

CARDIFF UNIVERSITIES SOCIAL SERVICES.

Group Home Living -- A Discussion Document, July 1979.

In July 1974 a Group Home opened in Cardiff and five young severely mentally handicapped people were given the opportunity to live an ordinary life in the community. These young people had all previously lived for many years in Ely Hospital. On discharge from hospital they moved into a rented house together with four student volunteers from C.U.S.S. (a small University based charity working in the field of mental handicap).

The aims of the Group Home are:

- 1) To provide a permanent home for mentally handicapped people and to ensure the integration and acceptance of these people into the neighbourhood community by use of ordinary housing and by actively involving the community in the Home and the Home's residents in the community.
- 2) To assist in the individual development and extend the learning experience of the mentally handicapped residents in both formal and informal situations, to enable them to participate more fully as equal members of society.

The running of the Home is on simple lines. During the daytime the mentally handicapped residents attend ATC or have braining at home; the volunteers go to lectures or to work. At evenings and weekends all share the household tasks or participate in leisure activities. They make much use of the neighbourhood facilities as possible. Support for the Home's residents also come from non-resident volunteers, social work students on placement and a social worker who is employed to plan training programmes and monitor progress in the Home.

When the Home opened there was an immediate increase in ability all round. This showed the enormous scope for developing the potential of these five mentally handicapped people in the right environment and training.

The role of the volunteer resident is part trainer, part friend, offering support and guidance. In the early months, emphasis lay in the training aspect of the role because of the urgent need for developing basic skills like crossing a small road, bathing and washing-up. At this time activities in the Home were closely organised, much more than they are now. A rota system was set up to allocate tasks in the house such as cooking, washing-up etc, and to arrange times for individuals to do their own laundry and ironing. With increasing mastery over such skills, the training aspect of the volunteer resident's role has become less marked. Greater attention is now paid to

the development of individual personalities, the encouragement of outside interests and hobbies and the widening of friendships outside the home. Developing personal choice, initiative and responsibility are the broad aims that the volunteers work towards in their relationships with the handicapped residents.

In order to avoid set, rigid practices developing, which could happen even in a small home, specific guidelines (an operational policy) concerned with the standards of care were drawn up. This document is "The Guide to Good Practice" (Appendix 1), now used to monitor the Home. The work of King, Raynes and Tizard draws attention to institutional practices such as rigid routine and block treatment. The "Guide to Good Practice" aims to guard against such practices developing in the Home.

Training.

From the start of the project and the opening of the Home there has been the support of the then clinical psychologist from Ely Hospital. He assisted greatly in showing the volunteers ways of teaching skills and eliciting acceptable behaviour, based on behaviour modification techniques. The training in the Home is now done by the method called 'Goal Planning'. This was developed by Houts and Scott in America and introduced to the Home with guidance from the Unit for Research into Mental Handicap in Wales. Goal Planning is a set of principles and techniques for teaching skills to developmentally disabled people. It involves the breaking down of each skill to be taught into a series of small, graded steps, each of which can be achieved in a short period of time by the trainee. Only when one step is fully mastered does the trainee pass onto the next step. Goal Planning involves the trainee's strengths, abilities and skills in order to help him/her to learn the new skill needed. Each Goal Plan is fully written up to a prepared formula so that information about the training programme is readily available. In October 1976, two instructors were employed by C.U.S.S. and funded by Manpower Services Commission's Job Creation Programme. This funding has now been available to us for instructors for 3 years. Each handicapped resident spends two days a week from 9am to 5 pm at home learning on a one-to-one basis with their instructor. The instructors, residents and social worker meet fortnightly to discuss progress and devise goal plans. Over the past three years of intensive training the handicapped residents have progressed from the critical learning of simple skills to the complex ones of using a library independently, shopping for one's own clothes and interpreting and ordering from a menu in a cafe. The efforts of the instructors and the handicapped residents this year has been in gaining experience of

actual work; learning the responsibility involved and social behavior acceptable in a work situation.

