Residential Services
For
The Mentally Retarded
AN ACTION POLICY PROPOSAL

The President's Committee on Mental Retardation
Washington, D.C. 20201

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INTRODUCTION

History tells us that the separation point in philosophy regarding the weak, the crippled, and the infirm is well depicted by the divergent practices of the Spartans and the Athenians. While the ancient Spartans purportedly left the malformed to languish and die, the Athenians chose the road of care, haven, and nurture for the ill.

On the surface, it would appear that we in the United States have chosen the Athenian way. But realistic evaluation of our practices in housing and caring for the mentally retarded in residential facilities should give us reason to pause. Indeed, we must pause and reflect openly and honestly among ourselves. For administrative systems in public facilities for the retarded are rife with make-do arrangements that have grown up to compensate for bone-bare budgets and general indifference to the facilities' needs.

Many residential services and programs as they exist within the 50 states comprise a tragic paradox for the wealthiest nation in the world. On the one hand, our knowledge of environmental design and care for the retarded has never been greater and increases daily. On the other hand, the gap between what we know how to do and what we actually are doing seems to increase at an even more rapid rate.

Among the major causes of failure to provide proper housing and program are public apathy to the problem, misunderstanding of the condition overcrowding, understaffing, and inadequate financial support. Despite the enlightened concepts of many leaders in the field of retardation, the inherited philosophy is too often one of isolation, coupled with disease-oriented treatment. The result is mass housing, built and administered on an outmoded model.
usually removed from community life and society. Almost all public institutions for the retarded are overcrowded, many seriously. Yet, nearly every state has long waiting lists of individuals waiting for admittance to a residential facility for the retarded.

There are few physical cures for mental retardation; therefore an attitude of hopelessness often exists toward these residents despite the good intentions of the staff. A reorientation in thinking will require considerable effort as public officials, administrators, professional workers, and the lay public all come to understand that the retarded can be helped by training, education, and habilitation.

Today, concerned professionals, government agencies, and parents of the retarded are demanding a complete departure from dehumanizing custodial care. Some administrators have already adopted a new approach; others are seeking to make such changes. This new philosophy calls for a variety of decentralized residential services, and a recognition of the human and civil rights of the retarded, among them programming according to the nature and degree of the individual’s handicap. In short, the trend is toward normalization, a principle emerging as an entire new approach to management and programming for the retarded. This principle refers to allowing the retarded to obtain an existence as close to the normal way of life as possible in a residential setting.

The following policy statement is intended to be a major step toward realizing the goal of normalization for the retarded, especially for those in residential facilities. The goals in programming and housing cited here will not all be achieved overnight. The volume of activity to improve residential services must be sufficiently increased. We no longer can be satisfied with the often deceiving evaluation of the progress of the past or the vague promise of improvement in the future.

Today, more than 200,000 citizens of the United States who are mentally retarded are living in public residential facilities. The cost of operation of these facilities each day is in excess of $2.3 million, which is more than $1 billion a year for direct services alone. Far too many of these facilities consist of an impoverished living environment that is not distinctly different from the environment experienced by prisoners of war during the past three decades. The general public becomes highly incensed and concerned—and rightly so—when learning of abuses to prisoners of war. Unfortunately, the same public expresses little or no concern about inhumane living conditions that exist in their own communities.

We must begin, continue, and intensify in the nation and each of our 50 states a movement to improve our residential facilities for the mentally retarded. We must make residential facilities and their programs cost effective in terms of human lives salvaged from the limbo of neglect and given, to the fullest individual degree possible, the dignity of place and value in daily life and work.

The policy proposed in this booklet is offered both as a goal and a guideline. Its implementation, we believe, will be a saving act—in human resources, in program effectiveness, and in financial cost per individual served through human service programs.

