LEVEL OF SATISFACTION AND SOCIAL FUNCTIONING

OF BOARDING HOME RESIDENTS IN

KAMLOOPS, BRITISH COLUMBIA

By

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ABSTRACT

The general trend toward community care of the mentally ill is a relatively recent development in the treatment and rehabilitation of this segment of society. The purpose of this study was to examine a group of boarding home residents who are psychiatrically handicapped in order to discover whether they were satisfied with their situation in the community and whether they had achieved an appropriate level of social functioning. Another question addressed was whether the cost of maintaining the patients in the community is less than that of institutional care.

The scope of the study was restricted to individuals residing in mental health boarding homes in the Kamloops, British Columbia area. The majority of these had been patients at the Tranquille School, facility for the retarded. However, included in the 69 subjects interviewed were those with other psychiatric handicaps. One questionnaire was administered to residents, boarding home operators, employers, and workshop staff. A subjective response was elicited from the boarders regarding their satisfaction with their situation; in addition to the subjective response, "satisfaction" was measured quantitatively with regard to social activities, that is, contacts with friends and family as well as attendance at community activities. Other items on the question-
naire related to social functioning of the subjects and included adjustment in the home and at work, and interpersonal relationships. Ability to remain in the community was considered to be an important indicator of social functioning, as well as moving on to independent living.

Fifty-eight of the sixty-nine (84.06%) responded that they were satisfied with their situation in the community. These represented a substantial number of the moderately retarded. Contact with relatives and friends were found to be infrequent, and most subjects were dissatisfied with this. A high percentage of the respondents (88.4%) attended community activities at least once a week, and 30.43% at least twice a week or more often. These factors may have contributed to the boarders' satisfaction with community living.

Social functioning was felt to be closely connected to some form of community employment. A total of 68.12% of subjects were away from home in some work related activity, a fairly high indicator of social functioning. Amount of supervision needed in such activities as eating, sleeping, toilet, dress, and spending money was considered in the study as being a measure of social functioning. With regard to the rate of returning to institution, the .5% per month compared favorably to the Province wide average of
less than 1% per month. 6.8% of the boarding residents were found to have moved on to independent living in 1973, as compared with the provincial average of 11%. The possibly high percentage of retarded subjects in boarding homes in the Kamloops area as compared with other districts in the Province may have influenced both of these findings.

A tentative conclusion was reached that the cost of maintaining patients in the community is considerably less than institutional care, but a more comprehensive study would seem to be indicated.
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LEVEL OF SATISFACTION AND SOCIAL FUNCTIONING OF
BOARDING HOME RESIDENTS IN KAMLOOPS
BRITISH COLUMBIA

CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

The boarding programme in Kamloops, British Columbia is a part of the now Regionalized Programme sponsored by the Mental Health Branch of the British Columbia Government to provide homes primarily for discharged patients of mental institutions. This programme is a reflection of a general trend toward community care of the mentally ill, a relatively recent development in the treatment and rehabilitation of this segment of the population. One of the assumptions underlying the policy regarding placement is that the patient discharged from a mental hospital (or who in earlier times might have been admitted to the institution) will have an opportunity to be integrated into "normal" community living through boarding home placement and eventually, if he is able, to live independently. It is assumed also that the individual so placed will have his needs more readily met in the community -- "a decent place to live, a feeling of security, being part of a small group, and opportunity for growth and the development of self-responsibility, support
encouragement and recognition."(1) The following evalu-
tive research study is designed to test whether the above
assumptions are valid; the researcher will be attempting
to discover whether the psychiatrically and mentally handi-
capped persons placed in the community will be satisfied with
their situation and whether they have achieved a measure of
social functioning.

An interesting historical note on community care of
the mentally ill is found in the Colony of Gheel, Belgium(2),
where foster home care dates back to the fifteenth century.
In 1952, this town with a population of 20,000 had 2,700
patients in foster homes or family care. North American
planning in this field has lagged behind the Europeans,
and Canadian programs behind those of the United States,
which in 1935 experimented with the Maryland Plan. State
and legislative action in the United States(3) on behalf
of the "community care for the mentally ill" seemed to be
one of the direct results of the 1961 report on Action for
Mental Health. In Canada, "More for the Mind"(4), the
Canadian Mental Health Association five year study of
Canadian psychiatric services stressed the treatment of the
mentally ill in their own homes and neighborhood.

It was in 1959(5) that the boarding home programme
in British Columbia was launched; 100 patients were dis-
charged from Riverview Hospital into vacancies in already licensed homes in the City of Vancouver area. In 1960, a special home for 18 patients was licensed and placement made. The Woodlands School and Valleyview Hospital began their placement program in 1963, and the Tranquille School followed in the years 1965 - 66. Until regionalization in 1971, placement follow-up was carried out by the staff of these hospitals from which the patients were discharged. Regionalization in 1971 provided for boarding home social workers located in 14 Mental Health districts to receive referrals not only from institutions but from local communities, make the placements in boarding homes whose applications had been processed through the social worker's office, and carry out supervision of the patients. As at March 1, 1974, there were 1500 patients located in 250 homes throughout British Columbia. (6)

Some concerns have been expressed from different sources regarding the success of community care for the mentally ill. Titmuss, for example, (7) states regarding the situation in Britain, "At present we are drifting into a situation in which, by shifting the emphasis from the institution to the community.... we are transferring the care of the mentally ill from trained staff to an untrained, or an ill-equipped staff, or no staff at all." This author quotes Dr. D.H. Bennett of Maudsley Hospital
as concluding that the patients must be carefully selected for community care, not "indiscriminately discharged from the hospital." Titmuss warns against what he feels to be a "naive assumption that community care is inevitably economically cheaper than institutional care", a notion that will be examined in this study, and one that could influence policy in discharging patients from mental hospitals.

A further concern is expressed by one author(9) who found in his study evidence that community care facilities for discharged patients from mental hospitals in some instances compared to the "back wards" of the institution. Crawford(10) also speaks of the danger of boarding homes becoming small institutions in that patients become so comfortable in the routine of the home they resist efforts to move into and involve themselves in the community. Creasy(11) referring to the Selkirk (Manitoba) Plan observes that the patients' tendency to withdrawal and inappropriate behavior could be tolerated in the boarding home, rather than an attempt be made to change it, as would hopefully be made in the hospital. Booth(12) refers to the social isolation she observed among some of the occupants of the boarding home. Adrian et. al.(13) in their study on community identification of the discharged mental patient found the boarders expressed an experience of enhanced self-worth, but participation and social competence decreased from the level they had attained
in the hospital. These researchers found studies which demonstrated an overall ability of mental patients to remain in the community, and some found good evidence of social participation; however, these studies were often carried out by the administrators of the programme, or the study design was not specified. They found also that the characteristics of the boarding home and its operator were not commented upon in the literature, and were felt by these authors to be important variables. These will be addressed in this study.

The population in the Kamloops district boarding homes is made up of 75 patients (not including 3 in their own homes) residing in a total of 31 boarding homes, (as at February 1, 1974). The number of guests per home varies from the largest (licensed) with 12, to the smallest with only one or two. The boarding homes are privately operated, three being licensed under the Community Care Facilities Licensing Programme. At least ten of the boarding homes have operators who have had some training or experience in working with psychiatrically or mentally handicapped individuals; and some of these are currently employed at the Tranquille School, the Mental Health facility for the retarded, in the Kamloops area. The majority of the boarders are financed under Social Assistance administered by the Department of Human Resources; and some receive Handicapped
Person's Allowance. The boarding home rate is paid through the Department of Human Resources; in some instances the parents receive the H.P.A. and pay the boarding home operator direct. Or the family may pay out of private funds. A few of the boarders are self-supporting, their earnings being administered by the Public Trustee who sends maintenance and comforts directly to the boarding home operator.

