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EDITORIAL

Quite unavoidably we are confronted with a déjà-vu situation. In the face of the great hopes linked with the move from institution to the community group home, one realizes, we have had a similar experience before. In the 50s and 60s we catapulted ourselves with tremendous enthusiasm into hundreds of industrial workshops for the mentally handicapped, who had just been proved as being capable of remunerative factorywork and subsequently industrial work became synonymous for rehabilitative work. But for a small minority that was creamed off by this process and escaped into the normal world, the vast majority was, however, not rehabilitated in the true sence. Today, sobered by the relative ineffectiveness of the narrowminded work approach, we are trying to nudge the sheltered workshop into a rather different direction by suggesting a new name for it – Social Education Centre – without however insisting that it lives up to this name.

Once again, in the second breakthrough, tremendous enthusiasm, dedication, sweat and money are channelled into the erection of hundreds of grouphomes to take the place of institutional beds. Once again, we see a minority benefit significantly by it, whilst a vast majority is probably not as much affected by these changes as they could be. After all, the purpose of this tremendous upheaval is surely not to provide only more comfort and ease of living, more privacy and access to the "normal" community, but to create conditions which would make it possible for everyone to become more of a person, who plans an outing, who chooses a dress, who selects a TV show, who, in one word decides responsibly for himself and by himself without admonition, encouragement or coercion and despite his mental handicap.

It was in this respect that the first breakthrough, the industrial revolution of mental handicap, failed to deliver the goods, because a relevant and valued work contribution was only one of the goals which needed to be achieved. The second breakthrough threatens to become similarly ineffective, because an acceptable domestic setting is only another factor, essential but insufficient by itself, for furthering development. Providing "realistic" work conditions and homely domesticity does not produce shortcuts to solving complex human problems. They are frames without pictures, vessels without content and shopwindows nicely displaying goods which are not being manufactured.

Let's concretise this situation by the example of a "good" grouphome: each resident has his or her room with TV and radio sets, a washbasin with hot and cold water. Meals are served generously three times a day at tables laid for four. In their free time residents follow their own inclinations, stroll in the garden, go out shopping or sit around. From time to time they are invited to join arranged coach

excursions, to take part in afternoon or evening entertainments outside the home. Visitors come freely and residents visit friends and relatives any time. On the whole an undemanding, unstressful and secure existence! This picture applies equally well to the home for the mentally handicapped and also to the home for the geriatric patient. The physical provisions are the same, the use made of them is the same, the attitudes of management and staff are the same.

Not quite, will be said. In one case we are dealing with a population who have the right to enjoy the evening of their life in peace and comfort, and in the other case there is a population with the right to enjoy rest after a day's work. Since, however, both types of homes put emphasis on "resting", it is scarcely surprising that a demarkation line is hardly visible and the new provisions for the m.h. merge in atmosphere and treatment methods unnoticeably with the provisions for the elderly and geriatric "normal" patient. Some people may find nothing wrong with this, a sort of de-luxe life for the dependent – though they may in due course become rather disturbed when faced with considerable expenditure for a steadily increasing number of dependent people, who require assistance and care.

Whilst one can understand, though not agree with it, that the responsible authorities desist in the homes for the elderly from taking physically and mentally activating measures which would prevent or at least slow down inertia and deterioration, the same attitude must not be taken up by those who are looking after the mentally handicapped person in the community. Nor is it sufficient to hand over the task of developing and maintaining skills only to the workshop and a few further education classes and to justify this by reference to normal living habits which consider the home only as a place of rest and relaxation. Encouraging mental, social, personal and emotional growth and maintaining it, is far too complex a task to leave it to chance, to exposure to work and domestic environments and to a necessarily limited academic approach. Workshops and Grouphomes are potentially not only adequate springboards for fostering personal growth but also for arresting personal deterioration, provided they collaborate in formulating and executing a comprehensive approach and effective strategy to achieve these aims. This will require considerably more than the teaching of basic essential skills.

It is wrong to assume that giving the community home for the mentally handicapped – and the elderly – an educative role with defined aims and special methods would run counter to the spirit of normalisation. We are in danger of allowing premature senility to set in by handing out care, rest, relaxation and thinking by proxy in vast dosages. The end result will not be so different from that achieved by institutional living – though it may well look less offensive.

The mentally handicapped adult is still capable of development and could maintain his attainments also in later years with systematic and aimed encouragement. Assisting in this process is "normal", desisting under the pretext of "normal practice" is unforgiveable. Unfortunately the homes for the m.h. and the homes for the geriatric have much in common, among which is that neither home has been given explicitly the task to deal with the development and maintenance of personal living skills, and indeed neither has yet available the expertise and resources to deal with these needs. Failing to realise this, and failing to act accordingly will further a rapid increase of multitudes of dependent people, who could quite well care for themselves in many respects. Is it unduly pessimistic to be afraid that in the absence of an activating, aim directed approach in the grouphome, even our second breakthrough will fizzle out in disappointment and frustration ?