

**Leisure and Adults with Learning Difficulties: A Conceptual
Analysis and Empirical Investigation**

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ABSTRACT

The Introduction defines leisure, discusses its significance for people with learning difficulties and reviews the existing literature, noting omissions and deficiencies.

Part One of the empirical section describes the development and evaluation of a structured interview schedule for the assessment of the regular and wider leisure activities of people with learning difficulties.

Part Two comprises four sections. Section I uses the schedule to identify factors which might influence leisure: place of residence, i.e. hospital, hostel and family (Studies One and Two); adaptive and maladaptive behaviour, symptoms and personality (Study Three); age, gender and intelligence (Study Four); and having learning difficulties (Study Five). No factor is found to have a major influence upon how individuals spent their leisure time.

Section II surveys the leisure activities of people with learning difficulties, finding that most take place in segregated settings and are organised by staff or families.

Section III establishes standards for evaluating the leisure of people with learning difficulties, based on the recommendations of professional staff (Study One) and the actual leisure activities of people without learning difficulties (Study Two). These two possible sets of standards are compared with one another (Study Three) and with the results of the survey reported in Section II of the leisure of people with learning difficulties (Study Four). While many similarities are identified between the leisure of people with and without learning difficulties, many differences exist; in particular, the former spend less time with friends and family and make less use of community facilities.

Section IV is a methodological review of the empirical studies.

Part Three comprises a conceptual analysis of approaches to, and techniques for, developing and maintaining leisure skills and activities.

The work concludes with: a summary of other research relevant to leisure which has recently been carried out in Tayside - into the teaching of community skills, the knowledge and use of concepts of time and the development of a data base of facilities; a set of recommendations for a service intended to develop the leisure activities of people with learning difficulties; and suggestions for future research.

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INTRODUCTION

Definitions of Leisure

1. Focus of Definitions

The literature reveals several definitions of leisure; these relate to the three broad categories of time, activity and attitude (Mercer, 1980; Patmore, 1983).

Definitions which relate leisure to time describe it in a negative or residual sense (Wertheimer, 1983; Williams, 1977; Featherstone, 1987; Mercer, 1980 ; Neulinger, 1974). One such simple definition, traditionally used in British sociology, contrasts leisure with work. This definition has the effect of presenting leisure pursuits as "left over" after the real and serious business of work and home (Smith, 1987). This effectively makes leisure unavailable to those who do not work (Fain, 1986; Featherstone, 1987). Referring to time in general, leisure has been defined as "unobligated time" (Sillitoe, 1969; Roberts, 1978) or time free from activities of subsistence or existence (Patmore, 1983; Shannon, 1985).

Definitions emphasising activities imply that, to define leisure, it is necessary to decide what constitutes recreational activities: if people are engaged in these, then they are at leisure. Such an argument equates leisure with time and activities with recreation. However, as shown by the differences in surveys which have attempted to encapsulate the concept of leisure in terms of activities, it is an enormous and almost impossible task. Such problems indicate the importance of an individual's perception of an activity - the crucial factor then becomes the attitude of the participant (Chubb and Chubb, 1981; Mercer, 1981).

Attitude definitions imply that, because any activity can be classified as a leisure time pursuit, the only way to determine if an activity is leisure is to ask the person concerned. However, people's attitudes to activities do not remain constant; the same activity may on some occasions be seen as freely chosen "recreation" and on others as an

"essential chore". The most sensible conclusion, according to Mercer (1980), is that at some times individuals see specific activities as essential and at other times as non-essential, with many activities falling into the category of semi-leisure or work-related activities.

2. Criteria Used in Definitions

Of the various criteria included in definitions of leisure, three appear to be potentially important.

The concept, or ideal, of freedom is one criterion commonly used (Williams, 1977; Roberts, 1978; Fain, 1986). Freedom has been employed in both a negative sense (as in the residual definitions above) and a positive sense. Positive definitions refer to the freedom to choose to do a particular activity, or to occupy a certain period of time (Williams, 1977). Parker (1983) employs the activity dimension of constraint (obligatory activity) to freedom, in conjunction with time (either work or non-work time), which allows for the possibility of experiencing "leisure in work". Kelly (1972, cited in Neulinger, 1974) presents a similar paradigm.

The element of function (both for individuals and for society) is also included in some definitions (Parker, 1971). For the individual, the most commonly suggested functions are relaxation, diversion and personal development (Dumazedier, 1967 cited in Williams, 1977; Neulinger, 1974).

The subjective element of leisure has become accepted since it was proposed by De Grazia as the defining criterion (De Grazia, 1962, cited in Shaw, 1986). Neulinger (1974) presents a leisure paradigm, concerned with the distinction between leisure and non-leisure, which incorporates the subjective element of leisure. Like Parker and Kelly, Neulinger includes freedom as the primary determining characteristic but does not place the same weight on work. The subjective element of the leisure experience is stressed by the dimension of perceived freedom. This refers to an individual's feeling that what s/he is doing, is done through choice. It is not important whether this is true freedom,

only that choice is perceived. To allow for variations in the quality of leisure, Neulinger includes the idea of "degrees of perceived freedom" and two other dimensions - the motivation for the activity and the goal of the activity.

Recent discussions of leisure emphasize the importance of social factors. For example, Roberts' (1978) emphasis on self-determination has been criticised for ignoring the way in which choices are effectively reduced to "choices of necessity" for certain groups at the bottom of the class structure (Featherstone, 1987). Featherstone argues that, even for other groups, leisure pursuits are intimately bound up with social space, class, occupational, gender and age-divisions. The importance of leisure in constructing aspects of "real" life, such as family and friendship circles, has also been discussed (Kelly, 1983, cited in Smith, 1987).

3. Subjective Aspects of Leisure

Researchers studying the meaning of the term leisure to the public have found general agreement with the definitions of scholars (Roadburgh, 1977, cited in Roberts, 1978). People see leisure as different from work, i.e. from activity for which they receive remuneration. People also have positive expectations of leisure. Situations defined as leisure are characterised by people's ability to determine their own behaviour and environments and by the "friendly" quality of the social relationships (Roberts, 1978). Iso-Ahola (1979) found that freedom, motivation and work-relation all had a strong and systematic impact on individuals' perceptions of leisure. Shaw (1986) found support for the significance of an individual's attitudes to leisure as one defining characteristic.

4. Play, Recreation and Leisure

Definitions of leisure must distinguish leisure from play and recreation.

i. Play

While play as an activity is most commonly associated with children, it is also understood as a description of adult behaviour, e.g. in the title "Men and Women at Play: Gender, Life Cycle and Leisure" (Smith, 1987). There have been many attempts to define play, employing different, or only certain criteria, and a concise definition is almost impossible (Smith and Cowie, 1988). Because any activity can be performed seriously or playfully, no behavioural criteria can be used in a precise conceptual definition. Also, there are many different signs of play which may or may not occur in any instance of play, e.g. laughter (Damon, 1983). Play can be seen as an attitude as opposed to an activity and as such may be directed at any event. The difference between this attitude and a serious one is that generally, in play, an individual alters "reality to conform to the desire and capabilities of the self, whereas in serious activity, the opposite is true" (Damon, 1983, p.104).

Some other general features of play can be noted, e.g. it is an active behaviour and is easily suppressed by other motivations such as hunger (Smith and Cowie, 1988). This latter point is related to the idea that play has no external goal (although this does not mean that there are no benefits from play). Play is also pursued for pleasure, can be creative and non-literal, spontaneous and self-initiated and does not involve learning or information-seeking as a direct goal (Damon, 1983). One definition, which captures some salient features, describes play as a "voluntary, spontaneous and free activity with no conscious purpose, meaning or goals" (Edwards, 1973, cited in Shannon, 1985).

ii. Recreation

Recreation can be associated with the notion of play in the sense that it occurs in a realm "different from ordinary life" (Roberts, 1978). Roberts describes play as the: "psychological concept which draws attention to the individual's orientation and experiences", whereas recreation is "the social parallel

(of play), denoting activities that are socially recognised as playful..divorced from the serious business of living" (Roberts, 1978, p.8). Play can also be distinguished from recreation by reference to play's association with children and development and recreation's association with adults and rejuvenation of the mind and body after work. The purpose of recreation has been described as "to re-create or to refresh oneself in body and/or mind" (Edwards, 1973, p.49, cited in Shannon, 1985).

Recreation is most commonly associated with activities undertaken during free time and in our culture is seen to imply active participation (Shaw, 1986; Neulinger, 1974; Fain, 1986; Anderson, 1961). This participation is often in organised free time activities such as "sports, cultural activities, the media, hobbies and crafts" (Shaw, 1986, p. 178), as opposed to conversation or rest and relaxation.

iii. Leisure

Leisure, as described above, is broader than recreation in that it encompasses all non-work occasions where people are free to choose; it need not occur in purely recreational settings.

Despite this, leisure and recreation are frequently used interchangeably in the literature on learning difficulties (e.g. Beck-Ford and Brown, 1984; Schleien and Ray, 1988). In most instances this does not matter, in that the writer is discussing the development of active leisure activities, i.e. recreation. However, Fain (1986) has argued that professionals must realise that there is a difference, as the significance of freedom in leisure means that the nature of leisure is destroyed if it is simply taken to mean structured recreational activities.

Leisure and People With Learning Difficulties

In this and subsequent Sections, the particular emphasis will be upon people with mild and moderate degrees of learning difficulty rather than upon those with profound and multiple disabilities.

1. Interest in Leisure of People With Learning Difficulties

Although information on recreation and leisure has been available for the past 50 years, it is an aspect of learning difficulties about which relatively little has been written (Shannon, 1985; Beck, Possberg and Brown, 1977; Beck-Ford and Brown, 1984).

The greater concern in recent years can be explained as deriving from one aspect of a more general increase of interest in the topic of leisure and from changes in policy towards people with learning difficulties.

At an international level, recreation and leisure have been enshrined as a human right in the UN Universal Declaration of Human Rights (U.N., 1978, cited in Chubb and Chubb, 1981). Similarly, the World Health Organisation Regional Office for Europe published in 1984 its Targets in Support of the Strategy for Health for All (WHO, 1984). A major thrust of the document was the importance for disease prevention and health promotion of healthy life styles. Thus, Target 16 is that: "By 1995, in all Member States, there should be significant increases in positive health behaviour ...". The subsequent problem statement and discussion of suggested solutions refer frequently to leisure and recreation, e.g. the importance of "a proper balance between work and leisure", and to the central role of "physical activities combined with recreation that strengthen social and family ties.." (p. 34).

More recently, the World Health Organisation recommendations for primary health care (WHO, 1990) note the importance of the use of leisure time in enhancing quality of

life. Diekstra (1986), reflecting the views of WHO, argued that psychologists should give priority to the development of instruments for assessing and enhancing the quality of life, including leisure and that particular attention should be given to the chronically ill and disabled.

Interest in leisure has also increased in recent years as changes both in levels of employment (resulting from the economic situation and technological change) and in disposable income mean that it has become more significant in the lives of many people (Patmore, 1983; Tizard and Anderson, 1979). At the level of policy and planning, recognition of chronic unemployment led to a reconsideration of, and improvement in, welfare provision, including leisure facilities (Tizard and Anderson, 1979).

The implementation of the policy of community care, i.e. moving people with learning difficulties from hospital into the community (e.g. DHSS, 1971), has led to an increased interest in the leisure of people with learning difficulties. One reason for this is that a concept central to the principle of normalisation - one of the philosophical underpinnings of the policy of community care - is that people with learning difficulties are entitled to the same rights and opportunities as other people in society (Nirje, 1969). Because leisure is an important part of people's lives and a significant determinant of quality of life (Beck et al., 1977; Donegan and Potts, 1988), it became of interest to those assessing the effects of deinstitutionalisation and community adjustment (e.g. Jones Owen, 1977; Heal et al., 1980, cited in Shannon, 1985; Beck et al., 1977; Katz and Yeuktiel, 1974; Luckey and Shapiro, 1974; Cobb, 1972; Gollay, 1976, cited in Aveno, 1987b).

Despite this increased concern, there is still a view of leisure in our present culture which sees it as less worthy than time spent working (Fain, 1986; Tizard and Anderson, 1979; McGill, 1987). Fain (1986) describes this understanding of leisure as "vacant time", in contrast to work and labour which are considered "virtuous". Similarly, Tizard and

Anderson (1979) describe the dominant view to be that idleness is reprehensible. This means that many people:

"cannot envisage leisure as an autonomous sphere of activity which can be enjoyed for its own sake....they see leisure as a marginal period of recreational time which can be legitimately enjoyed only in conjunction with the experience of work"

(Tizard and Anderson, 1979, p.15).

A belief in the importance of work is shared by people with learning difficulties and by professionals working with them. It is reflected in professionals' perception of the leisure time of the elderly or the disabled as "time which has to be filled either with vaguely therapeutic occupations or with further "training" for work or other often poorly specified ends" (Tizard and Anderson, 1979, p.18). While not denying the right of people with learning difficulties to try to find work if this is their choice, Tizard and Anderson urge professionals to give more recognition to leisure and to develop facilities and practice to assist individuals to make best use of their leisure time.

2. The Significance of Leisure for People With Learning Difficulties

Studies have shown that settling people into community residences does not lead to them becoming integrated into the community (Rosen et al., 1971; Salzberg and Langford, 1981). Use of community leisure facilities is one method of encouraging the integration of people with learning difficulties and the non-handicapped (Frith et al., 1980, cited in Shannon, 1985; Katz and Yeuktiel, 1974; Wehman, 1978; Schleien and Larson, 1986).

Increasing participation in leisure activities and use of leisure facilities has other potential benefits. These include: an improvement in social skills, an improvement in self-concept and self-esteem, a reduction in behaviour problems and improvements in health (Shannon, 1985; McConkey and McGinley, 1990). Similarly, rest and relaxation and

social contact, both aspects of leisure, have been acknowledged as significant in preventing ill-health (WHO 1984).

The leisure of people remaining in institutions also merits attention for two reasons. The first is that the benefits outlined above apply equally to people living in institutions. Research indicates that the quality of life of people living in institutions can be greatly enhanced by improvements in their leisure opportunities and abilities (Hill et al., 1984; Lagomarcino et al., 1984; Dunne and Saunders, 1986). Secondly, the emphasis on community care and deinstitutionalisation means that many individuals currently living in institutions will at some time move into residences in the community (NMCC, 1990; Baker and Urquhart, 1987). It is therefore necessary to have knowledge of the current leisure skills and interests of these individuals, prior to such a move, so that any help they may require can be targeted most effectively.

The above are some examples of the significance of leisure to people with learning difficulties which indicate its relevance to both service evaluation and clinical practice. These, in turn, can be informed and guided by research.

3. Surveys of the Leisure Activities of People With Learning Difficulties

Surveys of participation in leisure activities by people with learning difficulties have tended to produce similar findings despite differences in location, methodology, characteristics of individuals studied and service provision and policy. They indicate that, for many people, the majority of activities tend to be passive and solitary (e.g. Cheseldine and Jeffree, 1981; Beck et al., 1977; Hill et al., 1984).

i. Surveys of the Leisure Activities of People Living in Institutions

The author could find no studies which have been concerned

solely with the leisure activities of people living in institutions. The few studies which have assessed people resident in institutions compared them with people living in the community. These are discussed below (Section X).

ii. Surveys of the Leisure Activities of People Living in the Community

A summary of the design and methodology of studies of people living in the community is presented on pages 11-14. The studies presented on pages 11-14 indicate that, in general, individuals with learning difficulties do not participate in social and recreational activities in the community (e.g. Katz and Yeuktiel, 1974; Cheseldine and Jeffree, 1981; Browne and Singh, 1990). Instead, individuals were found to spend much of their free time in passive activities inside the home. The most popular activities in the majority of surveys were watching television and listening to music (Katz and Yeuktiel, 1974; Jones Owen, 1977; Beck et al., 1977; Johnson and Bailey, 1977; Gollay et al., 1978, cited in Shannon, 1985; Cheseldine and Jeffree, 1981; Groarke, 1985; Donegan and Potts, 1988; Browne and Singh, 1990). Shopping (window-shopping) and going to events specifically arranged for people with learning difficulties also featured as popular activities in some surveys (Katz and Yeuktiel, 1974; Jones Owen, 1977; Beck et al., 1977; Gollay et al., 1978, cited in Shannon, 1985). A lack of friendship and social interaction outside of the family was found in some studies to be a notable feature of the lives of individuals (Donegan and Potts, 1988; Cheseldine and Jeffree, 1981; Katz and Yeuktiel, 1974; Browne and Singh, 1990).

