Center for Residential and Community Services
University of Minnesota
207 Pattee Hall
150 Pillsbury Drive S.E.
Minneapolis, Minnesota 55455

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Changes in Age at First Admission to Residential Care for Mentally Retarded People

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Abstract

Data are reported on the mean and median age of first admissions to residential facilities for mentally retarded people over the quarter century (1953-1978), and on the percentage of all first admissions entering residential facilities between ages birth to 19 years. The average age at which mentally retarded individuals first moved from their natural family homes to residential facility was relatively constant until the early 1970's, when a trend toward older first admissions began.

Changes in Age at First Admission to Residential Care for Mentally Retarded People

Over the past century, society has offered alternatives to family care for mentally retarded offspring. For most of this period, these alternatives have been of a total substitution nature; either families provided for total care or government agencies provided for total care. However, in the past decade there has been a notable change in this historical parent-state relationship. The state has become increasingly co-involved with families in providing for their mentally retarded members. A few of the benefits now provided to families include developmentally appropriate daytime education and training programs, coverage of extraordinary medical needs, parent training and counseling, subsidies for adaptive equipment or housing, family support groups, periodic respite care opportunities, social and recreational programs, and transportation.

As a society we have valued the maintenance of family relationships and have been willing to support them. But the near future promises less wholesale support of social programs. Increasingly, such programs will be evaluated as to their soundness as social investments. One indication of the cost-effectiveness of such programs is the extent to which their provision is related to the retention in family settings of people who might otherwise be placed in publicly funded residential facilities. This report examines trends in the ages at first admission of mentally retarded people entering public and private residential facilities in the quarter century between 1953 and 1978.

Method

Four primary data sets were used to examine patterns in the age of first

admissions to residential care.

National Surveys of Public Residential Facilities

From 1947-1967 the National Institute of Mental Health (NIMH) collected and disseminated data on first admissions to state-operated and private residential facilities (Lakin, 1978). Basic demographic data were collected on all first admissions to residential facilities during those years. In these surveys a first admission was defined as "a person admitted to an institution who has not previously been a patient of an institution of the same class," (i.e., for mentally retarded people). Later surveys conducted by the Developmental Disabilities Administration (1968-1969) and the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded (Rosen and Bruno, 1970; Scheerenberger, 1974, 1976, 1977,1979) collected no data on ages of first admissions.

Center for Residential and Community Services

The Center for Residential and Community Services at the University of Minnesota (CRCS) received funding from the Developmental Disabilities Administration from 1976-1981 to conduct a number of studies of public and non-public residential care. In 1977 national surveys were conducted of public and non-public residential facilities for mentally retarded people (Bruininks, Hauber & Kudla, 1979; Scheerenberger, 1978). A total of 263 public facilities and 4,427 non-public facilities were identified and basic data on the size, type, location, client characteristics, and costs of care for each facility were collected.

Based on these data, probability samples, stratified by size and location, of 75 public and 161 non-public facilities were selected (Hauber, Bruininks, Wieck, Sigford & Hill, 1981). At each selected facility, a full listing was made of all non-temporary residents. Each of these was then assigned a unique

serial number. Experienced interviewers from Survey Research Center at the University of Michigan used systematic selection procedures to sample 953 public facility residents and 965 non-public facility residents (Hauber, et al., 1981). Interviewers collected data on sampled residents that included demographic data and information of each resident's prior placement. This allowed computation of the age at admission of persons residing in the facility to which they had first been admitted (N = 751).

Results

Data summarized in Figures 1 and 2 are drawn from the sources described above. While caution must be shown in interpreting data aggregated from studies with differing operational definitions and methodologies, in this case the direction and magnitude of trends show substantial and significant social change. These trends are demonstrated with three related statistics shown in Figres 1 and 2. The average age of first admissions to residential care, and the percent of first admissions to residential care between birth and 19 years of age all indicate a period of relative stability through the 1950s, 1960s and early 1970s, with substantial change in more recent years. For example, the various estimates of average age at first admission varied less than 2 years between 1953 and 1968. However, between 1968 and 1978 the average age at first admission increased approximately five years. Similar changes are shown regarding median age of first admissions to residential care. The percentage of first admissions to residential care who were 0-19 years old dropped from 88% in 1967 to 65% in 1977. Throughout this period the average age of first admissions to public institutions was less than the average age to private community facilities.

Insert Figures 1 and 2 About Here

Discussion

The CRCS national sample included both public and non-public facilities, but sample members included only persons who still lived in the facility in which they had originally been placed upon entering the residential services system. Nevertheless, this limitation does not appear to bias the data in any particular direction.