The welfare of the mentally retarded should be the concern of all Americans. Their hope for the future is in our hands.
"The proper use of behavioral management should involve appropriate motivation and training reinforcement, reflecting an understanding of human development. There is no place for excessive use of physical restraints, abusive use of drugs and prolonged periods of isolation for the sole purpose of controlling behavior."
Proposed Action Policy on Residential Services for the Mentally Retarded

Definition

A residential facility for the mentally retarded is any housing facility other than the individual's natural home, which provides supervised living with appropriate services related to the individual's needs.¹

Statement of Purpose

The prime purpose of residential services for the mentally retarded is to protect and nurture the mental, physical, emotional and social development of each individual requiring fulltime responsible services. Inherent in this commitment is the responsibility to provide those experiences which will enable the individual (1) to develop his physical, intellectual, and social capabilities to the fullest extent possible; (2) to develop emotional maturity commensurate with social and intellectual growth; (3) whenever possible, to develop skills, habits; and attitudes essential for return to contemporary society; and (4) to live a personally satisfying life within the residential environment.

¹ The definition here stated and the ensuing policy statement may be considered in the context of private residential facilities if they are comparable to public residential facilities in terms of residential population.
"Individuals who function at the level of staff in certain occupational or training activities have the right to enjoy the same privileges as staff and, when used in other than training situations, should be paid at the legally required wage level."
Considerations Under Which Residential Care Is Appropriate

Mental retardation in itself is rarely sufficient cause for the removal of an individual from his natural home. Nonetheless, more than 200,000 retarded persons in the United States currently live in publicly operated residential programs. These residential facilities should offer services to retarded individuals, specifically to those severely and profoundly retarded, and those with multiple handicapping conditions, who require highly specialized programs.

Less severely retarded persons may profit by short-term residential services for the amelioration or modification of specific problems such as emotional instability, asocial behavior, physical disabilities, or for specialized educational and training programs.

Legal Rights of the Individual

A basic obligation of residential services is to assure the rights of the individual. Each retarded person, regardless of the degree of retardation or additional disability, should be treated with respect and given every opportunity to exercise his own judgment in conducting his affairs and should be given the right to own and control property.

The responsible person concerned with and involved in program planning for the retarded should make an impar-
"The interrelationship of design and architecture to residential programming is vital . . ."
tial case review as often as deemed necessary but no less than annually.

The mentally retarded shall have the same constitutional rights and guarantees as every other American citizen.

The use of residential facilities for punitive purposes or for long periods of incarceration violates not only the rights of the individual but also the principles of residential care.

The residential facility should be used for programming, not punishment.

Voluntary and involuntary admissions should be based on sound professional considerations. The reason for placement must depend on the individual’s need for residential services, not on what is expedient or convenient at the time.

The integrity of the individual's family must be preserved and a close relationship between the family, the retarded individual and the staff should be encouraged. The admission of a mentally retarded person to a residential program should in no way be construed either by parents or staff as a termination of parental responsibilities to said individual unless legal action has occurred to sever these ties. It should be the philosophy of the residential program that parental involvement and participation in all aspects of services to a given mentally retarded person is normal, desirable, and expected, and that a cooperative, communica-
"... a close relationship between the family, the retarded individual and the staff of the residential service facility should be encouraged ..."
tive relationship between the facility and the parent will result in decisions and services which place the retarded persons' interests and welfare as a mutual responsibility and concern.

Family members or their official representatives should be allowed to visit and be free to communicate with their relatives by correspondence or telephone at any reasonable time.

Legal guardians should be appointed, whenever necessary, for both minor and adult retarded persons to insure full protection under the law. The responsibility of the guardian is primarily to insure the retarded person civil and human rights (including termination of residential services); the protection of his property; and to assure determination and representation under criminal and civil law.

Residential Services

The best residential services meet individual needs. They combine the attributes of a positive home life with modern management techniques and skills available from the behavioral and medical sciences.

A residential service should be conducted in an atmosphere of warmth and affection, dignity and respect, with programs designed for each person's individual needs.

It is advisable for each state to study and develop its own set of laws governing guardianship of the person and his estate.
The proper use of behavioral management should involve appropriate motivation and training reinforcement, reflecting an understanding of human development. There is no place for excessive use of physical restraints, abusive use of drugs and prolonged periods of isolation for the sole purpose of controlling behavior or for punitive reasons. An active and effective program will serve in many cases to improve behavior.

Good residential programs provide both long-term and short-term services and are governed by the goal of helping each mentally retarded person develop and make the best use of his capabilities.