The population for this study are in the majority (61) former residents of the Tranquille School who have received all the training available and who no longer need to be kept in custodial care in an institution. A few of the sample have been patients in the Riverview Hospital and have been discharged for similar reasons -- no further psychiatric treatment is considered necessary or helpful. For those placed in boarding homes, there have been no family or friends willing or suitable for receiving these patients into their homes. Many of the boarders were not considered employable at the time of discharge, or would not become employed because of their handicap; the majority had no funds of their own. In the situations where there were no financial resources, they would receive social assistance or application would be made for H.P. Allowance. For those patients becoming employed or considered employable, the boarding home is seen as a rehabilitative resource. The plan usually is that when the boarder who becomes employed earns sufficient
funds, he will pay maintenance directly to the boarding home operator (if deemed "Capable" under the Patients Estate Act); otherwise the operator will be paid by the Public Trustee. If the patient makes good progress in return to "normal" living, he will move on to independent living.

Rationale for population choice was that the researcher is familiar with the Kamloops community, had served in the area as Boarding Home Social Worker and was therefore involved in placing many of the guests in their present homes. The availability of the files was also an important consideration for the researcher, as well as the proximity of the boarding homes and their occupants.

The boarding home social worker is based at the Kamloops Mental Health Centre to administer the programme for the boarding home guests in this Mental Health District. For a patient who has been hospitalized, when he leaves the institution, he is placed on "extended leave" for a specified time; if he is functioning well in the community, he is discharged to the care of the Medical Director of the Centre, his status being either "Capable" or "Incapable" financially under the Patients Estate Act. The "extended leave" may be prolonged indefinitely, according to the recommendations of the Medical Director.
Purpose of the Study

The purpose of this Study in general is to explore the value of the boarding home programme in the Kamloops area as a therapeutic resource in rehabilitation of former hospitalized mental patients, or potential candidates for mental institutions; to examine the theoretical assumptions underlying the boarding home programme, and specifically to assess the boarders' estimate of their own level of satisfaction, and to determine whether they have achieved an appropriate level of social functioning.

One of the basic questions guiding this enquiry is whether or not this programme does meet its stated objectives. According to the literature, the programme was initiated primarily to enhance social and emotional rehabilitation, and would result in substantial savings of public funds. In discussing with representatives on the field and reading some of the literature explicating rationale, the 1959 programme was set up to provide "stable habitation" for chronic patients who would otherwise remain hospitalized. Present goals would include those referred to earlier (Page One). In other words, rehabilitation in its wider sense is looked
for. Does this programme achieve its goal? Or does it manifest what Titmuss refers to as the major problem in Britain, the "in and out one" (15), that is, the patient transfers in and out from hospital to community and vice versa. Is the utilization of this policy connected with economic pressure to relieve the high cost of maintenance of patients in expensive insitutional care?

The Social Work Problem

One of the major concerns of the social work field is that more and more patients are being discharged to the community due to recent changes in treatment methods such as chemotherapy in the case of the psychiatrically handicapped, the more "enlightened" attitude of the community towards mental illness, and the well publicized Foulkes Report (16) in which it is recommended that the large mental hospitals be eliminated and each community be required to look after its own mentally ill. Also of interest is the concept proposed by this report that there should be no need to differentiate between the boarding home facility to care for the psychiatrically or physically handicapped.

Another concern is the need for continuing research on the integration of formerly hospitalized mentally ill persons discharged to boarding homes; evaluative research is needed to substantiate the claims to success.
The social work profession in general will be faced with helping these former patients in terms of their social, economic, and psychological needs. For those in the fund administering fields, they would be interested in social policy affecting boarding home rates, comfort funds, social assistance rates for those individuals who attempt to live independently, Handicapped Persons Allowance, etc. The patient returning to the community is often faced with the stigma of mental illness, or, if retarded, the teasing and jibes of the so called "normals" of society. Extended periods of hospitalization can cause atrophy of social and other skills which can put the patient at a disadvantage in the community.

The boarding home social worker needs to be able to work in close liason with the hospital from which the patient is discharged, and also be able to work with community networks of public agencies and volunteers in establishing integration of the patient into the community. Family members need to be worked with in interpreting role; and the boarding home social worker should be alert to employment opportunities for those in the programme.

The profession will be concerned with the preventative aspects of mental illness such as is hoped will be achieved by Foulkes recommendation for the establishing of Community
Health and Resource Centres designed to integrate social services, of which mental health will be a part. Bill 84, which is before the legislature at this writing, focuses on integration and provides for transfer of funds assigned to mental health services to community or regional boards. This policy when implemented could have far reaching effects on the social work profession as it perhaps identifies new roles for itself in the future.

Statement of Hypotheses

On the basis of the assumptions inherent in the broad objectives of the existing boarding home programme, the researcher hypothesizes that:

1. the psychiatrically and mentally handicapped persons placed in community boarding homes will be satisfied with their situation;
2. that this group will have achieved an appropriate level of social functioning, and
3. that the cost of maintaining patients in boarding homes is less than that of institutional care.

Operational Definitions

A sense of satisfaction is subjectively achieved, but it is assumed that this perception is influenced by such objective factors as the patients' presence in a geographical area, his contacts with relatives and friends, his likes and dislikes in the boarding home, his participation
in community activities and the relative ease with which he has access to the latter.

Level of social functioning will be attempted to be measured by the subject's adjustment in the boarding home, especially with regard to the supervision needed, his interpersonal relationships at home and in the community (and at work or workshop if he attends). Employment or attendance at workshop are important variables which will be measured, as these represent norms considered important in North American community living, that is, the application of the work ethic.

The cost of maintaining patients in the community vis a vis institutionalization will be estimated and compared from the statistics available.

Community Defined

For the purpose of this study, the community is the City of Kamloops, British Columbia, with a population of approximately 60,000, located in a ranching area in the south central part of the province. In a smaller urban setting where people are more readily noticed than in larger urban centres, the boarding home guests are expected to conform to the norms of the community.
Assumptions

Value Assumptions

1. Man is basically a social being who needs contacts with relatives and friends, and requires participation in community and social activities to achieve self-actualization and fulfillment.

2. Self-reliance and independence are important values in North American culture. Man is led to strive for independence in every area of functioning.

3. Because mental hospitals tend to foster dependence rather than independence, and cause institutionalization of its patients\(^{17}\), which is debilitating and dehumanizing, it is advantageous to return the patient to the community as soon as possible.

4. It is further assumed that small home-like settings where the environment is more representative of family or group living, will facilitate the discharged mental patient's return to independent living.

Operational Assumptions

1. Physical presence in the community is assumed to be self-explanatory.

2. It is assumed the majority of boarders are capable of indicating, in varying degrees, their
satisfaction with boarding home placement.

3. It is assumed that relative and friend contacts, attendance at community activities and the relative ease of such attendance is an indicator of satisfaction.

4. It is assumed that employment, or attendance at workshop, interpersonal relationships, supervision required in the home, and being able to remain in the community are valid measures of "social functioning".

5. Regarding the cost comparison between institutional care and community care, it is assumed that the figures for 1972 would not vary to any significant degree proportionately from subsequent years.

