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Does group living work?

By Julia Johnson


Arden House and Parkview

I first visited Arden House in 1973. It was lunchtime and I anticipated a dining-room full of residents with walking frames and staff bustling around, the clatter of pots and pans in the kitchen and the inevitable music in the background. To my surprise, I found none of these things on my arrival. What might have been the dining-room was empty, there were no sounds of catering and no staff rushing about. I was met by a member of staff who was quiet and relaxed, and who invited me to sit down to a cup of coffee. Yes, the residents were eating lunch in their own lounges. And where were the staff? They were having their own meal in the staff room at the end of the corridor.

I was to find out much more about Arden House over the next few weeks. But, I was also to discover Parkview. This home was run by the same local authority using identical admission criteria, had opened within three months of Arden House, was architecturally identical and had the same fittings and furnishings, even down to the cups and saucers. Despite these similarities, entering Parkview was a completely different experience. It was exactly what I had first anticipated and feared. How could such a different world have been created in an identical physical environment?

Nearly 10 years later, I spent six months in each home, making daily recordings of the words and deeds of both the staff and the residents. For this, I used structured observation schedules (Evans et al., 1981) which enabled me to gather a rich fund of both qualitative and quantitative data. A full account of the way in which this study was undertaken and of its findings can be found elsewhere (Johnson, 1982). In this article, I shall describe something of what I learned, through comparing these two homes, about how group living can work. For, it is through detailed observation of organisation and behaviour that we can begin to understand process as well as outcome.

The building

Each home accommodated 42 residents. The homes were purpose-built for a traditional form of residential care where meals would be taken in a central dining-room and served through a hatch from the adjoining kitchen. Parkview was used in this way. Residents took all their meals in the central dining-room, they were each allocated to one of the five lounges for sitting in during the day, and hairdressing or medical appointments were conducted in the medical room. At Arden House, on the other hand, some inexpensive but crucial changes had been

1 The names ‘Arden House’ and ‘Parkview’ are both fictional substitutions for the names of the residential homes discussed here.
made at the instigation of the officer-in-charge. For example, the sluices at the end of each corridor had been removed and converted into kitchenettes, and dining tables had been redistributed from the central dining-room to nine small dining areas created in various ways around the home. In effect this meant that nine separate groups of four or five residents ate together in their own dining areas, each having access to their own kitchenette for washing up. Each group was supplied with a small refrigerator, kettle, crockery and cutlery so that residents could make their own breakfasts, tea or coffee. Also a trolley was supplied to each so that they could collect lunch and dinner for their group from the main kitchen.

Arden House had, therefore, used the building to create discrete and manageable living areas for small groups of residents. These living areas had all facilities close at hand – dining areas, living-room, bedroom, kitchen, toilet and bathroom. Distances to be covered were small and more manageable therefore for the less able-bodied.

A critical feature of Arden House was the composition of these small groups. The Crichton Royal Behavioural Rating Scale (CRBRS) measurements showed that each group at Arden House was composed of a variety of residents ranging from severely disabled (either physically or mentally) to quite able. Hence, the more able residents could assist the less able where necessary. At Parkview, however, residents had been categorised and grouped so that ‘the confused’ occupied one of the two downstairs lounges and ‘the immobile’ the other. Here they could be easily monitored by staff and conveniently attended to. The upstairs lounges contained more able residents whose demands upon staff time were less. Unlike Arden House, where a resident slept was not necessarily close to where her daily lounge was. As a result a day-time journey from lounge to bedroom at Parkview might be impossible without aid.

Organisational routines and practices

Table 1 indicates an astonishing difference in levels of staffing between the two homes, Parkview consuming nearly twice as many staff hours as Arden House.

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Parkview</th>
<th>Arden House</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff numbers</td>
<td>Weekly hours</td>
</tr>
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<td>Supervisory</td>
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<td>143</td>
</tr>
<tr>
<td>Care assistants</td>
<td>10</td>
<td>244</td>
</tr>
<tr>
<td>Domestic</td>
<td>6</td>
<td>129</td>
</tr>
<tr>
<td>Cooks</td>
<td>3</td>
<td>56</td>
</tr>
<tr>
<td>Night care assistants</td>
<td>7</td>
<td>128</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>700</td>
</tr>
</tbody>
</table>
The daily routine at Parkview dictated the need for more staff. For example, all 42 residents had to be assembled in the central dining-room four times a day. Ensuring that all were thus assembled put enormous pressure on staff, particularly in the mornings. Many residents had to be assisted with washing and dressing to ensure that deadlines were met, and then escorted on long journeys to the dining-room. The ‘block treatment’ of residents, therefore, was extremely consuming of staff time and effort. This had the added effect of stripping many residents of their independence and competence by preventing them from being able to manage for themselves in their own time.

All snacks and meals at Parkview were prepared in the central kitchen by domestic staff, served to residents by staff, cleared away and washed up by staff. This also demanded staff hours and meant that for large parts of the day the kitchen was buzzing with activity. In contrast, at Arden House, breakfast, tea and coffee were prepared and cleared away by residents according to their own individual schedules. Main meals were prepared by the cook, collected from the kitchen by the residents, and cleared away and washed up by the residents in their own kitchenettes. Clean serving dishes were then returned to the main kitchen by the residents for the next meal. Hence for large parts of the day the central kitchen was empty and spotlessly clean.