Studies of the Leisure Activities of Adults With Learning Difficulties Living in the Community

Authors.	Sample Characteristics.	Source.
Aveno (1987 a,b)	Compared 436 group and foster community residential facilities (64% of original sample). Facilities had to have a minimum 50% severely/profoundly handicapped individuals and 50% minimum adults (19+) & 15 or less residents. 41% rural, 48% urban & 11% large cities. All geographic sectors of USA.	Questionnaire sent to parents in foster homes & staff in group homes (option to complete on phone).
Beck <u>et al.</u> (1977)	25 trainees in a leisure programme, majority mildly handicapped, 7 lived in residences, 5 with parents, 13 in group home/lodgings, Calgary, Canada.	Questionnaire to trainees.
Browne and Singh (1990)	52 individuals (out of original 200). Lived either in Local Authority hostels or at home. Tower Hamlets, London.	Questionnaires sent to individuals (would need assistance to complete).

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Source.
Cheseldine and Jeffree (1981)	214 adolescents, ESN(S). 45.5% male, 48.6% female. Mean age 16yrs 1mth (males 15yrs 9mths, females 16 yrs 5 mths), range 13yrs 4mths to 19 yrs 8 mths. 37% had Downs Syndrome or non-specific brain damage, rest one of several categories, eg. Autism. Greater Manchester.	Semi-structured interviews with parents.
Donegan and Potts (1988)	9 individuals drawn from clients known to 2 local CMHTs. Criteria - living alone at least 12mths, diagnosis of mental handicap & in receipt of services. 6 males, 3 females. age 37-67. 0-28 years in hospital, 1-20 years living independently. 1 employed, 2 unemployed, 2 ATC, 2 retired, 2 retired from ATC. Leeds, England.	Main assessment tool = Quality of Life Questionnaire and questionnaire on friends/relationships. Direct observation of physical environment and interviews.
Gollay <u>et al.</u> (1978)	144 individuals moved from institution to community. Ages 5 to 51, 81% over 18, 46% female, 54% male. 41% mildly 33% moderately & 26% severely or profoundly retarded.	Questions to care staff.
Johnson and Bailey (1977)	14 women with mild level of retardation, living in half-way between institution & independent community living. Age 17-33yrs. IQ 50 to 85 on WAIS.	30 minute time samples of residents house behaviour in evenings & weekends. Engagement in 16 activities + conversation noted

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Source.
Jones Owen (1977)	1. 36 ex-patients, age 18-64, slightly more males. WAIS - 5 individuals borderline, 17 mild, 14 moderate level of handicap. Stay in hospital two & a half to 44 years. 13 in private lodgings, 13 in LA care, 7 in Area Health Board accommodation, 3 in LA group homes. 29/36 received social training prior to discharge. Birmingham.	Data from the Social Services /Psychology Services Survey, Dolan, Green & Jones Owen (1975). 2 questions asked of a "responsible" person.
	2. 10 ex-patients, six males, 4 females. WAIS IQ 40-81. Borderline n=5 (IQ 70-84), mean age 46.2 (35-55), mean years in hospital 16 and a half. Moderate mental handicap n=5, (IQ 40-54), mean age 45.8 (34-55), mean years in hospital 27. All S had received social training prior to discharge. Birmingham.	As above.
Katz and Yeuktiel (1974)	128 graduates of two sheltered workshops, between 1961 and 1971. 86 males & 42 females. Mean IQ 51.6 (31-84), age 22.3 (17-50). Tel-Aviv, Israel.	Questionnaire to parents (not clear whether sent or in an interview).

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Source.
Kregel <u>et al.</u> (1986)	300 young adults, exited from special education programmes. 86% living in parental or other relatives home. Virginia, USA.	Respondents (67% were mothers of adults) asked about regular participation in a range of activities.
Seager (1987)	40 young adults living in community, within 5 mile radius city centre. Age range 18-35 years. Compared those living in parental home with those living in Local Authority hostel, bedsits, voluntary sector housing or independent flats. Other criteria: average score on ABS I above 50th percentile, independently mobile, functional vision and hearing, regular and independent use of public bus, not previously in learning difficulties hospital, raw score of 6 or more on understanding of numbers and time item on ABS and able to answer questions on numbers and time (tested). Edinburgh, Scotland.	Structured interview (adapted from McConkey <u>et al.</u> , 1983) given individually to S.
Walsh <u>et al.</u> (1988)	12 adults selected randomly from a day centre for 60 people with severe handicaps and a training workshop for 80 people with mild/moderate handicaps. 7 men and 5 women, age range 22 to 37 (average 28 years). 6 had Down's syndrome, 5 communication difficulties (2 poor articulation and 3 no meaningful speech). 10 lived with family, 2 in group homes in the community. Dublin, Ireland.	Parents completed activity diary for one weekday and a weekend day and to monitor and record activity over next week.

4. Comparison of the Leisure Time of People With Learning Difficulties and Those Without

A summary of the design and methodology of studies which have compared individuals with learning difficulties and those without is shown on page 16.

In all three studies summarised on p.16, more individuals with than without learning difficulties were found to spend time listening to records or the radio (Reiter and Levi, 1981; Groarke, 1985; Brown et al., 1989). There were differences in the relative participation of individuals with and without learning difficulties in some activities in the three studies. For example, Reiter and Levi (1981) found that significantly more of the people without learning difficulties went to the cinema once a week or more. Whereas Groarke (1985) found going to the cinema to be equally popular with both groups, Brown et al. (1989) found it to be more popular amongst individuals with learning difficulties. Similarly, Brown et al. (1989) found that a higher proportion of individuals with learning difficulties were engaged in some sport. However, Reiter and Levi (1981) found no significant differences in participation in sports once a week or more. Groarke (1985) found that an interest in sport was shared by both individuals with and without learning difficulties, although the special school group were less likely to belong to a sports club.

It is possible that some of these differences are the result of cultural differences, e.g. television had only a limited influence upon leisure behaviour in Israel (Reiter and Levi, 1981), a fact which might alter the significance of other leisure activities for people with and without learning difficulties. Both Groarke (1985) and Brown et al. (1989) found television to be very popular with both groups, with Brown et al. (1989) finding that participation by the individuals with learning difficulties was higher.

The fact that the studies considered different aspects of participation, e.g. the numbers participating in an

Summary of Studies Which Have Compared the Leisure Activities of People With Learning Difficulties and Those Without

Authors.	Sample Characteristics.	Source.
Brown <u>et al.</u> (1989)	240 individuals, (130 male and 110 female). WAIS verbal IQ, mean 62 (46-106). Performance IQ, males mean 64 (47-114), females mean 62 (47-104). Age males, mean 28 (18-63), females 28.8 (18-55). All 1st time admissions to five agencies. Approx 50% in group/approved homes, less 50% parents and rest alone. Western Canada.	Questionnaire given orally to individuals and mailed to sponsors (81% parents or close relatives).
Groarke (1985)	60 past pupils of school for individuals with mild learning difficulties and 60 of a regular school. S in two cohorts. 19% both groups were female (proportion who attended special school). Mean age all S 26.2yrs, s.d. 2.9yrs. Mean IQ special school pupils 66.3, s.d.10.8	Interviews with S using schedule looking at social background, social vocational & personal adjustment.
Reiter and Levi (1981)	44 adults (27 males and 17 females). Mean age 25 years (range 17 to 35). WAIS - 16 moderately retarded, 28 mildly retarded. S chosen at random according to place of work and membership of a special social club. 30 were members of social club - 14 worked in a sheltered workshop, 16 on open market. 14 not members of the social club - 8 worked in a sheltered workshop and 6 employed in the open market. Israel.	S interviewed individually using questionnaire adapted from Katz & Gurevitch (1976). Asked about participation in in-home and outside activities. Data compared to Katz & Gurevitch's non-handicapped sample.

activity (Groarke, 1985) as opposed to the frequency of participation (Reiter and Levi, 1981), might also explain the differences in their findings.

5. Comparison of the Leisure Time of People With Learning Difficulties Living in Institutions and Those Living in the Community

A summary of the studies which have compared individuals living in institutions and those living in the community is presented below.

Summary of Studies Comparing the Leisure Activities of Individuals With Learning Difficulties Living in Institutions and the Community

Authors.	Sample Characteristics.	Source.
Ericsson <u>et al.</u> (1985)	2 groups individuals, 59 in each, one in integrated service (apartments & day activity centre), other in residential institution. Males & females in each group, age 20-50, mean age integrated group 32 & institutional group 36. Moderate and severe mental handicap, all in direct contact with staff. Stockholm, Sweden.	Structured interviews with staff.
Hill <u>et al.</u> (1984)	2271 residents (57.7% (male) in 236 residential facilities, either state institutions or community residential facilities. Aged less 1 year to 78 years.	Interviews with direct care staff
White <u>et al.</u> (1984)	Sample as for Hill <u>et al.</u> (1984)	As above for Hill <u>et al.</u> (1984)

As with the studies of individuals living in the community (discussed above), watching television, listening to the radio and playing records were the most common activities for residents in both institutions and community residences (Hill et al., 1984).

The residents of the institutions were less likely to have used community facilities (Hill et al., 1984; Ericsson et al., 1985) or to have received day-time programmes outside of the institution (White et al., 1984). Residents in institutions also had less contact with friends outside of their place of residence (Hill et al., 1984; Ericsson et al., 1985)

Ericsson et al. (1985) comment that the most surprising fact to emerge for their study was that the integrated community-based service contributed so little to the handicapped person's participation in the community.

The Need for Further Research

This review of the published literature suggests two main reasons why further research is required into how people with learning difficulties spend their leisure time. The first is that the assessment methods which have been employed in previous research are open to methodological criticism. The second is that, while the studies have provided information on rates of participation in various activities, there is a dearth of more specific information which would be of use to those with the task of providing services to people with learning difficulties.

1. Criticisms of the Methods Used to Assess Leisure Time

The similarity between the results of the above surveys - e.g. that watching television and listening to the radio were the most popular activities and use of community facilities was limited - lends credence to their findings. However, there are various features of the surveys which makes their assessment of leisure unsatisfactory.

i. The Methods Used

A general point which makes it difficult to compare the findings of previous studies is that no single method has been adopted to assess the leisure time of people with learning difficulties. Some assessments used were very detailed (e.g. Brown et al., 1989), others much less so (e.g. Walsh et al., 1988). The studies also had a variety of aims, e.g. assessment of quality of life (Donegan and Potts, 1988), which influenced the types of question they asked.

The majority of studies have employed questionnaires completed by care staff or parents (e.g. Aveno, 1987a,b; Hill et al., 1984; Katz and Yeuktiel, 1974). Others have used semi-structured interviews with parents (Cheseldine and Jeffree, 1981) or have asked parents to complete an activity diary over a week (Walsh et al., 1988). Some studies obtained the information directly from individuals with learning difficulties, using either a questionnaire (Browne and Singh, 1989) or in an interview (e.g. Seager, 1987; Donegan and Potts, 1988). One study (Johnson and Bailey, 1977) observed the leisure activities of residents of a group home.

While several of the studies of the leisure time of people living in the community asked the individuals themselves about their leisure pursuits, none of those studying individuals in institutions did so. Asking individuals directly about how they spend their leisure time would seem to be important, considering the private and personal nature of some leisure activity.

ii. Psychometric and Other Evaluation

A more specific criticism of previous work is the inadequacy of their psychometric methods.

Only two of the above studies considered the validity of the measures used. Aveno (1987a,b) checked the face validity of the questionnaire developed by having professional staff working in the field of learning difficulties rate it on criteria such as relevance. Aveno (1987a,b) also assessed

concurrent validity by comparing the data collected from this questionnaire with observational data obtained from a proportion of the residences studied. An assessment of concurrent validity was also made by Brown et al. (1989) who compared the answers given by individuals with learning difficulties with those of family members or staff.

Two studies report on the reliability of the data collected. Brown et al. (1989) present survey data for two non-consecutive years and results indicated that similar percentages of individuals participated in the activities in both years. Aveno (1987a,b) assessed the reliability of the data collected by having a different member of staff complete the questionnaire in five of the 436 residences. The questionnaire was found to be completed reliably.

Only two studies reported that steps had been taken to minimise the effects of some common causes of low reliability. Groarke (1985) conducted a pilot study to check the practical aspects of the questionnaire to be used with individuals with learning difficulties. Several changes concerning vocabulary, rapport and time were made as a result. Seager (1987) reported attempts to minimise the likelihood of obtaining inaccurate information and avoiding acquiescence.

Many of the above studies concentrate upon quantitative indices, ignoring the significance of what has been referred to as qualitative information, e.g. who individuals spent most of their time with (Seager, 1987).

The above criticisms suggest the need to develop a reliable and valid assessment instrument which could be used with people with learning difficulties and which would provide enough detailed information to allow specific recommendations to be made about the leisure of people with learning difficulties.

2. Areas in Which Information About Leisure is Limited

Previous studies have provided only limited information about factors with potential to influence leisure time. Similarly, little is known about the relationship between actual

participation by people with learning difficulties and other criteria, e.g. participation by people without learning difficulties. Obtaining more information about these areas is the second reason for conducting further research.

i. Factors with Potential to Influence the Leisure Activities of Those With Learning Difficulties

Few of the above studies considered factors which might influence participation in leisure activities by people with learning difficulties. However, knowledge of these can indicate which individuals might be in need of a particular service or what type of skills teaching would be of most benefit to particular individuals. A review of the literature suggested that the following factors might have an important effect.

a. Place of Residence

The evidence cited above suggested that one such set of factors might be place of residence, i.e. whether the individual lived in an institution, in a hostel or sheltered accommodation in the community or with his/her family.

b. Age, Gender and Level of Handicap

Both age and gender have been found in the general population to be relevant to participation (Hall and Perry, 1974; Smith, 1987). Few studies have investigated, in any systematic fashion, the influence of age, gender or level of handicap on the leisure of people with learning difficulties, although some studies mention relevant findings in passing.

Gollay et al. (1978, cited in Shannon, 1985, Aveno, 1987 and Seager, 1987) found participation in leisure activities to be related to age and level of learning difficulty, with younger and more severely retarded individuals participating in fewer activities. However, the design of the study was such that it is not clear whether level of learning difficulty or place of residence had the greater influence upon participation.

Jones Owen (1977) found that people with a borderline level of mental handicap read more than those with a moderate level. Kregel et al. (1986, cited in Seager, 1987) also found little difference in regular leisure activity between individuals with a mild level of handicap and those with a moderate or severe level. Brown et al. (1989), however, found individuals with a lower IQ to participate more in "spectator" and "physical" activities but there was no difference in participation in "social" or "creative" activities. White et al. (1984) found that individuals with a severe or profound level of mental handicap, resident in an institution, were less likely to participate in a day programme than those with a mild or moderate level of handicap.

