

## QUALITY OF CARE IN DUTCH RESIDENTIAL FACILITIES: TOWARDS AN ORTHOPEDAGOGICAL APPROACH

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### Introduction

There is a stagnation of growth of institutions in the Netherlands but there is no deinstitutionalisation wave, as for instance in North America and England. There is also a slight increase in the growth of socio-homes (small residential facilities in the community for former residents of institutions who have their day care still on institution grounds). Moreover there is a strong growth of the number of residents in grouphomes in the community. The number of residents in institutions is about 30,000; the number of residents in socio-homes about 2,000; the number of residents of grouphomes almost 15,000.

In the U.S.A. there has been large scale deinstitutionalisation, but Bercovici (1981) stated that institutional culture still exists in the small residential facilities in the community. In recent articles Gunzburg (1992) spoke of "micro-institutionalism" and Sinson (1990) of

"Micro-institutionalisation". According to Gunzburg, in England two models were successively used: reformation in the institutions (model I) and residential and work facilities in the community (model II). Time has come now to use model III: a pedagogical approach, which aims at a systematic personality development also in the residential facilities.

These residential facilities and their geographical neighbourhood must offer opportunities for personality development. In order to be able to assess whether environments offer those learning opportunities and whether home staff indeed allow residents to take advantage of the offered opportunities, Gunzburg and Gunzburg (1987) developed LOCO, a scale for assessing coordinated learning opportunities in living units.

Van Genneep (1989a) compared the quality of care in three types of residential facilities. It is possible that the

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measured results were chance hits; would they be maintained over years? For this reason a longitudinal research project was started in the period 1989-1993. Some of the living units of the previous research participated in the new research project. The research question was: if no changes have taken place in living units participating in the research, will the measured results in regard to the quality of care and the developmental level of the residents be steady?

But what will happen if a new approach was adopted in the living units? In order to answer this question a second research project was started.

## Method

The measuring-instruments used were mostly the same as the measuring-instruments of the previous research (Gennep, 1989a). Quality of care was measured, relying on techniques developed by Raynes *et al.* (1979). They measured the management of daily and other events by the Revised Resident Management Practices Scale (RRMP, the maximum score is 56, reflecting an institution-oriented management). The homelike aspect of the living environment was assessed by the Index of Physical Environment (IPE, maximum score 88 means a very institutional environment). Contact with the community was assessed by the Index of Community Involvement (ICI, maximum score 52 means least involvement). The normal aspect of the environment was assessed by '30 steps' (May, 1985, maximum score 60 means most normalised);

in 1991 and 1992 LOCO was used instead of '30 steps' in group-homes and socio-homes (Gunzburg and Gunzburg, 1989, maximum score 100 means most learning opportunities).

Level of development was measured by using the SRZ, the SRZ-P, the Dependency Scale and a Burden Index. The SRZ is a Dutch Adaptive Behaviour Scale with 4 subscales (31 items), mostly used for severely handicapped residents. The SRZ-P, mostly used for more capable residents, is a Dutch Adaptive Behaviour Scale with 3 subscales (63 items). Levels in SRZ and SRZ-P are ranked from 3 to 9, a higher standard score reflecting a higher level of functioning.

In the Dependency Scale (Kushlick *et al.*, 1973) handicapped people are ranked from 1 to 11, a higher score reflecting a higher level of independency (Dalglish, 1983). The Burden Index range from 1 to 4, a higher standard score reflecting more physical, behavioural or self-help problems and an increasing burden for staff (Thimm *et al.*, 1985).

The scores were based on observation and interview data. We had interviews with one or two members of the staff who best knew each resident and each group.

## Research Groups

The first research group (chosen to answer the first research question) consisted of:  
6 grouphomes with 14 groups of residents

6 socio-homes with 10 groups of residents

1 small institution for children and young adults with mental and sensory handicaps with 9 groups of residents.