VARIABLES

1. Patient Characteristics
The patients placed in the Kamloops city boarding homes are mostly classified as retarded, and the majority are in receipt of social assistance. A few are diagnosed "chronic schizophrenics." Their age, length of institutionalization, level of retardation, and their limited finances will have some effect on their level of perceived satisfaction and level of social functioning.
2. Opportunities for community participation

In the community in question there are several avenues open for social participation, but not all equally accessible with respect to distance or cost. The boarder is expected to conform to the rules of the home with respect to hours, permission to leave the home, and involvement in specific activities. There are also job restrictions placed on discharged "mental patients" in any community, especially with regard to opportunities for the retarded with their limited intellectual abilities. In a society where great stress is made on acquiring skills for the work force, it is understandably difficult for these persons to compete. Workshop facilities are limited at present to accommodate only a certain number of handicapped persons.

3. Characteristics of boarding home operators

One of the major variables the researcher felt was important is the individual personality and qualities of the boarding home operator. The majority of these people are well known to the researcher, and some have had, as mentioned previously, some training in the care of the mentally and psychiatrically handicapped. Some of the inexperienced operators have had opportunity
to attend workshops and monthly meetings where mutual problems are discussed and help is provided by the boarding home programme staff. Some of the operators may be dependent on the $195.25 boarding home rate per patient and in the larger homes especially, the operator may be under stress if his vacancies are not filled immediately.

4. Financial Resources

The amount of the patients' comfort allowance will be a factor to consider in regard to attendance at community activities, for example. Most boarders in the Kamloops area receive $18.50 per month, but those who are working are allowed as much as $30.00 per month. One boarder who is self supporting receives $50.00.

People concerned with this study

Boarding Home Programme Staff

The boarding home social worker and other members of the mental health team are responsible for accepting referrals from institutions and community professionals for placing patients in approved boarding homes. The staff at the local level is concerned whether the boarder perceives himself as satisfied in the community and whether he is functioning well socially. The
staff would also be interested in whether the patient would be eventually capable of living independently, and this study might provide some valuable information in this area. The study could reveal the availability and suitability of community resources, and how well they are being utilized by the boarders. Some of the positive and negative characteristics of boarding home operators might emerge as the patients indicate their likes and dislikes.

The Provincial Boarding Home Programme Staff and other Mental Health personnel would be concerned with an evaluation study of one segment of this mental health project as it relates to policy planning for the future.

Department of Human Resources

This Department is responsible under legislation to administer social allowance for needy people, in this instance the boarding home rate paid on behalf of the boarder to the operator and comfort funds to the patient. This Department will also take the responsibility in some cases of applying for the Handicapped Person's Allowance or Disabled Persons Allowance. They would also be interested in the rehabilitation of these individuals to
independent living and off public assistance. Personnel from this department in the Kamloops area are more actively involved in making referrals for mental health boarding homes and seem to appreciate the availability of these resources.

The Mental Hospitals

Riverview Hospital, the Woodlands School, and the Tranquille School and other such facilities are responsible for providing psychiatric treatment and training programs for the mentally and psychiatrically handicapped. There are some problems the institution faces — for instance, there may be pressures to get the patients off the hospital to cut down expenses; there may be in future more pressures in this area if the larger institutions are to be closed. Assessment for placement has to be made carefully so that the patient may not be placed prematurely in the community, and perhaps have to be readmitted. As boarding home staff now provides supervision of discharged patients, it may be that the hospital staff feels "left out" of the follow up of these patients which they used to provide.
Boarding Home Operators
In the Kamloops area there are 31 boarding homes providing care for mentally and psychiatrically handicapped persons under the Mental Health Programme. The task of the operators is a challenging one, for they must provide twenty-four hour care for their guests, whose behaviour may be at times unpredictable and demanding. They must perform the role of cook, housekeeper, nurse and counsellor; they need to be compassionate and tolerant of sometimes bizarre behaviour. The operators have to administer medication and be understanding of the patients period of adjustment on discharge from the institution. There is also the perennial question of boarding home rate, which the operators generally feel does not keep up with the rising cost of living. The clothing rate of $150.00 per year is felt to be inadequate. The operators find too that some of their guests are rough with furniture, and household appliances, causing added expense which is, they feel, not given enough consideration in setting the boarding rates.

School of Social Work at U.B.C.
The Research Department is concerned with evaluative
research of existing community programmes and their policies. This project is being undertaken by a student who has been active in the boarding home programme both in connection with an institution (The Tranquillette School) and in the Regional Boarding Home Programme as Boarding Home Social Worker located in the Kamloops Mental Health Centre.

The Boarding Home Patients
There are 75 boarders (as at Feb. 1, 1974) living in approved homes in the Kamloops area under the Mental Health programme. This figure does not include three who were discharged from the institution or boarding home to their own family home. Many of the 75 originally came from hospital settings where every minute of the day was planned, to a boarding home which possibly would not or could not provide comparable activities. Until recent months, a good proportion of these individuals were unable to attend the sheltered workshop. Some of the businesses of this community have been particularly responsive, however, in providing employment for handicapped persons in boarding homes (or even when the patients were still living in the institution prior to discharge). At
present seventeen boarding guests are employed, including three who live in the community and work at the institution (Tranquille).

There are problems of adjustment patients face as they are discharged from the institution to a "normal" community, and there are needs which must be met if they are to be helped to function in the community.
CHAPTER III

DATA COLLECTION AND DESIGN

Review of the Variables

This study is concerned mainly with the satisfaction of the psychiatrically and mentally handicapped persons in Kamloops city boarding homes; it is further asking whether these boarders have achieved an appropriate level of social functioning; and hypothesizes that the cost of maintaining patients in community homes is less expensive than institutional care.

Before choosing the design model and research instrument, the researcher considered what aspects of the operational definitions lent themselves to objective measurement. It was assumed that patient satisfaction, although involving a subjective response as to "likes" and "dislikes", could possibly be measured also by amount of social contacts, that is visiting friends and relatives (and have them visit boarders); attendance at community activities and ease of access to same.

Regarding "social functioning", the objective measurement of attendance at work or workshop was felt to be one criterion of "normal" community participation. Adjustment in boarding home with analysis of supervision needed, including
interpersonal relationships in home and community was felt to be another measure of social functioning. Adjustment at work or workshop included an estimate of interpersonal relationships. The latter two considerations involved subjective data and impressions.

STUDY DESIGN

Design Considerations

One data collecting instrument was designed by the researcher to carry out the objectives of the research and to test the first two hypotheses. It was felt by the researcher, who was working independently, that the all-inclusive questionnaire would be most efficient in view of the time available for this study.

Sampling Design

The population was to consist of all patients living in the Kamloops area boarding homes as at February 1, 1974. The sample was restricted to this group because of the accessibility of the boarding homes to the researcher, and the availability of information concerning these residents in agency files. By choosing the February cut off date, it was realized the sample might include those who had only recently been placed in the community, and that these could influence the results. Where significant, these individuals were noted in the findings and taken into account in the interpretation.
Instrument Devised for this Study

The questionnaire had to be designed to be usable with a group of mentally and psychiatrically handicapped who might be impaired severely, moderately or minimally. The items on the instrument would therefore have to be phrased in simple and fairly concrete terms.

The questionnaire devised (See Appendix B) was to provide statistical data about the sample; indicate the subjective feelings of the subject towards the boarding home, and measure as accurately as possible his social functioning. A part of the questionnaire was directed to the boarding home operator, who was also to verify some of the subject's responses, especially for the moderately retarded; one question was directed to the employer or workshop instructor regarding the subject's interpersonal relationships at work.

