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ABSTRACT

These guidelines for service evaluation arose out of a 1986 meeting of the International League of Societies for Persons with Mental Handicap. An introduction focuses on the concepts of support and service and the need for minimizing restrictiveness and empowering the individual. Seven principles are enumerated, specifying the rights of people with mental retardation to the same rights as other people, to proper medical care and training, to economic security, to life within the family and community, to protection from exploitation or abuse, and to due process. Quality standards are then identified, stressing the need for individualized services, personal autonomy, and social opportunities. The need for standards to address living conditions, education and learning environments, work, employment and day activities, recreation, participation, and self-realization is stressed. Evaluation methods are then considered, with emphasis on the use of both internal and external evaluators, consumer involvement, and comparability of data. The guidelines also note that the individual life is affected by systems and communities, by services, and by the individual him/herself. Seven implementation steps are outlined, such as identifying issues, setting goals, collecting information systematically, and using the information to influence leaders and authorities. Sample pages from two evaluation checklists are appended. (Contains 11 references.) (DB)

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Quality Evaluation Guidelines

as a means of renewal and revitalisation of services by voluntary associations

EC 302

International League of Societies for Persons with Mental Handicap

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1988

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in London in April, 1986

International League of Societies
for Persons with Mental Handicap

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Foreword

The aim of the League is to promote a better quality of life for people with mental handicap all over the world.

One way of doing this is to share ideas and experiences from different countries on the kind of services being provided.

Another way is to assess the quality of services. Several useful instruments and checklists have been developed for this purpose by the League's member societies.

We firmly believe that all societies should be involved in evaluating the quality of services !

In April 1986, 35 delegates from 18 countries met in MENCAP's offices in London for an ILSMH three-day symposium. We discussed the importance of evaluation, what kind of instruments have been developed, and how a start can be made. Papers from that symposium are available from the League's secretariat (see appendix).

The present report summarises the main principles of quality evaluation and suggests some concrete steps that can be taken to make progress.

We are publishing these guidelines in the hope that they may be useful to member societies who wish to take initiatives, either independently or in partnership with professionals.

We cannot give you a recipe for success but we can provide stimulation from the experience of other countries to help you come to your own conclusions on how progress can be made in your own country and in your own situation.

We hope this report will help you to take action to develop a higher quality of services for people with mental handicap.

In 1993, the ILSMH has furthermore published a document entitled « Evaluating and Monitoring Community Services for People with Mental Handicap — A Partnership Approach: the New Zealand Experience » (by Angus Capie), also available from the ILSMH secretariat.

We wish you success and good luck in your work.

Victor Wahlström
ILSMH President

June 1993

I - Introduction

"The purpose of evaluation and monitoring is to identify the strengths and weaknesses in service delivery and to pin-point practical ways that steps can be taken to enhance the quality of life offered to people with intellectual handicaps". (New Zealand Society for the Intellectually Handicapped: introduction to the PREM checklist).

Mentally handicapped persons and their families, more than most people in our societies, require many services and support in order to lead meaningful lives. How good these services are have a direct impact on their quality of life.

Much can be said about what excellence means in the context of services for mentally handicapped persons and their families. It depends on the services and on the individuals being served. We tend to agree however on some basic facts. We see excellence when a service helps a person lead a meaningful life and we see this result when a service is able to adapt itself to the individual and evolve with him or her.

Because services of quality are so important to persons with mental handicap, the League believes it is of the utmost importance for societies and associations to be able to understand how to evaluate services and thus how to help them change or evolve when they need to.

These guidelines on the evaluation of service quality are just that: **guidelines.** They need to be worked on, improved and **adapted** by those member societies that share the League's concerns about this important area of our work.

They have therefore been written so as to make such adaptations possible.

The purpose of evaluation is to create the opportunity to improve. It is not an academic exercise but a practical one aimed at encouraging better services and supports which will ensure better lives.