The second research group (chosen to answer the second research question) consisted of 10 grouphomes with 27 groups of residents. This was a care foundation that was moving to a model III approach: the orthopedagogical personality development of the residents.

## Results I

In this section the results of the longitudinal research project will be reported. The research question was: if no changes have taken place in the living units, will the measured results in regard to the quality of care and the developmental level of the residents be steady? TABLE I gives an overview of the most important results.

Differences across the years are, in regard to the developmental level, statistically not significant on the SRZ-P, Dependency Scale and Burden Index. Statistically significant differences on SRZ are dubious, because in 1989 only 5 groups of the socio-homes participated in the research project.

Differences across the years are, in regard to the quality of care, statistically not significant on the RRMP, ICI and IPE. Differences on '30 steps' and LOCO are not tested because in 1991 and 1992, LOCO was used in the grouphomes and socio-homes instead of '30 steps'.

Across the years there are small, non-significant differences, which have to be seen as fluctuations.

Differences between the three types of residential facilities (grouphome, socio-home and institution), tested with one way ANOVA, were mostly statistically significant. Exceptions occur in 1989 (no statistically significant difference on SRZ-P and ICI) and in 1990 (no statistically significant difference on ICI). These exceptions have little meaning, because in those years not all 10 socio-home groups participated in the research project. My conclusion: if no changes have taken place in the living units, then the scores in regard to the quality of care and the level of development will be steady. Perhaps an exception must be made for the developmental level of small groups in grouphomes (TABLE II).

The data of TABLE II show a tendency of residents in small groups to progress in development.

## Results II

In this section the results of the second research question was: if a new approach was adopted in the living units, will the measured results in regard to the quality of care and the developmental level of the residents also changes.

TABLE III gives an overview of the most important results. The mean developmental level, as measured by SRZ-P, increased in one year (statistically significant). The mean contact with the community, as measured by ICI, and the

**TABLE I**  
**Overview of the most important results of longitudinal research**

	1989	1990	1991	1992	MANOVA
<b>SRZ</b>					
Socio-home	6.52	7.17	7.25	7.25	F (3, 42) = 2.85 p = 0.049 (dubious)
Institution	5.76	6.03	5.66	5.57	
<b>SRZ-P</b>					
Grouphome	6.49	6.65	6.77	6.60	F (3, 39) = 0.60 p=0.619 NS
Socio-home	7.02	5.91	5.77	5.81	
<b>Dependency</b>					
Grouphome	9.24	8.94	9.14	9.09	F (3, 81) = 0.94 p = 0.423 NS
Socio-home	7.73	7.47	8.02	7.76	
Institution	5.40	5.42	5.63	4.88	
<b>Burden Index</b>					
Grouphome	1.08	1.10	1.05	1.09	F (3,81) = 0.165 p = 0.184 NS
Socio-home	1.63	1.39	1.39	1.33	
Institution	1.81	1.84	1.68	1.92	
<b>RRMP</b>					
Grouphome	0.28	0.00	0.00	0.00	F (3, 75) = 1.88 p = 0.140 NS
Socio-home	6.60	4.12	2.70	2.70	
Institution	11.33	8.00	11.33	10.66	
<b>ICI</b>					
Grouphome	25.07	28.21	24.64	24.21	F (3, 75) = 0.21 p = 0.886 NS
Socio-home	29.40	28.75	29.60	26.10	
Institution	29.11	24.22	28.66	29.77	
<b>IPE</b>					
Grouphome	13.71	14.07	13.21	12.92	F (3, 75) = 1.50 p = 0.221 NS
Socio-home	26.00	20.87	20.70	19.10	
Institution	27.11	30.55	30.11	27.77	
<b>30 steps/LOCO</b>					
Grouphome	51.92	54.07	63.26	65.51	
Socio-home	32.20	39.50	46.10	47.10	
Institution	16.22	31.77	27.44	26.11	

