

**THE RETARDED PERSON: A CITIZEN WITH A RIGHT
TO ADEQUATE HOUSING IN THE COMMUNITY**

Kent Ericsson

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**ResearchTheme Disability & Support
Department of Education
Uppsala University
Uppsala, Sweden**

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RESIDENTIAL FACILITIES FOR MENTALLY RETARDED PERSONS

The purpose of the project which is shortly presented here, is to give a group of 26 mentally retarded persons from special subnormality hospitals access to a life with adequate support under more normal conditions, provided within the framework of the ordinary society.

The group involved are mildly or moderately retarded, with additional social or mental disturbances, these being the cause for admission to the special hospital. They are consequently a group in need of very qualified care, whether they live in the hospital or if they receive the services they need within the ordinary society.

In order to enable this group to live within the normal community, it was necessary to create alternative services. The project to achieve this was located to a Stockholm suburb, where a series of houses and a day activity centre is utilized. There is also administrative staff, including a social worker and a psychologist.

The first stage of the project was the acquisition of three houses in a newly built housing-area. These were within a cul-de-sac with 22 terrace houses, but the three were not adjacent. As each person has his own bedroom, three can live in each house, therefore nine persons live in the same area.

As none of this group is physically handicapped, no adjustments needed to be made to the houses, which are two-storey. Because of their additional social and mental handicaps their main problem was the need for support in form of qualified staff. Attached to each house is a special staff-group who are always on duty, which means having special night staff. Their training qualifications being chosen according to the needs of the residents.

The demands made on a person in order to live in such an area, are too great to enable all persons from the special hospital to live under such conditions. Close proximity to neighbours is one type of hinder, two-storey houses another, so other types of housing were necessary as well.

The second stage of the project was therefore to develop a villa type of housing, a one-storey house in its own grounds, adjusted to the needs of the handicapped persons who were to live there. The purpose of locating the house to its own grounds is to avoid proximity to neighbours and the conflicts which can arise because of their often deviant or disturbing behaviour.

Two such villas were built on nearby land and close to another housing-area with apartment flats. Each villa with its own garden and entrance, houses five persons. This group of ten persons have more severe problems of mental and social character. Each house has also a staff-group with 24 hour service. The

hygiene-facilities are such that even those who are severely physically disabled or in wheel-chair can live there.

To be able to work with small groups within the villa, the house is built at a right angle, at one end bedrooms and bathroom facilities for two persons and for three persons at the other end. The kitchen, living-rooms and staff room is in the centre.

In order to provide a fully community-based alternative for even more disturbed persons from the special hospitals for whom neither terrace house or villa was adequate, it was necessary to find housing conditions which allow for their pattern of behaviour. This required a greater distance to the immediate neighbourhood in order to avoid conflicts.

To achieve this an older house in its own grounds was acquired, where these persons could move freely without disturbing neighbours, who live about 100 yards from the entrance. The main house provides accommodation for five persons, and in a smaller cottage two additional persons. Even these houses have a separate staff-group.

From the original group of three terrace houses, one person moved to an apartment flat in a nearby housing-area and receives staff support from those attached to the project.

CONCLUSION

The project described here started in 1977. The experience gained so far is that it is possible to create living conditions in the ordinary community even for retarded persons with so complicated and extensive problems that they have been subjected to special hospital care for a greater part of their lives.

Experiences also show that a life in the ordinary community, can be achieved by making use of normal housing built for non-handicapped persons, if necessary adjustments are made.

Another important experience is that in a group of 25 retarded persons many different needs arise and must be met with different types of housing and support. In this project four types of housing have been used, namely an apartment flat, terrace houses, specially designed villas and an older house in its own grounds.

Even if the service provided in the houses has not been described in detail, the conclusion is that service offered in a house must be related to the personal needs of those who live there. The material equipment, hygienic and bathroom facilities, the number of staff and their duty-hours are some examples of adjustments to be made. Housing for retarded persons must be planned according to personal and specific needs, not as anonymous service units.

HOUSING AS PART OF THE INTEGRATED ORGANISATION

Residential services for mentally retarded persons have been illustrated by this account of a particular project. But it is important to remember that housing is only one part of the total integrated organisation of services. Of equal importance to enable a retarded person to live in the community, is the existence of places for daily activity where the individual can spend his time during week-days.

The day activity centre consists of a series of small groups of retarded persons with staff support, who work either in special day activity centre premises or other places in the local community. Staff responsible for daily activities are not the same as those who work in the mentally retarded person's home, the purpose being to develop different staff roles for those working in these two different service forms.

In order to develop a more normal life for retarded persons in the ordinary society, it is necessary that medical, psychological and social services are accessible. In the project accounted for here, a psychologist and social-worker are full-time employed and a psychiatric consultant attached.

The project also has access to services from a mental retardation team with medical, psychological and social staff. Their task is to guarantee that all retarded persons in a specific district have access to adequate support in these respects. This is achieved either by their own contributions or by using the ordinary medical, psychological and social services of the community.

A PROCESS TOWARDS INCREASED PARTICIPATION IN THE COMMUNITY

Moving from an institutional pattern of service to an integrated service system is a complex process. One type of problem is associated with the question of knowledge and values concerning the retarded person in society. A lot of effort is required to build and develop units integrated in the ordinary community. In order to work with small groups new demands are made on the ability of the staff to see the retarded person as a fullworthy citizen, and not as an object of care. As this work must take place close to the community and to non-handicapped persons it is demanded that staff participate in ordinary community activities together with retarded persons. This requires an ability to meet questions and attitudes from the people one comes in contact with.

The other type of problem which is part of this process is of economic nature. The institutional pattern of services is based on a system of large groups, lack of adequate daily activities. By not meeting many of these basic requirements the services supplied are relatively cheap.

The integrated pattern of services which offers a better living standard, for example by giving each person his own bedroom, units organised around small groups and full daily activities for all, leads in the beginning to higher costs.

In order to carry out the services referred to here, substantial financial expenditure has been necessary. It must however be pointed out that this project has been possible because the total costs have not exceeded the costs for the same group of mentally retarded persons at the special subnormality hospitals.

A FINAL WORD

A consequence of the principle that mentally retarded persons should be recognized as fullworthy citizens and therefore be able to participate in the ordinary life of society, is that ordinary housing facilities should be availed of as homes even for mentally retarded persons. In the project referred to this principle has been applied for a group of mentally retarded persons with complicated additional handicaps and who previously had been cared for during long periods within large out-of-date total institutions.

In this project evidence is found that it is not only a principle but even a reality that mentally retarded persons can live in normal housing. This demands however that different types of housing be made available and that these houses are developed according to the personal and specific needs of those who are to live there.