Known well by no one: Trends of the informal social networks of people with intellectual disability five years after moving to the community

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Abstract

Background. Informal relationships are central to conceptualizations of quality of life. Deinstitutionalization studies suggest a consistent trend of increased contact with family and friends by people with intellectual disability following relocation to the community. Changes to the nature of the informal relationships of residents 5 years after leaving an institution were examined. Method Twenty-four residents were randomly selected from the group of 55 who moved. Data were collected prior to leaving the institution and one, three and five years later, through interviews with staff and intensive case studies undertaken with a small purposive sub-sample. Results Residents did not form new relationships, the number in regular touch with a family member decreased and patterns of contact changed as residents aged. Sixty-two percent of residents had no-one outside the service system who knew them well or monitored their well-being. Conclusion. Services must take a more active role in supporting the development of relationships and in adapting to the changing capacity of aging families.

Key words
Informal networks, older people with intellectual disability, community living, deinstitutionalization.
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Inclusion and participation in communities are central to the visions of disability policy in Australia and overseas (Department of Health, 2001; Department of Human Services (DHS), 2002; United Nations, 1994). The development of an individual’s network of informal (unpaid) social relationships is one of the key means of achieving such aims, which Reinders (2002) considers may be more successful than a focus on individual rights.

Informal relationships are a domain in conceptualisations of quality of life and early UK deinstitutionalisation studies concluded that the quality of life of residents resettled from an institution to the community was largely determined by the range and type of their social relationships (Atkinson & Ward, 1987; Schalock & Alonso, 2002). Research from the general community, particularly among older people suggests informal support acts as a protective factor, associated with better physical and psychological health, recovery from illness and reduced risk of institutionalisation (Acheson, 1998; Antonnucci, 1990; Bayley, 1998). Informal support is derived from relationships with family, friends, neighbours and acquaintances based on personal ties rather than payment. The different conceptualisations of informal support suggest its multidimensional nature and potential to meet social, emotional and instrumental needs. Horowitz (1985) divided its functions into four components, emotional support, direct instrumental support, financial assistance and management of relationships with formal organisations. The functions embedded in the last component, such as advocacy and monitoring the quality of services require long
term commitment, are non uniform and idiosyncratic and are not easily replicated by formal services (Litwak, 1985; Bigby, 1997).

Social networks provide a framework for the study of relationships, and can be seen as the vehicle through which informal social support might exchanged (Bulmer, 1987). However, comparison of finding about social networks are hampered by differing approaches to relationships, with some studies including paid staff, and different methods of data collection, with some studies relying on self report and others on staff or family as informants.

Deinstitutionalisation studies that have measured changes to the nature of the informal networks of people with intellectual disabilities suggest a consistent trend of increased contact with family and friends following relocation to the community (Emerson & Hatton, 1996; Young, Sigafoos, Suttie & Ashman, 1998). For example, Young et al’s review of 13 Australian studies identified that all of the five studies that examined resident contact with family and friends reported an increase. Despite potential increases following deinstitutionalisation research suggests that contact between people with intellectual disabilities in supported accommodation and their families is often infrequent and sporadic (Robertson et al., 2001) and their social networks are small with few members unconnected with service systems. For example, although Forrester-Jones et al., (2006) identified a mean social network size of 22 people for residents after 12 years of community living, less than a third were neither staff nor co-residents.

Residents living in small community based services are found to have larger social networks and more network members who are not staff, family or others with an intellectual disability compared to those in larger services (Emerson et al., 2000). Despite this advantage, Robertson et al., (2001) found the median network size of
residents in smaller services, excluding staff, was 3 people. Seventy-five percent of residents had 6 or fewer people in their network, 25%, 2 or fewer people, and 10%, no-one. A study of 1542 people with intellectual disabilities living in community based accommodation in the North of England found low levels of shared activities with friends. The mean of 2.0 activities with friends with intellectual disabilities was higher than the mean of nil with friends without disabilities (Emerson & McVilly, 2004).