Brown et al. (1989) were the only authors to compare the leisure activities of males and females. They list activities in which participation was significantly different by sex. Most of the differences they found reflected the traditional division of activities according to gender. While Jones Owen (1977) did not specifically study differences between males and females, he found that differences in special interests between individuals reflected sexual conditioning. Harvey (1988, cited in Copher, 1989) reported mixed findings on age, sex and IQ in relation to community placement.

c. Adaptive and Maladaptive Behaviour

Other possible influences which have been suggested in previous studies are adaptive and maladaptive behaviour (e.g. as assessed by the AAMD Adaptive Behaviour Scales).

Seager (1987) found adaptive and maladaptive behaviour to have no influence on the level of community participation in individuals resident in the community. Although no study has considered these factors in relation to leisure, they would seem to be important because assessments of adaptive and maladaptive behaviour, as well as of a range of other behaviours, are frequently used as a basis for developing programmes prior to a move to more independent living.

d. Psychological Disturbance and Personality

Psychological disturbance, e.g the presence of anxiety and depression, and personality, e.g extraversion, have been found in the general population to influence participation in leisure activities (Eysenck and Eysenck, 1963; Williams, 1977). Therefore, it is possible that they influence participation in individuals with learning difficulties; however, no previous studies appear to have investigated these possible relationships.

e. Having a Learning Difficulty

Another possible influence upon leisure is the fact of having a learning difficulty as opposed to some other type of handicap. Individuals with long term mental illness have a similarly restricted lifestyle to individuals with a learning difficulty living independently in the community (Wing and Greer, 1980; Edgerton, 1967; Donegan and Potts, 1988). They are also users of similar services, e.g. occupational therapy. A comparison of the leisure of a group of individuals with long term psychiatric problems, living in different residential environments, with that of a group with learning difficulties, might therefore indicate the influence of having a learning difficulty, as opposed to having a restricted lifestyle and/or being a user of particular services. In other words, are there unique problems for leisure associated with having a learning difficulty? None of the above studies have assessed this.

ii. Comparison of the Leisure Time of People With Learning Difficulties Against Relevant Criteria

No previous studies appear to have evaluated the actual participation in leisure activities by people with learning difficulties against relevant criteria. Two appear to be particularly relevant.

Habilitation and training programmes concerned with leisure are planned by hospital and care staff on the basis

of their own assessments of the clinical and social relevance and importance of various activities. Little is known about which activities professional staff do, in fact, consider to be relevant and important. Evidence about this would provide one set of criteria against which to assess the leisure activities actually engaged in by people with learning difficulties.

Similarly, there is only limited information on how the participation in leisure by people with learning difficulties compares with that of people without learning difficulties.

Both types of information are required if individuals are to be assisted to participate in those leisure activities which will be of the most benefit to them in their attempts to live independently in the community.

The recommendations which previous studies have made with regard to leisure have been largely confined to the very general recommendation that more attention needs to be paid to the leisure of people with learning difficulties (Groarke, 1985; Hill et al., 1984; McConkey et al., 1982; Reiter and Levi, 1981; Cheseldine and Jeffree, 1981; Beck et al., 1977; Katz and Yeuktiel, 1974).

One study did go beyond this in an attempt to provide information useful to staff working with people in institutions. Aveno (1987a) listed the leisure activities of individuals living in community residences so that educators could select and teach activities which individuals living in institutions would find of use once they moved to the community. However, this study did not consider how the activities of people currently resident in institutions related to these "recommended" activities and no study has considered how the leisure activities of people with learning difficulties relate to those of people without.¹

¹ After the present work was planned, the author received the manuscript of an unpublished study which compared the leisure of people with and without learning difficulties and made specific recommendations which had implications for service provision. This study has now been published (Brown et al., 1989).

3. Practical Implications of Studies of Leisure

The investigation of the leisure activities of people with learning difficulties can be justified in that the information obtained will contribute to scientific knowledge, both about handicap and about leisure in general. However, the main justification is that information obtained about leisure activities, and the variables which influence them, can be used by health, social work and voluntary agency staff to help them plan and implement programmes intended to optimise the leisure time of people with learning difficulties.

Viewed from this perspective, the existing literature is disappointing, in that it appears not to be very helpful to staff. Certainly, observation suggests that very few, if any, of the decisions made by staff about leisure are influenced by the literature.

There appear to be two reasons for this. One is the conceptual confusion, noted above, which exists in the literature, with different definitions, terms, criteria and measuring instruments used by the various authors. The second is that there are few attempts in the literature to indicate the practical consequences of any findings, or to indicate in detail how they could be incorporated into programmes.

Thus, in addition to the need for better instruments and for further research, noted above, there also appears to be the need for a thorough conceptual analysis of previous work, with the aim of providing practically useful advice to those involved in planning and implementing leisure programmes.

AIMS AND PLAN OF THE THESIS

Introduction

1. Reasons for Studying Leisure

i. General Reasons

A consideration of the literature yielded three general reasons for studying leisure in people with learning difficulties. These can be summarised as follows;

- a. there are many potential benefits from engaging in leisure activities and developing personally satisfying leisure which people with learning difficulties are not enjoying. Such benefits can increase personal dignity and power (Murphy, 1981, cited in Shannon, 1985),
- b. individuals with learning difficulties have a right to lead as normal a life as possible. Leisure time is significant in our society and can help to integrate people with learning difficulties into the community. Therefore such people should have opportunities and skills to participate in leisure activities,
- c. knowledge about the nature of leisure in people with learning difficulties is insufficient to assist professionals to meet the needs of this population. Professionals require more detailed knowledge of: recreational patterns of persons with learning difficulties; the activities of those without learning difficulties; skills needed to participate in such activities and develop independent leisure; and techniques for providing these skills.

ii. The Relevance of Leisure in Tayside

The present work was also undertaken because of its relevance

to current service provision and development in Tayside.

At the time that the present investigation was begun, the movement of people with learning difficulties from an institution into residences in the community was in its early stages in Tayside. This meant that there was a need for information about areas such as leisure, which would be relevant to the local situation. Such information could be used to target resources and so be of most use to individuals with learning difficulties.

Another major impetus behind the work was the particular interest, which exists locally, in preparing individuals to live in the community, (e.g. Lindsay et al., 1991; Baty et al., 1989; Michie et al., 1989). Similarly, there is a growing interest in the area of health promotion in people with learning difficulties. As noted above, leisure is one aspect of life which can have a significant impact on both psychological and physical wellbeing (WHO, 1984) and quality of life (Diekstra, 1986) and is equally important (and possibly even more important) to people with learning difficulties as to the general population.

2. "Leisure" as Used in the Thesis

"Leisure", as opposed to "recreation", was chosen as the term most appropriate to this thesis. The reason for this was that it is concerned not only with participation in active pursuits and the development of skills to perform these, but also with the use of leisure time and the development of a broader range of skills and understanding relating to independence in free time.

Fain (1986) describes how leisure has taken on a special meaning for people who have learning difficulties. Because such individuals are frequently characterised by "social isolation, unemployment and underemployment", leisure for them is more than mere free time; it is the freedom to choose how one "ought" to live. Fain calls upon professionals to "permit leisure". It is the contention of this thesis that there are several aspects to "permitting leisure" which need to be made

explicit.

Firstly, to "permit" leisure, professionals and people with learning difficulties need to accept the significance and value of leisure, in terms both of its role in community adjustment and in the psychological and physical benefits which accrue.

Secondly, professionals must acknowledge that leisure implies freedom to make choices and decisions and encompasses unstructured time. Thus, while participation in leisure activities is an important aspect of leisure, it is not the only aspect.

Thirdly, in addition to providing freedom, there is a need to equip individuals with the skills and understanding to use this freedom, i.e. skills to allow participation in leisure activities and skills to make choices about leisure time. This includes the development of an understanding of the concept of free time and of skills associated with time management, as well as the development of self awareness and independent decision-making. In this thesis, the development of the "leisure" of people with learning difficulties is taken to involve all of these.

3. The Focus of the Thesis

The thesis is concerned mainly with people with mild and moderate degrees of learning difficulties although some of the discussion might also be relevant to those with severe, profound and multiple disabilities. The mild and moderate groups were selected for study because these were the people who, at the time when the thesis was started, were being discharged into the community in Tayside. It was therefore to them that leisure was most relevant.

Aims of the Thesis

The main aims of the present work are: i. to provide information about leisure time and ii. to make recommendations about the provision of leisure facilities and the training of

relevant skills which will be of use to staff working with people with learning difficulties. This encompasses several more specific aims:

1. To develop an assessment instrument, for use with people with learning difficulties, which will provide a detailed and reliable assessment of how they spend their leisure time.

2. To investigate the influence of several variables which might affect the leisure of people with learning difficulties but whose effects have not been investigated in detail. These include: place of residence, age, gender, level of handicap, independent functioning and adaptive behaviour, maladaptive behaviour, personality, psychological disturbance and having a learning difficulty as opposed to another handicap.

3. To assess how participation in leisure activities by people with learning difficulties relates: i. to the activities recommended by professional staff as constituting "ideal" leisure and ii. to the leisure activities of people without learning difficulties.

4. On the basis of the above findings, and of a review of previous research into the leisure programmes and the development of relevant skills, to make recommendations - which would be of value to staff - about how the leisure of people with learning difficulties might be promoted.

Structure and Plan of the Thesis

1. Part One of the thesis reports the development of a structured interview intended to assess aspects of the leisure of people with learning difficulties.

2. During this work to develop an assessment instrument, it became clear that a major obstacle was the difficulty which

people with learning difficulties experience in their understanding and use of various concepts associated with time. This necessitated a series of studies directed towards clarifying and overcoming these difficulties. One such study is reported in Part One but the other studies will not be reported in the thesis because of limitations of space. However, the main results will be summarised in the final section (Summary, General Conclusions and Recommendations).

3. Part Two reports a series of empirical studies which employ this schedule.

Part Two, Section I reports five studies intended to identify variables which affect the leisure of people with learning difficulties:

- i. Study One considers the influence of place of residence - hospital, hostel or family - on the regular leisure activities of people with learning difficulties.
- ii. Study Two considers the impact of the same variables on their wider leisure experiences.
- iii. Study Three investigates the influence on both types of leisure of a range of variables, all of which are concerned with the psychological features and "clinical" condition of the people with learning difficulties, i.e. their level of adaptive and maladaptive behaviour, the presence of clinical signs such as anxiety and depression, and personality.
- iv. Study Four considers the influence on leisure of age, gender and level of impairment, as assessed by IQ.
- v. Finally, Study Five asked whether there are any "unique" features of people with learning difficulties which are not shared with other people, e.g those with chronic mental illness, who use similar health and social services and community facilities and who are disadvantaged in many similar ways.

4. Part Two, Section II of the thesis reports the use of the interview schedule to survey the regular leisure activities and the wider leisure experiences of people with learning

difficulties living in different settings. In addition to the activities in which they engaged, data were collected about who they were with when engaging in the activities and where they were carried out.

5. Part Two, Section III compares these findings against different criteria, with the intention of discovering how far the leisure of people with learning difficulties is deficient or abnormal. One criterion is the judgements of professional staff about the activities in which the people with learning difficulties "ought" to engage. A second is provided by the leisure activities of people without learning difficulties.

6. The information collected from these studies reported in Part Two is used in the final section of the thesis to inform recommendations made about leisure services and training. However, before such recommendations could be made, two additional steps had to be taken.

i. Several reports exist of training programmes intended to promote the leisure activities of people with learning difficulties. Unfortunately, collectively, these reports are unsatisfactory in that they employ a variety of different definitions, concepts and methods. Before these reports could be used to guide recommendations, a thorough conceptual analysis was required, to clarify the various inconsistencies and ambiguities. This was carried out and is reported in Part Three.

ii. In addition to the investigations into the understanding and use of concepts of time which were carried out, a series of other studies had been undertaken by the author and by her colleagues in Tayside into different aspects of leisure and into the teaching of skills relevant to leisure-training programmes. The results of these studies are relevant to recommendations which are made later in the thesis but are not readily accessible in the literature. They are therefore summarised in the final section.

7. This final section, in addition, reports recommendations, based on the research reported elsewhere in the thesis, on the studies whose results were summarised and on the conceptual analysis, for a service intended to promote and enhance the leisure skills and activities of people with mild and moderate learning difficulties.

PART ONE: THE DEVELOPMENT OF A STRUCTURED INTERVIEW TO ASSESS THE LEISURE ACTIVITIES OF PEOPLE WITH LEARNING DIFFICULTIES

The review of the literature presented earlier suggested that a method of assessing the leisure of individuals with learning difficulties, which was both reliable and valid, would be of use in research, in service evaluation and in clinical practice.

The significant role of leisure in determining quality of life suggests that one measure of the effectiveness of a service could be obtained by assessing the range and extent of the leisure activities engaged in by users of that service.

In clinical practice, a reliable and valid assessment instrument could be used as part of individual programme planning (IPP), which is a means of decision-making widely used with clients with learning difficulties (Humphreys and Blunden, 1987, cited in Ager, 1990). Much of current practice employing IPP concentrates upon developing skills and does not consider the wider life experiences of an individual, e.g. the amount of contact with friends or his/her use of leisure facilities. Whereas current approaches perhaps over-emphasise the importance of identifying skills deficits, with the aim of training specific skills and competencies, an assessment which indicated areas within which an individual's experiences are limited might prompt staff to look at ways of widening these experiences.

The present study aimed to gather qualitative as well as quantitative information on the leisure of adults with learning difficulties and to do so by interviewing them, referring to staff or family for corroboration if necessary. The idea behind interviewing the people with learning difficulties was that frequently the actual experiences and opinions of such individuals are not heard and information is obtained second hand from staff or relatives. For a topic such as leisure, which is personal and likely to refer to at least some private experiences, asking people themselves was considered to be the most appropriate way to gather

information.

Aims

The aims of Part One of the thesis were therefore to develop a measure: i. for use in the investigations reported later in this work and ii. for wider use in research, service evaluation and clinical practice.

Methods Available for Studying Leisure

Various methods of gathering information on leisure were considered.

1. Self Report Diary

A self report diary is one technique used in time budget analysis to study the leisure of the general population (Robinson, 1984; Gershuny, 1985, both cited in Gershuny and Jones, 1987). It involves individuals keeping a record of their activities over periods of time. However, the majority of respondents in the proposed study were unable to read or write and so a tape-recorder would have been the only possible recording method. This would have entailed a very detailed training programme to enable respondents to participate in the study and, even after such a programme, it appeared likely that many individuals would not be able to cope with such a procedure. This idea was therefore rejected.

2. Direct Observation

The second possibility was to observe leisure activities directly. One difficulty with this method is that it can include only public activities, whereas the study was concerned with all leisure activities, many of which were likely to be done alone. A second difficulty was that, while it might have been feasible to observe individuals who lived in hospital or a hostel, it would not have been possible to observe those living with their families. For these reasons

this method was also rejected.

3. Questionnaire

A written questionnaire was considered to be unsuitable because, as noted above, the majority of people proposed for the study were unable to read and write. While it would have been possible to present a questionnaire verbally, many of the individuals involved were quite unused to, and had difficulty in, reporting their activities. A formal questioning procedure would thus have been likely to cause confusion and yield little information.

4. Interview

A structured interview schedule was considered to be the most appropriate means of assessing individuals' leisure activities, in that it provided a more relaxed situation in which probing and encouragement were acceptable. This approach would also allow greater freedom of response than a questionnaire, while still maintaining a standardised situation.