**TABLE II**  
**Average Size and Development Level of Groups in Grouphomes**

	Large group (N=6)		Small group (N=8)	
	1989	1992	1989	1992
Size	7.0	8.2	3.1	3.4
SRZ-P	6.4	6.4	6.5	7.0
Dependency	9.3	8.8	9.4	9.7
Burden Index	1.1	1.1	1.0	1.1

mean Learning opportunities, as measured by LOCO, increased in one year (statistically significant)

Looking more precisely at the individual group homes, we see the following changes (TABLE IV). The mean developmental level (as measured by SRZ-P, Dependency Scale or Burden Index) increased (statistically significant) in four grouphomes. The mean quality

of care increased in five group homes (in four grouphomes on LOCO).

Analysis of LOCO shows that the grouphomes seen as homes, (furnishing, management, etc.) do not differ much from each other, but their geographical neighbourhoods do (TABLE V).

There are more learning opportunities in the home than in the neighbourhood. Especially the location of

**TABLE III**  
Overview of the most important results - Second research

	1991	1993	ANOVA
			(one way)
Age	43.8	44.5	
SRZ-P	6.39	6.57	p = 0.015
Dependency	8.74	8.92	NS
Burden Index	1.13	1.12	NS
ICI	31.93	29.67	p = 0.015
IPE	12.48	11.89	NS
LOCO	66.88	68.61	p = 0.030

**TABLE IV**  
Statistically significant differences in grouphomes

Grouphome	SRZ-P	Dependency	Burden Index	ICI	LOCO
1					
2			0.048		
3		0.031			
4					0.034
5					
6					0.035
7					
8	0.030				0.014
9		0.050			0.002
10				0.015	

**TABLE V**  
**Learning Opportunities in the home and neighbourhood**

Grouphome	Home		Neighbourhood	
	1991	1993	1991	1993
1	36	38	31	31
2	38	38	29	29
3	36	37	22	22
4	37	38	24	26
5	36	36	35	31
6	37	38	26	30
7	40	39	42	42
8	32	35	21	26
9	38	40	29	30
10	39	39	38	39

grouphomes 3, 4 and 8 is not good. The risk of micro-institutionalisation is large.

My conclusion: if a new approach is adopted in the living units, the results regarding the quality of care and the developmental level of the residents also change.

## Discussion

The locations of the two research projects differ in one essential respect from each other: in the second research project the subject of the research was a care foundation in change, whilst the care foundations in the first (longitudinal) research project were not in change. The issues of change in the care foundation in the second research project were policy, methods and goals. Particularly the personality development of persons with a mental handicap became the central issue. This resulted in progress in

development: in almost every group home there was an increase of the mean developmental level, even though that increase was not statistically significant in every home. For all the residents together there was a statistical significant increase of the mean of the level of development as measured by the SRZ-P scale.

The RRMP is not an adequate measuring instrument for measuring quality of care in grouphomes. The IPE also seems less adequate for this type of residential facilities. LOCO seems a good alternative for these two instruments. But some items need adaptation to the Dutch situation, especially some items in the categories LO-Home additional and LO-Neighbourhood. For instance: a tea cosy, an umbrella stand, a door chain, a policeman on point duty, a gas and/or electricity showroom for paying gas and/or electricity bills seem typically British. The categories CO-Home usage

and CO-Neighbourhood usage should be 'essential' and not 'additional', because the issue is: what happens actually. Nevertheless, LOCO seems a good instrument for measuring the quality of care in homes. By this instrument, the learning opportunities in the home can be measured adequately. It emphasizes a more orthopedagogical approach (Gunzburg, 1992) in the care for persons with a mental handicap.

## Summary

Two research projects are reported. The first (longitudinal) project investigated whether quality of care and developmental level of persons with a mental handicap change, if over the years no changes take place in the living units. The second project investigated whether quality of care and developmental level of persons with a mental handicap change if a new approach was adopted in the living unit.

The results of the first research indicate that neither the quality of care nor the developmental levels of residents changed in these homes, but the second research suggested changes in both of the investigated areas.

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