These more recent studies (Cambridge et al., 2002; Emerson & McVilly, 2004; Forrester- Jones et al., 2006; Robertson et al., 2001) reinforce the conclusions reached by Emerson and Hatton (1996) in their review of UK deinstitutionalisation studies between 1980 - 1994 that people with intellectual disabilities in community based accommodation have few friendships with people who are not co-residents, staff or family members, and indeed such friendships are “either superficial or generally non-existent”. Furthermore they seem to strengthen the conclusion by Donnelly et al., (1996) that moving to the community does not lead to new relationships or friendships.

The majority of the Australian studies reviewed by Young et al., (1998) did not consider time periods longer than a year and examined residents in their young adult years, aged between 20-40 years. Age, however is suggested as a factor that is negatively associated with family contact and network size (Dagnan, 1997; Robertson et al., 2001). More positively however, Cambridge et al., (2002) found that residents aged over 50 years had closer relationships and companionship with friends, ex staff and volunteers than those under 50 years. Some evidence also suggests that residents who have remained at home until well into adulthood may have larger networks than those who have been institutionalised for much of their lives (Bigby, 1997;
The study reported here adds to the limited longitudinal research on the outcomes of deinstitutionalisation in Australia, and is one of the few studies to consider changes in social networks among people in who are middle-age and older. This paper reports findings from a longitudinal study which used mixed methods to examine the quality of life outcomes for a group of residents one, three and five years after they were relocated from a large institution in Victoria, Australia. This paper considers two core research questions: 1) what is the nature of residents’ informal social networks after 5 years in the community? And 2) what changes occurred to residents’ informal networks over the 5 years since their relocation from the institution to the community? The implications for policy and program development are discussed. The study was approved by the Human Research Ethics committee of LaTrobe University. All the names used in this paper are pseudonyms.

Method

Participants

Between 1999-2000, 55 residents moved from a large institution in Melbourne to small group homes (houses) in the community. Their move was part of a government initiative known as the ‘200 places’ and occurred prior to plans for the total closure of the institution (for more details see Bigby, 2006). Thirty of the 58 residents who were to move were randomly selected, which as more than half was considered a sufficient size sample. Three of the residents did not move, which reduced the population that moved to 55, and the sample size to 27. Participants moved to 9 houses, all initially with five residents and managed by non-government organizations. The overall level of support provided in each house was classified by the Department of Human
services relocation team as high, medium or low. A complete data set is reported for 24 residents as three died during the period of the study. All residents had been labeled as having an intellectual disability, and their characteristics which were derived from their institutional files are summarized in Table 1.

*Insert Table 1 about here*

Family members of 20 residents participated in a phone survey conducted one, three and five years after residents were relocated to the community. Consent was given on behalf of all people with intellectual disability either by their formally appointed guardian if one existed and if not, by their next of kin.

*Data collection*

Four waves of data were collected, the first whilst residents were living in the institution and then one, three and five years after their move to the community. At each wave a structured interview, that lasted approximately two hours, was conducted with the unit manager at time 1 and the house supervisor at times 2, 3 and 4. The first wave of interviews were conducted by two research assistants, the second and third by one of the original and a replacement assistant and the last by the replacement alone. All interviewers conducted pilot interviews which were discussed and checked for consistency with one of the principal researchers. The schedule consisted of a range of open-ended questions, standardised outcome measures and global rating scales about the following domains, living situation, general health and well-being, personal development, community integration and interpersonal relationships. Questions were asked about the resident’s formal and informal network including the relationship of each identified person to the resident, frequency, place and nature of contact. Where
friendships were identified a question asked if they were also close or intimate. Informal social contacts were categorised into friends with and without intellectual disability, close, intimate, co-resident or not and relatives. The respondents own definition of the nature of the relationship being reported was accepted. These questions allowed a social network analysis to be conducted for each resident based on the technique suggested by Tracy and Whittaker (1990). Both phone and face to face interaction were categorised as contact. As only data from the questions about residents informal networks are reported here, details of the instruments used to measure other dimensions have not been included. In addition to the questionnaire each resident’s individual relocation plan, program plans, and general service plan were collected and examined.