Finally these guidelines often mention the term "support" as different from "service". Support and service are two distinct but related concepts that are central to the League's preoccupations.

Support can be seen in terms of three elements:

1. **it makes people more able,** which is not the same as being "served";
2. **it is chosen by the person,** which is not the same as being prescribed a service;
3. **it is offered in a way that is relevant,** to the needs or a particular need. e.g.: An attendant assists a person to sign a lease to an appartment if the person can't read, or helps a person cook meals if he is unable to do it alone.

Services, like persons, adapt when challenged to adapt. They respond to their environment. Part of that environment is the demands of handicapped persons, their families and their allies, such as voluntary associations or societies for the mentally handicapped. There is a need for associations, family members and consumers to develop ways to ensure that services truly respond to handicapped persons' needs.

Specifically, services should bring about conditions for people which:

Minimise restrictiveness

Organise help so that it does not get in the way of having friendships, commitments, and a real part in what happens in one's community, and, in fact, encourages friendships, commitments and being a part of the community;

enable the person to gain control

organise help so that people who need it can have some control in when and how they get it;

enable the person to build a lifestyle

organise the way help is given so that people can build a life for themselves with friends and commitments, such as a real home, relationships, friendships, security, personal belongings, etc...

do it reliably

organise and manage help into a system so that people will **know what to expect,** can **rely on help being there** when needed.

II - Principles

The basic principles on which services and supports offered to mentally handicapped persons should be based are contained in the **Declaration on the Rights of Mentally Retarded Persons** adopted by the United Nations General Assembly of 20 December, 1971. These should be seen as additional to the United Nations **Declaration of Human Rights** not as an alternate set of rights. They pertain to the dignity and integrity of the person, the provision of needed supports and the protection of human rights.

1. The mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings.

2. The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential.

3. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.

4. Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life. The family with which he lives should receive assistance. If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life.

5. The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests.

6. The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If prosecuted for any offence, he shall have a right to due process of law with full recognition being given to his mental responsibility.

7. Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all of their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic review and to the right to appeal to higher authorities.

Further to this Declaration, the League affirms its commitment to the **principle of normalisation** and its focus on the value of the handicapped person and his or her social roles.

Based on the above, services and supports to persons with mental handicap and their families should be organised in such a way as to promote lives of quality in the context of communities. By "promoting lives of quality" we mean:

* promoting personal rights and responsibilities that are relevant to specific communities;

* promoting the strengths of individuals while attending to their specific needs;

* enabling handicapped persons to assume a reasonable degree of control over their own lives, to build and maintain personal relationships and to choose their lifestyle;

* supporting families so that children can benefit from normal and stable family relationships and social environments (natural families in most cases or special families when natural families cannot cope);

* protecting and supporting parent and family involvement even when the handicapped family member lives outside his/her family; and

* adapting the environment, in particular learning (or teaching) environments, to meet the needs of mentally handicapped persons (students).

Supports and services that serve the general population should be accessible to mentally handicapped persons (hospitals, schools, etc...) so as to support their social integration and diminish or eliminate segration. In general special services agencies should offer services that general service agencies cannot offer. The purpose of such services should be to help handicapped persons live meaningful lives, **not to segregate.**

Finally, services and supports should be organised so as to encourage **self reliance, self advocacy,** and **autonomy.**

III - Quality Standards

Quality standards for human services should aim to ensure:

1. that services and supports are **individualised;**
2. a reasonable degree of **personal control** over one's plan of activities;
3. opportunities for **social membership** and **participation;**
4. **enhancement of abilities** and help in dealing with **needs;**
5. enabling the individual to fulfil **duties** to the community within his capabilities;
6. building partnerships among mentally handicapped individuals, family members, volunteers, community members, professionals and public authorities.