The decade of the 1970s brought many changes in programs and services for mentally retarded persons and their families. Most notable among these changes were guarantees of appropriate education to children and youth between 3 and 21 years through mandated expansion of special education programs (the Education of All Handicapped Children Act of 1975, and Section 504 of the Rehabilitation Act of 1973), and involvement of parents in those programs; the encouragement of coordinated state programs through the Developmentally Disabled Assistance and Bill of Rights Act of 1975, the delineation of human and legal rights of developmentally disabled people, and the further encouragement of family participation in programs and advocacy for program improvement; creation of greatly expanded social, educational, housing, recreational, transportation, and vocational services for handicapped persons through other federal, state, and local enactments; and, perhaps most importantly, a growing social sense that handicapped people have a right equal to anyone's to remain in their community and with their family. During the same period there has been a trend toward relatively fewer admissions of children to residential care.

Changes in community services and age of admission have no doubt had significant effects on the lives of thousands of mentally retarded children and youth who only a decade ago would have spent their formative years in a

residential facility instead of with their families. Furthermore, at a time in which the average annual cost of care in public and private residential facilities is approximately $20,000 (Wieck & Bruininks, 1981), it is likely that a trend toward older first admissions also results in considerable cost savings in addition to the social benefits.

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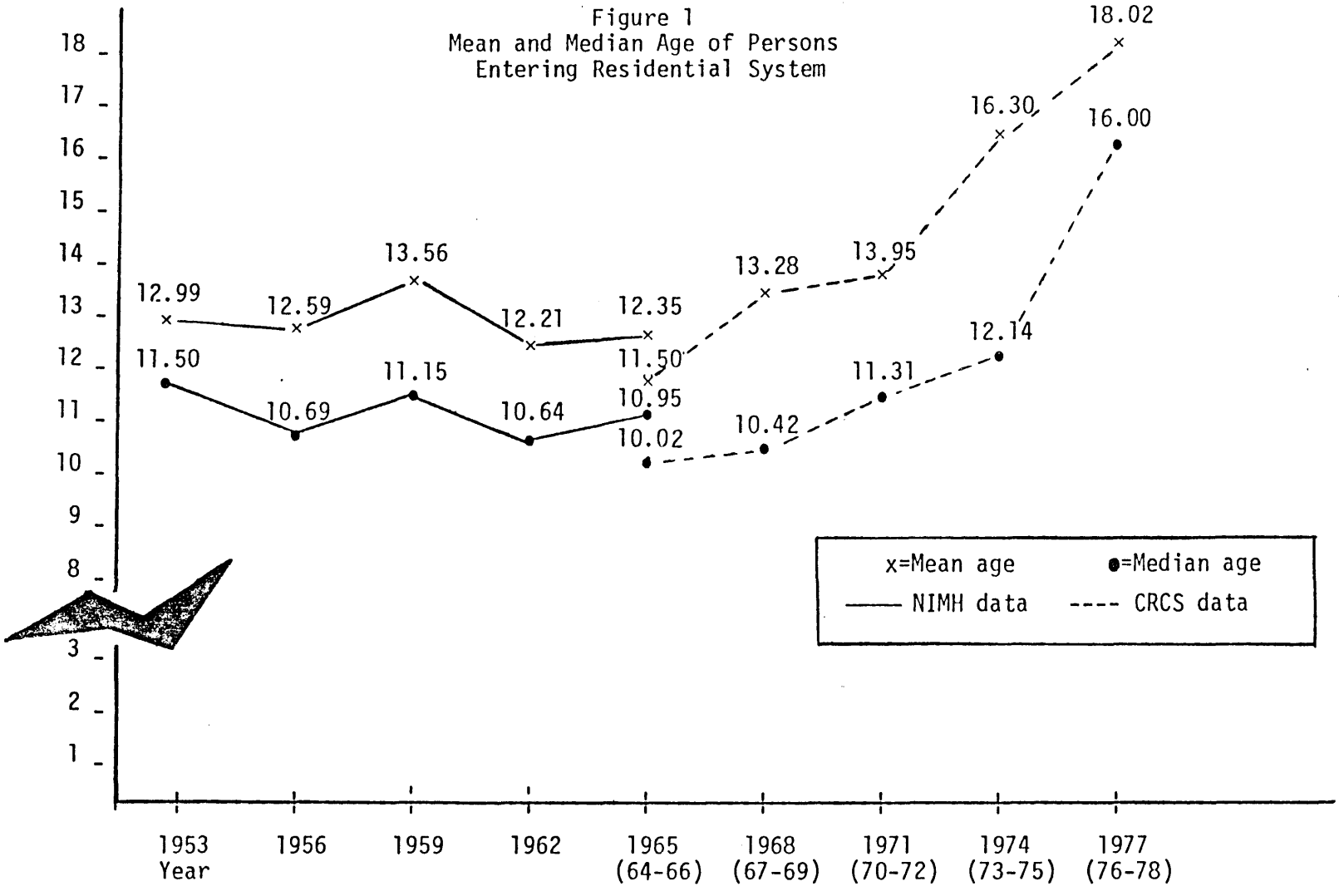
FOOTNOTES

1. This research was supported by a grant (54-P-71173/5-04) from the Administration on Developmental Disabilities, Office of Human Development Services, Department of Health and Human Services and a grant (18-P-98078/5-01) from the Health Care Financing Administration, Department of Health and Human Services.