The family telephone survey had a mixture of open and closed questions and sought information including family satisfaction with the move to the community and patterns of family contact and interaction with the resident. Interviews were also conducted with program and senior residential managers (administrators) of each of the 5 organisations that managed the 9 houses where the participants in the study resided, at times 2 and 4. Due to staff changes only one of the original managers was interviewed at time 4.

A series of in-depth qualitative case studies was undertaken with a purposive sub-sample of 11 residents. They were selected to ensure representation of residents in houses from the three levels of support into which they were classified by the Department. These residents lived in 4 houses, and each resident was visited at least twice whilst still living in the institution and then at 4 monthly intervals for the first 12 months, and then again, at similar intervals, after three years in the community for the following 2 years. This part of the study was conducted by the two principal
researchers who were each responsible for two houses, with some support from the longest standing research assistant. During these visits the researchers were participant observers, they interacted with the residents and staff, observed aspects of the physical and social environment and sought information from staff about the workings of the house. A checklist of elements to be observed was compiled both as a guide to observing the visits and to writing field notes. This included items such as: personal appearance, resident use of space, social interactions with staff and other residents, community participation/integration, personal autonomy/decision making and social network.

The quantitative data were analysed using descriptive and non-parametric statistics using SPSS. The qualitative data were analysed thematically, with the assistance of the code, search and retrieve functions of N Vivo software. Data about each resident’s network were categorised on the basis of composition, frequency of contact and functions undertaken. Using the constant comparative method (Miles & Huberman, 1994) four types of networks were identified.

**Findings**

*Contact with family members after five years*

Most residents (22, 92%) had a family member alive and 75% (18) of all residents were in touch with a relative at least once a year. As Table 2 shows however, only 50% (12) residents had more than annual contact with a family member.

*Insert Table 2 about here*
Nine residents had contact with parents and siblings, six only with siblings, and three only with parents. Two (8%) residents did not have a sibling, and one of these two had no family contact. The four residents who had a sibling with an intellectual disability living in shared supported accommodation or an institution had not had any contact with this sibling in the previous 12 months. The number of family members with whom residents had annual contact ranged from 1-4 with a mean of 1.38.

Contact with friends

For most residents a staff member was identified as a friend and twelve residents (50%) had no friends other than staff. There was no evidence that residents stayed in touch with staff once they left the house, thus given the high staff turnover it is likely friendship with staff will be short term. For example, data from the four case study houses showed that by the end of five years, only one house had retained any of its original staff and none had the original house supervisor.

Twelve residents had friendships with co-residents. The mean number of reported friends, excluding staff, was 1.38 (sd 1.56). Six residents (25%) had friendships with people who lived outside their house, with their mean number of such friends being .54. Two of these residents had known each other at the institution and maintained a friendship through regular visits to each others households, though such visits always involved all the members of each household. Three (13%) residents had a friend who was not a person with intellectual disability; including a long term advocate who visited monthly, several people at the church community she attended weekly, and a previous staff member from the institution. Only two people had out of hours contact with a friend from their day program. No residents identified an intimate friend and only one a close friend.
Informal network size

The size of each resident’s informal network was calculated on the basis of the number of people with whom they had at least 12 monthly contact, who lived outside of their household and did not know them in a paid capacity. The size of informal networks ranged from 0-6 with an average of 1.92 people. The age of residents was negatively correlated with network size although the correlation was not significant \((r = -0.34, p > 0.05)\).

Four types of informal networks were identified: “non-existent”, “special occasion family”, “engaged family” and “friendship based”. Four (16%) residents had a non-existent network, with no contact with either family or friends beyond their home. For example;

Both Wendy’s parents are dead but she has 4 siblings who live in country Victoria. They were contacted by staff in regard to the relocation but have not been in touch since she moved into the community. She had a close relationship with another resident with whom she shared a house, however he died during the third year of the study. Her sister participated in the phone interviews at the end of the first year and said that she didn’t really know Wendy and she was too shy to ring staff as they wouldn’t know who she was and she wouldn’t know what to ask.