These contrasting daily routines had a fundamental effect on the way in which staff worked. The routine at Parkview produced a predominantly ‘doing for’ style, whilst that at Arden House produced more of a ‘doing with’ or ‘maintaining a discreet distance’ style. Over two and a half times as many staff hours per week were given to ‘functional’ care (i.e. doing for) at Parkview as compared to Arden House.

Staff activity

The larger number of staff at Parkview created clearer divisions of labour between different categories of staff. The supervisory staff focused mainly (but not exclusively) on administrative work and were to be found frequently in the office. It was here that they had their tea breaks too, served to them by the kitchen staff. The care assistants focused mainly on physical care activities – helping residents to the toilet, bathing, dressing and so on. Their shifts included unpaid tea breaks which were taken in the staff room together with the domestic staff, whose activities centred on cleaning, food preparation and washing up. There was, of course, some overlap between the work undertaken by different categories of staff but demarcation lines were fairly clear [...].

At Arden House there were fewer members of staff and the division of labour was more flexible. It was not unusual to find the officer-in-charge wielding a vacuum cleaner and the office was more commonly locked than open and occupied. A staff shift rarely involved more than one supervisory member of staff and one care assistant, and tea and meal breaks were taken together in the staff room [...]. In effect, a less conflictual and hierarchical system prevailed at Arden House and the exchange of information about the care of individual residents was less complicated and more direct.
**Staff/resident interaction**

Significant differences in the nature of communication between staff and residents were found in the two homes. At Parkview, there was a higher proportion of purely instrumental verbal communication by staff, such as instructing a resident to go to the toilet without any further verbal elaboration. Furthermore, when a staff member was observed in interaction with a resident, the response of the resident was, on 35 per cent of occasions, completely passive. This compared to only 6 per cent of such occasions at Arden House. Since there were more staff per shift at Parkview, residents were far more likely to be interacting with more than one member of staff at any one time. This of course increased the danger of a resident being ‘talked over’ and decreased her chances of equal and active engagement. One to one staff/resident interactions were observed on only 38 per cent of occasions compared to 92 per cent at Arden House.

All residents at Parkview were called by their first names. Pet names, other terms of endearment and infantilising words were sometimes employed. One resident was observed requesting, and being rewarded with, a sweet for ‘being a good girl’. They were often treated, and behaved, like children and frequently resorted to staff to resolve arguments with other residents. At Arden House, titles such as Mr and Mrs were used by staff to address residents who, with one exception, never requested to be addressed otherwise. Residents here tended to resolve their own disputes, and indeed many other daily problems.

**Resident activity and interaction**

The pattern of interaction among residents was significantly different. Observing individual residents in their lounges, during waking hours, was a relatively easy matter at Parkview because, apart from meal times, residents tended to be gathered together in their lounges. At Arden House, however, this was not so simple because, apart from meal times, residents were rarely gathered together. Generally speaking, only two or three might be in the lounge while others in the group were elsewhere – most often in their own room. This suggests that residents at Arden House claimed more individual privacy than those at Parkview and engaged in more individual action. Residents at Parkview were discouraged from using their own rooms in the day time – apart from two, who spent all their time in their rooms.

More time was spent engaged in daily living activities (e.g. making tea, washing up) as opposed to social recreation (e.g. chatting or watching television) by residents at Arden House. The converse applied at Parkview. Over half the residents at Arden House were actively involved in domestic routines on a regular basis, and physical limitations or mental confusion did not preclude such involvement.

Residents at Arden House were less likely to rely upon staff assistance with dressing or moving around than at Parkview, and the use of walking aids was markedly lower. A culture had developed at Arden House whereby those who arrived at the home with a zimmer frame might become inclined to give it up. One resident told me,
I can’t walk very well. I used to have a frame but I gave it up the day I came here because I wanted to walk and it was in the way. Nobody suggested that I shouldn’t use it – but at the hospital, where I was before, I wasn’t allowed to be without it.

Residents were actively encouraged to make use of the handrails from the start. Commenting upon the admission of Miss Webb, a new resident to the home, the officer-in-charge said,

Pointing the resident to the handrail is much more important than propping her up personally. If the staff make this early mistake, Miss Webb will always be looking to staff for assistance. It is all too easy to create dependence within the first few hours.

The benefits of the trolley were also promoted,

How much better is the trolley, with things on it, than a zimmer, because the trolley means you are going somewhere to do something.

In contrast, the use of walking aids was encouraged at Parkview. I observed one new resident, on the day of her arrival from hospital, having her familiar stick replaced by a walking frame, despite clear indications that she did not need it or want it. In my view, the staff saw the provision of such an aid as therapeutic and indicative of their own expertise in matters of ‘rehabilitation’. The same resident was also informed that she would neither have to, nor be able to, use the lift on her own. In contrast, Miss Webb was shown into the lift and used it, on her own, within minutes of her arrival at Arden House.

[...]

References