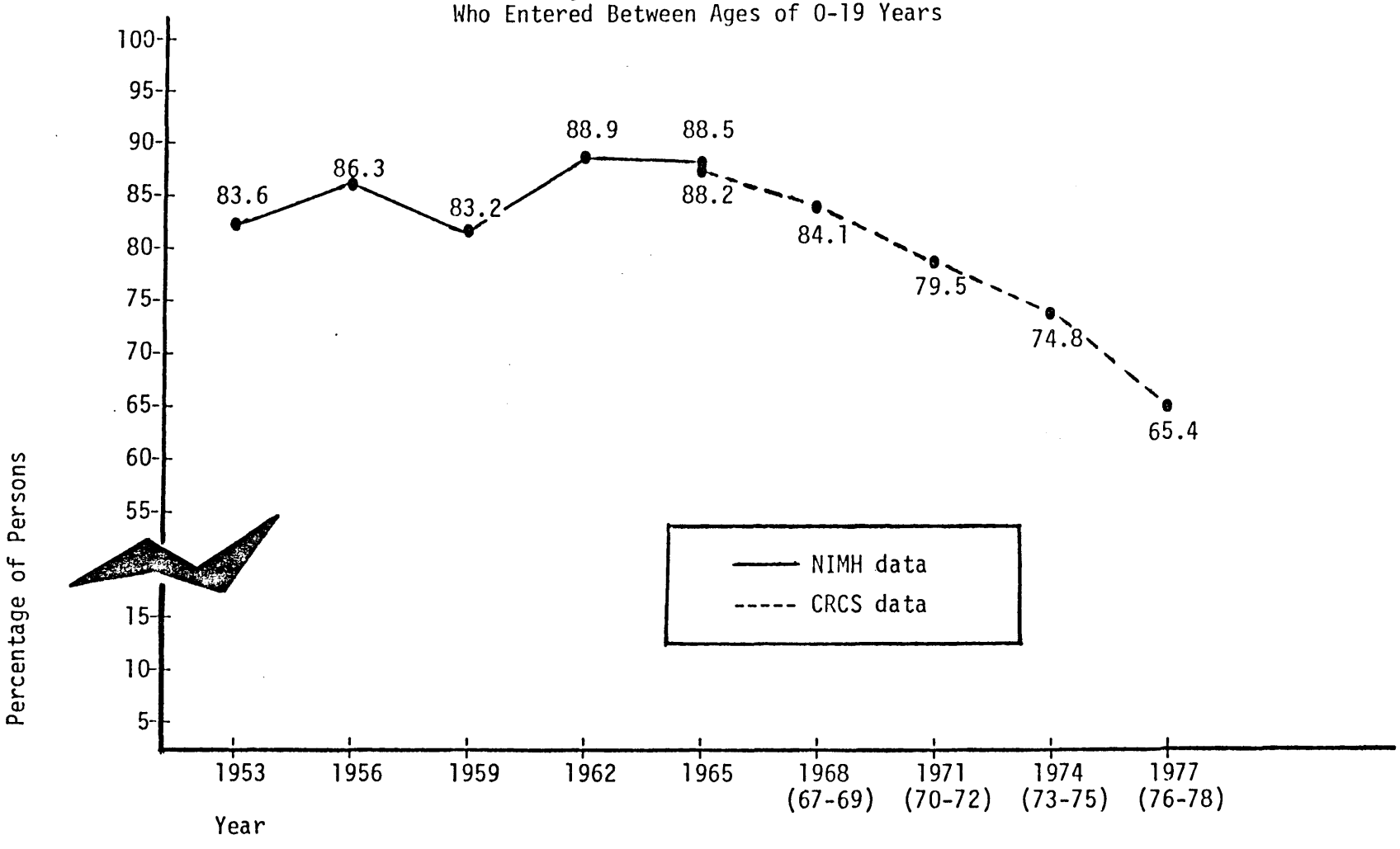
2. K. C. Lakin, 210 Pattee Hall, 150 Pillsbury Drive S.E., University of Minnesota, Minneapolis, Minnesota 55455.

Figure 1
Mean and Median Age of Persons
Entering Residential System



Note: Data reported for 1953 to 1965 are from NIMH annual surveys of known residential facilities for mentally retarded people in the United States; mean and median ages are derived from aggregate data with "over 40" category given estimated mean value of 52 years based on Bureau of the Census surveys of public and private residential facilities from 1945 to 1947. Data from 1965 to 1977 are from an interview study of a national probability sample of residents of public and private residential facilities by the Center for Residential and Community Services; years indicated are the middle year of a three year period, e.g., data reported for 1974 are the average for years 1973 through 1975.

Figure 2
Percentage of Persons Entering System
Who Entered Between Ages of 0-19 Years



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