The levels of skill shown by these five young people have been measured at 6 monthly intervals. The method of assessment used is Gunzberg PAC; the first assessment was done in 1974 before discharge from hospital. All five residents have made dramatic increases in all areas of social competence as measured by the P.A.C. (Appendix 2).

The Home has proved to be an exciting and innovative project that has shown and documented the advantages for mentally handicapped people in being able to live like the rest of us. Over the past five years many people have been actively involved in the Home. The families of the five handicapped people have been very supportive of the project and now enjoy greater and more pleasurable, regular contact with their child. The handicapped residents have made firm long-term friendships, not only with the people who have lived with them (volunteers live there for approximately one year), but with many of the students and volunteers who have given so much time to the Home. Very important is the fact that they have now become 'locals' through their regular use of local shops, laundrette and pub. Through these encounters they have become accepted as individuals in their own right. A normal life is now possible because they are acquiring the skills they need to cope with and enjoy life. The theory and principals of community care (as in fact now expounded in the recent government 'Jay Report') have been put into practice and shown to be successful.

PLANNING FOR THE FUTURE

In January 1979 a series of meetings of C.U.S.S. members involved in the Group Home began. The task was to plan a permanent structure for Group Home living for the 5 handicapped residents (now all in their early twenties) using the knowledge acquired over five successful years. It was agreed that the Home has achieved its original aims within the limits imposed by the present structure. It was time now to set new targets for the 5 permanent residents and plan to ensure their continued developmental growth and security. Throughout the discussion certain points were central thinking and subsequent planning.

- a) The group of mentally handicapped residents require regular and reliable support, advice and supervision. In practice this needs to be more or less continuous throughout the day and evening.
- b) The system of support devised needs to be long-term, securely planned and funded and yet flexible enough to allow for change
- c) The people providing the support have to work closely together to ensure a consistent approach to the needs of the mentally handicapped residents.
- d) The residents require an individual programme plan which will be regularly reviewed and revised. Training programmes will be implemented with reference to the individuals needs and strengths.
- e) Still levels so far gained need to be maintained and new skills learnt which will increase the residents control over their lives. The structure for the Group Home living must ensure that there is regular opportunity to the handicapped residents to use these skills.

In the present structure the basic support for the Mentally handicapped residents come from the young people who volunteer to live in the Group Home. This has enabled the Home to provide a high standard of care but has not been without difficulties. Finding suitable volunteers residents who are prepared to give the time and commitment needed has always been problematic. It is now becoming increasingly difficult. As the mentally handicapped residents age their ability to learn diminishes the Home may seem less attractive to young people volunteers. (Older volunteers tend to have other commitments and ties which limit their involvement. The volunteer residents usually live in the Home for approximately 9-10 months and then a new group will move in. This system has no long-term future going from year to year as it does. The change over in residents is stimulating and new energies and enthusiasms are brought into the Home but this can be at the expense of the consistency of approach. It can therefore be a difficult time for the mentally handicapped residents with all the 'old' volunteers leaving and the new moving in over a limited time of 1-2 months each year.

For the past three years training has been carried out by instructors employed to work in the Home under the Manpower Services Commission STEP & JCP schemes. This funding has now ceased. C.U.S.S. is able to fund a limited training programme until August 1980 to ensure that learning will continue. The volunteer residents do not have the time or the energy to carry out the detailed training programme necessary. All the handicapped residents are potentially capable of further learning. It is, of course very important that they have the opportunity of learning skills whilst still comparatively young.

In order to answer the future needs of the 5 young people living in the Cuss Group Home the following structure was decided upon.

Future Structure for the Group Home

In August 1980 three residential care staff will be employed by CUSS to work in the Group Home. Their job will involve the provision of the necessary support and training to enable the mentally handicapped residents to continue to live a normal life in the community. At least two of the staff will be resident in the Home.

With the project funded and staff employed the mentally handicapped residents and their families will have long term security knowing that the support needed is guaranteed for the future. This is just one of the advantages to be gained by employing staff and in fact for the Group home to continue as viable, staff are vital.

