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## EDITORIAL

It is understandable and pardonable if people, who have been directly involved in assisting children and adults with a mental handicap – albeit without too great success in the past – are concerned that past experiences should be fully utilised in the new framework available now. Whilst modern concepts provide essential guidance, there is no need to be tied to them 100% when it becomes necessary to combine successful practices of the past with promising new approaches. We should, for example, query whether the present, apparently final solution of settling every m.h. person in the community and offering him/her the same services as other citizens, is sufficient. Are these services good enough for our people? Should we not, on their behalf, ask for more than everyone else gets? Does the nature of their handicap not require special approaches? After all, not all their needs can be measured by using the same denominator as applied to the general population. And in addition, we know now, that some of this area of mental handicap can be compared to a developing country where the correct input from outside can produce, in the right hands, very acceptable returns.

That there are developmental possibilities in m.h. people needs nowadays no longer be demonstrated though the extent of advances possible in different cases is still a question of further experimentation and experience. It is also quite obvious that "more" effort and "more" controlled work is needed to achieve those advances and that simply assimilating to "normal" conditions by itself is not enough. After all, the inadequacy of just existing in the community led in the past to the desperate "solution" of institutionalization.

At present our developmental efforts are paralleling normal practices, that is to say, education and training take place in normal situations of school (including evening classes, further education and social education ect.) and workshop. The third possible developmental area – the residential home – is scarcely systematically involved in these efforts, because an intrusion of educational programmes into this last "normal" haven of privacy is anathema to many people. However, do domestic peace and relaxation necessarily exclude unobtrusive learning and getting wiser to the ways of the world? Unless we learn to make systematic use of the domestic opportunities for nurturing social and personal growth as it happens quite naturally and incidentally in a normal home, we may not only slow down possible advances, but may assist quite inadvertently in causing deterioration.

In a previous Editorial<sup>1</sup> a parallel was drawn between the lives lived in homes for the geriatric and homes for m.h. people. In both cases the dominant consideration is the physical care required to see to the physical needs of people either handicapped by the creeping on of old age or by the inadequacies of their self-help abilities. It was pointed out that staff – whether volunteer workers of religious

orders or salaried assistants of social service agencies – made no or only half-hearted attempts to intervene in degenerative processes or to encourage social competencies. This is due to the fact that neither type of provision had been given explicitly the task of assisting systematically in the development and maintenance of personal living skills and neither provision has yet available the expertise and resources to deal with these tasks.

Much of what is missing and needed in making residential staff in community group homes an effective factor in our developmental efforts has been mentioned and discussed in various articles published in this journal. Some of the points and findings mentioned there are worth recalling. In a contribution in 1986<sup>2)</sup> it was mentioned that even in the small type of community home with no more than 5 m.h. residents and a staff ratio of approximately 1:2 the verbal interactions were extremely few. In the 2 homes surveyed 7% and 5.5% of time were characterized as "neutral interactions" (i.e. neither praising nor admonishing – e.g. "How are you today?"), 1.1% and .5% as "positive consequences" (i.e. expressing approval – e.g. "Good", "That's right") whilst 1.5% had "negative consequences" (i.e. expressed disapproval – e.g. "No, don't do that"). Staff seemed to be content to use only an abysmally small proportion of time for those very one-sided verbal contacts, though it needs a maximum of time to build up human relationships and constructive practical guidance. It makes one wonder whether the people responsible for administering the breakaway from institutional patterns have really quite grasped the possibilities in front of them. This neglect of opportunities for encouraging essential, basic skills is also observable – and even worse – in larger community group homes, not to mention institutions. Not even the increasing number of staff leads to improvements – instead of talking more frequently with residents, more opportunities for gossiping with colleagues have been created – as other contributors have pointed out<sup>3), 4)</sup>.

One must not blame the staff concerned too much since their educative role is scarcely ever elaborated on and even the most positive description of their task as that of being "Foster Parents" has no real value as another contribution<sup>5)</sup> pointed out. A Foster Parent in job evaluative terms is neither a very specific nor very highly rated task and ranked lowest of all 878 occupational titles listed in the U.S. Government's "Dictionary of Occupational Titles" after "Parking lot attendant", "Poultry offal man" and "Mud-mixer helper". Unfair as this placing is, it reflects the belief that parental skills are somehow inborn, require no special nurturing or training, and, being common to all people, can be taken for granted.

This is manifestly not true and an inadequate situation must not be camouflaged and avoided by glib and emotional references to "family atmosphere in a foster home". We must not be detracted from the stark facts of extremely difficult problems in grouphomes, with which parents of normal children can scarcely deal even with the help of professionals, and from the need of reinforcing "at home" the efforts of education and training agencies dealing with the special problems of m.h. people. This must be the point where "more" is needed as mentioned at the beginning.

Residential staff must be made aware of the positive contribution they can be expected to make, considering their more detailed and intimate knowledge of their charges than professional people on call could provide. Residential staff's role is not merely maintaining a smooth and orderly functioning of a Living Unit, but is also the furthering of growth of skills and positive attitudes – a task which must be put into the foreground of specific training schemes for residential staff.

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