Major Source of Data

1. **Agency Files**

Agency files provided information for the first 16 items on the questionnaire or verified what information the subjects were able to answer. Information such as "level of retardation" could perhaps be questioned, as a considerable number of those patients so categorized had not been tested for many years and may have been inappropriately labelled with regard to present day
psychometric measurements. However, the assumption was made that these records were as reliable as could be possible.

2. Boarding Home Operators

It was felt that the operators would be a reliable source as they would know the patients best. They were interviewed to verify the information already obtained from the subject; they were asked to give their perception of the amount of supervision their guests required, and their estimate of the quality of interpersonal relationships in the home and community. The researcher knew nearly all of the operators well, and tried to take into account any possible biased responses that might occur.

3. Boarding Guests (Patients)

The researcher felt that many of the boarders could provide the best answers regarding their subjective thoughts and feelings. However, those who were moderately retarded and those psychiatrically handicapped who may have been suffering from residual symptoms, limited ability to relate to others as a result of their illness and hospitalization, and on medication, might have limitations
in their ability to answer some of the questions. These factors were taken into consideration.

**Administration of the Questionnaire**

A pretest of 4 boarding home guests and operators was undertaken to determine whether the instrument would provide the data required. A few changes were made in the original format by adding categories in certain areas, changing the wording of certain other questions, and adding some. On the whole, the revised instrument proved to be useful.

A letter was sent (See Appendix A) from the office of the Boarding Home Social Worker, and under her signature, to every boarding home operator, asking that their guests be informed of the researcher's forthcoming visit. The interviewer telephoned each operator to arrange a convenient time to interview the guest and the operator. On arrival at the home, a further explanation was made to the operator and the boarder and their help requested. Only one visit was made to each subject, and all questions administered orally to subject and operator, the responses being noted immediately. In a few instances, information was obtained from the Boarding home operator by telephone. Where possible, all employers were contacted personally, otherwise by telephone. The workshop instructor was questioned personally regarding each workshop subject's interpersonal relationships.
Data Analysis Design

Information on the questionnaire was considered according to groupings related to what was being measured. Under "patient satisfaction", the items related to "social activities" were combined for tabulation under "How often do you visit friends and relatives?", "How often do your friends and relatives visit you?". The question, "Are you satisfied with this situation?" was asked regarding both of these. Questions on "social functioning" were tabulated similarly. One accepted measure of social functioning is the ability of the patient to remain in the community. This will be considered and shown by table.

The cost of institutional care of patients as compared to boarding home care will be tabulated under separate heading.
## TABLE I

**TARGET POPULATION**

**NO. IN BOARDING HOME CARE AS AT FEBRUARY 1, 1974-75**

**STUDY SAMPLE**

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECTED SAMPLE</td>
<td>72</td>
<td>100</td>
</tr>
<tr>
<td>UNAVAILABLE</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>INTERVIEWED</td>
<td>69</td>
<td>95.8</td>
</tr>
</tbody>
</table>

* 3 in own homes of this number not included for survey purposes.
TABLE II

PROPORTION OF PSYCHIATRIC TO RETARDED

<table>
<thead>
<tr>
<th>NO. OF</th>
<th>RETARDED (62)</th>
<th>PSYCHIATRIC (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
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<tr>
<td>30</td>
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</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## TABLE III

<table>
<thead>
<tr>
<th>Level of Retardation</th>
<th>Number of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borderline Retardation</td>
<td>3</td>
</tr>
<tr>
<td>I.Q. 68 - 83 (Level I)</td>
<td></td>
</tr>
<tr>
<td>Mild Retardation</td>
<td>24</td>
</tr>
<tr>
<td>I.Q. 52 - 67 (Level II)</td>
<td></td>
</tr>
<tr>
<td>Moderate Retardation</td>
<td>31</td>
</tr>
<tr>
<td>I.Q. 36 - 51 (Level III)</td>
<td></td>
</tr>
</tbody>
</table>

(I.Q. Rating Adapted From D.S.M. II, American Psychiatric Association, 1968)
CHAPTER IV

STUDY FINDINGS

Introduction

Statistical data for the sample was obtained from the Mental Health Centre files. Total number of boarders in the Kamloops and District area as at February 1, 1974, was 75, including three patients in their own homes (not interviewed). Sixty-nine subjects were contacted, and three were unavailable because of their location at some distance from the researcher's base of operation. (See Table I). One or both boarding home operators were interviewed in person, or in a very few instances by telephone. Employers were interviewed in person or by telephone; the workshop instructor was questioned personally.

Descriptive Data

The greatest proportion of subjects were in the age range 19 - 50 (88.41%) and of this group ages 31 - 40 had the highest percentage (36.23%) of the 69 subjects. There were 39 males and 30 females; 62 mentally retarded to 7 psychiatrically handicapped. (See Table II). For the main purposes of this study, it was felt that the level of retardation for the larger group of 62 would be a more significant variable than age or sex as it related to level of satisfaction and social functioning. (See Table III). For example, employ-
TABLE IV

EDUCATION COMPLETED

<table>
<thead>
<tr>
<th>NO. OF SUBJETS</th>
<th>70</th>
<th>60</th>
<th>50</th>
<th>40</th>
<th>30</th>
<th>20</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69</td>
<td>70</td>
<td></td>
<td></td>
<td>69</td>
<td>7</td>
<td>30</td>
</tr>
</tbody>
</table>

NO. OF SUBJECTS

GRADES COMPLETED

- KINDERGARTEN OR LESS (34)
- GRADES 1-3 (12)
- GRADES 4-6 (10)
- GRADES 7-9 (6)
- GRADES 10-12 (7)
TABLE V

TIME IN INSTITUTION

<table>
<thead>
<tr>
<th>No. of Subjects</th>
<th>Time in Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>1 - 5 years (1)</td>
</tr>
<tr>
<td></td>
<td>6 - 10 years (4)</td>
</tr>
<tr>
<td></td>
<td>11-16 years (12)</td>
</tr>
<tr>
<td></td>
<td>17 - 24 years (27)</td>
</tr>
<tr>
<td></td>
<td>25 years (15)</td>
</tr>
</tbody>
</table>
ability as a measure of social functioning could be related to level of intelligence; also the amount of supervision required to function in the boarding home. Also, level of satisfaction could be related to subject's intelligence, for instance, ability to attend community activities by using public transportation. The high percentage of moderately retarded in the sample could limit the ability of a number of boarders to participate socially and influence their enjoyment of various other activities.

Sixty-eight of the sample were single; one was divorced or separated. This situation might affect the level of satisfaction in boarding homes, as the norm for Western society is marriage and parenthood. Those subjects in the mild-borderline range of intelligence might feel denied this right offered to "normal" citizens, and make them dissatisfied with their lot.

Education completed (See Table IV) could also significantly affect the boarder's level of social functioning and satisfaction, as would level of retardation, in the ways stated above.

Only 10 of the sample of 69 had ever been institutionalized. Of the 59 who had, the number of years in institution (See Table V) could affect the boarder's ability to
### Table VI

**Length of Time in-Boarding Homes in Kamloops Area**

<table>
<thead>
<tr>
<th>No. of Subjects</th>
<th>Less Than One Year (10)</th>
<th>One - Five Years (40)</th>
<th>Six - Ten Years (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
function socially; and might further affect the level of satisfaction in the boarding home, especially if the institution was highly programmed and opportunities for independent decision making limited. Fifty-one out of the 59 (86.5%) had been institutionalized more than 10 years; the largest group, or 27 out of 59 (46%) counted in the 17 - 24 years in institution range, and the second largest group (25.5%) in the over 25 year range. The high percentage of more than 10 years of living in an institution could have some significance.