Development of the Structured Interview Schedule

1. Existing Interview Schedules

When the literature was reviewed, no studies could be found in which individuals had been asked in detail about their leisure and their participation in a range of activities. Previous studies either used an assessment based on the views of care staff or relatives (e.g. Hill et al., 1984), or employed an assessment which was less detailed than that required by the present study (e.g. asking people about a small set of activities (Reiter and Levi, 1981). As discussed in the Introduction, reliable and valid methods had not been employed in previous studies.

2. Development of the Interview Schedule: Version One

Taking this into account, it was decided to develop a new

assessment instrument.

i. Previously-Used Instruments

Instruments used in studies both of individuals with learning difficulties and of the general population were consulted (Katz and Yekutieli, 1974; Beck et al., 1977; Hill et al., 1981; Reiter and Levi, 1981; Wertheimer, 1983; OPCS, 1983; Atkinson, 1983; Colley, 1984; Bernard, 1984; Veal, 1984). Information from these studies was used to decide which specific leisure activities were to be included in the schedule. They also provided a guide as to the type of information which it would be useful to collect in the present study, so as to allow comparison with groups reported in the literature.

ii. Range of Topics Included

It was thought to be inappropriate to exclude activities from the interview schedule merely because the people with learning difficulties were unlikely to have participated in them. To have done so would have biased the findings according to the writers expectations. It would also have made the data from this study less comparable with the findings of previous studies of people without learning difficulties.

Because one area of interest was how socially active or, conversely, how isolated the respondents were, questions were included about whether a particular activity was carried out alone or with others; and if with others, who these others were.

iii. Factors Affecting the Reliability and Validity of Items

As well as the content of the schedule, the structure of the individual questions was carefully considered. Studies which have assessed how individuals with learning difficulties respond to particular types of question have highlighted the problems of acquiescence and the development of a response set

(Rosen et al., 1974, Sigelman et al., 1981, Hewitt 1983).

Because people with learning difficulties have a greater tendency than people without learning difficulties to respond to questions in the way they consider to be desired by the interviewer (Sigelman et al., 1981), the schedule therefore avoided questions which required only agreement or disagreement with the interviewer.

Questions were kept as simple and direct as possible because of the limited verbal comprehension of some respondents.

Recommendations have also been made about how to improve the reliability and validity of the responses of people with learning difficulties during interviews (Flynn, 1986). These include the suggestion that interviews should be conducted in private and that the amount of writing done by the interviewer should be minimised. This latter was achieved by incorporating boxes to be ticked, or options to be deleted, on the schedule recording form (although some writing did have to be done, e.g. of the answers to the self-perception questions).

Version One of the Interview Schedule

Version One of the interview schedule is shown in Appendix I.

1. Part A of the Interview Schedule

Part A of the schedule was designed to assess an interviewee's activities over the past week. This involved asking specific questions about "work" activities, to indicate the amount of leisure time an individual had. These were followed by open-ended questions about activities in the evenings and at the weekend. The intention was to note respondent's answers in full and then to categorise them into "leisure" or "non-leisure", "alone" or "with others", and so on. For each activity mentioned by the respondent, a series of follow-up questions was asked. These were intended to assess the length

of time spent on each activity, the nature of the decision to become involved in that activity and the social nature of the activity.

A list of prompts, consisting of possible activities, was available to assist interviewee's in remembering how they had spent their time. Examples included: "stayed in your room", "did a hobby", "watched television" and "went out to a pub or a club or for a walk".

Following this assessment, some specific questions regarding attendance at clubs and other organised leisure events were asked.

It was considered desirable to assess the activities of the past week, so as to obtain information about the day-to-day leisure habits of respondents, rather than merely to question respondents on what they had done; this was because some of these activities might be done only occasionally.

2. Part B of the Interview Schedule

The second half of the interview schedule comprised three lists of activities under the headings: "In-Home Activities", "Out-of-Home Activities" and "Out-of-Door Activities and Sports". These headings, and the majority of the activities under each, were taken from studies of leisure habits of individuals both with and without learning difficulties (Katz and Yekutieli, 1974; Beck et al., 1977; Reiter and Levi, 1981; Wertheimer, 1983; OPCS, 1983; Atkinson, 1983; Colley, 1984; Hill et al., 1984; Bernard, 1984; Veal, 1984). Some activities which were popular locally were also included, e.g. watching ice-hockey. A distinction was made in the Out-of-Door and Sports activities between watching and participating. The aim was to discover whether the respondent had ever participated in any of the activities mentioned under the three headings. A yes/no response was all that was required.

For the activities in which a respondent had participated, a set of follow-up questions was given. These questions were intended to assess: the frequency of participation, the social nature of the activity, the

involvement of people not associated with the hospital, hostel or Adult Training Centre (ATC) and where the activity took place. Each follow-up question required the respondent to choose, from five alternatives, the answer which most accurately represented his/her participation. For example, the frequency question involved a choice of ratings from "every day" to "hardly at all".

As well as the assessments of leisure activities, Part B included a section on the interviewee's satisfaction with current leisure participation and a section on his/her friends.

The assessment of satisfaction was intended to assess whether the respondent wished to do more in his/her free time. The supplementary questions which followed a "yes" were designed to discover what exactly s/he would like to do and why s/he did not at present do these things. Answers to this second supplementary question were coded into one of seven responses: "lack of money", "not able to", "no time", "no transport", "fear", "not know how" and "other". A further question was designed to assess why the respondent did what s/he had reported.

The assessment which considered respondents' friendships was interested primarily in whether friendships were confined to other residents of the hospital, hostel or ATC and whether there was a link between shared interests and friendship.

This section contained general questions about friends and where they lived, followed by a question to assess why a respondent thought s/he liked his/her friends. The answers were coded into "do/like the same things", "good fun", "can talk to them", "are here" and "don't know". A final question asked specifically whether the respondents' friends liked doing the same things as him or her.

Two unclassified questions were asked at the end of the interview. These were: whether the respondent had a key for the ward or hostel and whether they had to be in by a certain time at night.

3. Consensual Validation of the Interview Schedule

During the development of the structured interview schedule and other assessment instruments in this work, ten member of the professional staff of the Therapies Department of a hospital, and of a hostel for people with learning difficulties, were shown the schedule and changes made as a result of their comments.

4. Pilot Study of the Interview Schedule : Version One

A pilot study was undertaken to assess various practical aspects of the schedule and its administration.

i. Respondents

Twelve individuals were selected at random, six from a hospital for people with learning difficulties and six from a hostel. There were equal numbers of males and females. Mean age was 37.4 (s.d. 12.6, range 20-58) and mean IQ, as assessed by the Wechsler Adult Intelligence Scale (WAIS), was 57.5 (s.d. 7.6, range 41-68).

ii. Procedure

Respondents were interviewed individually by the author, in a quiet room off the ward or in the hostel. The aim of the work and the confidential nature of the information were explained. Respondents were free to end the interview at any time.

5. Evaluation of Version One of the Schedule

After conducting five interviews (three in hospital and two in the hostel), it became apparent that the schedule was not suitable in its existing form, for four reasons.

i. Length

It was too long. Interviews were taking one and a half hours of detailed questioning and interviewees were unable to maintain attention or motivation for that length of time. Obviously, there was no desire to make the interviews an

unpleasant experience and it was also considered that the accuracy of responses would suffer from such a long session.

A possible division of the schedule into two shorter interviews was considered. However, because this would have caused greater inconvenience to respondents and care staff, with four sessions having to be arranged as opposed to two, it was decided to shorten the schedule.

ii. Structure of Questions

A second problem was that the initial interviews had shown that the structure of some of the questions in the schedule was not suitable for eliciting the desired information. Originally, questions which were open-ended and which allowed respondents greater freedom in their replies were considered to be the most appropriate for eliciting information. However, respondents in the pilot study had great difficulty in replying to questions of this type and the list of prompts had to be used frequently. It seemed, therefore, that more specific direct questions would be more successful and would give a more accurate indication of the role of the interviewer in eliciting information.

iii. Choice of Replies

Items which required respondents to listen to, and then to choose from, a list of possible replies were found to cause problems. Respondents would always give the first or last answer in each list and/or would fail to use the frequency options as intended, giving the middle option of "sometimes" in reply to every question. The interviewer observed that respondents appeared to be unable to keep the five or so options in mind before deciding on the most appropriate category. There was also the problem that respondents failed to understand that they were being given a free choice of response and looked instead to the interviewer for guidance as to the "correct" answer.

iv. Format

A fourth criticism of the schedule was that it was difficult to read and interpret once it had been completed.

6. Conclusions

These difficulties made the initial version of the schedule unsuitable and it was decided to alter it before conducting any further interviews.

Version Two of the Interview Schedule

This section reports the development of a second, revised version of the schedule.

The major aims underlying the development of the second version of the schedule were: i) to use simpler language in all questions and ii) to employ a more direct questioning approach, e.g. by asking a list of questions rather than giving the respondent a choice from a list of options.

1. Part A of the Interview Schedule

The alterations to Part A of the schedule involved the inclusion of questions on specific activities, as well as the original open-ended questions. The specific activities were based on the list of prompts used in the original schedule and included: spending time in one's room, listening to music, watching television and going out.

For all the specific activities which respondents said they did, a series of direct questions was asked. These questions were designed to elicit information on where the activity was carried out, who the respondent was with at the time and whether the activity had been suggested to them or initiated by them. Altogether, respondents were asked questions about eight different activities, including the general activities of being in one's own room and being in the "sitting room" .

2. Part B of the Interview Schedule

Part B of the schedule was also altered. The lists of activities under the three headings: In-Home, Out-of-Home and Out-of-Doors and Sports, were shortened slightly by combining some items.

Other changes included altering the phrasing of the questions to make them easier for respondents. For example, a question on choice was rephrased so that it referred to a concrete fact and did not require the respondent to understand the idea of making a choice.

The only change to the section on satisfaction was to present all choices in the form of direct questions, requiring a yes/no answer, rather than asking for a choice to be made from a list of options.

The assessment of friends was shortened, with questions concentrating on information which was of direct interest. Thus, rather than trying to obtain more detailed information on friendship, the respondent was asked whether s/he liked his/her friends only because they lived in his/her place of residence or attended the same ATC.

Two more sections were added to Part B, as the replies given in the pilot study had suggested that they might be of relevance to leisure. They were on self-perception and freedom to go out unsupervised.

Further specific assessments of satisfaction with In-Home, Out-of-Home and Out-of-Door and Sports activities were included in the revised schedule. This was because it was thought that questions about satisfaction with activities in general were too broad. Linking the satisfaction specifically to all three sections would, it was hoped, be more likely to encourage respondents to think about the question they were being asked.

As with the original schedule, respondents were asked a series of questions on the frequency of participation in activities. Because the pilot study had shown that interviewees had difficulty in choosing from a series of frequency categories, the revised frequency questions were

of a more direct nature.

Questions on who the respondent was with during each activity, and where the activity took place, were also asked.

3. Pilot Study of Version Two of the Interview Schedule

A pilot study was undertaken to assess various practical aspects of the schedule and its administration.

i. Respondents

Eight respondents, four from a hospital for people with learning difficulties and four from a hostel, were chosen at random. There were equal numbers of males and females. Mean age was 39.4 (s.d. 10.7, range 21-58) and mean IQ, as assessed by the WAIS, was 59.3 (s.d.8.2, range 41-70).

ii. Procedure

The procedure was identical to that of the first pilot study.

4. Evaluation of Version Two of the Schedule

The results of this pilot study were varied.

i. Part A

Part A of the schedule appeared to be much improved, the direct questions being easier to give and to understand. However, respondents still seemed to have difficulty remembering what they had done and when.

ii. Part B

Part B appeared to be better in its slightly shorter form and with its simplified questions, but the frequency questions still caused major problems. These problems were illustrated in two ways. One was that respondents were willing to alter their response if the interviewer unintentionally expressed surprise; secondly, some quite bizarre answers were given (e.g. a respondent asserting that he went on a bus trip every day and considering hill walking to be a regular pastime, having only been once).

5. Conclusions

Thus, while the interviewees seemed to be much more comfortable with the altered question format (i.e. with a direct yes/no question rather than a choice of possible responses) but the two illustrations above indicate that they were possibly having difficulty with the content of the questions.

Obviously, this finding was very significant, as a major part of the schedule depended on the interviewee having some notion of how often s/he engaged in various leisure activities. Part A of the schedule relied on an understanding of "a week" and "the weekend" and an ability to relate actions and events to particular days, while Part B was designed to assess the frequency of participation in activities. To continue with the schedule without checking respondents' understanding of "time" or "frequency" was considered to be inadvisable, since the information obtained would be invalidated if respondents did not share the same labels or concepts of time as the interviewer.

Assessment of the Understanding of Time Concepts

1. Study One: The Understanding of Concepts Such as a Day, Week, Month

The findings of the second pilot study showed that it was necessary to assess the understanding by each individual of the language and labels used to communicate about time. A questionnaire was developed for this purpose.

i. Assessment

A 25-question assessment was constructed with questions on days, weeks, months and years and the relationship between these; there were also questions on relations between events. Comments on the difficulty of three of the questions, from professionals working in the field, led to some changes being made. The final version is shown in Appendix II.

ii. Method

a. Respondents

Thirty people with learning difficulties were involved in the study: eight lived with their families, 10 in local hostels and 12 in a hospital. Individuals were chosen at random from the group selected to take part in the leisure study (Part Two). The mean age was 37.2 (s.d. 13.3, range 19-59) and mean IQ on the WAIS was 58.6 (s.d. 8.9, range 41-71).

b. Procedure

Respondents were seen individually for approximately 10 minutes. All questions were presented verbally by the author.

It was considered to be important to record everything that a respondent said in reply to a question, rather than merely to score the response as right or wrong. It was hoped that this would give some indication of the reasoning behind a respondent's answer.

Each question could be presented up to three times and the form was left blank if no response was given. Only one subject consistently gave no response.

c. Reliability

Inter-Tester Reliability: A second assessor sat in on half (i.e. 10) of the assessment sessions and recorded everything the respondent said. To avoid the assessors influencing each other, the second assessor sat so that she could not observe the main assessor or be observed by her.

Test-Retest Reliability: The aim of this assessment was to discover the frequency categories which could be employed in the structured interview schedule. To justify employing the frequency concepts with an individual, it was necessary to have a clear demonstration that s/he understood them at the time s/he was assessed. Any individual who gave different answers on two different occasions would not be demonstrating sufficient understanding to justify using the concepts. The

only possible error which could be made by assessing only once was that an individual who did not in fact understand the concepts was able to guess some questions thereby achieving a higher score than s/he might otherwise have done. However, the assessment was such that for an individual to indicate that s/he understood a concept, s/he must answer correctly a number of differently worded questions and it was considered unlikely that someone who did not understand the concepts would be able to give the appearance of understanding. It was therefore considered unnecessary to assess the test-retest reliability of the assessment.

iii. Results

a. Inter-Tester Reliability

Issues concerning reliability are discussed on pages 64 to 66. The answers of 10 respondents on each of 25 questions had been scored independently by the two raters. It had been intended to calculate Kappa values for each question. However, the raters were in complete agreement on 23 of the 25 questions and disagreed on only one judgement on each of the other two. It was thus considered that the scoring had been done with adequate reliability and that further analysis was unnecessary.

b. Understanding of Time Concepts

The number of correct, incorrect or ambiguous responses to each question is shown in Appendix II. The majority of people scored between nine and 17 out of 25 (mean 9.8, s.d. 5.8). Only two respondents were correct on all questions. The lowest score was four.

Analysis of the each individual's responses indicated that not all respondents who gave the correct answer to a question such as "which is longer a day or a week ?" gave a correct response to questions such as "which is longer a week or a year?" which required the same type of understanding. Respondents who gave both correct and incorrect answers to

such questions were considered not to understand the relationships between various descriptions of time.