Quality standards should address the following issues:

1. **Living conditions:** children should live with families; adults should live in regular living arrangements similar to those of people their age; living conditions should encourage stability and continuity of friendships and family ties, and ensure affection, moral and material security.
2. **Education and learning environments:** infants should learn in the same environments with non-handicapped infants; children should attend school with their age-

peers; adults should have access to the same continuing education opportunities as their peers. Persons with mental handicap should be assisted to become knowledgeable consumers and contributing members of their community.

3. **Work:** whenever possible, persons with mental handicap should have access to regular job training opportunities and to regular paying jobs. This includes providing on-going support to individuals who require it.

4. **Employment and day activities:** when regular work opportunities are not available, persons with mental handicap should have access to other activities which are relevant to the local economy. When relevant economic activity is not available, persons with mental handicap should engage in activities that promote their well-being, their self-image and their status in the community.

5. **Recreation, participation, and self-realisation:** persons with mental handicap should be enabled to be active participants and contributors to the social, political and cultural lives of their families and communities.

IV - Evaluation Methods

How to develop and implement them

There are many ways to implement evaluation methods. In the short term, the League will foster interest and awareness in evaluation providing guidance, facilitating information sharing, identifying change patterns and trends and highlighting strategies that are successful.

Within countries, member societies interested in acting in this area should develop or consolidate their own evaluation strategies and methods and, through the League, share their experience with other national societies.

As this document is made up of general guidelines, it is impossible to describe all the possible strategies or elements that need to be considered. **Each country and each national association has its own traditions in the area of human services and quality evaluation.** However, there are some general concepts which can help define the framework of strategies for evaluation that the League would suggest.

1. Evaluation methods will be stronger if they combine external components. In other words a good evaluation method will ensure that an agency is evaluated by persons **outside of** the services and will also ensure that the **employees** of the agency also engage in evaluating what they are doing.

2. A good evaluation method will be clearly written, easy to understand and use. Evaluation methods should be

flexible and easy to improve, as their use will point out deficiencies. (No method is perfect, but waiting for the perfect method would not be realistic). Associations should adopt existing methods or develop their own, improve and adapt them to their needs, use them, and improve them with time.

3. Evaluations should, most often, be conducted by groups with large representation such as consumers or former consumers, parents, professionals, staff, volunteers, etc. The broader the representation, the more the evaluation will be complete and the more probable it will be that positive changes will result.

4. To be effective tools of change, methods of evaluation need to show results that can be **compared over time** in one given service or agency. Ideally, methods should permit comparisons among agencies or systems, and indeed among agencies of different countries. But as an **initial strategy,** the League encourages the use of methods which, at a minimum, should be able to arrive at results that are comparable over time in one service or system.

5. Associations should encourage social sciences research and development in this field. Present knowledge is limited about the evaluation of community services. It is essential to learn more about how to build effective bridges to community life for mentally handicapped persons.

6. The evaluation of the quality of services has to be a **dynamic, on-going process.** Otherwise, the process will use up people's energy and the result (positive change) will be disappointing.

7. Member societies which develop evaluation methods should also develop training so that individuals or groups of individuals can use these instruments or methods properly.

8. Good evaluation methods are also good planning tools. Ultimately the well designed evaluation instrument is also a social change instrument. An evaluation method that has as its only purpose a strict evaluation is wasteful, because a similar investment using a well designed instrument is also capable of setting up a dynamic that can produce positive evolution and adaptation in the service being evaluated.

9. It is important that evaluation methods be able to focus on both the unique impact of a service on an individual's life, **and** the quality of life experienced by an individual as a person. To be most useful, evaluation methods must look beyond a service, and focus on an individual's life in the community as a whole.

10. Similarly, it is important that evaluation methods include a focus on a community's abilities to respond to all individuals with mental handicap in that community. It is one thing for a service to provide

quality supports to some individuals, and quite another for many other individuals to receive no support in that same community.

Finally, before developing evaluation methods, societies should be clear as to why they want to evaluate services. The League proposes that such goals be related to positive changes and based on the principles described before.