The part of the residential care staff in the Group Home will be attractive to the increasing number of people who are interested in being involved in innovative community care projects for mentally handicapped people. This should ensure that the CUSS Executive Committee has a choice of good potential members of staff and so be able to appoint people of a high calibre. The structure of staffing will enable the staff to work closely together and so help towards a consistent approach. With good working conditions staff will stay for longer periods and would not necessarily all leave together. This would provide for smooth running and less disruption in the Home. With full job descriptions, the tasks and responsibilities will be divided fairly and understood by all so that each member of staff has a clearly defined role.

By employing residential staff there will be full opportunity for training during the evenings and weekends when the handicapped residents are home from

The staff will be able to work with the social worker and a psychologist on the training needs, and so implement training programmes. In this way skill levels will be maintained but also now learning will be a possibility with the aim of the residents becoming more independent. The staff would have the time available to see that the Home Residents were able to carry out as many tasks themselves as possible. With the support of staff and

The training opportunities they will provide the Home residents will be able to learn the skills required to control ones daily lives. This structure for Group Home living will be a complete model of care for severally mentally handicapped adults which could be used by any Statutory or voluntary body.

DETAILED FUTURE PLANS

Housing

The present house is a large terraced property rented from University College Cardiff. It is situated in a mixed neighbourhood near to the University comprising of Student accomodation and private householders. A large rented property would be sought. The house would need to be 5/6 bedroomed with a large communal room, bathroom, toilet and large kitchen. It is planned to remain in roughly the same neighbourhood because of good local contacts and nearby facilities. The rent for the property would be guaranteed by CUSS and paid regularly and equally by all residents. If the furniture were needed the mentally handicapped residents will be able to furnish their own rooms with the assistance of Grant Aid from the Department of Health and Social Security. The communal room's will be furnished by CUSS from direct donations and fund raising. The residential staff may wish to furnish their own rooms; if not this too will be provided by CUSS. The house would as a matter of course, apply for registration with the Local Authority under the 1959 Mental Health Act (Section 19 C 21)

Staffing

The Executive Committee of CUSS will appoint three residential care staff to work with the residents of the Group Home. A minimum of 2 would be a resident, with the possibility of all three staff being accomodated in the Home. The residential Staff will work closely with the Social Worker, already in part, who has overall responsibility for the standards of care and training in the Home. An Advisory Committee will be set up to act as an ethical reviewing body on training and as a long-term policy group.

1. Executive Committee and Trustees

The Executive Committee is the management body of CUSS and as such has overall responsibility for all the work undertaken by CUSS. It is elected annually by the members of CUSS. The Executive comprise a Chairman, Vice Chairman, Honary Secretary, and Honary Treasurer all with the powers to coopt members onto the Executive Committee on a temporary basis. The Executive Committee meet every 3 weeks to take decisions on policy and planning. It is the responsibility of the social worker to report regularly to the Executive Committee on the running of the Group Home. These meetings are generally Open Meetings and so any member of staff who wishes to participate would be welcomed.

The powers and responsibilities of the Executive with reference to structure of the Group Home are as follows:-

1. Appointment of the Home Staff, ensuring the required level of staffing is maintained, dismissing staff if the contract is not complied with.
2. Provision of staff support. This responsibility will be, in the main, delegated to the social worker.
3. Maintaining the Group Home by use of the 'Guide to Good Practice' A responsibility delegated to the social worker.
4. All other tasks done with reference to the running of the Group Home will be delegated to a member of staff thus employed.

5. All long-term policy and planning decisions will be taken by the Executive Committee following reference to the Advisory Commission and Social Workers and staff.

Social Worker

The social worker is employed by CUSS; the salary is jointly funded by the Area Health Authority and the Social Service Department. The social worker is attached to the Group Home and has the development responsibility of ensuring that the standards of care and training in the Home are as agreed upon in the Operational Policy.