Six (25%) residents had a special occasion family network. They did not have contact with any friends outside their house and their main contact with family was through visits or phone calls on special occasions such birthdays, Christmas or organized house events on public holidays. For example;

Both Maureen’s parents are dead and her sister and a niece were put in contact with her as part of the family reunification project in 1998. Before she
left the institution and during the first year she had monthly contact with a
citizen advocate but had lost contact with her by the end of the first year. Her
sister and niece have continued to visit Maureen, at home, once a year on her
birthday.

Nine (38%) residents had engaged family networks, with a family member who
played a similar role to that of key informal network member described by Bigby
(1997), undertaking instrumental tasks as well as providing emotional support and
being in regular contact. The most involved key person was a father who visited his
son’s house at least twice a week, and actively assisted the household with various
tasks as well as both providing support and monitoring the formal support provided to
his son. For residents with this type of network a family member was involved in
their day to day lives, and actively monitored their wellbeing and the support provided
to them. Some of these residents regularly stayed overnight with family members or
spent a holiday once a year with them. Two residents were supported by staff to visit
and stay overnight with an elderly parent who was no longer able to visit. For
example,

   Josh has an engaged but very small family network. His mother is a widow in
   her 80s and lives on a farm about 2 hours drive from his home. He has no
   siblings but is known to several of his mother’s friends. When he was living
   at Kew his mother rang every week and visited every couple of months. Josh
   went to stay with her for at least two weeks every year. His mother phones
   the house every week and talks to Josh and staff. In the first couple of years
   he stayed with his mother sometimes at weekends but this no longer happens
   as his mother is unable to manage the physical support that he requires. Staff
   have offered to organise a carer to stay but she is not comfortable with this
idea. Since his mother is no longer happy driving, staff have taken Josh to visit his mother once or twice a month. This may increase now that he is only going to a day program part time.

Five residents (21%) had friendship based networks. They had minimal contact with family but regular contact with friends outside their home.

May has two brothers and a sister. Her mother lives in the country with one of her sisters and is now aged over 100. She last visited May in 1998 and her father died in about 2000. One of her brothers visited the new house before she moved from the institution. Since the move family members are in touch but not more than once a year and her sister’s last visit to the house was 2 years ago. A citizen advocate is in touch with May about every three months and takes her out. She has a friend from her day program with whom she goes to a program at a local neighborhood house, and every now and again an ex staff member from the institution takes her out for a meal.

*Changes to informal networks five years after relocation to the community.*

During the five years since the move to the community the size of the family network remained the same for six (25%) residents, increased for (38%) residents and decreased for further nine (38%). The proportion of residents with neither parent alive increased from 26% to 38%. However, at interview four, Chi square tests found no association between contact with family in the previous 12 months and having a parent alive $\chi^2(1)=0.06$, $p>0.05$.

There was a downward trend in the number of residents in contact with family members as the proportion in at least annual contact dropped from 85% (20) to 75% (18) over the 5 year period. However, a Cochran’s Q test showed that there is no
difference in these proportions, $\chi^2(3) = 1.32$, $p > 0.05$. As Table 3 shows, a slight decrease occurred over time in the mean number of family in contact annually. The highest average was at interview 2, and the lowest average was at interview four. A Friedman’s Test\(^1\) for related samples showed that there was a significant difference in the mean number of family in contact according to the time of interview, $\chi^2(3) = 11.24$, $p < 0.05$. Wilcoxon\(^2\) tests showed that the average number of family in contact at interview two was higher than at interview four, $z = -2.39$, $p < 0.05$ but there was no difference between the averages for interview one, $z = -1.59$, $p > 0.05$ and three, $z = -1.54$, $p > 0.05$.

*Insert Table 3 about here*

Similar trends and levels of significance were found for the mean number of family in contact more often. The mean number of family in contact six monthly dropped from 1.0 at interview 1 to .88 at interview 4 and in three monthly contact from .79 to .75. There was a slight increase in the mean number of monthly family contacts from .50 to .62, although this was not statistically significant.