V - Contexts for Evaluation and basic premises

The appendices to these guidelines contain examples of quality evaluation tools used by associations and societies, as well as a listing of others. By and large, the existing tools focus on one level of concern, the quality of services, and specifically, of a single service. The purpose of this section is to begin an exploration of other levels of evaluation which should be undertaken.

Our concern is with the quality of life experienced by individuals with mental handicap. The life of an individual is affected by at least three different factors:

* **systems and communities:** the rights, values and principles which affect service delivery and the value of individuals in a country, region or community, as well as the ways services are organised. The fundamental issue is the ways in which services and communities make sense for individuals as persons;

* **services:** the specific values and practices which a service brings to bear on the life of an individual. The fundamental issue is the coherency of what the service does in relation to a specific aspect (or in some cases, all aspects) of a person's life;

* **the individual:** taking the individual as the centre, the fundamental issue is whether or not life makes sense, has quality, for the individual. The focus must be on formal and informal services and supports.

1. Systems and Communities

The policies and practices of services, and the lives of individuals, are often constrained, or at least shaped, by the ways in which services are organised in a community. The "community" may be defined in terms of an entire nation, a region, or a town, village or rural community. Certainly, the ways in which change can be brought about, and the basis for change, require an understanding of one's community.

To understand the role of a service, or the lives of individuals in a specific community, it is important to be aware of the options which are available.

Methods for evaluating and analysing these issues are not common. There are some important questions which must be asked and answered, such as:

- **Who are the people?** In a specific community, how many people are there with mental handicap, and generally what are their needs? How many people are known to the community? For instance, the article by Baroff in the appendix suggests how many people with mental handicap we would expect to find in a community. With adaptations for local experiences this can be used as a guide to determine how many people are, or are not known.

- **What are the people getting?** How many individuals are receiving (or not receiving) services of which types? What changes have taken place over the last ten years in the types of services provided, to whom? These numbers should be determined with respect to specific individuals, rather than counting the same individual a number of times when he or she is receiving a number of difference services. A census type approach is one method for achieving this (see article by Fishback and Hull from Manitoba, Canada, in the appendix). Another method is to chart or graph the number of people in services which imply different levels of restrictiveness and indicate changes over time. For instance, how many children are involved, for each two year period, in special schools, special classes, integrated classes, and so on.

* **What are the rights of people with mental handicap?** This should be addressed in terms of specific rights (e.g. human rights and human services statements in legislation) and general rights (e.g. the rights of all citizens).

* **What are the discrepancies** between the rights of individuals and the realities which they face? This would involve a qualitative analysis of the discrepancies. (See the excerpt from "Futures of Quality in Laval" in the appendix).

* **What critical elements are present in the system** of human services and government policy and practice which facilitate change? (See the publication, "Mandate for Quality" in the appendix).

- **What is the process for planning and the content of plans** in the community? (see the Plan Evaluation Guide in the appendix for a somewhat out-of-date example of how this might be approached).

2. The Individual

Many of the evaluation tools in the appendix deal with issues in the lives of individuals within the context of a specific service. When that service is of an institutional nature, many of the questions can allow for evaluators to get a total picture of the individual's life. Where the service only deals with an aspect of the individual's life (e.g. where they live, learn, or work), however, this total view is less easily achieved.

Consistent with the areas of life identified before (III - Quality Standards), it is important that when evaluating a specific service, broader questions also be asked about the quality of the individual's life. Minimally, information needs to be collected about;

- living conditions
- education and learning environments
- work
- employment and day activities
- recreation, participation and self-reliance, and
- support services (therapy, case managements, etc.)

It is also important that various aspects of social and community integration be explored, including the following questions:

- **Friends:** How many friends does the individual have? How many are people with handicaps, without handicaps?

- **Family:** How much contact does the individual have with family? How involved is the family in assisting the individual to make contact with and connections within the community (e.g. helping to get a job).

- **Neighbours:** How many neighbours does the individual know well enough to speak to, to have a meal with, to visit?