Examples of the answers to particular questions are shown in Appendix III. Detailed analysis of the errors indicated that most were made to questions requiring an understanding of numerical relationships between units of time, e.g. the number of months in a year. However, all apart from two of the individuals also had difficulty with the actual relationships between units of time, e.g. whether a year was longer than a day. This suggested that it was not merely the numerical aspect which was responsible for the errors.

Fourteen individuals had difficulties giving information which related to the beginning and end of a day and seven had difficulty counting days. Eleven of these 14 confused a day with "a working day". Ten individuals (33.3%) had difficulty with the idea of "in a year" and a year as a unit of time. 80.0% of the respondents, when asked whether a year was a little or a long time, said that it was a long time, suggesting that the basic distinction between a little and a long time was understood by the majority.

iv. Conclusions

The finding that the majority of the individuals in this study had only a poor understanding of the language and/or concepts used to describe time, led to a reappraisal of the structure of, and questions in, the interview schedule.

The decision was made to continue assessing individual's understanding of language relevant to time, so that the schedule could be revised using language which the majority of respondents understood.

2. Study Two: Understanding of the Term "Usually"

The above study suggested that a more general description of how often something occurred was more viable than the quite detailed distinctions employed in Version Two of the schedule. This led to a preliminary assessment of respondents' understanding of the word "usually". The intention was to

replace questions such as "how often are you alone with friends ?" with questions such as "are you usually alone or with friends ?".

i. Assessment

A four question assessment was devised comprising: a question on what the word "usually" means; a choice between doing something "a little" or "a lot" (and "a lot" or "a little"); if it was done "usually"; and an open-ended question on something the respondent "usually" did. The distinctions between a "lot" and " a little" were incorporated into the assessment of "usually", as the above study had indicated that they were understood by the majority of respondents. The assessment is shown in Appendix IV.

ii. Method

a. Respondents

Eleven people with learning difficulties were assessed, six from the hospital and five from the hostel. Mean age was 32.9 (s.d.11.6, range 20-53). Mean IQ on the WAIS was 52.8 (s.d. 7.7, range 42-71).

b. Procedure

The assessment was presented verbally by the author to one respondent at a time. The assessment took only a few minutes to complete.

iii. Results

Seven individuals answered in a response set, i.e. they gave the same answer (either "a lot" or "a little") throughout the assessment, regardless of the content of the question. None could define "usually".

One respondent was able to answer all questions correctly (as she did with the original time concept questions) and two others could use "a little" and "a lot" correctly in relation to "usually".

One respondent was confused by the content of the questions.

iv. Conclusions

This short assessment study indicated that "usually" was not understood sufficiently well to be employed in the schedule in place of the existing frequency descriptions. Because of the poor understanding of "usually", no further work was done on this particular assessment and a further study was undertaken to develop appropriate frequency categories for the leisure interview schedule.

3. Study Three: Understanding of the Terms "A Lot" and "A Little"

i. Assessment

An eight-question assessment was devised to assess individuals' understanding of the descriptions "a lot" and "a little" (Appendix V). Respondents had to state whether they did various things "a lot" or "a little", e.g. eat breakfast.

ii. Method

a. Respondents

Fifteen people with learning difficulties took part in the study (nine males and eight females). Mean age was 40.7 (s.d. 10.3, range 21-58). Mean IQ on the WAIS was 57.7 (s.d. 8.2, range 41-71).

b. Procedure

The assessment was presented verbally by the author to one respondent at a time. The assessment took only a few minutes to complete.

c. Reliability

Inter-Tester Reliability: Seven of the 15 initial interviews were attended by a second assessor, who scored the assessment, sitting where she was unable to see or be seen by the first assessor.

Test-Retest Reliability: As with the assessment of understanding of concepts such as a day, week etc., an individual would have to get all of the questions correct to indicate understanding. If s/he did not understand, s/he would have to guess consistently for all questions. It was felt unlikely that an individual would be able to do this. Therefore, the only error which might have been made was to say someone did not understand when in fact they did. However, the only negative consequence of this would be that an individual would receive a modified version of the structured interview (which omitted questions using the terms "a lot" or "a little") as opposed to the full version. It was therefore not considered necessary to assess the test-retest reliability of the assessment.

iii. Results

a. Inter-Tester Reliability

The raters disagreed on only one of the 56 responses to the assessment. This was considered to show an adequate level of reliability.

b. Understanding of "A Lot" and "A Little"

Ten of the 15 individuals understood the discrimination between doing something "a lot" and "a little". With only one was it unclear whether the discrimination had been understood.

iv. Conclusions

As "a lot" and "a little" is a very basic frequency discrimination, it was decided to use it in the interview schedule, with alterations being made in the design of the main study to take account of those people who were unable to

make the discrimination.

Version Three of the Interview Schedule

It was decided, therefore, to develop a third version of the schedule, which would take account of the findings of the evaluations of the two previous versions and of the studies of the understanding of time.

1. Revisions to Version Two

Version Two of the interview schedule was revised in two major ways.

i. Time Categories

Part A of the schedule was altered so that it referred to activities done "in the evenings" and "on Saturdays and Sundays" rather than to the specific activities of the past week. This was done because the original time concepts assessment had shown that the term "week" was not reliably understood. Because of the wider reference of this revised version, questions on what the individual did, e.g. in the evenings, were changed to incorporate the frequency categories "a lot" and "a little", e.g. "do you stay in your room by yourself a lot or a little?". To avoid acquiescence, or the development a response set, questions were phrased to necessitate a choice of one of two possibilities rather than merely a "yes" or "no" response.

ii. Frequency Categories

The second change was to the frequency categories in Part B of the schedule. Instead of the direct questions on whether an activity was done "once a day", "once a week " etc., individuals were asked whether they did something "a lot" or "a little". They were also asked whether this activity was last done "a little" or a "long" time ago. If the interviewer was unsure that a respondent fully understood the question, and/or was answering in a random fashion, the question was

repeated with the choice of response reversed, e.g. "do you play games a little or a lot?" as opposed to "do you play games a lot or a little?". A question about who the respondents were with during each activity was included in place of the direct question about whether they were by themselves. It was considered that this latter question was likely to encourage a positive reply.

iii. Consequences of the Changes

The consequences of these changes were that the schedule became shorter and was able to obtain less detailed frequency information. This loss of detail was unavoidable, in view of the inability of many respondents to understand the earlier versions.

iv. Consensual Validation

Following an explanation of the above results, the 10 professionals working in the field of learning difficulties agreed with the changes which had been made.

Version Three of the schedule is shown on pages 54 to 61.

Name:

Date:

Living arrangement:

(omit some questions as appropriate)

Part A.

Assessment of Usual Weekend and Evening Activities.

A. EVENINGS (MONDAY - FRIDAY)

I would like to ask you about things you do in the evenings.

(I) What do you do in the evenings after tea, when the dishes etc. are done?

(Note all responses. prompts such as "is there anything else you do?").

(II) In the evenings:

1. Do you spend time in your room? YES/NO

If yes:-

a) Do you stay in your room by yourself a lot or a little? A lot/A little

b) Do you have friends in your room? YES/NO

If yes: Is this a lot or a little? A lot/A little

c) What do you do in your room?

d) (i) Do you do this because someone said you should? YES/NO

(ii) If yes:- Who?

If no:- Why do you go there?

2. Part A (cont).

2. Do you go to the sitting room in the evenings? YES/NO

If yes:-

a) Are there other people in the room a lot or a little when you go there? A lot/A little

b) What do you do there?

c) (i) Do you do this because someone said you should? YES/NO

c) (ii) If yes:- Who?

If no:- Why do you go there?

3. Do you watch television in the evenings? YES/NO

If yes:- a) Where do you watch t.v.?

b) Are you by yourself a lot or a little when you watch tv? A lot/A Little

If a little :- Who else is there?

c) (i) Do you watch t.v. because someone said it would be a good thing to do? YES/NO

(ii) If yes:- Who?

If no:- Why do you watch t.v.?

4. Do you do any hobbies (give e.g.'s like knitting, reading if not understood) in the evenings? YES/NO

If yes:- a) What do you do?

b) Where do you do this?

3. Part A (cont).

4 c) Are you by yourself a lot or a little when you do this /these ?
A lot/A little

If a little :- Who is there?

d) (i) Do you do this hobby because someone else said you should?
YES/NO

(ii) If yes:- Who?

If no:- Why do you do it?

5. Do you listen to any music in the evenings ? YES/NO

If yes:- a) Is this radio or records/tapes?

b) Do you put the music on yourself ? YES/NO

c) Where do you listen to it?

d) Are you by yourself a lot or a little when you listen to music ? A lot/A little

If a little :- Who is there?

e) Do you listen to music because someone else said it is a good thing to do?
YES/NO

If yes:- Who?

If no:- Why do you go and listen to it?

6. Do you play any games (e.g. bingo. cards)? YES/NO

If yes:- a) What game(s) do you play?

b) Where do you play this?

c) Are you by yourself a lot or a little when you do this ?

A lot/A little

4. Part A (cont).

c) If a little:- Who else is there?

d) (i) Do you play games because someone else said you should?
YES/NO

(ii) If yes:- Who?

If no:- Why do you play these games?

7. Do you go out anywhere in the evenings (e.g. pub. club, walk, visit family)?

YES/NO

If yes:-

a) Where do you go?

If appropriate:- What do you do there?

b) Do you go out by yourself a lot or a little? A lot/A little

If a little:- Who else is there?

c) (i) Do you go out because someone else said you should?
YES/NO

(ii) If yes:- Who?

If no:- Why do you go?

8. Do you have any friends/family to visit you? YES/NO

If yes:-

a) Who?

b) What do you do?

c) Where do you see them?

d) Do you ask them to visit?

5. Part A (cont).
(III)

1. Are there any evenings when you go to a club ? YES/NO

If yes:- What do you do there?

Who else goes there?

2. Do your family ever arrange things for you to do (e.g. games, videos)? YES/NO

If yes:- What sort of things?

:- Is this a lot or a little ?

3. Do you join in with these things? YES/NO

If yes:- Do you join in a lot or a little ?

A lot /A little

Why do you join in ?

If no:- Why don't you join in ?

4. What time do you usually go to bed?

5. Are you asked to go to bed? YES/NO/DON'T KNOW

6. Part A (cont).

C. WEEKENDS ("Saturdays and Sundays")

(I) Could you tell me what you do on Saturdays and Sundays?

(II) At anytime on Saturdays and Sundays:-

1. Do you spend time in your room? YES/NO

If yes:- a) Do you stay in your room by yourself a lot or a little?

A lot/A little

b) Do you have friends in your room?

YES/NO

If yes:-Is this a lot or a little ?

A lot/ A little

c) What do you do in your room?

d) (i) Do you do this because someone said you should?

YES/NO

(ii) If yes:- Who?

If no:- Why do you go there?

2. Do you do any "housework" (e.g. tidy room)? YES/NO

If yes:- a) Are you by yourself?

YES/NO

If no:- Who is with you?

b) What "housework" do you do?

7. Part A (cont).

2. c) (i) Does someone ask you to do it? YES/NO
 (ii) If yes:- Who?
 If no:- Why do you do it?

3. Do you do any hobbies on Saturdays and Sundays (give e.g.'s if not understood)? YES/NO

- If yes:- a) What do you do?
 b) Are you by yourself a little or a lot when you do this? A lot/A little
 If a little:- Who is there?
 d) Where do you do this hobby?
 e) (i) Does someone say it would be good if you do this? YES/NO
 (ii) If yes:- Who?
 If no:- Why do you do it?

4. Do you play any games or sports on Saturdays and Sundays? YES/NO

- If yes:- a) What do you do?
 b) Where do you do this?
 c) Are you by yourself? YES/NO
 If no:- Who else is there?

8. Part A (cont).

- 4.d) (i) Does someone else say you should do this? YES/NO
 (ii) If yes:- Who?
 If no:- Why do you do it?

- f) Do your family arrange this game/sport? YES/NO

5. Do you watch television on Saturdays and Sundays? YES/NO

- If yes:- a) Where do you watch t.v.?
 b) Are you by yourself a lot or a little when you watch tv? A lot/A little
 If a little:- Who else is there?
 c) (i) Does someone say it would be good to watch t.v.? YES/NO
 (ii) If yes:- Who?
 If no:- Why do you watch t.v.?

6. Do you listen to music on Saturdays and Sundays? YES/NO

- If yes:- a) Do you listen to the radio or records/tapes?
 b) Do you put the music on yourself? YES/NO
 c) Where do you listen to it?
 d) Are you by yourself a lot or a little when you listen to music? A lot/A little
 If a little:- Who is with you?

9. Part A (cont).

e) (i) Do you listen to music because someone said it would be a good idea? YES/NO

(ii) If yes:- Who?

If no:- Why do you listen to music?

7. Do you go out anywhere on Saturdays and Sundays ? YES/NO

If yes:- a) Where do you go?

b) Are you by yourself a lot or a little when you go out ? A lot/ A little

If a little:- Who is with you?

c) (i) Do you go out because someone else said it would be a good idea? YES/NO

(ii) If yes:- Who?

If no:- Why do you go?

8. Do you go shopping on Saturdays and Sundays ? YES/NO

If yes:- a) Where do you go?

b) Do you go shopping by yourself a lot or a little ? A lot/A little

If a little:- Who is with you?

c) (i) Do you go because someone said it would be a good idea? YES/NO

(ii) If yes:- Who?

If no:- Why do you go?

10. Part A (cont).

9. Do you see any friends/family on Saturdays and Sundays ? YES/NO

If yes:- a) Who do you see?

b) Where do you see them?

c) Do you ask them to visit? YES/NO

d) Do you see friends/family every Saturday/Sunday? YES/NO

10. a) What time do you go to bed on Saturdays and Sundays ?

b) Are you asked to go to bed ? YES/NO

11. Part B.

General Assessment (Section 1)

1. "In-Home" Activities

Do you ever:-	YES	NO	lot/ lit	long/ lit	lit/ lot	lit/ long	who/ where
a) watch t.v.							
b) do gardening							
c) listen to records/tapes							
d) listen to the radio							
e) read books							
f) read newspaper/magazines							
g) rest /relax							
h) play cards/games/jigsaws							
i) have family to visit							
j) have friends to visit							
k) do sewing/knitting							
l) do photography							
m) look after any pets							
n) do painting/drawing							
o) do woodwork or model- building							
p) write letters							
q) collect things							
r) do cooking							
s) play a musical instrument							
t) do the football pools							

Satisfaction

"In-Home" Activities

1. Are you happy doing the things you have just told me about ?
YES/NO
2. i) Would you like to do more things "at home" in your free time ?
YES/NO
- ii) If yes :- What sort of things ?
If no :- Why not ?

12. Part B (cont).

General Assessment (Section 2)

1. "Out of home" activities

Do you ever:-	YES	NO	lot/ lit	long/ lit	lit/ lot	lit/ long	who/ where
a) go out to visit friends							
b) go out to visit family							
c) go to a disco/dancing							
d) play bingo							
e) go out for a meal							
f) go to the pub or a club							
g) go to the cinema or theatre							
h) go to museums/galleries							
i) go to day/evening classes							
j) go to church							
k) go on coach or rail trips							
l) go for walks in the park							
m) go shopping(window shopping)							
n) go to a cafe							
o) go to fairs/circuses							
p) go to concerts							
q) go out on dates							
r) go to the library							
s) visit the seaside/ countryside							
t) visit the zoo							
u) visit amusement arcades							
v) play table-tennis							
w) watch table-tennis							
x) play darts/billiards/snooker							
y) watch darts/billiards/snooker							

13. Part B (cont).

Satisfaction

"Out of home activities"

1. Are you happy doing the things you have just told me about?

YES/NO

2. 1) Would you like to do more "outside" things in your free time?