Long-term services usually are required by the more severely and profoundly retarded whose needs—medical, physical, social, educational and psychological—frequently require continual attention. Programs need to be planned for maximum adjustment, since each individual has potential for some progress, no matter how severely impaired.

Ideally, short-term programs should be made available to the retarded with emotional, social, and/or medical problems who require intensive treatment or training within a sheltered environment. Further, model short-term programs should include temporary, reserved space and respite care to relieve critical family situations.
It is the obligation of the residential facility to develop each individual's economic potential as well. The work and training settings should train him to perform meaningful remunerative work outside of the residential facility.

Individuals who function at the level of staff in certain occupational or training activities have the right to enjoy the same privileges as staff, and when used in other than training situations, should be paid at the legally required wage level.

In addition to providing services to the retarded, residential facilities should offer a variety of programs to the family. Every effort should be made to maintain family integrity through intensive counseling and supportive services for the individual and his family before, during, and following residential placement. Alternatives to residential placement should be explored thoroughly with parents and community agencies.

Regional and Community Resources

It is essential that a residential facility cooperate and coordinate its programs with other regional and community mental retardation services, in order for the development of a full range of comprehensive services.

Residential services will vary considerably depending on the residents' needs and the availability of alternative
"It is the obligation of the residential facility to develop each individual's economic potential . . . The work and training settings should train him to perform meaningful remunerative work outside of the residential facility."
resources. Residential services should be but one identifiable service coordinated with the general and specific regional and community programs available to all citizens. A high percentage of the retarded are capable of being integrated into community living situations, when supportive generic services are available.

The comprehensive residential facility can take an active role in serving a region or community by providing, when appropriate, diagnostic and counseling services, outpatient services, special treatment centers, and in general, participating in all phases of comprehensive planning. Administrators and program staff need to become actively involved in regional and community health, education, rehabilitation and welfare planning.

In addition to developing a needed program within the residential facility, the administrator should plan for residents to participate in educational, social, and recreational activities in the community. Residential personnel should be encouraged to stimulate the development of regional and community programs when they are not otherwise available.

**Residential Living Environment**

The model residential environment should provide a warm, stimulating social setting, devoid of any form of dehumanizing conditions. The retarded should be helped
"Large dormitories should be remodeled to give privacy and individuality to the residents . . ."

"The model residential environment should provide a warm, stimulating social setting, devoid of any form of dehumanising conditions . . ."
to live as normal a life as possible in safety. While those of similar behavior and chronological age may be grouped together, the practice of rote separation based on sex, clinical classification, or handicapping conditions is seldom justified. Small groupings designed to promote maximum social and emotional growth appropriate to the retarded person should be effected.

The staff must reflect attitudes and behaviors consistent with the concept that they are family surrogates, i.e., that they are providing services on a daily basis in lieu of the retardate's actual family. However, the continuing prerogatives and responsibilities of the child's true parents should also be recognized and respected, even though they may exercise these only on a periodic basis.

It is desirable for direct-care personnel to possess at least a high school education (or its equivalent) and to have access to an extensive inservice training program. A "career ladder" should be instituted, enabling qualified staff to take relevant college or university courses when specialized training needs arise.

The residential facility and college or university should be interrelated in such a way that the institution of higher learning contributes directly to inservice training of residential personnel, and residential staff and resources should
"The staff must reflect attitudes and behaviors consistent with the concept that they are family surrogates, i.e., that they are providing services on a daily basis in lieu of the retardate's actual family . . ."
be used in professional training and recruitment. Joint appointments should be considered.

**Architectural Considerations**

Facilities preferably should be designed to serve and maintain programs for a specific population. In planning the facility, attempts should be made, through flexible design, to accommodate advancements and changes in program techniques and methods. The interrelationship of design and architecture to residential programming is vital. Consequently, the use of facilities constructed for other purposes, e.g., tuberculosis sanitaria, military installations and obsolete nursing homes should be studied carefully before a decision is made to adopt them for the mentally retarded.

