

The British Journal of MENTAL SUBNORMALITY

Editor: H. C. GUNZBURG

Vol. XXXVI, Part 2

JULY 1990

No. 71

EDITORIAL

A visit to Training Centres, Schools, Homes, Hostels etc. organized for people with a mental handicap can be an enheartening experience; but of course one tends usually to be shown only those places which are considered to be best and up-to-date. Although this gives a rather unbalanced picture of the local situation, it indicates nevertheless the direction which organisations, authorities and professionals would probably take when providing further places. Understandably enough the main concern everywhere is to find the best way of accommodating the large numbers of dependent people in acceptable conditions and the care to be given to them in those circumstances. Indeed parents who generally are the main driving force behind new legislation and new policies seem to be primarily concerned with CARE in the sense of providing the best supportive family-like environment for their adult children. One has the impression that they seem well on the way to succeed in this endeavour and the most attractive examples of care could scarcely be faulted from this point of view.

We have repeatedly discussed in this Journal the implications of too narrow an interpretation of the concept CARE and have drawn attention to the risk of neoinstitutionalism being nurtured in overprotective and undemanding environments. We also pointed recently¹ to the need for establishing in every unit a **written developmental policy** and for insisting that every member of staff adheres to it. Such an operational policy requires the setting of specific goals and the instituting of practices which demand an optimal learning environment and imply the systematic assessment of individual needs as well as the evaluation of the effectiveness of the methods chosen to meet those needs.

Let us therefore turn our attention to those places, Training Centres, Homes etc. which include into the concept CARE also the task of systematically guiding and helping their clients to achieve higher levels of social attainments in realistic situations — thus giving them a better chance of acquiring varying degrees of independence than can be expected when living in a "good" unchallenging environment without specific guidance. Although one hesitates to generalize on necessarily limited personal experience it must nevertheless be said that a good proportion of the places visited would find it difficult to assert that an operational policy as described above, exists and is acted on. **So, alas, encouraging first impressions gained on visiting will become tinged with disappointment.** Of course it will be argued that despite the absence of such policy aimed educational and training efforts are reflected in the individual assessments of trainees in Adult Training Centres/

Social Education Centres/Schools and of residents in Grouphomes. A few years ago a survey² of 305 Adult Training Centres showed that 80% of the managers kept records under lock and key and that in 20% of the ATCs not all staff had access to the records. That same survey indicated that over half of the ATCs did not use rating scales and 28% did not use checklists. How confident can one feel that assessments which were rather neglected during those years despite being rather "fashionable" are nowadays essential and are utilized for actually furthering educational work as distinct from merely recording it?

Assessment records are often only kept because it is a fashion, a requirement, a sign of being progressive, but they are kept resting in the filing cabinet and increased in number year by year. Much paperwork is produced by writing up reports, filling in checklists and rating scales, etc. which staff may consider irritating and time consuming, and which note only the trainee's/client's progress or lack of it without contributing substantially to better management or treatment.

Assessment records should, however, be studied and analysed to find out whether particular performances could be improved, whether actions taken have had the desired results, whether there are weak performances due to environmental or emotional obstacles rather than to mental handicaps, etc. Assessment records should also be used for communication by being passed on from one place to the other, from school/ATC to Grouphome, from ATC to parental home, from teacher to pupil for discussion and concerted effort. Such records are live tools which provide interested parties with starting points, with goal settings, with intermediate checking points, with correction possibilities and with the opportunity to design tailor-made programmes for individuals and groups; they give also the satisfaction to staff of having attended to a task professionally and competently.

Programmes based on assessments can not by themselves and in isolation have as fully an impact than when they are part of an overall approach as described in a written policy document which extends also to aspects not touched by specific programmes³. Their practical impact will depend on whether classroom teaching and special lessons are augmented, reinforced and supported by constant learning and doing in normal life situations so that theory is put into practice.

The comparatively short visits to Homes and Training places may give even an experienced observer a misleading picture and may fail to yield that piece of information we have discussed above, namely: do these places only assess and record the social skills of their clients or do they also utilise this knowledge for evolving a developmental approach to improve the situation? An easy spot-check in course of a visit could probably throw light on basic attitudes by obtaining answers to four questions:

A) **Is the social competence of each client checked at least twice a year?** This may elicit whether a systematic assessment method is employed and records are made available for further reference. B) **Are particular training goals laid down in writing and regularly updated?** Stating specific aims for each client, committing them to paper and, when the targets have been reached, exchanging them for other aims may help to put an obligation on management and staff to adjust training programmes to serve those aims. C) **Are all clients involved in turn in all normal household duties?** This information will indicate whether opportunities for acquiring social skills in course of normal housekeeping chores are available

to all residents or only to those who are most able, efficient and reliable. D) **Are decisions about further goalsettings made in regular staff discussions?** This should yield information whether all members of staff are involved in setting and pursuing the aims of the programme.