Specific tasks include:-

- a) Positive maintaining of the Home by use of the 'Guide to Good Practice' to support the staff in carrying out the standards of training and care thus documented. Keeping a record of progress and development in the Home.
- b) Regular assessment of the residents progress. Recording of significant events and decisions on individual case records.
- c) Preparation of training goals.
- d) Liason with parents including regular progress reports.
- e) Liason with statutory bodies on behalf of the residents of Department of Health and Social Security and Social Services Department.
- f) Acting as a representative on behalf of a mentally handicapped resident if seen as appropriate.
- g) Accepting social work students on placements: supervising and supporting their placement in the Group Home.
- h) Working with the staff to develop links between the Home and the local community.
- i) Organising a volunteer force that will support the residents of the Group Home.
- j) Ensuring that the Home has the necessary professional support from disciplines such as psychology and speech therapy.
- 6 k) Assisting and encouraging professional and research interests in the Home.
- k) Documenting and publicising the work in the Home and organising meetings, etc to educate the public and official bodies about the aims and principals of the Home and its practical results and implications.
- l) Provision of staff support by the (i) weekly group meetings (ii) in-service training on important disciplines eg. speech therapy and behaviour modification. (iii) Enabling the staff to attend relevant conferences. (iv) being available to staff for them to attend relevant conferences. (iv) being able to stall for individual discussion.
- m) Calling and servicing the meetings of the Advisory Committee.

Methods for the social worker to carry out tasks.

1. The social worker should spend a full evening or part of a weekend day at the Home each week. The social worker will be governed by the Operational Policy and be there as a friend, actively involved in the Home life.
2. Weekly meetings will take place with all staff and residents if available. Other people to be invited by general agreement. The meetings will make use of Action Sheets and take decisions on a day to day running. The meetings would be used to discuss progress, training aims and needs, goal plans and shared workload.
3. Reporting regularly to the Executive Committee on training and standards of care.

Home Staff

The Home staff will be employed by CUSS and appointed by the Executive Committee. Those employed will be people with skills, training, interest or experience in social work generally, teaching or psychology. A knowledge of and experience of working with mentally handicapped people will be an advantage. Most important however will be an agreement with the general aims of CUSS and the Home, an enthusiasm for Group Home living as a respect for the individual, and the ability to encourage and teach the residents to do things for themselves.

Staff will be appointed for an initial 2 year period with the usual conditions of service. The Executive Committee will be able to extend the period of employment by 6 months if appropriate. There will be a three month probationary period. Bank holidays will be 28 working days holidays to be taken per year. A contract will include the job description and an agreement to abide by the Operational Policy.

Two of three staff will be governed by the Operational Policy. The staff will have the responsibility for the provision of day to day care, support and training that the mentally handicapped residents need to live as normal a life as possible.

Special Tasks are :-

1. Working with the social workers in identifying training needs. Carrying out the training programme and goal plans agreed in the weekly meetings.
2. Being actively engaged with the handicapped residents each evening and at weekends in useful interesting, pleasurable occupations.
3. Attending weekly meetings with the social worker and handicapped residents to discuss progress, training aims and needs, goal plans etc.
4. Working towards the integration of the Home and residents into the local community by use of local facilities and involvement with the neighbours.
5. Arranging all health checks including dental and sensory checks.
6. Working with the residents on matters of personal finance.
7. Actively encouraging new volunteers, friends and family to the Home and to spend time with volunteers in helping them to see a role for themselves.

8. Working with the social workers over the placement of social work students in the Home.
9. Any other tasks that are seen as appropriate by the Executive Committee to the day to day welfare of the Home residents.

Staff Shifts:- Appendix 1

Three staff shifts will operate normally with each staff doing each shift every 3 weeks. When one of the staff are sick or on holiday Shift 1 and 2 will be in operation. During Advisory Training Commission holidays new shifts will be needed to cover the weekday times. Volunteers will be very much needed a minimum of 2 part evenings and Saturday and Sunday. The social worker will be in the Home one full evening and social work students would be on placement at times over the year.