Design and construction of new facilities should adhere to a number of basic principles:

1. The location should be within the community served and provide for normal contacts with the life of the community.

2. The size and type of units should be based upon the residents' needs in a comprehensive program.

3. The living quarters should provide maximum opportunity for privacy, with closets, lockers, etc., for personal possessions. Living quarters should be consistent with cultural norms, with due regard to health, safety and conformity to accepted community standards.
"The best residential services meet individual needs. They combine the attributes of a positive home life with modern management techniques and skills available from the behavioral and medical sciences."
facility should examine its own research potential and, when realistic, establish its own mechanisms for conducting such research programs. It is important that the principles promulgated in "Use of Human Subjects for Research," published by the American Association on Mental Deficiency, be followed. In essence, this statement declares: "Research in mental retardation must conform to the scientific, legal and moral principles which justify all research and should emerge out of sound theoretical basis or follow previously accepted research design." The protection of human dignity, integrity and life must be recognized as the first consideration in research planning.

Administrators of residential facilities need to be concerned with studies aimed at improving programming and treatment. Every effort should be made to use new knowledge and techniques in programming for all levels of retardation, with emphasis on preventive research in all areas of mental retardation—biomedical and environmental.

The results of all research conducted within residential facilities which are pertinent to continued programming should be discussed with residential staff so that the findings can be applied. Such research not only will increase

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knowledge of the condition of mental retardation and the
role of residential services, but will also provide understand-
ing of many phases of human development.

Administration and Management Services

It is the responsibility of the appropriate and designated
agency of state government to develop a philosophy and
purpose of residential services for the mentally retarded. The
philosophy should be consistent with the current status of
knowledge and information available on residential services.
The agency responsible for residential services should have a
director or coordinator of programs for the mentally
retarded. He should be authorized to provide executive
direction and administration for all levels of residential
services.
The administrator of the facility should implement
program and staff policy, and direct and coordinate all phases
of residential services. Staff should be able to identify ineffect-
tive programming and suggest improvements.
The administrator and professional staff should have
training and experience in administration and human welfare
services. Administrators should not be required to have
academic training in any one special discipline, but must
have administrative abilities, the quality of leadership and
an understanding of the condition of mental retardation.
"Administrative policies should recognize the importance of the interrelationship of parents, volunteers, staff, and residents . . . ."

"Each retarded person, regardless of the degree of retardation or additional disability, should be treated with respect and given every opportunity to exercise his own judgment in conducting his affairs . . . ."
Advisory Committee

Officially constituted professional and lay advisory committees have proved to be highly beneficial to both public and private institutions in health, education and related fields. The committee members should be appointed by the governing board, commission or a duly constituted authority. Appointments should be made irrespective of political affiliation and should be based on both broad knowledge of the human welfare field and demonstration of public service.

The advisory committee may provide direct consultation and assistance to either the administrator and professional staff of the specific residential facility or to an official authority. There should be a clear description of purpose and function of the committee, leaving no doubt as to its limitations in an advisory role. At least annually, the advisory committee should prepare a report or meet directly with the appropriate state official on the progress and effectiveness of the residential services programs.

Advanced Technology and Methodology In Improving Residential Services

When applied to residential services, advances in technology may prove to be both economical and efficient. Industrial and management studies have provided advanced
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systems to modernize laundries, food service and general services. Data processing may be used in record systems and inventories. Program budgeting should make allowances for innovative planning.

**Parent and Citizen Volunteers**

The aid given by parents and citizen volunteers is very supportive to the mentally retarded and the staff of a residential facility. Administrative policies should recognize the importance of the interrelationship of parents, volunteers, staff and residents. Parent associations should be encouraged to meet at the facility and review with staff the program and budget needs for providing services to the mentally retarded. Volunteer services should always be regarded as additional service and not as replacement of paid professional staff.

A staff coordinator of volunteer services is necessary for the recruitment, training, and placement of volunteers in positions that will be most helpful to personnel and meaningful to the volunteer.

Youth and senior citizen volunteer groups should be encouraged to organize and participate in the over-all program for the retarded.

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This statement is intended as a guideline for policy-makers, not as a final policy statement on residential services.
"The prime purpose of residential services for the mentally retarded is to protect and nurture the mental, physical, emotional, and social development of each individual requiring full-time responsible services . . . ."
The intent is to provide direction so that administrators, staff and personnel, as well as parents and the retarded residents themselves, can adapt its philosophy to particular situations.

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