Length of time the subjects have lived in boarding homes could be a significant factor relating to satisfaction. (See Table VI). For those living in the community less than a year it might well be that they are still passing through a period of adjustment; unfavorable comparisons might be made to institutional living. Those living in boarding homes for more than 5 years, for example, might feel they are ready to move on to independent living arrangements. 66.67% of subjects had been living in boarding homes in the designated area for 1 - 5 years, and 18.84% for 6 - 10 years, perhaps indicating a fairly long term and stable group of community residents.

Satisfaction of Subjects with Their Situation in Boarding Homes

To the question, "Are you satisfied in your present
### TABLE VII

**SUBJECT’S SATISFACTION WITH BOARDING HOMES**

<table>
<thead>
<tr>
<th>No. of Subjects</th>
<th>Yes (58) [84.06%]</th>
<th>No (6) [8.7%]</th>
<th>Don't Know (5) [7.25%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diagram:**

- **Yes** (58) [84.06%]
- **No** (6) [8.7%]
- **Don't Know** (5) [7.25%]
boarding home?" 58 or 84.06% responded "yes", 6 "no" and 5 "don't know". (See Table VII). Two of the six who responded "no" were of mild borderline intelligence, and were aware of other boarders of their acquaintance who had moved into independent living. This may have prompted their reply, as there was nothing specific they objected to in the home; one of the two had lived with the same boarding home operators for six years; the other said she "disliked" some of the children in the home. A third subject who replied that she was not happy in her home had lived there for eight years; gradually her friends had moved away to other residences, and it may be that she wanted a change too, as there was nothing specifically she disliked. A fourth subject who replied "no" had been in the boarding home only four weeks and may have been experiencing difficulty in adjusting. When probed for a dislike, there was nothing specific. A fifth "no" had no specific dislikes except for one member of the operator's family and "not going out enough." The sixth "no" reply seemed somewhat disturbed on the day of the interview; when seen the following week he appeared more content. At the time of the first interview he stated that he liked everything in the home except two of the other boarders, (there are more than six in the home).

The "don't know" replies are analyzed as follows. One had no specific complaints but admitted that a new baby in the
home was causing her some unhappiness. Another subject in this category was of moderate retardation; when asked regarding likes and dislikes she mentioned that she did not get along with the other boarder "sometimes". Another in this category, also moderately retarded, had no special dislikes except "sometimes" did not get along with roommate. Another boarder in the "don't know" category seemed emotionally upset on the day of the interview, his mood being commented on by both the workshop instructor and the boarding home operator. He disliked the meals "occasionally" and his roommate "sometimes". The fifth "don't know", also of moderate retardation, liked everything about the home except he would like "to do more". This individual was working eight hours a day, so cannot have too much time to be bored.

The 58 subjects answering "yes" to "are you happy in your present boarding home" represented a substantial number of the moderately retarded (27/31). Perhaps these were unable to express verbally their dissatisfaction in the home or with aspects of it. Others may have felt that, as the researcher had placed most of them in their community homes, she expected them to be "happy".

The researcher had placed all but one of those who disliked the boarding home and all of those who replied, "don't know". It would seem that in the former cases, the
the fact that the researcher had made the placement did not hinder the subjects from expressing their dislikes. Those who responded "don't know" might have reflected a hesitation by the subjects to disappoint the researcher. Fifty-four of the fifty-eight "satisfied" subjects were placed by the researcher and their replies might have been influenced by a desire to please.

Of the group answering "yes", some (12) had "dislikes". Two of the twelve had some reservations about the boarding home operators; one of these twelve was "undecided" and another said sometimes she liked them and sometimes she didn't. Three of these twelve felt they had not enough spare time activities, but two of the three were away at work or workshop. Five of the twelve disliked the other boarder(s) at times. Three of the twelve disliked the chores they had to do around the home "sometimes".

Some of the aspects of boarding home care especially liked by the subjects included being taken out to restaurants for meals occasionally (3 subjects mentioned this). Five enjoyed being taken for car rides by the boarding home operators. Others appreciated being taken to visit friends and family. Some said they had "favours" and shopping done for them by operators. Three liked being taken camping and fishing, one went to operator's summer camp regularly. One subject reported
liking to have birthdays and special occasions remembered. One said she liked the others in the home "especially"; one moderately retarded said he liked the chores he had to do around the home.

Some of the "especially dislikes" included three who disliked their roommate or others in the home; two objected to "yelling or arguing"; two did not feel they got out enough or objected that they had to have permission to go; one complained of being "nagged" at; another said he had too much work to do; one replied the home was "monotonous"; another objected to "getting up so early". One subject mentioned that he did not like being treated "like mental patients"; another stated she had more friends in the hospital (the latter subject had been in a boarding home only one month after thirty years in an institution.)

One might speculate that a "good" boarding home would be characterized by operators who treat their guests as members of the family - by taking them out for community activities, including them in recreation plans, remembering birthdays and special occasions, doing "favours" and shopping for them. Characteristics of a home perhaps not measuring up to what the patients would like to have, involved some interpersonal relationships ("others in the home disliked", "yelling", "nagging", and "arguing"). "Not getting out enough" and being "treated like a mental patient" might be indicative of some lack of
genuine concern for patients by boarding home operators. However, the subjective responses of the guests could not lead to any firm conclusion on either side in comparing two generalized types of home, only some conjectures.

Satisfaction with room, meals, activities, chores, rated high, all over 90%. Satisfaction with "others in the home" rated 82.61%. 17.39% were not satisfied, ranging from actively "disliked" to "disliked occasionally", indicating possibly that interpersonal relationships are more important than other characteristics of boarding homes.

Visiting friends and relatives and having them visit boarders was considered to be a valid measure of satisfaction, assuming man to be a social being. Twenty-one reported not visiting friends or relatives at all and of those who did (47), thirty visited once a month or less, two at least twice a month, and 15 at least once a week. (1 no response). Fourteen were satisfied with this situation; 19 were dissatisfied and 34 "did not know".

With regard to friends and relatives visiting subjects, 35 reported "yes", 32 "no" and 2 "no response". Of the thirty-five who said "yes", their friends and relatives visited as follows: 4 hardly ever, 23 once a month or less, 3 at least twice a month, and 4 at least once a week. Only six were satisfied
with this situation, 24 were dissatisfied, and 37 did not know. It would seem that contacts with friends and relatives were infrequent and substantial numbers of boarders were either dissatisfied or did not know. This seems to be a large number and the reason may be that:

1. This activity was not very important to the subjects,
2. they might be less sociable, or,
3. they might not understand the meaning of the words "satisfied" or "situation", although an attempt was made to clarify the question.