Shift 1

Monday - Friday 4.30.- 11p.m.	32½ hrs.
Thursday weekly meetings	1½ hrs
Saturday a.m. 9-1.	4 hrs.
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	38hrs.

Shift 2

Monday - Friday 7 - 8	4hrs.
Monday evening 6½hrs.	6½hrs
Sat 12-12	12 hrs.
Sun 9-11	14 hrs
Weekly meeting	1½hrs.
	<hr/>
	39 hrs

Shift 3

Thursday and Friday evening	
4.30.-11	13 hrs
Weekly meeting Saturday	
12-12	12 hrs
Sunday 11 -11	<u>12 hrs</u>
	38½ hrs

There will be no overtime but time off on lieu could be arranged with the social worker.

Internal Workings in the Home

Brief Account

1. Finance

On certain evenings each week for the mentally handicapped residents will collect their Supplementary Benefit from the Post Office. The members of staff will help the residents with budgeting and paying of money weekly towards the various bills. The Mentally handicapped residents are to be encouraged to save for particular items. They should also be helped to fully understand where their money goes.

Rent

Individual rents will be calculated by dividing the rent owed to the landlord equally by the number of residents (including the residential staff) All will therefore pay a weekly equal amount. Staff will pay the collected amount weekly to the C.U.S.S. office*

Fuel

All residents (including resident staff) will pay equally towards the bill by weekly contributions.

Telephone

The phone rental to be paid by C.U.S.S. Phone bills to be divided equally or calls to be paid for when made.

Food

A weekly contribution by all according to meals eaten. The mentally handicapped residents to pay in full if home each week. Staff may pay the full rate if they wish or pay for meals eaten.

N B. for Rent

There will be a small weekly contribution from all residents for household necessities.

Large items

Large items such as consumer durables could be purchased by the mentally handicapped residents on Hire Purchase with weekly contributions from staff.

Weekdays

All the mentally handicapped residents will attend Adult Training Centre or work. The mornings for staff will involve overseeing the getting-up, dressing, breakfasting and catching a bus. This will be done by means of a checklist as all the residents are capable of doing these things but do need encouragement in timing and appearance. Any illness, problems etc staff to contact social worker.

In the evening there will be a rota for cooking the evening meal. Each mentally handicapped resident to cook a complete evening meal per week. The resident will complete the shopping list and shop locally on returning from ATC. Tea is cooked by residents with supervision if necessary. The Staff cook their own evening meals but actively involve the mentally handicapped residents in this. After meals household jobs get done according to a rota arranged equally between the handicapped residents and staff. All the handicapped residents will have their own personal charts for baths, hairwash, shaves, etc. During the evening there will be time for leisure pursuits, friends calling etc plus a certain length of time for skill training. This time and the content of the training will be discussed in the weekly meetings. There should be a certain length of time each week in the evenings that are given to training by staff. This training of course covers the academic, social and practical skills to be acquired. Of course, the staff will also be aware that their behaviour, attitude etc will be providing the mentally residents with close models and so in this sense 'training' is a 24 hours a day.

Training

Using goal planning and other suitable methods, the aim will be to help mentally handicapped residents to be as independent as possible and have more control over all aspects of their life. Each resident would work together with staff and social worker to prepare a strengths/needs list and goal plans would be drawn up. Priority in staff time would be given to training but a time limit would need to be agreed for the more formal training such as reading or writing where concentration is difficult. Many Goal plans will be ongoing when staff are appointed and will need to be continued. Much of the training will need to take place outside the home with one member of staff.

Weekends

A lie-in for all if desired. The plan for the weekend would include a possible trip to town for a mentally handicapped resident's clothing (this would obviously be a valuable training ground). There may be a household shop in the local supermarket and timed skill training on laundry, use of buses, and things going to a library, cinema etc. The cooking of the weekend meals would be divided up between the residents so that each mentally handicapped resident does a complete dinner or tea plus the necessary shopping.

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so that each mentally handicapped resident does a complete dinner or tea
plus the necessary shopping.