Six families reestablished contact with their family member at the institution prior to their relocation as part of a family reunification project. There were no statistical differences in the contact with their relative five years after relocation between families that had been part of this program and other families indicating the success of this program. Of the six families, two had ceased contact, three were still in touch and one had ceased but then re-established contact.

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\(^1\) A Freidman’s Test is the non-parametric equivalent of a repeated measures ANOVA.

\(^2\) Wilcoxon Tests are the non-parametric equivalent of a paired t-test, they’re used to determine where differences in the means occurs as the Freidman’s test has no built in contrasts in SPSS.
The average number of co-resident friends identified was higher at interview one when residents were living in the institution than at the following interviews when residents lived in the community. Table 4 shows the average number of non co-resident friends identified at each interview which were highest at one year post relocation and then decreased at three and five years. A Freidman’s Test did not show any significant difference in the average number at each interview, $\chi^2(3) = 6.55$, $p>0.05$. Hidden in the figures in Table 4 is the drop from 4 to 2 in the number of residents who had a non-resident friend without intellectual disability who played some sort of advocacy role in their life.

Insert Table 4 about here

Table 4 shows the proportion of residents who had a close friend decreased over time and a Cochran’s Q test showed a significant difference in the proportion who identified a close friend as a function of interview time, $\chi^2(3) = 17.46$, $p<0.05$. A significant decrease in the number of residents who had an intimate friend also occurred over time.

As Table 5 shows the average size of residents’ informal networks increased at interview two, but then decreased at interviews three and four. A Freidman’s Test did not reveal a significant difference between the means, $\chi^2(3) = 6.30$, $p>0.05$.

Insert Table 5 about here

Reasons for changed or low level of family contact.

The phone survey of 20 family members found changes in their pattern of contact was often associated with changed circumstances. For example, phone calls replaced visits
when parental health declined or a family member moved from the city to country or interstate on retirement. Five family members referred to the difficulties in staying in touch related to the structure of the services. These included the limited capacity of staff to support residents to visit their family member, a lack of knowledge about the daily life of the resident, frequent staff changes that meant they could not build relationships with staff and not being known by staff when they did phone. Notably, the most frequent type of negative comment made by family members about the outcome of the move was about the impact of staff inconsistency. Five relatives referred to obstacles to contact that stemmed from their own characteristics, such as other demands on their time, and ill health. Four referred to obstacles related to the resident, including aggressive behavior and a lack of acknowledgement of them.

*Attention to networks*

Job descriptions of staff in houses that related to the aims of supporting residents to maintain contact with family and friends and build new relationships were not reflected in individual program plans. Eighteen (75%) of such plans examined after residents had been in the community for 3 years, did not have specific goals or strategies about contact with family or friends, and only four had clearly articulated strategies. Recommendations made by the relocation team specifically about family contact for three residents were not implemented, which led in one case to a resident losing contact with a sibling. Only two recommendations made for five residents about continuing contact with particular friends were fully implemented.
Discussion

Limitations

This was a small study in which the qualitative data is an important element given the limited power of the quantitative findings. The small size means there is limited capacity to conduct analyses related to some of the questions generated by the qualitative data, for example, whether years in the institution, age at initial placement, distance from family, presence of behaviour disorders were individually or in combination associated with differences in social networks. Such questions however, warrant further investigation. Another major limitation of the study was absence of information directly from residents about their own relationships, and reliance on house staff for much of this information. Data from staff about family members and their frequency of contact was triangulated with similar data reported by families through the phone survey at interviews 1, 2 and 4. It was evident from this process and an examination of the data across the 5 years that some staff were poorly informed about the resident’s families. For example, in several instances family members who were reported dead at one interview were reported as alive in the following one. This triangulation gives significant reassurance about the accuracy of family contact at these times, and therefore about the trends in family contact. No triangulation mechanism was available in regard to friendships and it was data on staff perceptions of friendships rather than the residents own views that were collected. Staff knew very little about residents’ friends at the day programs they attended, thus data more accurately reflected friendships between residents and people outside their day program.