A comparison was run with satisfaction in boarding home related to how often subject visited friends and relatives. Three of the six dissatisfied with the home visited once a month or less, one never visited friends or relatives, and two visited frequently. Four of the five "don't know" responses to satisfaction in the home visited either not at all or seldom. A comparison was run with satisfaction in boarding home related to frequency of friends and relatives visits to home; two dissatisfied with the home had no visits, 2 were visited once a month or less and two had frequent visits. Of the "don't know" responses four had no visits and one was seldom visited. One might deduce that there is a positive correlation between subject's social contacts with friends and relatives and satisfaction in the home.
TABLE VIII

ATTENDANCE AT COMMUNITY ACTIVITIES

- Seldom (once a month or less) - 3 [4.3%
- Occasionally (at least once a month) - 5 [7.2%
- Quite often (at least once a week) - 40 [57%
- Very often (twice a week or more) - 21 [30%
Attendance at Community Activities

Attendance at community activities was an area in which an effort was made to tap the subject's satisfaction. (See Table VIII) A high percentage (88.4%) attended these at least once a week; 30.43% attended at least twice a week or more often. All those who replied that they were dissatisfied in the home or "did not know" (except one) attended community activities at least once a week. The one who said "don't know", attended community activities once a month or less.

Transportation

It was felt that lack of transportation might be a factor in attendance at community events. However, only two subjects or 2.9% had problems "often", and 7 "occasionally". Of these nine, seven managed to get to community activities at least once a week, and two seldom attended.

Age and Satisfaction

There seemed to be no significant relationship between age and satisfaction in the home. The "no's" and "don't know's" seemed evenly spread over the age span of 19 to 50, the larger percentage in the 31 to 40 age group.

Time in Institution and Satisfaction

A comparison between satisfaction in the home and time in the institution yielded the following: all six subjects who said they were unhappy in the boarding home had been in institutions over ten years. Three of the "don't know" responses had
also been institutionalized over ten years, and two "don't know's" had spent no time in institutions. One might imply that the subjects who had been longest in institutional care might be missing its' activities; or perhaps had hoped to move to independent living sooner.

Level of Retardation and Satisfaction

Comparing satisfaction in the home with level of retardation revealed that five of the dissatisfied were moderate-mildly retarded and one borderline; four of the "don't know" responses were in the same categories. There seemed to be no significant correlation.

Attendance at Work and Workshop and Level of Satisfaction

Only two of the six "dissatisfied" in the boarding home were not attending work or workshop, i.e., were at the boarding home most of the time. The "don't know" responses represented individuals who attended either work or workshop. Therefore, there seems to be no significant relationship between work and level of satisfaction.

Level of Satisfaction and Length of time in Boarding Home

There seemed to be no significant relationship between length of time in boarding home and satisfaction. Only one "no" response had been in the home less than a year; two from one to five years and three from six to ten years.
### TABLE IX

**SUBJECTS DESIRE FOR FURTHER HOME AND COMMUNITY ACTIVITIES**

<table>
<thead>
<tr>
<th>ACTIVITIES DESIRED</th>
<th>REASON NOT ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2 wanted to go to shows more often.</td>
<td>Too expensive</td>
</tr>
<tr>
<td>2. 6 wanted to get a job.</td>
<td>None available (one subject incapable. (Researcher's opinion)</td>
</tr>
<tr>
<td>3. 4 wanted to visit friends more often.</td>
<td>Transportation too expensive, needed permission to go.</td>
</tr>
<tr>
<td>4. 9 wanted to do more community activities.</td>
<td>Jobs interfered, equipment too expensive (e.g. tennis), lack of transportation.</td>
</tr>
<tr>
<td>5. 3 wanted to do handcrafts at home.</td>
<td>Material too expensive.</td>
</tr>
<tr>
<td>6. 2 would like to have friends in.</td>
<td>Hadn't asked permission, no transportation for friends.</td>
</tr>
<tr>
<td>7. 1 wanted to join Search and Rescue.</td>
<td>Lacked capability (Researcher's opinion)</td>
</tr>
<tr>
<td>8. 2 wanted to do more chores around the home.</td>
<td>Didn't know the reason.</td>
</tr>
</tbody>
</table>
The "don't know" responses had been in boarding homes one to five years.

In summary then, satisfaction is related to few other variables as discussed above because there were so few persons who were dissatisfied with their situation.

Subject's Desire for further Home and Community Activities

Some of the things boarders would like to do in home and community are cited with reasons why these are not possible. (See Table IX).

Conclusions

A choice would have to be made for some subjects between a paying job and doing all the extra activities they wanted. It may be that the comforts allowance is not sufficient to allow the boarders to participate in the activities they would like. There does not seem to be much opportunity for dating; the expense may be too high, prohibitive regulations by boarding home operators may hinder, and generally it would appear that society frowns upon these subjects having this form of interpersonal attachments. This attitude may be changing however as three of the retarded in the Kamloops area boarding homes were married within the past year.
<table>
<thead>
<tr>
<th>NO. OF SUBJECTS</th>
<th>EMPLOYED</th>
<th>WORKSHOP</th>
<th>AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>(17)</td>
<td>(30)</td>
<td>(23)</td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE X**

NUMBER OF SUBJECTS EMPLOYED, WORKSHOP OR AT HOME
SOCIAL FUNCTIONING

One measure of social functioning was felt to be whether the subjects were employed or attending workshop. (Table X). A total of 68.12% were away from home in some work related activity, a fairly high indicator of social functioning regarding employment.

With regard to interpersonal relations at work and home, which could indicate a level of social functioning, of the "paying" jobs, employers reported only three subjects as rating "fair" in this respect; all others rated "well" or "very well". The reasons the employers gave for their rating of "fair", were that the subjects did not like to be told what to do or lost their temper at being teased by "normals". One of these three was rated "very well" by the boarding home operator in home and community relationships. He rated himself as "yes" for getting along well at home and community, but "don't know" for work. Another of the three was also rated as "fair" by boarding home operator in the home, but rated himself as "yes", good relations at both home and work. The last of the three was rated "very well" by boarding home operator, and self evaluation was "yes", good for both home and work.

At the workshop, five subjects were reported by their instructor to be "fair" in their work relationships. Three of these five were also rated "fair" by boarding home operators
for home and community relationships, and two of these three "didn't know" if they got along well in the boarding home and in the community. Four subjects were rated "fair" at home and work, and three of these "did not know" if they got along well in the boarding home, but said "yes" to work. The fourth said "don't know" about work and "yes" for home.

**Conclusions**

Four out of eight rated "poor" or "fair" at work and at home. Two of these "did not know" about their status. It would seem that there was some flaw in interpersonal relationships with these four subjects, whatever the cause, and that they themselves sensed perhaps that something was lacking.

Another measurement of social functioning was considered to be the amount of supervision required in the boarding home in such areas as eating, sleeping, toilet, dress and spending money. There was little necessity for supervision of sleeping habits - only 6/69 required it regularly and three occasionally. Twenty-one out of sixty-nine, or 30.43% required regular supervision of washing, twenty-five "occasionally". For dressing, 10/69 (14.49%) required regular supervision and fifteen or 21.75% occasional supervision. Twelve or 17.39% needed regular supervision of eating habits, and nine or 13.04% "occasionally". Supervision of spending money rated higher, however, 32/69 required regular supervision (46.18%), and ten occasional supervision (14.49%).
TABLE XI

LEVEL OF RETARDATION AND ITS RELATIONSHIP TO SUPERVISION REQUIRED

<table>
<thead>
<tr>
<th>SUPERVISION OF:</th>
<th>MODERATE</th>
<th>MILD</th>
<th>BORDERLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1. Sleep</td>
<td>6/31</td>
<td>19.3</td>
<td>0/24</td>
</tr>
<tr>
<td>2. Toilet</td>
<td>20/31</td>
<td>64.5</td>
<td>10/24</td>
</tr>
<tr>
<td>3. Dress</td>
<td>13/31</td>
<td>41.9</td>
<td>6/24</td>
</tr>
<tr>
<td>4. Eating</td>
<td>12/31</td>
<td>38.7</td>
<td>6/24</td>
</tr>
<tr>
<td>5. Spending</td>
<td>27/31</td>
<td>87.0</td>
<td>11/24</td>
</tr>
</tbody>
</table>
### TABLE XII

NUMBER AND PERCENTAGE RETURNS TO INSTITUTIONAL CARE INDEPENDENT LIVING OR FAMILY DURING 1973.