- **Community Facilities:** How many regular community facilities (stores, recreation, schools, transportation) does the individual use on a regular basis? How does this compare to the normal patterns in the community?

- **Continuity/Discontinuity:** Over the last five years, how many changes have there been in the environments in which the individual lives, learns, works, and participates? How many changes have there been in the number and quality of relationships (number of friends, amount of contact with family, number of people with whom the individual lives or works, etc.).

Hopefully, with the cooperation of member societies, we can develop more evaluation tools which address systems and individual issues. This discussion provides some guidelines and suggestions which member societies might pursue.

Some basic premises

Change from the outside: the advantage of independent voluntary assocations.

Experience with governments and bureaucratically administered systems of service, suggests that they inherently tend towards stability, consolidation and self-perpetuation. This quality of bureaucracies is valuable to the extent that it results in a degree of reliability and dependability. However, it also means that the impetus for change must come from outside the bureaucratic structure.

The voluntary association is in a position, as an independent body, to initiate innovation. As a body uniquely concerned for the well-being of people with mental handicap, it is in a position to constructively critise public systems.

The inherent tendencies toward inertia with bureaucratic systems mean that they are ultimately dependent upon outside organisations for their own renewal and revitalisation. There are now many examples around the world where a society for persons with mental handicap has enacted the role of a catalyst for change and has stimulated system-wide improvements. This role has involved introducing

new ideas, offering **criticism and suggestions for improvement**, and acting as a support of new ways to help people.

The need for information

In order to properly evaluate services and to promote positive changes, societies need to have reliable information about how the services are performing. It is crucial for the success of such a programme to have access to reliable information because without it constructive criticism becomes opinions and opinions rarely are the basis for change, even if that change is obviously needed.

VI - Implementation steps

1. Identify Issues

In consideration of:

- the United Nations Declaration of Human Rights;
- the United Nations Declaration on the Rights of Mentally Retarded Persons;
- the Principle of Normalisation.

identify what stands in the way of:

- full membership in the community and full citizenship for persons with mental handicap;
- self-determination, or at least a reasonable degree of control over one's daily activities and ultimately one's destiny as a person and member of the community of people; and
- human dignity in the fullest sense.

2. Set Goals

What conditions must be achieved in communities, agencies systems and services in order to bring about a situation where the above issues are addressed successfully?

3. Establish a Network of Partnerships

Identify local voluntary groups which are concerned about the same issues and share, or are willing to embrace, the goals the society has set. Begin working with these groups on plans and strategies for achieving the goals.

4. Identify or Create Appropriate Tools

Become knowledgeable about the tools that other societies have developed and consider whether they are the appropriate ones to use in advancing the goals set by your particular society. Conditions vary from country to country, so some may be more useful than others.

5. Train People in the Use of Those Tools you Select or Create

In order for people in the communities of any country to make proper use of good evaluation methods they will require preparation and training.

It is important to recognise that people make use of tools according to at least two factors; their skill with the particular tool and their background and motivation for being involved. It is, therefore, desirable to provide people with a wide variety of backgrounds with the skills needed to use the tools selected. This will help avoid narrow or biased applications of the selected tool as well as securing the benefit of diverse perspectives on the issues involved.

6. Collect Information (Results) Systematically

It will be necessary to have a central repository of information so that results can be compared over time, over regions, and over the whole spectrum of services, agencies, and systems being evaluated. On the basis of patterns or results including patterns of change in results over time, the society will be able to determine whether its approach is having the desired cumulative effect.

7. Use Information to Influence Leaders and Authorities

How such information should most effectively be used will vary considerably from one country to the next. What is clearly similar among countries is that information must be available to be used at all.

VII - Conclusion

Evaluation of the quality of services should not be seen as something to add on eventually when many services are developed. Evaluation should be part of the service when it is started so that the service can benefit quickly. If a child clinic is started in a community to help families that have a handicapped child, parents and leaders should meet regularly to examine what is happening, look at practical results and agree on ways to improve. This very basic evaluation method should be in place as soon as such a service starts to operate. If well used, it could lead to other methods.