The weekend may be a time for meeting local people by going along to a club
~~night~~ or the local pub. Local volunteers could be involved and friends
invited round tea. Residents from the two homes may wish to get
together for one of the weekend meals occasionally. Family could be
invited to Sunday lunch etc. In all these leisure/pleasure pursuits and
planning the days the shome should be guided by normal conventions.
The final choice lies with the mentally handicapped residents

Advisory Committee

This Committee will be set up by the Executive Committee. The personnel of this Committee will comprise.

1. 1 or 2 Trustees of C.U.S.S.
2. 1 or 2 members of the Executive Committee
3. Psychologist / Research worker
4. Representative of the Group Home.
5. Any other interested individuals members of C.U.S.S.
6. Social worker.

This group of possibly named people (10) will come together at least the three times a year at meetings convened by the social workers.

Their brief would be :-

1. To act as an ethical Review Body for all training carried at the Group Home. The Committee members will, three times a year receive a copy of the current local goal plans being used in the Group Home. Using a checklist they will comment upon the plan's value. In this way CUSS will ensure that the skills being taught in the Home

Home are:-

- a) Skills which can be used frequently in day to day activities.
 - b) Appropriate to the age and sex of the client.
- Skills that aim to enhance the clients' range of independence and choice of possible behaviour.
2. To act as a policy, planning and review the general progress in the Home by use of a brief report from the social worker plus individual contract with the Home. Using the reports as a base the Committee will discuss future planning and policy. They will be able to advise the Executive Committee on possible courses of action.
 3. To act as a resource group for the Home. The people on the Committee have all various degrees of expertise and knowledge in the field of mentally handicapped and will have a channel through they can feed this knowledge.

APPENDIX II

Assessment and Skill Levels.

Methods of Assessment.

The method of assessment selected for the residents of the Group Home is Gunzberg Progress Assessment Chart. The first assessment was carried out in December 1973 to January 1974 by the psychologist at Ely Hospital, using the P.A.C.2. Subsequent assessments have taken place at intervals of approximately six months, using the same method.

The P.A.C.'s cover four major areas of social competence; these are self help, communication, socialisation and occupation. The evaluation of progress made by the five residents of the Group Home draws on the data compiled in the early assessment, whilst they were still living in Ely Hospital, and compares this with the levels of competence shown by the recent assessment, carried out in April 1979.

In the area on occupation only two subsections are discussed; this is because the remaining sections relate to skills developed in the work setting, for example, the care of tools and materials. These skills could not be tested in the early assessment, and therefore no comparison can be made.

The P.A.C. Manual provides guidelines for scoring the performance of each skill. These guidelines do not ensure a completely objective assessment; in fact, Gunzberg states that "observers have to use their judgment constantly and have to make the necessary adjustments dictated by different local conditions". This element of discretion on the part of the assessor means that there is a degree of variability as to how a client's performance is scored. This variability is most likely to occur when there has been a change in the client's environment and a change in the standards of social conduct applied to the client's behaviour.

The social worker completes the P.A.C. following discussion with the instructors and the residents of the home.

Skill Levels in Dec. 1973 and in April 1979.

	Self Help		Communication		Socialisation		Occupation	
	1973	1979	1973	1979	1973	1979	1973	1979
ALAN	10/30	23/30	2/30	19/30	14/30	24/30	7/12	7/12
PAUL	4/30	19/30	0/30	9/30	0/30	7/30	2/12	9/12
JOHN	5/30	17/30	2/30	4/30	10/30	20/30	4/12	5/12

Appendix 111

Costing

Staff Salaries: £2988

based on senior
Houseparent scale 2.

3 members of staff -

Min. Costing
£3,300
 x 3
£9,900

An Urban Aid Grant has been applied for = £8,000 per annum
This funding will be for a 5 year period with £400 awarded
available over that period for capital expenditure.
Therefore at least £1,900 will be needed for the first
year, and then possibly more in the following years to
take account of the wage increase. This money will
need to come from voluntary donations.

