Number of Moves, from One Place of Residence to Another, made by People as a Function of their Type of Original Residence.

NUMBER OF MOVES	TYPE OF ORIGINAL RESIDENCE			TOTAL
	VOLUNTARY HOME	HOSPITAL	L.A. HOSTEL	
0	96 (68.6)	96 (64.4)	1 (0.7)	132 (38.1)
1	13 (25.5)	35 (23.5)	107 (73.3)	155 (44.8)
2	2 (3.9)	15 (10.1)	24 (16.4)	41 (11.8)
3	1 (2.0)	3 (2.0)	12 (8.2)	16 (4.6)
4	0 (0)	0 (0)	2 (1.4)	2 (0.6)
<b>COLUMN TOTAL</b>	<b>51</b> (14.7)	<b>149</b> (43.1)	<b>146</b> (42.2)	<b>346</b>

Note: Figures in parentheses are column percentages, except for those under totals, which give row percentages.

seen in voluntary homes in 1967 were still living in the same home in 1983. Of the 190 people seen in hospitals, 96 were still living in the same hospital in 1983, while only one of the 178 Local Authority hostel residents remained in the same establishment.

The final piece of information obtained from the postal questionnaire concerned the nature of the individuals' current daytime activities. It was not possible to obtain this information for 38 of the people traced and alive. The following, therefore, relates to the 335 people on whom we were able to obtain information.

A total of 62 different names were used to describe the activities undertaken by these individuals during the week. We are unable to comment on the homogeneity of places given the same name by different respondents to the postal questionnaire. However, Table 3 summarises the available data on the nature of weekday activities. The six most frequently reported activities are presented. These activities occupy 231 people (68.9 per cent of the 335 upon whom we have information). The remaining activities have been grouped into one category, which thereby includes 104 (31 per cent) of the sample (see Table 3).

If we consider the group of 49 (14.6 per cent) described as doing nothing during the day, we see from Table 3 that 29 (59.2 per cent) of them originally lived in hospitals, 13 (26.5 per cent) in Local Authority hostels and seven (14.3 per cent) in voluntary homes. This distribution differs from that overall of the 335 people upon whom we have these data. As the table shows, the overall distribution is 43.3 per cent, 41.5 per cent and 15.2 per cent having lived at the time of the first study in hospitals, voluntary homes and Local Authority hostels respectively. Therefore, amongst those described as doing nothing, there are more people than one would

expect who lived originally in hospitals, and fewer who lived in Local Authority hostels.

**TABLE 3**

**Current Daytime Activities, Shown Separately for each Type of Original Residence.**

DAYTIME ACTIVITIES	TYPE OF ORIGINAL RESIDENCE			TOTAL
	VOLUNTARY HOME	HOSPITAL	L.A. HOSTEL	
OCCUPATIONAL THERAPY	1 (2.0)	17 (11.7)	6 (4.3)	24 (7.2)
PATIENTS' ACTIVITY CENTRE	0 (0)	10 (6.9)	0 (0)	10 (3.0)
ADULT INTENSIVE DAY CENTRE	11 (21.6)	0 (0)	2 (1.4)	13 (3.9)
A. T. C.	23 (45.1)	22 (15.2)	80 (57.6)	125 (37.3)
NOTHING	7 (13.7)	29 (20.0)	13 (9.4)	49 (14.6)
DAY CENTRE	1 (2.0)	1 (0.7)	8 (5.8)	10 (3.0)
OTHER ACTIVITY	8 (15.7)	66 (45.5)	30 (21.6)	104 (31.0)
COLUMN TOTAL	(15.2) 51	(43.3) 145	(41.5) 139	335

*Note: Figures in parentheses are column percentages, except for those under totals, which give row percentages.*

Examination of the other five main daily activities shows that each original type of residence is associated particularly with certain of the names given to daily activities. For instance, those originally in hospitals are likely now to be attending occupational therapy departments or patient activity centres, but not at all likely to be occupied in an adult intensive day centre. Local Authority hostel residents in 1967 are now likely to be occupied in Adult Training Centres, while the typical daytime activity for the 1967 voluntary home residents is an adult intensive day centre. It seems, therefore, that current daytime activity is dictated largely by the original type of residence. The mechanism for this may be the lack of movement out of type of residential provision discussed earlier, in conjunction with a tendency for types of establishment to use particular labels to describe daily activities.