Evaluation of services should never be cumbersome and complicated affairs: they should be based on the common sense that we should always try to improve.

And finally we should remind ourselves that an evaluation process makes sense only if it can make a positive difference in the lives of mentally handicapped persons and their families.

VIII - Bibliography

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8. Wolfensberger, W. & Glenn, L. (1975). **Program analysis of service systems (PASS 3).** Downsview, Canada : G. Allan Roeher Institute.

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* * *

The two following working papers were prepared for the London Seminar. Photocopies of those papers can be obtained from the Secretariat of the ILSMH
248 Avenue Louise, bte 17
1050 Brussels (BELGIUM)

* Russell, Philippa, Senior Officer,
Voluntary Council for Handicapped Children
Evaluating the Quality of Services for People with Mental Handicap. The Role of Voluntary Organisations. May 1986.

* Blunden, Roger, Director,
Mental Handicap in Wales
An overview of Five National Systems for Reviewing the Quality of Services May 1986.

IX - Appendices

To give you a rough idea of what to evaluate we include:

one page from:

IHC **Key points Checklist - a mini-evaluation procedure.** IHC National Office, May 1987.
by Barbara Rocco and A.C.M. Capie.
IHC National Office
Private Bag
Wellington - New Zealand

and

one page from:

MENCAP's **Stamina Paper N°3 - Residential Care of the Mentally Handicapped.** Royal Society for Mentally Handicapped Children & Adults (1979)
Stamina : Local action for services.
London, England.
MENCAP National Centre
117-123 Golden Lane
London ECIY ORT - England (U.K)

From : IHC Key points Checklist - a mini-evaluation procedure.

Residential

1. Is there a home-like atmosphere?
2. Are the routines flexible and appropriate (e.g. bed and bath times)?
3. Does there seem to be a reasonable standard of dress, diet and health care?
4. Are residents encouraged to help run the home and to be as independent as possible? Do they have access to all general areas?
5. Are individual rights respected, e.g. are residents given:
    - Privacy?
    - Choices about possessions, recreation, food?
    - Consultation about moves that affect them?
    - Respect for cultural background?
6. Is there a client committee or similar structure?
7. Is there parent and community involvement?
8. Are appropriate leisure activities available?
9. Is there contact with other IHC facilities?

Comments

From : **MENCAP's Stamina Paper N°3 - Residential Care of the Mentally Handicapped.**

Mentally Handicapped Children under 16

Living at Home

For the mentally handicapped who live at home the following services are essential. Check:

1 That there is regular full support from relevant specialist services, e.g., paediatrician, speech therapist, psychologist, psychiatrist, physio-therapist.

2 That there is regular support from specialist social worker and/or health visitor. This should include visits at home at intervals of not more than two months.

3 That visits are covered by regular reports to the appropriate authority and available to parents.

4 That there is continuing counselling and advice, short-term relief, clinics, opportunity classes, etc.

5 That full information regarding statutory benefits and services of all kinds is readily available and is conveyed to parents by specialist social workers.

6 That priority placement on local authority housing lists is available to families with a severely mentally handicapped child.

7 That parent "workshops", to assist parents with the care of their child, are organised, and aware that **support services for families should be provided by the Local Authority.**

8 That a full laundry service is available.

9 That special equipment, draw sheets, nappies, suitable wheelchairs, washing machines is available.

10 That adaptations to the home in the form of ramps to doorways, hoists, etc., are available if required.

11 That home help and other kinds of support for families are available.

12 That local short-term care is available regularly, overnight, for weekends, Mondays to Fridays, or in emergencies.

13 That options for short-term care include foster homes and children's homes.

14 That there is a "day care" programme available throughout all school holidays.

15 That any child, irrespective of how difficult, if managed by the parents, has access to short-term facilities.

16 That local authority social and leisure activities are developed or that financial support is given to voluntary agencies.