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. in Boarding Home Care at January 1, 1973</td>
<td>75 *</td>
<td></td>
</tr>
<tr>
<td>No. returned to Institutional care during 1973</td>
<td>4</td>
<td>(5.4%)</td>
</tr>
<tr>
<td>No. to Independent living or own homes</td>
<td>5</td>
<td>(6.8%)</td>
</tr>
<tr>
<td>No. remaining in boarding home care or own homes at Dec. /73</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>(Including new admissions to boarding home program)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Omits one case for which a home plan was temporary - includes 2 persons living in their own homes, 71 in boarding homes.
On making a comparison between level of retardation and supervision required (See Table XI) as expected: for sleep, the moderately retarded required more supervision than did the mild or borderline. This trend is repeated for toilet, dress and eating, but for supervision of spending money, twenty-seven of the moderately retarded, eleven of the mildly retarded and three of the borderline required supervision.

Another measure of social functioning was taken to be the rate of return to institution and numbers moving to independent living (See Table XII). The 5.4% rate of return for the year 1973 compares favorably with the Province wide average of less than 1% per month (18). Monthly rate of return in the Kamloops District would be .45% or less than 0.5% per month. It is assumed that the rate of return during 1973 would not vary very much from other years. The larger number of retarded persons in boarding home care in the Kamloops District (89%) might affect the rate of return as compared with other regional districts.

Six point eight percent of the boarding residents moved on to independent living during 1973. In 1972 the Province average was 11% (19). The lower rate of return to independent functioning could perhaps, in our sample, be accounted for by the greater number of retarded subjects.
Cost Analysis of Institutional vs. Boarding Home Program 1972

It has been hypothesized that the cost of community care is less than the cost of institutional care for the mentally and psychiatrically handicapped. The following figures are submitted as an approximate estimate only.

Cost of Institutional Care: (20) Net daily average cost per capita - $17.64; per month - $530.00.

Cost in Community

a. Boarding Home rate - Average for 1972 ($135-$150.) = $142. per month. Comforts $10. per month, clothing $8. per month (av) = $160. As ten earned an average of $2300. per month and two part time earners realized $230 per month, this total was subtracted from total cost of boarding home rates for 73 patients @ $160 per month per patient, giving a total of $11,200. less $2,530 = $8,670. This last figure divided by the number of patients (73), gives a cost of $118. per month per boarding guest.

b. Community care givers (Mental Health Centre Staff)

- Consultant ($7.50/hr. - 16 hrs/mo.) $120.
- Secretarial 414.
- Case Aide 519.
- Mental Health Nurse ($6.2/hr. - 29hrs./mo.) 179.
- Psychiatrist ($14.2/hr. - 52 hr/mo.) 741.
- Social Worker 815.
Cost Per Patient Per Month - \( \frac{2788}{73} \) = $38.10

Caregivers $38.10

Boarding Home Rate 118.00

Medical Care (Physicians) 5.02

Total Cost Community Care per patient per month $161.12

Total Cost Institutional care per patient per month $530.00

Comments

Administration costs of the boarding home program were not available from the Department of Human Resources. The cost of hospitalization of the patients in the community was not considered, although during that year no more than four or five patients were in hospital for short periods of time. These subjects, if living in an institutional facility would usually receive their medical treatment within the mental hospital. Expenses involved in administration of the Public Trustee's function were not estimated; it was assumed that for those who were working and whose financial matters were handled by this office would require these services if working out in the community from the institution. However, it may be that this is a significant factor in estimating community care expenses. The figure of $5.02 for medical care was the average cost of physicians services to the residents of British Columbia from
April 1, 1972 to March 3, 1973 (21). Travel expenses for the Social Work Staff were not computed, but even if they ran as high as $60.00 per month, it would average out to less than $1.00 a month per subject. The amount of earnings of the twelve employed may have been a high estimate, as average rate per hour was considered to be $1.90. (Average from 50¢ per hour to $3.00 per hour) The actual total earnings figure was not available. Even if taking a lower average wage, the cost of community care, according to the researcher's calculations, would be under the $200.00 per month level.

In summary, it would appear that community care is considerably less expensive than institutional care, but more research would have to be done in this area.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

This study was an attempt to ascertain whether psychiatrically and intellectually handicapped persons placed in community boarding homes would be satisfied with their situation; whether they had achieved a measure of social functioning; and whether the cost of community care is less than that provided by the institution. As has been stated in the literature, the placement of patients from mental institutions into the community is an ever-growing trend; and proposed plans for British Columbia would seem to indicate even greater changes for the future in mental health planning, especially with regard to care of the mentally ill in the local community.

The scope of this study was restricted to those individuals residing in Boarding Homes in the Kamloops B.C. area, the majority of whom had been patients at the Tranquille School, mental health facility for the retarded. A few of the sample were psychiatrically handicapped who had been discharged from Riverview Hospital; the remainder of the sample were either intellectually or psychiatrically handicapped who had been admitted into boarding home care directly from the community, or had transferred into the area from other regional boarding homes.
The focus of the study was on the perceived satisfaction of the boarding guests and their level of social functioning. "Satisfaction" was considered as a subjective response of the subject; it was also measured quantitatively with regard to social activities, i.e., contacts with friends and family as well as attendance at community activities. Level of social functioning was considered as relating to adjustment in the boarding home, employment, interpersonal relationships and ability to remain in the community. Qualitative and quantitative data was obtained by a questionnaire directed to the boarding guest, the boarding home operator, employer or workshop instructor. A cost comparison was made between community and institutional care to test the third hypothesis.

Generally, the findings indicated a fairly high level of perceived satisfaction of boarders with their situation; there was an appropriate level of social functioning, judging from numbers employed, adjustment in boarding home, and ability to remain in the community. The cost analysis produced some evidence that care of patients in the community is considerably less than in the institution.
RECOMMENDATION FOR THE STUDY DESIGN OF FUTURE RESEARCH

It might be profitable to make comparative studies with other regional boarding home programmes. The boarding home rate is not standardized across the Province, and it might be interesting to discover whether, for example, boarding home guests receiving more comforts allowance take part in more community activities and perceive themselves as more satisfied with their situation than those receiving less comfort funds. In this regard, a comparison could be made within the present sample of those in paying jobs with allowance up to $50.00 and those in receipt of the $18.50 permitted under social assistance. Within the sample, also, a comparison could be made between the two groups of patients, those intellectually and psychiatrically handicapped with respect to perceived satisfaction and social functioning. One might profitably make a comparison between those who have been hospitalized and those who had never been in an institution.

As mentioned previously, it could prove valuable to investigate "in depth" the cost of maintenance of boarders in community boarding homes.

SUITABILITY OF INSTRUMENT

Questionnaire

For the purpose of this study, the instrument proved adequate. However, for a more comprehensive research project,
CONCLUSIONS

Ideas Concerning the Hypotheses

1. The majority of the sample's subjective responses verified the hypothesis that the patients in boarding homes are satisfied with their situation. "Attendance at Community", or other social activities may not have been a valid measurement of satisfaction, however, as some individuals may be content within themselves, and have no desire for much contact with friends, relatives, or community.