YES/NO

11) If yes:- What sort of things?

If no:- Why not?

15. Part B (cont).

Satisfaction

"Out of door activities"

1. Are you happy doing the things you have just told me about?

YES/NO

2. 1) Would you like to do more "out of door" things in your free time?

YES/NO

11) If yes:- What sort of things?

If no:- Why not?

14. Part B (cont).

General Assessment (Section 3)

1. "Out of door" activities

Do you ever:-

YES NO lot/ long/ lit/ lit/ who/
litt litt lot long wher

i) go walking in the countryside

ii) do any sports
 \watch any, not tv.

Sport - if yes

iii) a) do athletics (running,
the high jump, shotput etc.

b) watch people do athletics

iv) a) play badminton

b) watch badminton

v) a) play cricket

b) watch cricket

vii) go cycling

vii) a) play football -

b) watch football -

viii) do keep-fit/yoga -

ix) a) play rugby

b) watch rugby

x) a) play squash

b) watch squash

xi) a) go swimming -

b) watch swimming -

xii) a) play tennis

b) watch tennis -

xiii) a) play golf

b) watch golf

xiv) a) go ice-skating

b) watch ice-skating

xv) a) go horse riding

b) watch horse riding

xvi) go fishing

xvii) a) play bowls -

b) watch bowls -

xviii) a) play hockey -

b) watch hockey -

xix) go roller-skating

xx) a) play ice-hockey

b) watch ice-hockey

16. Part B (cont).

General Assessment (Section 4)

Satisfaction

1. Would you like to do more things in your free time? YES/NO

If yes:- 1) What sort of thing would you like to do?

ii) Why don't you do more things?

- iii) a) Do you have enough time to do more things? YES/NO
b) Do you have enough money to do more things? YES/NO
c) Would you be able to go to places to do them? YES/NO
d) Would you be afraid of doing more? YES/NO
e) Would you be allowed (by staff) to do more things you wanted to? YES/NO
f) Would you know how to do those things? YES/NO

General Assessment (Section 5)

Friends

1. Do you have friends who live in the ward/hospital/hostel? YES/NO

2. Do you have one or two special friends? YES/NO

3. Do you have friends who do not live in the same place as you? YES/NO

- If yes:- 1) Where do they live?
ii) Do you go and visit them? YES/NO
iii) Do they come and visit you? YES/NO

17. Part B (cont).

4. Do you like your friends because they live "here"? YES/NO

If yes:- Do you like everyone who lives here?

General Assessment (Section 6)

Self-perception

1. Do you know who this ATC is for? YES/NO

2. Do you know why you come here?
(If they use "mental handicap" then can use it below for explanation).

3. Do you think coming here stops you doing some other things in your free time? YES/NO

4. Would you like to go to things with people who do not live in a hospital, a hostel or go to an A.T.C.? YES/NO

General Assessment (Section 7).

Miscellaneous.

1. Are you able to go out of your home by yourself? YES/NO

If NO:- 1) Why not?

ii) Would you like to be able to go out by yourself? YES/NO

If no:- Why not?

iii) Who do you go with?

2. Evaluation of the Interview Schedule: Version Three

Three aspects of the schedule were evaluated: its length and clarity, its reliability and its validity.

i. Length and Clarity

a. Respondents

Eight individuals (four from the hospital and four from the hostel) were interviewed. There were four males and four females. The mean age was 35.8, (s.d. 12.5, range 20-53). The mean IQ on the WAIS was 56.2 (s.d. 10.2, range 41-71). The respondents were selected so as to have approximately similar IQ and age as those proposed for the main study. Six of the eight respondents were able to make the "lot/little" discrimination and so were given the full schedule.

b. Results

The schedule was found to be understood by interviewees and to be easy to give and complete. Interviews took approximately 45 minutes for the full schedule and 20 minutes for the shorter version which omitted Part A and the frequency questions (given to respondents unable to make the "lot/little" discrimination).

ii. Reliability

a. Selection of Measures of Reliability

It will be convenient at this point to discuss the selection of methods for quantifying inter-tester and test-retest reliability.

There has been considerable discussion in the literature about the most useful methods (e.g. Hartmann, 1977; Bartko and Carpenter, 1976).

Percentage Agreement: The method which is by far the most widely employed, in studies in which the data are dichotomous and there are two raters, is percentage agreement, i.e the number of decisions about which the two raters agree

expressed as a percentage of all the decisions made. However, this method has the major limitation that it takes no account of agreements due to chance (Hartmann, 1977).

Kappa: An alternative method which was explicitly designed (by Cohen, 1960) for use in reliability studies of categorical data, and which takes account of chance agreement, is Kappa (k). This is the most widely recommended, if not used, of the methods relevant to the present study. A variation, weighted Kappa, can be employed if some estimate can be made of the "seriousness" of particular disagreements (Cohen, 1968) but this was not relevant to the present data. It was therefore decided to use Kappa in the assessments of reliability made in the various studies reported in this thesis.

b. Assessment of Reliability

Both inter-tester and test-retest reliability were assessed.

Inter-Tester Reliability: The complete interviews of 10 respondents who completed Part A and 14 (including these 10) who completed Part B were recorded on audiotape and assessed by an independent assessor. The categorisations made by this assessor were compared with those of the author.

Test-Retest Reliability: Nine respondents were interviewed again by the author using Part A, and 14 using Part B, three weeks after their original interview.

c. Results

Inter-Tester Reliability: For Part A of the structured interview schedule, there was no disagreement between the two raters on any of the 180 decisions (10 respondents x 18 questions) made regarding participation in regular leisure activities, or on any of the 103 decisions (10 respondents x the number of activities done by each) made regarding whether someone was alone "a lot" or "a little".

For Part B of the interview schedule, there were seven disagreements on the 1092 decisions (14 respondents X the 78

In-Home, Out-of-Home and Out-of-Doors and Sports questions) made regarding participation in wider leisure experiences. Of the 251 decisions (14 respondents x the number of activities done by each) made regarding whether participation was done "a lot" or "a little", there was disagreement over seven (2.8%). Of the 251 decisions regarding whether participation was last done "a little time ago" or "a long time ago", there was disagreement over only three (1.2%). Of the 251 decisions about who a respondent was with, and the 251 about where the activity was done, there was disagreement on 8 (3.1%) and 7 (2.8%) respectively.

In view of this high level of agreement, it was considered to be unnecessary to calculate Kappa values, and it was concluded that the inter-tester reliability for both Parts A and B was therefore satisfactory.

Test-Retest Reliability: The value of Kappa for the items in Part A of the structured interview are shown in Table 1.1. The value of Kappa for the In-Home, Out-of-Home and Out-of-Doors and Sports activities are shown in Tables 1.2, 1.3 and 1.4 respectively.

There appears to be some consensus that Kappa values for inter-rater reliability should exceed 0.60 (Gelfand and Hartmann, 1975). There appear to be no recommendations for an acceptable minimum value for test-retest stability, but presumably it would be lower than that for inter-rater reliability. Table 1.1 shows that, of the 18 values calculated, all but five did exceed 0.60; these five were all 0.56 or above. Tables 1.2, 1.3 and 1.4 show that, of the 76 values of Kappa relevant to Part B of the schedule, 54 were above 0.60 and none was below 0.50. These data appear to suggest that the test-retest stabilities of Part A and B of the schedule are adequate.

Table 1.1 The Values of Kappa for Items in Part A of the Structured Interview Schedule

Evening activities.	
	Kappa
Spend time in own room	0.63
Spend time in sitting room	1.00
Watch television	1.00
Do hobbies	0.66
Listen to music	0.76
Play games	0.56
Go out	0.56
Friends/family to visit	0.76
Go to a club	0.66
Weekend Activities.	
	Kappa
Spend time in own room	0.63
Do housework	0.58
Do hobbies	0.60
Play games /sports	0.59
Watch television	1.00
Listen to music	0.76
Go out	0.58
Go shopping	1.00
Have friends/ family visit	0.79

Table 1.2 The Values of Kappa for the In-Home Activity Items in Part B of the Structured Interview Schedule

Activity	Kappa
Watching television	1.00
Gardening	0.52
Records and tapes	0.61
Listen to radio	0.68
Read books	0.51
Read papers or magazines	0.53
Rest or relax	0.64
Play cards, games or jigsaws	0.52
Have family to visit	0.71
Have friends to visit	0.77
Sewing and knitting	0.75
Photography	0.70
Looking after pets	1.00
Painting & drawing	0.52
Woodwork or model-building	1.00
Write letters	0.54
Collect things	0.82
Cooking	0.62
Play a musical instrument	0.66
Do the football pools	1.00

Table 1.3 The Values of Kappa for the Out-of-Home Activity Items in Part B of the Structured Interview Schedule

Activity	Kappa
Visit friends	0.73
Visit family	0.85
Go to a disco or dancing	0.85
Play bingo	0.52
Go for a meal out	0.51
Go to pub or club	0.86
Go to cinema or theatre	0.59
Go to museums or galleries	0.57
Go to day or evening classes	0.52
Go to church	0.61
Go on coach or rail trips	0.70
Go for walks in the park	0.69
Go shopping	0.61
Go to a cafe	0.86
Go to fairs or circuses	0.54
Go to concerts	0.68
Go on dates	0.62
Visit the library	1.00
Go to the seaside or countryside	0.53
Go to the zoo	0.52
Visit amusement arcades	0.65
Play table tennis	0.65
Watch table tennis	0.83
Play darts, billiards or snooker	0.71
Watch darts, billiards or snooker	0.58

Table 1.4 The Values of Kappa for the Out-of-Doors and Sports Activities in Part B of the Structured Interview Schedule

Activity	Kappa
Walking in the countryside	0.65
Do athletics	0.71
Watch athletics	1.00
Play badminton	0.67
Watch badminton	0.54
Play cricket	0.77
Watch cricket	0.73
Go cycling	1.00
Play football	0.56
Watch football	0.57
Do keep-fit or yoga	0.60
Play rugby	1.00
Watch rugby	1.00
Play squash	1.00
Watch squash	1.00
Go swimming	0.68
Watch swimming	0.58
Play tennis	0.68
Watch tennis	0.63
Play golf	0.67
Watch golf	0.78
Go ice-skating	0.52
Watch ice-skating	0.57
Go horse riding	0.54
Watch horse riding	0.55
Go fishing	0.62
Play bowls	0.79
Watch bowls	0.76
Play hockey	0.69
Watch hockey	0.70
Go roller-skating	1.00
Play ice-hockey	1.00
Watch ice-hockey	1.00

iii. Validity

A study which was subsequently carried out to assess the concurrent validity of the schedule will, for convenience, be reported here.

a. Aims

The aims of the validation study were: i) to discover whether the information given by people with learning difficulties was similar to that given by individuals who know them well

(bearing in mind the private nature of aspects of individuals' leisure); and ii) to indicate whether the schedule was assessing items which other assessments or assessors considered to reflect leisure.

b. Method

Criterion measure: The replies of respondents to the schedule were compared with their scores on those items from the Gunzberg Progress Assessment (PAC) Chart 2 which had particular relevance to leisure. The PAC had been administered routinely by clinical psychologists, or by ward or care staff under their supervision, during the few weeks immediately before, or immediately after, the schedule had been administered.

Respondents: Data were available for 45 respondents, of whom 21 were male, whose mean age was 39.2 (s.d. 13.4, range 20-55) and mean WAIS IQ was 58.3 (s.d. 15.3, range 40-71).

c. Validity

The significant relationships are shown in Table 2.I.10 to Table 2.I.16 (Part Two, Section I). Several logical and "sensible" relationships were found in the results. These include the positive relationship between going shopping in Part A of the leisure schedule and the shopping item of the PAC; and the relationships between shopping (Parts A and B) and variables related to numerical or economic ability. These relationships appear to indicate that respondents were providing information which corresponded to that given by staff and family.

Leisure occupation related positively to several activities which involved going out.

The relationships between PAC leisure occupation and the indoor activities (doing hobbies, playing games and going to a club) were examined using Spearman's Rank Order Correlation Coefficient (Rho). Two correlated significantly with PAC leisure occupation: playing games (Rho=0.48, p=0.009) and sewing and knitting (Rho=0.57, p=0.002). This is logical, as

two of the questions within the PAC leisure occupation item are about playing games and doing hobbies. Sewing and knitting was a hobby of many of the respondents.

These results indicate that the leisure schedule and PAC assessment of leisure were in general agreement on all types of activity and thus appear to support the validity of the schedule.

iii. Conclusions

Version Three of the leisure schedule thus appears to be a reliable and valid assessment of the leisure of an individual with learning difficulties and to have a length, clarity and ease of use which would allow it to be employed in clinical work and research.

Assessments of Leisure Published Subsequent to the Development of the Interview Schedule

1. Subsequent Assessments

Since the development of the structured interview schedule there have been published: i) a study that employed a commercially available assessment of quality of life; and ii) a commercially available assessment of life experiences. Both of these assessments included a section on leisure.

i. "Living in a Supervised Home: A Questionnaire on Quality of Life"

The "Living in a Supervised Home" (Cragg and Harrison, 1986) was devised by the Birmingham Campaign for People with a Mental Handicap. It is intended to assess the extent to which group homes were able to provide residents with a quality of life which would be valued by most people in society. The questionnaire includes sections on leisure activities inside and outside of the home with questions on: the range of activity, the number of people the respondents is with and frequency of participation. The questions concentrate on regular activities, with six activities presented as options

for at-home and 13 for away-from-home leisure. Responses are coded into four categories. For example, the question on range of activities includes the categories a "wide variety" (at least 12 activities) and a "narrow range" (three activities or fewer).

The assessment is designed to be employed either with individuals with learning difficulties or with care staff.

ii. The "Life Experiences Checklist"

The "Life Experiences Checklist" (LEC) (Ager, 1990) is also an assessment of quality of life, but differs from the above questionnaire in that it focuses on life experiences. It has been designed to be used with a range of client groups and with the general population.

The LEC has a section on leisure comprising 10 statements about popular leisure activities (e.g. "I visit friends or relatives for a meal at least once a month"). The LEC is designed to be completed either by the individual who is being assessed or by an informant. The assessment has been used in studies of individuals with learning difficulties (Ager, 1987; Ager and Eglinton, 1988, both cited in Ager, 1990) with, in most cases, the information being provided by informants.

2. Comparison of the Above Assessments with the Structured Interview Schedule

The above assessments both consider leisure as only one of several aspects of quality of life and are consequently less detailed and comprehensive than the structured interview schedule developed by the author and reported above.

The present work suggests that the inclusion of some measures of frequency in both assessments might make them too difficult for use with some people with learning difficulties. The LEC has been used mainly with informants and, although its author does not state why this has been the case, the inclusion of the frequency categories would seem to be one possibility.

The present study found that individuals with mild and

moderate learning difficulties were unable to respond accurately to questions about the frequency of their participation in leisure activities. Donegan and Potts (1989), when they employed the "Quality of Life Questionnaire" with individuals with mild learning difficulties, found that they had no problems in understanding the frequency categories (Potts, personal communication). However, it may well be that their sample was less disabled than the present respondents; also, the frequency categories which they employed were possibly less able to detect difficulties in understanding than those used in the schedule.

Although further research into this topic is clearly required, the safest conclusion at present appears to be that assessments which ask about frequency are not suitable for use with individuals with learning difficulties, in particular those with moderate or severe difficulties. Because of this, such measures cannot be used to make a comprehensive assessment of an individual's leisure as care staff and/or family are not able to report on private and personal leisure pursuits.