Foster Homes

All the supporting services listed for the child living at home should also apply to foster homes. Check in addition:

17 That foster parents receive financial remuneration on an agreed scale together with appropriate supplementary finance for clothing, holidays, etc.

18 That the local authority provides regular supervision and support for foster parents.

19 That foster homes are the subject of a regular visit by a specialist social worker.

20 That links between foster parents and natural parents are maintained where possible.

21 That foster parents are encouraged to join, and made welcome in the relevant Local Society for Mentally Handicapped Children.

Residential Care in Hostels and Homes

22 That all parents have full details of local authority options for residential care, inside or outside their area

23 That the selection of options and policy on placement is jointly decided. That parents and/or nearest relatives together with the supervisory staff who will have responsibility for the resident, are always included in such joint decisions.

24 That in each local authority area there is a sufficient number of places in residential homes to meet the needs of all the mentally handicapped children requiring residential care, including those at present in subnormality hospitals.

25 That all sources of placement have been properly investigated. (Social Service Departments may use provisions outside their own area until they are themselves able to offer the full range).

26 That full assessment of educational and social potential and of physical and emotional needs of each entrant for residential placement is made, or is available prior to or immediately after placement.

27 That children with severe behaviour difficulties are provided with suitable hostel accommodation and appropriate therapy.

28 That provision is in ordinary houses, local to the child's home where possible.

29 That, whatever the size of the house, accommodation is so arranged that residents live in groups of not more than five.

30 That hostel accommodation offers a variety of rooms - to be alone or to share.

31 That hostels should contain no more than fifteen children.

32 That hostels are mixed-sex.

33 That there is space for recreational and leisure activities.

34 That there is a warm, domestic atmosphere.

35 That furniture is of a varied and not "institutional" nature.

36 That the kitchen and laundry is household in character

37 That a resident's privacy is respected.

38 That toilets and bathrooms have adequate privacy.

39 That the approach of "learning through doing" is accepted as the philosophy of the staff.

40 That leisure activities involve relationships outside the hostel.

41 That there is on-going contact with the family of every resident in a home or hostel.

42 That parents, other relatives and friends, are encouraged to visit.

43 That senior staff in homes or hostels have relevant experience and training.

44 That there is support for the staff from professional specialist workers.

45 That specialist services are available as required (speech therapist, psychologist, etc.).

46 That there is regular monitoring, and evaluation at least annually, by the local authority of the standard provided in local authority homes.

47 That parents and relatives are involved in regular discussions on their son's or daughter's development.

48 That the Local Society for Mentally Handicapped Children keeps in close touch with the staff and residents and that staff are encouraged in this by the Local Authority.

49 That homes funded by private individuals or voluntary organisations are given the same degree of support and supervision by Local Authority or Health Authorities, as is provided for offical services.

50 That there is regular contact between the residential home and the special school, especially to exchange information regarding assessments.

51 That these assessments are in writing - (adequate records are essential for new staff and to facilitate transfer to new residences when desirable) - and that all involved in joint consultation and decision-making, including parents, receive copies.

52 That while no residential placement should become a "dead-end", the child's need for security and continuity of residence is considered.

The International League of Societies for Persons with Mental Handicap (ILSMH)

Founded in 1960 by representatives of societies of parents of mentally handicapped persons, friends and professionals in the field of mental retardation, the ILSMH is devoted to defending the rights and interests of mentally handicapped persons without regard to nationality, race or religion. The League addresses problems related to mental retardation: among them are prevention, diagnosis and early treatment, education and training, economic security, social welfare and integration, guardianship, interfamilial relations, due process of law and public education.