For example, in visits to twelve Group Homes, it was found that only eight Homes were able to give affirmative answers to all four questions suggesting Homes were able to give affirmative answers to all four questions suggesting thereby that basic conditions for assisting residents in the acquisition of skills of social competence are not available in every Home. Disturbing is the finding that four of these twelve Homes answered the first two questions in the negative and three out of these four Homes were entirely satisfied to rely only on "goalsetting in regular discussions among members of staff" without using any forms of assessment⁴.

Seeing many promising starts which seemed to be so near to becoming important turning points fizzling out into pretentious token gestures of little consequence is a frustrating experience for this writer because he himself has promoted the general use of documentation but has perhaps failed in convincing co-workers that it is an indispensable part of habilitation work. It is of course, appreciated that "doers" on the shopfloor resist extra paperwork which does not seem to them to contribute directly to their practical work — they write their records, therefore, with little conviction. Yet, by not exploiting the documentary treasure chest to its fullest extent they deprive themselves of the opportunity to gain further professional skills and to make themselves more competent. One can only hope that they will in due course turn this "waste of time and paper" as so many of them conceive it into an essential, productive and immensely satisfying professional operation which can help sustain them in a very demanding and sometimes depressing job and which can be of direct benefit to their charges.

1. Editorial, (1990), *British Journal of Mental Subnormality*, XXXVI, 70, 1 - 3.

2. WHELAN, E. and SPEAKE, B., (1977), *Adult Training Centres in England and Wales*. London: NTAMH

3. JENKINS, J. et al (1988), *Individual Programme Planning*. BIMH.

4. JANICE SINSON, Personal Communication.

P.S. Nothing will give the writer greater pleasure than to be **proved** wrong in his somewhat pessimistic conclusions. The BSSMS invites professionals of all disciplines to make use of existing assessment records and submit studies based on these records to show progress (or lack of progress) of people with a mental handicap and to discuss findings. Studies can either deal with groups of people whose records are used only for checking their progress or with groups where records are utilised for adjusting programmes to individual needs.

See "LONGITUDINAL STUDIES" on the following page and also advertisement at the back of this issue.

LONGITUDINAL STUDIES

The British Society for the Study of Mental Subnormality in pursuit of its declared objective to foster and encourage interest in problems of Mental Handicap is sponsoring special studies which show the progress of children or adults with a mental handicap who have received systematic guidance and teaching of social skills to make them more independent. These studies will require collecting and collating of records relating to previous educational work. The Society is prepared to contribute to expenses incurred by the authors of three studies which contain particularly adequate treatments of data and detailed discussions of findings.

Schools, social education centres, hostels, social services, occupational therapy departments, etc., have over the past years amassed a great number of records of individual clients which could indicate the rate of progress in acquiring social skills under favourable conditions and the difficulties encountered. Unfortunately due to the pressing problems of dealing with day to day demands, these records are seldom adequately analysed and fail therefore to yield the valuable information they undoubtedly contain and which could inspire and encourage other people working in this field.

We invite teachers, educationists, nurses, occupational therapists, instructors, hostel and training centre personnel, psychologists, in fact all who have access to records which cover the progress of groups of clients over at least two years to present this evidence either as an individual effort or in collaboration. We do not look for a highly polished scientific write-up — which would, anyway, be difficult to obtain since records were not written with a research purpose in mind — but for a reliable and honest account of progress or lack of progress, starting with the baseline assessment of the situation, showing one or two intermediate stages and ending with an account of the situation at the end of a period. We believe that such an account is well within the competence of staff who are interested in viewing habilitation work from the perspective of an objective analysis.

Anecdotal evidence is frequently not suitable for a longitudinal study and should be only cited in support of hard evidence which depends usually on assessments using the same type of records and referring to the same clients over a reasonable period. Studies of this kind could deal with the progress of a small group of no more than five or six people or with a much larger number of people and will help in forming a better picture of achievements in different conditions, a picture supported by factual evidence rather than by assumptions and interesting stories.

We are keen that the results of individual efforts as reflected in records which have been collected over many years should become even more useful by publication giving thereby encouragement to people engaged in the training and education of people with a mental handicap. We are also keen that studies should be produced by people on the ground and not only by people who have been trained as researchers.

On behalf of the
British Society for the Study of Mental Subnormality
H. C. Gunzburg
Hon. Editor

of the *British Journal of Mental Subnormality*

(See also advertisement at back)