Implications of informal network characteristics
Although a relatively large sample of residents (24 of the 55 relocated), this was a small study, which made it difficult to undertake tests of statistical significance. Perhaps as a consequence few statistically significant differences in the size or composition of informal networks were found over the 5 year period. Despite this the study suggests several key trends occurred over the five year period as this group of middle-aged residents got older; 1) an increasingly sizeable minority had no family members and nobody other than co resident friends in their informal network; 2) a minority had a key informal person in their network who were in regular contact, knew the person well and actively monitored their well-being; 3) the nature of contact with family members changed; 4) friendships with non co resident friends or people without intellectual disabilities decreased; 5) the initial increase in informal network size and family contact was not sustained and only a very small proportion formed new friendships with people in the community.

This study identifies some of the adaptations that occur in the nature of family contact as residents and families age, which can inform staff practices. For example, the inability to continue driving or a move on retirement can lead to greater reliance on telephone contact, fewer opportunities to actively monitor the operations of the house and less informal channels to keep up to date with their relatives’ activities. Such changes challenge staff to be more proactive in facilitating face to face family contact and or in finding mechanisms to retain the engagement of family in the life of residents and the house. The lack of association between the death of parents and loss of family contact together with the high proportion of residents who had contact with both parents and siblings suggests that siblings not only replace parents when they die, as the primary family contact, but also that they have ongoing relationships with their brother or sister with intellectual disability prior to the death of parents. This
emphasizes that when family relationships are considered the focus must be broader than simply parents. The absence of more distant family members in resident networks, suggests that residents without siblings will be particularly vulnerable to the loss of family contact when their parents die,

The findings suggest some success of reunification programs, although family comments about the difficulty of keeping in contact with a family member who is not well known to them are an indication of the flaws in such programs. Comparison between the social networks of older people who had lived most of their lives with parents in the community and those in the present study, the majority of whom had lived most of their lives in institutions suggests the basis for strong later life family relationships lies in a long term proximal relationship. For example, Bigby (1997) found older residents who had stayed at home with their parents until at least the age of 40 years but who were now living in similar supported accommodation in Victoria, had an average of 7 family members in 6 monthly contact a stark comparison to the average of .88 in the present study.

The broad findings that a majority of residents have neither friends without intellectual disability nor family members who played an active role in their lives, are not unique to this study (see McConkey, 2005; Robertson et al., 2001). Although previous studies have not noted the trends over time found in this study. In relation to formal support, staff have been found to have little knowledge about resident’s day time friendships (Emerson & McVilly, 2004) but their knowledge of family constellation has not been previously considered. The present study points to the deficient informal networks of middle-aged and older residents, many of whom are known well by no-one, inside or outside the service system. The impact of this may be amplified as people with intellectual disabilities age, and confront key life
decisions, about issues such as retirement, health care, support needs or place of residence.

In this study only 38% of residents had a family member who was actively involved in their life, knew them well and monitored their well-being. These findings highlight the issues raised by Mansell & Beadle-Brown (2004) as to the viability of implementing for residents such those in this study, the various models of person centered planning that have as their foundation the input and commitment of a circle of supporters informal or otherwise who know the person with intellectual disability well. The findings also suggests difficulties in including most of the residents in the study in programs of individualised or direct funding that seek to increase choice and autonomy, but which similar to person centered planning require the support of others who the person well to be effectively implemented.

Despite broader policy aims, the organisation of community based accommodation services in this study gave little focused attention to the development of informal relationships, indeed, family members encountered obstacles to maintaining contact that stemmed from systemic factors, such as staff turnover, and poor transmission of information to staff about residents’ social networks, in these houses. Responsibility for fostering informal relationships lay solely with front line staff and their supervisors, and although residents attended day programs, none had a case manager external to the accommodation service or a similar person responsible for planning across the different parts of their life. It also suggests that residents in these houses have not benefited from some of the new initiatives aimed at community capacity building, such as creation of positions in local government designed to create community relationships for people with disabilities or the development of a learning and development strategy to address workforce recruitment, retention and training.
The study suggests the necessity of active strategies to nurture and build informal networks, to enable the potential spectrum of informal network functions to be fulfilled for each resident. An approach may be the creation of dedicated function, a skilled inclusion/relationship worker, to work across a cluster of residents, to be responsible for mapping residents’ family constellations and tackling creatively the continuing engagement of families in the lives of residents, as well as developing individual strategies for the development of friendships or advocacy relationships. This Australian study echoes the now familiar finding from the UK and US that physical presence in the community does not equate with social inclusion and suggests the impact of social exclusion may be greater, as people with intellectual disabilities embark on the aging process, as the risks of not having any informal advocate to manage relationships with the formal services system will become greater.
References