The main objectives of the League are:

- to determine, with the help of persons with mental handicap, their families and specialists, what is required for these persons to live as close to normal lives as possible;
- to disseminate helpful information to and promote contact between member societies;
- to encourage the creation of new societies;
- to initiate and develop contacts with international organisations, governmental and non-governmental, in order to speak on behalf of member societies;
- to promulgate the basic principles set forth in the UN Declaration on the Rights of Mentally Retarded Persons.

To achieve these objectives, the League, with the help of its member societies, organizes international symposia of experts, regional conferences and world congresses. The League publishes the results of these efforts, an international newsletter translated in four languages, and various pamphlets on topics of general interest. The League has consultative status with UNESCO, UNICEF, ILO, WHO, ECOSOC and the Council of Europe, and has official relations with the European Communities and other international organizations interested in handicapped persons.

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International League of Societies for Persons with Mental Handicap
Ligue Internationale des Associations pour les Personnes Handicapées Mentales
Liga Internacional de Asociaciones en favor de las Personas con Deficiencia Mental
Internationale Liga von Vereinigungen für Menschen mit geistiger Behinderung

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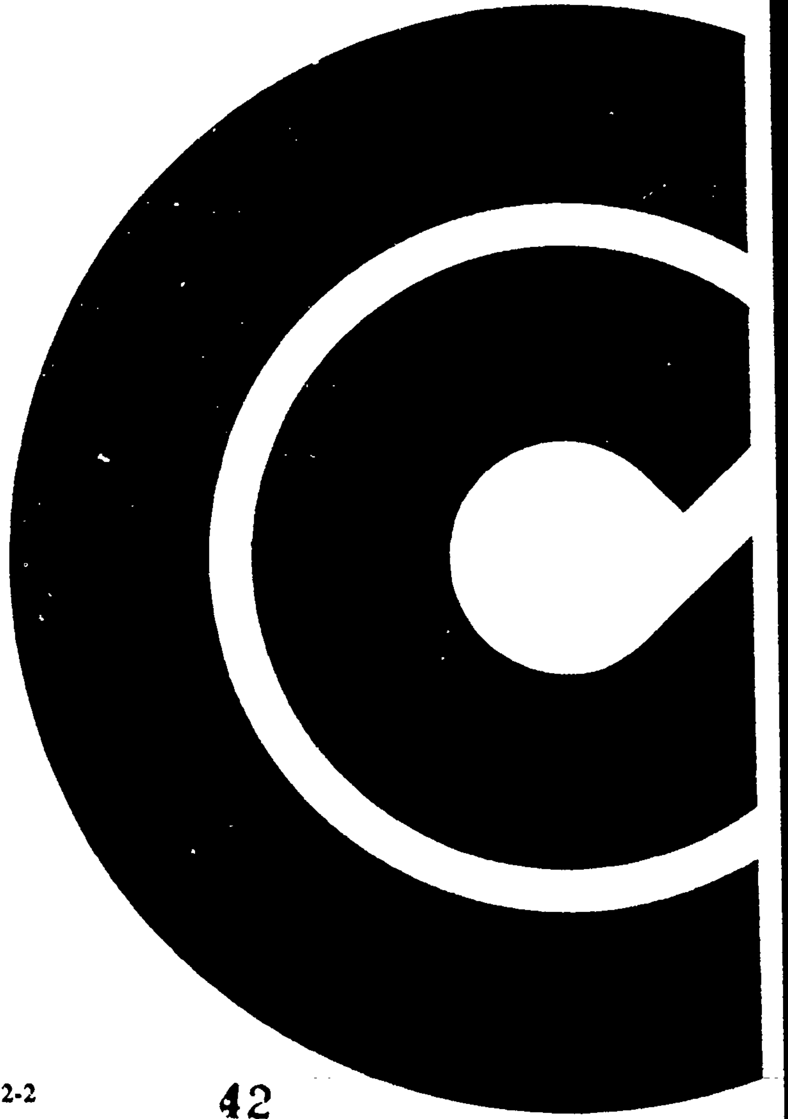
ILSMH



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