Finally, it is possible to examine the location of current daily activities. This information was available for 331 (88.7 per cent) of the 373 people traced and alive. Of these people, 216 (65.3 per cent) spent their weekdays on the site of the residential establishment in which they lived; 115 (34.7 per cent) of them left the site for at least part of the "working" week. Table 4 shows that the majority (59.3 per cent) of those who remain on site lived originally in hospitals; of the remainder, half lived in voluntary homes and half in Local Authority hostels. The picture is very

different for those 115 people whose daily activities are now off the site of their place of residence. The vast majority of them (87.7 per cent) used to live in Local Authority hostels; only 13.9 per cent are from hospitals and 4.3 per cent from voluntary homes. It seems, therefore, that those who originally lived in Local Authority hostels have far more chance of undertaking their daily activities away from their current homes.

**TABLE 4**

**Location of Daily Activities, shown Separately for each Type of Original Residence.**

LOCATION	TYPE OF ORIGINAL RESIDENCE			TOTAL
	VOLUNTARY HOME	HOSPITAL	L.A. HOSTEL	
ON SITE	45 (90.0)	128 (88.9)	43 (31.4)	216 (65.3)
OFF SITE	5 (10.0)	16 (11.1)	94 (68.6)	115 (34.7)
COLUMN TOTAL	50 (15.1)	144 (43.5)	137 (41.1)	331

*Note: Figures in parentheses are column percentages, except for those under totals, which give row percentages.*

#### DISCUSSION

The data presented here underline the points raised in the introduction. The group of mentally handicapped people discussed are not a representative sample because of the way in which the establishments were selected for the original study. However, patterns emerge which reflect some of the national trends discussed in the introduction and offer some possible explanation for them. There has certainly been little noticeable movement toward living in the community for those traced and living 373 people. Hospital-based residential provision is still clearly a major source of accommodation for this group of people. There has been little movement directly out of the hospital "system". Indeed, for some of the people who originally lived in Local Authority hostels, hospitals have since become home — a move further away from "the community".

A very small proportion of the people who were followed up have been able to improve their position by moving to live in the community in group homes, small community units or their own tenancies. Despite the growth in provision of Local Authority hostels, indicated by national statistics, few of the young people studied have been able to take advantage of such developments.

A major influence on the type of residential accommodation currently received is the type providing accommodation when they were children. Crossing system lines is rare in any direction. The group of people who started within the LA system has clearly moved more than either of the other two groups. The major movement has been out into the community in a particular way (namely a return to the parental home). This itself will have some implications for service since the parents, like their offspring, are 17 years older. The lack of movement out of and within the

hospital and private types of facility is particularly remarkable, given that these people have grown from childhood to adulthood in the 17 years of the follow-up period.

The nature and location of current daytime activity is, like current residence, strongly affected by type of original residence. With these data, however, we cannot say whether there is a direct relationship between original type of residence and nature/location of current daytime activity. As suggested earlier, this relationship may exist as a result of the mediating influence of current type of residence – original type of residence influences current residence type, which then affects daytime activities. The relative power of original type of residence as a predictor of outcome, in relation to other potentially predictive factors is being pursued with other data from the follow-up study.

What we would like to stress with these data is the relatively static nature of the residential careers of the reported group of people. Official statistics on the provision of residential places are indicative of change. The data based on individuals' experiences do not reflect such changes. There will be those who argue that change for our sample of people is 'just around the corner'. That may be so. Whether or not it is, change in the direction of care in the community for this group will have to be a very great change.

## SUMMARY

This paper discusses some of the characteristics of the residential careers of a group of 448 young mentally handicapped adults. The people concerned were first seen over 17 years ago in a study of residential care for handicapped children (King et al., 1971). The data reported here were gathered as part of a follow-up study of the population described in that study by King et al. (1971). Data are: (1) the moves made between different types of residential establishment, over 16 years; (2) the current type of accommodation; and (3) daytime activities of the population. The relationship between these three features of residential careers and the type of original residence is discussed.

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