Both the "Quality of Life Questionnaire" and the LEC might be useful as an initial assessment of leisure, to check whether a respondents leisure is an area of concern. If so, a more detailed assessment, such as that developed in the present work, could subsequently be employed. The greater detail of the structured interview schedule suggests that it might be more suitable than these other measures for use in clinical practice where the development of a client's leisure would be assisted by the availability of detailed information.

Suggestions for Improving and Developing the Schedule

Subsequent use of the schedule, both in the studies reported later in this thesis and also in routine clinical work, suggested several areas in which improvements could be made. Several possible developments were also suggested. These will now be discussed.

1. The Assessment of Frequency of Activities

Knowledge of the frequency of participation in leisure activities provides a clearer picture of how an individual spends his/her leisure time than when it is known only that s/he does, or does not, participate. This, in turn, provides information which could be used to guide the teaching of leisure skills and/or leisure counselling. As a result of the work reported above (Assessment of the Understanding of Time Concepts), the schedule was compelled to employ a very broad frequency discrimination to ensure that individuals' responses were valid. The development of a companion assessment, to be used with care staff, family or friends, would be necessary in order to obtain information about frequency.

2. Number of Items

Another useful alteration to the schedule would be to reduce the number of activities. This would have the advantages of reducing the amount of time it takes to give and of making it more focused. One way of reducing the number of items would be to remove the more common and popular activities which are included in the assessment of regular leisure (e.g. watching television) from the assessment of wider leisure. A second would be to reduce the number of sports included. The results of Part Two, Section II indicate that many sports were irrelevant to the respondents with learning difficulties and could be replaced by a general question on participation in any sports not previously mentioned.

Grouping activities under more general headings, e.g. use of community facilities, would make the schedule more focused and easier to interpret.

3. Participation in Free Time, at ATC or at Therapy

Dividing the schedule into activities carried out during a respondents free time and those carried out, e.g. while at an ATC, would provide information on the nature of independent

leisure while retaining information on all leisure experiences. This latter is useful to guide a skills teaching or counselling programme. For example, if an individual regularly engages in an activity while at an ATC but never independently, then the area to focus upon would be different than had the activity never been done at all. The present schedule does provide such information, but a more direct assessment would seem useful, particularly in a clinical setting.

4. Respondents' Satisfaction with Leisure

The assessment of respondents' satisfaction with their leisure was found to be inadequate for two reasons. The first concerned the form of question, i.e. "are you happy doing the things you have just told me about?". Although it was understood, the question was too "leading" and very few individuals said that they were not. The questions used in studies which have attempted to assess life satisfaction in people with learning difficulties (e.g. Flynn and Saleem, 1986, cited in Seager, 1987) might prove useful in developing more appropriate questions for inclusion in the schedule. However, even after changes to the question format, there may still be a problem in obtaining accurate subjective information from people whose capacity for reflective thought and self-expression is limited (Seager, 1987).

Secondly, individuals were asked what else they would like to do in their leisure time. This proved to be too broad a question and few respondents had any specific ideas. The aim of this question was not to obtain information upon which to develop a leisure teaching programme, but to discover the types of activity which individuals would like to undertake and their awareness of possibilities. However, the results suggest that, even to obtain this level of information, more detailed exploration and discussion would be required.

5. Respondents' Friendships

The assessment of friendship was intended to be only a minor

part of the leisure schedule. However, the significance of friendship, or lack of it, to the leisure of individuals was illustrated both in the present study (see Part Two, Sections I and II) and in previous work (e.g. Donegan and Potts, 1988). This suggests that friendship merits more detailed study. The section of the schedule on friendship could be improved by asking more direct and more concrete questions, e.g. "tell me some people who you spend time with in the evenings".

6. Provision of a Standard Against Which to Assess an Individual's Leisure

The information on leisure norms in the Life Experiences Checklist (Ager, 1990) provides a standard against which to assess an individual's leisure. The present work also collected data on leisure norms (Part Two, Sections II and III). The interpretation of information obtained from the schedule would be assisted if these normative data could be incorporated, either as frequencies against which to compare participation or as weightings for particular activities (e.g. seeing family might be weighted more highly than walking in the park).

General Conclusions

The structured interview schedule thus seems to have utility as a detailed assessment of the leisure of adults with learning difficulties. However, employment of the schedule with groups of adults with learning difficulties in the studies reported later in this thesis indicated ways in which it could be improved and developed.

PART TWO: EMPIRICAL STUDIES

Part Two, Section I: Influences on the Leisure of People with Learning Difficulties

As discussed in the Introduction, there has been very little systematic study of factors which might influence leisure participation in people with learning difficulties. Although previous surveys have been useful in presenting a general picture of leisure, many have simply documented levels of participation. It is important to provide a more explanatory framework which can be used to guide leisure skills teaching, leisure counselling and service provision.

The general aim of this part of the investigation is therefore to assess the influence of various factors on the involvement in, and the nature of, leisure pursuits in people with learning difficulties.

Study One: Effects of Place of Residence on Regular Leisure Activities

Research cited above (Introduction) has indicated the difficulties which many individuals experience with leisure when they move from institutions to residences in the community and also the difficulties experienced by those who have lived in the community for many years. The few studies which have compared people living in hospital with those in hostels or group homes (Ericsson et al., 1985; Hill et al., 1984), or those in hostels with those living with natural or foster families (Seager, 1987; Aveno, 1987a,b), suggest that individuals may indeed experience changes in their leisure routine following any move. Therefore, one reason for studying the leisure of those living in different types of residence, is to provide information which can identify the nature of these changes. This information can in turn be used guide the development of leisure services and programmes of relevant teaching and training, both for individuals who,

prior to a move to more independent living, are at risk of difficulties with leisure and for those who are already experiencing such difficulties.

A second reason relates to the expectation behind the policy of deinstitutionalisation: that individuals will have a more normal and integrated life when they live in the community (e.g. Wolfensberger, 1972). This has not been fully assessed with regard to community participation (Seager, 1987) or to leisure in general. Therefore, a comparative study of the leisure of individuals who live in the community (in different environments) and those who live in institutions will indicate the extent to which living in the community results in greater community involvement and participation in "normal" leisure activities.

Aims

This study will compare the responses, given to Part A of the structured interview schedule, of people with learning difficulties living in different settings and will ask: what differences exist in the regular leisure activities of people with learning difficulties who reside: a) in hospital, b) in hostels and c) with their families ?

Variables Studied

1. Settings

The study compared people with learning difficulties living in three settings - in a hospital, in hostels and with their families. These settings were selected because they represent the main alternative places of residence for people with learning difficulties in the locality in which the study was carried out.

The hospital is a 400-bedded establishment on the outskirts of town; although a traditional institution, it is well staffed and equipped. It is the only hospital for people with learning difficulties in the Area. The hostels are both

local authority run hostels, each for approximately 20 individuals. The majority of individuals in the two hostels had been resident in an institution at some stage of their lives. Residents attended one or other of two local Adult Training Centres (ATC). The individuals who lived with their families were all resident in the city and attended the same ATC. None of the families were foster families.

2. Participation in Regular Leisure Activities

Respondents were asked whether or not they participated in each of nine "evening activities", i.e. spending time in their own room, spending time in the sitting room, watching television, doing hobbies, listening to music, playing games, going out, having friends or family to visit and going to a club, and each of nine "weekend" activities, i.e. spending time in own room, doing housework, doing hobbies, playing games or sports, watching television, listening to music, going out, going shopping and having friends or family to visit. The reasons for selecting these activities were discussed in the Introduction.

In assessing whether a respondent did, or did not, participate no attention was paid to the frequency of participation.

3. Participation Usually Alone/With Others

For those activities in which respondents indicated that they participated, they were asked whether, while participating, they were by themselves "a lot" or a "a little". The reasons for assessing this were discussed in the Introduction.

4. Reasons for Participating

For those activities in which respondents indicated that they participated, they were asked if someone had suggested that they do the activity; if they said no, they were asked why they did the activity.

Method

1. Setting

Three groups were compared, drawn from people with learning difficulties who were (Hospital Group) resident in a hospital for people with learning difficulties, (Hostel Group) who were resident in two hostels for people with learning difficulties in the same town and (Family Group) individuals who lived with their families and who all attended a local Adult Training Centre.

2. Selection of Respondents

i. Hospital Group

A list of names was randomly selected from the rehabilitation ward of the hospital and the individuals approached, initially by care staff and then by the author, to take part in the study. All agreed.

ii. Hostel and Family Groups

Lists were then drawn up for the other two Groups, with an attempt being made to match each for age and IQ with the Hospital Group. Respondents in the Hostel and Family Groups were also approached by care staff or staff at the ATC and then by the author. Two individuals in the Hostel Group did not wish to take part and were replaced by two others.

3. Screening

It was decided to use the assessment of "a lot" and "a little" (Appendix V) as a screening device to see which individuals were able to answer questions on the frequency of their leisure pursuits (in terms of "a lot" and "a little"). Those who were able to respond were given Part A of the schedule and so included in this study. Those who were not able to respond were given a shortened version of Part B of the schedule and so were included in Study Two.

4. Details of Groups

Twelve individuals were included in each of the three Groups. The details of their age, IQ and sex are shown in Table 2.I.1.

Table 2.I.1 Age, Intelligence and Sex of Respondents Answering Part A of the Leisure Schedule

	Hospital	Hostel	Family	Total
Age (years)				
Mean	40.6	43.0	33.0	38.9
S.D.	10.7	11.7	12.9	12.2
Range	20-53	21-56	17-54	17-56
WAIS IQ				
Mean	58.6	57.2	60.5	58.7
S.D.	8.9	11.8	8.4	9.7
Range	41-76	40-78	40-78	40-78
Sex				
Males	9 (75.0%)	3 (25.0%)	4 (33.3%)	16 (44.4%)
Females	3 (25.0%)	9 (75.0%)	8 (66.7%)	20 (55.6%)

i. Age and Intelligence

The Kruskal-Wallis One-Way Analysis of Variance indicated that there were no significant differences in age ($X^2=4.5$, n.s.) or IQ ($X^2=0.7$, n.s.) between the three Groups.

ii. Gender

A problem arose in connection with the sex ratio of the Groups. It had been intended to select respondents in such a way that they would be representative of the wider population of the setting from which they were drawn. However, it emerged that the sex ratios differed in these three settings, with males predominating in the hospital and females in the hostels and families. The choice was therefore between selecting the Groups so that they had similar sex ratios, although they would not have been similarly representative of their populations, or selecting equally representative Groups which would therefore differ in their sex ratio. This latter was adopted because it was intended as part of the study to investigate the effects of gender upon leisure, so that information would be available which would

permit any bias due to the different sex ratios of the Groups to be corrected, or allowed for in the interpretation of the results. No such correction would have been possible of any bias due to differences in the extent to which the Groups were representative.

The Groups differed significantly in their sex ratios ($X^2=7.0$, d.f.=2, $p=0.031$). However, the subsequent investigation (Part Two, Section I, Study Four) of the effects of gender indicated that there were not, in fact, many differences in participation, in whether respondents were usually alone or in the reasons given for participation.

iii. Disposable Income

One potential influence on leisure activities is disposable income, i.e. how much money the individual has available, after buying necessities, to spend on leisure activities, e.g. travelling and admission to facilities and buying equipment.

There were no major differences between the three Groups in the amount of "public" money available to them, from benefit payments and from assistance provided by the hospital, hostels and ATC's. Individuals are likely to have differed in the amount of "private" money available to them, e.g. from friends and relatives, but it was not possible to determine these amounts with any accuracy. Observation suggested that most or all of the respondents had access to only small amounts of disposable income and that there were no great differences between the Groups.

Procedure

1. Conduct of Interviews with Respondents

All of the interviews were conducted by the author with individual respondents. Interviews with members of the Hospital Group were held in a quiet room on the ward or in the clinical psychology department of the hospital; those with the Hostel Group were conducted in a quiet room or the training flat of the hostel; the Family Group were seen in a side room or vacant classroom at the ATC. Occasionally, respondents were interviewed in their own rooms at the hospital or hostel, if they agreed.

Before the interview began, the author explained why she was interested in the individual's leisure and stressed that there were no right or wrong answers. Interviews lasted approximately 45 minutes with the full schedule (Parts A and B) and approximately 20 minutes with the shortened version (Part B, omitting the frequency questions). Respondents were free at any time to end the interview or to take a break. Only one interview was ended before completion.

2. Reliability of Interviews with Respondents

Because the inter-tester and test-retest reliability of the schedule had been shown in Part A to be adequate, it was not considered necessary to assess reliability in this study.

3. Conduct of Screening ("Lot/Little") Assessment

The "lot/little" assessment was presented at the start of the first interview and a decision made as to whether to give the full or part versions of the schedule.

4. Interviews with Staff

Interviews were conducted with members of staff in the hospital and hostel to clarify those aspects of routine and policy which might impinge upon respondents' leisure.

5. Analysis

i. Analysis of Interview Data

The influence of place of residence upon individuals' regular leisure pursuits was considered in terms of: the activities which they did or did not do; the extent to which they were alone or with others for these activities; and whether the reasons they gave for participation were positive or negative. For this latter analysis, the author and two other raters independently coded each subject's answer as either positive or negative. This rating referred to whether an individual had an "active" goal-directed reason for participation (e.g. that s/he liked the activity) rather than engaging in it only because there was "nothing else to do" or only because it had been suggested to him/her. The three sets of codings were compared (Appendix VI) and, for items where there were differences in agreement, the majority coding was selected.

ii. Statistical Analysis

a. Methods Employed

All of the data presented below were analysed using the Statistical Package for the Social Sciences (SPSSX), versions 2.1 and 3. As the vast majority of the data were either nominal or ordinal, nonparametric statistical tests were employed. The Crosstabs procedure was used to give the numbers and percentages of respondents for each categorical comparison and chi-square indicated if these numbers were significantly different from the expected frequencies. SPSSX allows one sample chi-square analysis (test of "goodness of fit") and k sample analysis (of association) following a Crosstabs procedure. This latter comparison gives the statistics both before and after the Yates' correction for 2 X 2 tables. As a result of research cited below, chi-square analyses were conducted even where any of the expected frequencies were less than 5 (this position has also been adopted in some statistics textbooks, e.g. Runyon and Haber,

1980) and results accepted as significant before Yates' correction.

b. Rules Governing the Use of Chi-Square

Some discussion is necessary of chi-square. Several criticisms of the use by behavioural scientists of this test were made by Lewis and Burke (1949, cited in Delucchi, 1983). One error concerns the size of expected cell frequencies and this point has since been addressed by statisticians. Lewis and Burke (1949, cited in Delucchi, 1983) and others (e.g. Fisher, 1938) recommended a value of 5 as the absolute minimum for an expected cell frequency. Cochran (1952, cited in Delucchi, 1983) suggested that chi-square be applied if no more than 20% of the cells have expected frequencies between 5 and 1. These recommendations are still found in some recent statistics textbooks (e.g. Startup and Whittikar, 1982). However, other more recent research indicates that chi-square is, in fact, robust enough to handle very small cell frequencies (Roscoe and Byars, 1971, cited in Camilli and Hopkins, 1978; Camilli and Hopkins 1978, 1979; Bradley et al., 1979). The likelihood of Type I errors (i.e. the rejection of a hypothesis when it is actually true) occurring has been found to be small in both "goodness of fit" analyses and analyses of association. Camilli and Hopkins (1979) discuss the likelihood of Type I errors in 2 x 2 contingency tables when both N and the expected cell frequencies are small. When expected cell frequencies are equal, they suggest an average of 2 or more ($p=0.05$). With non-equal expected frequencies, this recommended average rises to 6 ($p=0.05$).