2. With regard to social functioning, it would appear that if compared with generally accepted social norms, this sample had achieved an appropriate level, especially concerning ability to remain in the community.

3. The tentative conclusion that community care is less expensive than institutional care would need to be further explored.
Assessment of Programme Function

The findings suggest that the boarding home programme has achieved its stated goals in the Kamloops area in relation to the statement made at the beginning of this study (Page 1) in which it was assumed that the individual (placed in the boarding homes) would have his needs more readily met in the community ... "a decent place to live, a feeling of security, being part of a small group, and opportunity for growth in the development of self-responsibility support, encouragement and recognition." Any lack of complete achievement of these goals could possibly be related to the amount of funds allocated to the boarding home programme (the boarding rate to operators and allowance for the boarders), opportunities for participation in community activities in the local area, deficiencies in training of boarding home operators, lack of inherent ability of the boarder to develop "self responsibility", and lack of provision of sufficient number of professional and volunteer community care givers.
FOOTNOTES


6. Ibid


8. Ibid
Footnotes - Continued

   M.D., Ph.D. Bernard Fennee, B.A., Daniel Luchins, B.Sc.
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10. Crawford, Neil "A Regional Mental Health Centre Program
    of Community Care for the Mentally Ill" Paper presented
    at the Canadian Conference on Social Welfare, June 22-24,
    1966, Vancouver, B.C.

11. Creasey, R.F. Selkirk Approach to the Problem of the
    Community Re-settlement of the Mentally Disabled - Paper
    presented at Canadian Conference on Social Welfare, June
    22 - 24, 1966, Vancouver, B.C.

12. Booth, Beatrice Boarding Home Program, Riverview Hospital,
    Mental Health Services, B.C. - Paper presented at
    Canadian Conference of Social Welfare, June 22 - 24, 1966,
    Vancouver, B.C.

    Mental Patients residing in Vancouver City Boarding Homes.
Footnotes - Continued


15. Titmus, op cit Page 5.


18. Conversation with Mrs. Ireland, op. cit.


20. Ibid, Pg. 91.

21. Information received from Dr. Bolton, B.C.M.A.
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- Illinois Interdepartmental Committee on Mental Retardation, Monograph Supp. # 1, 1967, Dept. of Mental Health.

- Summary of Bill 84 - Regarding Community Resource Boards, United Community Services, March, 1974.
Dear

In the next two-three months, a survey of boarding home operators and guest will be undertaken in the Kamloops area by Mrs. D. Osborne. As you probably are aware, Mrs. Osborne is studying for the Masters degree in Social Work at the University of British Columbia and this study will fulfill part of the requirements for this degree. It is hoped that the results might prove helpful for those who are responsible for planning the boarding home program as well.

Mrs. Osborne would appreciate the opportunity to talk to you and your guests separately and would ask that you advise your boarders of her forthcoming visit. Confidentiality is assured as no names will be used in the research report. Time will be limited as Mrs. Osborne is obliged to carry out the interviews on her weekend trips to Kamloops. She is requesting, therefore, that her conversations with you be confined to the information on the questionnaire. She would be pleased to have a longer visit with you at the end of the University year.

Thank you for your co-operation and help in this project.

Yours sincerely,

(Mrs.) Joan E. Boon, M.S.W.
Regional Boarding Home Social Worker.

JEB:cb
APPENDIX "B"

QUESTIONNAIRE

For Researcher's Use

1. Name
2. Age
3. Sex  M.  F.
5. Diagnosis
7. Education
8. Have you ever lived in an Institution?  Yes  No.
9. If "Yes", how many years.
10. Length of time you have been living in boarding homes in the Kamloops area.
11. Are you employed?  Yes  No
12. If "Yes"; part time or full time?
13. Job Description.
14. Employer
15. Rate per hour.
16. If you are not employed, are you considered employable?  Yes  No  Don't know.
17. Are you seeking employment?  Yes  No.
18. Are you attending a community sheltered workshop?  Yes  No.
SELF CARE ACTIVITIES (To be answered by Subject or Boarding Home Operator)

Is supervision needed for the following:

19. Sleeping habits    Yes  No  Occasionally
20. Toilet & Hygiene    Yes  No  Occasionally
21. Dressing           Yes  No  Occasionally
22. Eating             Yes  No  Occasionally
23. Spending money.    Yes  No  Occasionally

INTERPERSONAL RELATIONSHIPS (To be answered by the Boarding Home operator)

24. How does boarder get along with others in the home?
    Poor  Fair  Well  Very well.
25. If "Poor" or "Fair", could you suggest the reason why?
26. How does boarder get along with others in the community? Poor, Fair  Well or Very Well.
27. If "Poor" or "Fair" could you suggest the reason why?
28. To be answered by Employer or Workshop Instructor. How does the subject get along with those with whom he works? Poor, Fair, Well Very well.
29. If "poor" or "fair" could you suggest the reason why?
30. To be answered by Subject. Do you get along with others in the home?
    Yes  No  Don't know
Appendix "B" - Cont'd

31. Do you get along with people outside the home, neighbors, those with whom you work?
   Yes   No   Don't know

SUBJECTS FEELINGS ABOUT THE HOME

32. Are you happy in your present boarding home?
   Yes   No   Don't know

LIKES          DISLIKES
(Check Which)

33. Room
34. Meals
35. Spare Time
   Activities
36. Chores
37. Others living
    in home
38. Are there things you are especially happy with?
39. Are there things you are especially unhappy with?

SOCIAL ACTIVITIES (To be answered by the Subject or Boarding home operator).

40. Do you have relatives living within 20 miles of your boarding home   Yes   No
41. If "Yes", what relatives?
42. Do you visit these relatives?
43. If "Yes", how often?  (Check Which)
44. Seldom (Once a month or less)
45. Occasionally (at least twice a month.)
46. Frequently (at least once a week)
47. Do you have friends you visit living within 20 miles of your boarding home? Yes No
48. If "Yes" how often?
49. Do you have close relatives you visit, living more than 20 miles from your boarding home? Yes No
50. If "Yes" who are they?
51. Where do they live?
52. Do you ever go to visit these relatives? Yes No.
53. If "Yes", how often?
54. Are you satisfied with this situation? Yes No Don't know
55. Do your relatives and/or friends living within 20 miles of your boarding home come to visit you? Yes No
56. If "Yes", how often?
57. Are you satisfied with this situation? Yes No Don't Know
58. Do your friends and/or relatives living more than 20 miles from your boarding home come to visit you? Yes No.
59. If "Yes", how often?
60. Are you satisfied with this situation? Yes No Don't know.
Appendix "B" - Con't

COMMUNITY ACTIVITIES
What Community activities do you attend? (Check which)
61. Parties
62. Shows
63. Church
64. Sports
65. Which?
66. Other activities.
How often do you attend these activities?
67. Seldom (once a month or less)
68. Occasionally (at least twice a month)
69. Quite often (at least once a week)
70. Very often (Twice a week or more)
Are there activities inside or outside the home you would like to do but do not at present?
71. In the home would like to
72. Outside the home would like to
What keeps you from doing these things you would like?
73. In the home?
74. Outside the home?

TRANSPORTATION
75. Do you have problems getting transportation when you need it for going to community activities including work or workshop?
   Yes   Quite Often
   Yes   Occasionally.
No almost never.

76. What kind of transportation do you use?

   Public Transportation:

77. Walk

78. Car (With friends, B.H. operator, etc.)

79. Bicycle