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Table 1 Summary of resident characteristics after 5 years

<table>
<thead>
<tr>
<th>Resident characteristics</th>
<th>(N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>39-68 years</td>
</tr>
<tr>
<td>Mean</td>
<td>51.5 years</td>
</tr>
<tr>
<td><strong>Level of intellectual disability</strong></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>15</td>
</tr>
<tr>
<td>Severe or profound</td>
<td>6</td>
</tr>
<tr>
<td>Not recorded</td>
<td>3</td>
</tr>
<tr>
<td><strong>Health Status</strong></td>
<td></td>
</tr>
<tr>
<td>Identified health issues</td>
<td>17</td>
</tr>
<tr>
<td>Psychiatric diagnosis</td>
<td>7</td>
</tr>
<tr>
<td>Mobility impairment</td>
<td>6</td>
</tr>
<tr>
<td><strong>Years in institution</strong></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>10-54</td>
</tr>
<tr>
<td>Mean</td>
<td>38</td>
</tr>
</tbody>
</table>
Table 2. Resident’s frequency of contact with family members after 5 years in the community.

<table>
<thead>
<tr>
<th>Frequency of contact</th>
<th>Number of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N= 24</td>
</tr>
<tr>
<td>No contact</td>
<td>6</td>
</tr>
<tr>
<td>At least 12 monthly</td>
<td>18</td>
</tr>
<tr>
<td>At least 6 monthly</td>
<td>12</td>
</tr>
<tr>
<td>At least 3 monthly</td>
<td>10</td>
</tr>
<tr>
<td>At least monthly</td>
<td>8</td>
</tr>
<tr>
<td>More than monthly</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 3. Mean number of family in contact in the last 12 months at each interview.

<table>
<thead>
<tr>
<th>(N=24)</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 1 (Living in institution)</td>
<td>1.75</td>
<td>1.29</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Interview 2 (1 year living in community)</td>
<td>1.88</td>
<td>1.39</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Interview 3 (3 years living in community)</td>
<td>1.67</td>
<td>1.37</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Interview 4 (5 years living in community)</td>
<td>1.38</td>
<td>1.10</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 4. Number of residents with a close or intimate friend and average number of non-resident friends identified at each interview.

<table>
<thead>
<tr>
<th>Interview</th>
<th>N=24</th>
<th>Number of Residents with close friend (%)</th>
<th>Number of Residents with intimate friend (%)</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 1</td>
<td></td>
<td>11 (46)</td>
<td>6 (25)</td>
<td>.63</td>
<td>.58</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>(Living in institution)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 2</td>
<td></td>
<td>3 (13)</td>
<td>2 (8)</td>
<td>1.08</td>
<td>1.77</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>(1 year living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 3</td>
<td></td>
<td>6 (25)</td>
<td>3 (13)</td>
<td>.71</td>
<td>1.16</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>(3 years living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 4</td>
<td></td>
<td>1 (4)</td>
<td>0 (0)</td>
<td>.54</td>
<td>1.10</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>(5 years living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Table 5 Average size of informal network at each interview.

<table>
<thead>
<tr>
<th>N=24</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 1</td>
<td>1.83</td>
<td>1.27</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>(Living in institution)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Interview 2</td>
<td>2.71</td>
<td>1.81</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>(1 year living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 3</td>
<td>2.38</td>
<td>1.95</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>(3 years living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 4</td>
<td>1.92</td>
<td>1.47</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>(5 years living in community)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>