One drawback to small expected cell frequencies is a loss of power (Delucchi, 1983). Camilli and Hopkins (1979) discuss the issue of power with small N samples. They conclude that "researchers working with precious observations that may limit N should probably relax alpha to .10 and make directional tests to increase power" (p.1014).

One test which is recommended when $N < 20$ and both measures of a 2 X 2 contingency analysis are dichotomous is

the Fisher Exact Probability Test. However, this test has been found to be very conservative (Camilli and Hopkins, 1978).

Another area which requires to be considered is correction for continuity. A widely advocated correction is that of Yates. The argument behind a correction is that categorical variables are discrete and the chi-square distribution is continuous (Delucchi, 1983) so that a correction is made to improve approximation. The Yates' correction acts by moving the observed value closer to the expected values and so makes it harder to reject the hypothesis being tested. However, the consensus view on correction for continuity is that it becomes overly conservative when either or both marginals are random and is not recommended unless strong conservatism is desired or the marginal totals are fixed (Camilli and Hopkins, 1978; Delucchi, 1983).

SPSSX versions 2.1 and 3, the statistical package employed in the present work, allows one sample chi-square analysis and k sample analysis, following a crosstabs procedure. This latter comparison gives the statistics both before and after the Yates' correction for 2 X 2 tables. The minimum expected frequencies and the number and percentage of cells with expected frequencies below 5 are also given.

c. Decisions Made About Statistical Tests in This Study

As a result of these recommendations, the author conducted chi-square analyses where the expected frequencies were below 5. When the total sample size was small (less than 20), the Fisher Exact Probability Test was used rather than chi-square.

For comparisons employing ordinal data, the Mann-Whitney U test was employed. Correlations between ordinal data were calculated using Spearman's Rank Correlation Coefficient.

Probability statements obtained from these nonparametric tests are exact probabilities and are reported as such, to three decimal places. The significance level for rejection of the null hypothesis was set to $p < 0.050$. All probability

statements are two-tailed, unless indicated otherwise.

iii. Size of Samples

The size of the samples, i.e. the number of respondents in each Group, is important because this determines the probability of Type II error. This is the probability of failing to detect a significant difference between groups when a "true" difference does, in fact, exist. A great deal has been written about sample size in connection with controlled clinical trials (e.g. Altman, 1983) and formulae exist which enable the minimum sample size to be estimated which would be necessary to detect differences in treatment effects of various magnitude, at various levels of statistical significance and with various possibilities of Type I and Type II error (Pocock, 1983).

Unfortunately, this statistical approach to the determination of sample size could not be employed in this study, for two reasons. First, the comparisons were between three Groups (Hospital, Hostel and Family) and the author could find no reports of formulae which applied to three rather than two groups. Secondly, the formulae require estimates to be made of the percentage of each group which is expected to "be successful" (e.g. respond, as opposed to not respond, to the treatment). In other words, dichotomous decisions are required and information must be available to inform these decisions. In the present study, some of the data were dichotomous (e.g. respondents were classified as engaging, or not engaging, in various activities) but other data were not (e.g. in Part B of the schedule, the assessment of who respondents did the activities with). Further, it was not often possible to make informed estimates of the likely percentage participation in the various activities by the three Groups.

To provide some guidance on required sample size, it was calculated that two Groups, each of 10.5 people, would allow a difference in frequency of participation of 50% to be detected at the 0.05 level of significance (chi-square test)

with the risk of Type I and Type II errors being 0.05 and 0.1 respectively. In addition, various calculations were carried out of the statistical significance of various frequencies of participation in the three Groups.

On the bases of these calculations, it was decided that 12 respondents in each Group would provide a reasonable compromise between the need to minimise the probability of Type II error and that of reducing, as far as possible, the number of respondents included in the study.

It may be, of course, that 12 is somewhat too low and that some "true" differences among the Groups have not been detected. This will be kept in mind when the results are interpreted and discussed.

Results

1. Participation in Activities

The number of respondents in each Group who engaged in the various activities is shown in Table 2.I.2.1

There was only one significant difference between the three Groups in the level of participation in the activities. This was for having family or friends to visit in the evenings ($X^2=6.2$, d.f.=2, $p=0.044$). Pairwise chi-square analyses indicated that fewer respondents in the Hospital Group saw family or friends in the evening compared to those living with their Families ($X^2=6.0$, d.f.=1, $p<0.010$). None of the other comparisons were significant.

The finding that the Hospital Group did not differ significantly from the other two Groups in going out in the evenings and at the weekend was very surprising considering the distance of the hospital from the town. The specific answers which respondents had given to this question were studied. These indicated that several of the respondents in the Hospital Group considered that they went out in the evenings when they left their ward rather than left the hospital. The number of respondents who participated in an activity in the evenings that was actually outside of the

Table 2.I.2 Influence of Place of Residence Upon Participation in Regular Leisure Activities

Evening Activities					
	Hospital	Hostel	Family	X²	p.
	n (%)	n (%)	n (%)		
Spend time in own room	6 (50.0)	7 (58.3)	8 (72.7)	1.3	NS
Spend time in sitting room	12 (100)	11 (91.7)	12 (100)	2.1	NS
Watch television	12 (100)	10 (83.3)	11 (91.7)	2.2	NS
Do hobbies	9 (75.0)	9 (75.0)	11 (91.7)	1.4	NS
Listen to music	9 (75.0)	9 (75.0)	9 (75.0)	0.0	NS
Play games	5 (41.7)	9 (75.0)	6 (50.0)	2.9	NS
Go out	8 (66.7)	7 (58.3)	8 (66.7)	0.2	NS
Have friends or family to visit	3 (25.0)	5 (41.7)	9 (75.0)	6.2	0.044
Go to a club	9 (75.0)	8 (66.7)	7 (58.3)	0.8	NS
Weekend Activities					
	Hospital	Hostel	Family	X²	p.
	n (%)	n (%)	n (%)		
Spend time in own room	4 (33.3)	8 (66.7)	4 (33.3)	3.2	NS
Do housework	10 (83.3)	10 (83.3)	10 (83.3)	0.0	NS
Do hobbies	7 (58.3)	8 (66.7)	7 (58.3)	0.2	NS
Play games or sports	6 (50.0)	2 (16.7)	4 (33.3)	3.0	NS
Watch television	12 (100)	11 (91.7)	11 (91.7)	1.1	NS
Listen to music	10 (83.3)	10 (83.3)	9 (75.0)	0.4	NS
Go out	11 (91.7)	9 (75.0)	11 (91.7)	1.9	NS
Go shopping	6 (50.0)	6 (50.0)	9 (75.0)	2.1	NS
Have friends or family to visit	10 (83.3)	7 (58.3)	10 (83.3)	2.7	NS

hospital grounds was two, as opposed to eight who did things outside of the ward. At the weekend, seven individuals left the hospital compared to the 11 who left the ward.

A chi-square analysis comparing all three Groups using this recoded data indicated a significant difference between the three Groups ($X^2=6.9$, d.f.=2, $p=0.032$) in going out in the evenings when it involved leaving the home environment. Pairwise analyses indicated that there was a significant difference between the Hospital and Hostel Groups ($X^2=4.4$,

d.f.=1, $p=0.017$, one-tailed, before Yates correction) and between the Hospital and Family Groups ($X^2=6.1$, d.f.=1, $p=0.006$, one-tailed, before Yates' correction). There was no significant difference in going out at the weekends.

2. Participation Usually Alone/With Others

The number of respondents in each Group who did an activity, either alone or in the company of others, is shown in Table 2.I.3. As only those respondents who did an activity could be asked about who they were with, the total number of respondents in each Group was on occasion less than 12.

Unfortunately, a portion of the data on who respondents were with, when playing games or sports at the weekend, was lost. Therefore, this item is not considered in this analysis.

The Groups were found to differ in one comparison - whether they were usually alone or with others when playing games in the evening ($X^2=9.1$, d.f.=2, $p<0.010$). Three (75.0%) of the Hospital Group were alone "a lot" compared to one (11.1%) of the Hostel Group and none of the Family Group. Fisher's Exact Probability Test indicated that significantly more respondents from the Hospital usually played games alone compared with the Hostel ($p=0.050$) and Family ($p=0.034$) Groups. The type of games played alone by respondents in the Hospital Group was checked and all were capable of being played alone.

There were no differences between the Groups in the total number of activities respondents did alone and in the total number done with others.

3. Reasons for Participation.

The number of respondents in each Group who did an activity for either positive or negative reasons is shown in Table 2.I.4.

The Groups were found to differ significantly in the reasons which they gave for participating in two activities: spending time in their own rooms in the evening ($X^2=8.8$, d.f.=2, $p=0.012$) and doing hobbies at the weekend ($X^2=6.8$,

Table 2.I.3 Influence of Place of Residence Upon Whether Respondents were Alone or With Others During Participation in Regular Leisure Activities

Evening activities.

	Hospital n (%)	Hostel n (%)	Family n (%)	χ^2	p.
Spend time in own room					
By self a lot	6 (100)	4 (57.1)	7 (87.5)		
By self a little	0	3 (42.9)	1 (12.5)	4.2	NS
Spend time in sitting room					
By self a lot	1 (8.3)	0	2 (16.7)		
By self a little	11 (91.7)	11 (100)	10 (83.3)	2.0	NS
Watch television					
By self a lot	1 (8.3)	1 (11.1)	2 (18.2)		
By self a little	11 (91.7)	8 (88.9)	9 (81.8)	0.5	NS
Do hobbies					
By self a lot	2 (22.2)	4 (44.4)	3 (30.0)		
By self a little	7 (77.8)	5 (55.6)	6 (60.0)		
Depended on hobby	0	0	1 (10.0)	2.9	NS
Listen to music					
By self a lot	8 (88.9)	5 (55.6)	8 (88.9)		
By self a little	1 (11.1)	4 (44.4)	1 (11.1)	3.9	NS
Play games					
By self a lot	3 (75.0)	1 (10.0)	0		
By self a little	1 (25.0)	9 (90.0)	7 (100)	9.1	<0.01
Go out					
By self a lot	3 (37.5)	4 (50.0)	4 (57.1)		
By self a little	5 (62.5)	4 (50.0)	3 (42.9)	0.6	NS

Weekend Activities.

	Hospital n (%)	Hostel n (%)	Family n (%)	χ^2	p.
Spend time in own room					
By self a lot	4 (100)	7 (87.5)	4 (100)		
By self a little	0	1 (12.5)	0	1.1	NS
Do hobbies					
By self a lot	4 (57.1)	5 (71.4)	5 (71.4)		
By self a little	3 (42.9)	2 (28.6)	2 (28.6)	0.4	NS
Watch television					
By self a lot	2 (16.7)	0	2 (18.2)		
By self a little	10 (83.3)	9 (100)	9 (81.8)	1.8	NS
Listen to music					
By self a lot	9 (90.0)	6 (60.0)	6 (66.7)		
By self a little	1 (10.0)	4 (40.0)	3 (33.3)	2.5	NS
Go out					
By self a lot	7 (70.0)	2 (28.6)	4 (36.4)		
By self a little	3 (30.0)	5 (71.4)	7 (63.6)	3.6	NS
Go shopping					
By self a lot	3 (50.0)	4 (66.7)	4 (44.4)		
By self a little	3 (50.0)	2 (33.3)	5 (55.6)	0.7	NS

Table 2.1.4 Influence of Place of Residence Upon the Reasons for Participation in Regular Leisure Activities

Evening activities.					
	Hospital	Hostel	Family	x²	p.
	n (%)	n (%)	n(%)		
Spend time in own room					
Positive	2 (33.3)	7 (100)	7 (87.5)	8.8	0.012
Negative	4 (66.7)	0	1 (12.5)		
Spend time in sitting room					
Positive	7 (63.6)	7 (63.6)	12 (100)	5.7	NS
Negative	4 (36.4)	4 (36.4)	0		
Watch television					
Positive	8 (66.7)	9 (90.0)	7 (70.0)	1.8	NS
Negative	4 (33.3)	1 (10.0)	3 (30.0)		
Do hobbies					
Positive	4 (44.4)	7 (77.8)	7 (63.6)	2.1	NS
Negative	5 (55.6)	2 (22.2)	4 (36.4)		
Listen to music					
Positive	6 (66.7)	8 (88.9)	6 (66.7)	1.5	NS
Negative	3 (33.3)	1 (11.1)	3 (33.3)		
Play games					
Positive	4 (100)	8 (88.9)	3 (60.0)	3.0	NS
Negative	0	1 (11.1)	2 (40.0)		
Go out					
Positive	6 (75.0)	5 (71.4)	7 (87.5)	0.6	NS
Negative	2 (25.0)	2 (28.6)	1 (12.5)		
Weekend Activities.					
	Hospital	Hostel	Family	x²	p.
	n (%)	n(%)	n(%)		
Spend time in own room					
Positive	2 (50.0)	5 (71.4)	2 (50.0)	0.7	NS
Negative	2 (50.0)	2 (28.6)	2 (50.0)		
Do housework					
Positive	6 (66.7)	5 (45.5)	2 (20.0)	4.2	NS
Negative	3 (33.3)	6 (54.5)	8 (80.0)		
Do hobbies					
Positive	6 (85.7)	6 (85.7)	2 (28.6)	6.9	0.032
Negative	2 (14.3)	1 (14.3)	5 (71.4)		
Play games/sports					
Positive	3 (60.0)	2 (100)	2 (50.0)	1.5	NS
Negative	2 (40.0)	0	2 (50.0)		
Watch television					
Positive	9 (75.0)	10 (90.9)	9 (81.8)	1.0	NS
Negative	3 (25.0)	1 (9.1)	2 (18.2)		
Listen to music					
Positive	6 (60.0)	9 (90.0)	6 (75.0)	2.5	NS
Negative	4 (40.0)	1 (10.0)	3 (25.0)		
Go out					
Positive	9 (90.0)	7 (100)	7 (63.3)		

d.f.=2, p=0.032).

Two (33.3%) of the Hospital Group, seven (100%) of the Hostel Group and seven (87.5%) of the Family Group gave positive reasons for spending time in their own rooms in the evening. Fisher's Exact Probability Tests indicated that the Hospital and Hostel Groups were significantly different (p=0.021) but that the other pairs of Groups were not.

Although the chi-square analysis indicated that the three Groups were significantly different in doing hobbies at the weekend, Fisher's Exact Probability test was not significant for any of the pairwise comparisons.

Table 2.I.4 (cont.)

Weekend Activities.					
	Hospital n (%)	Hostel n (%)	Family n (%)	X ²	p.
Go shopping					
Positive	4 (75.0)	5 (83.3)	6 (85.7)		
Negative	2 (25.0)	1 (16.7)	1 (14.3)	0.9	NS

Discussion

The assessment of both inter-tester and test-retest reliability, reported in Part One, indicated that the schedule was reliable. It was the interviewer's impression that respondents understood the questions about their regular leisure activities and that the interview process was successful.

The results show that there were few significant differences between the three Groups. However, the fact that some differences were significant indicate that this low number was not due to the small number of respondents in the comparisons. There is a possibility that some of these differences could be due to chance and this must be kept in mind when discussing the results.

As discussed above (page 80) the three Groups had significantly different proportions of males and females.

However, further analysis showed that this was not responsible for the four significant differences which were found between the three Groups.

Most of the regular leisure activities considered in Part A of the schedule were home-based and as such required only limited organisation. For such activities, place of residence was found to have little influence on participation. Where it was found to be significant was for evening activities which required either the respondent to leave the home environment, or the involvement of family or friends from outside of the home. In both cases, significantly fewer of the Hospital Group, compared to the Family Group, considered going out or seeing friends or family to be part of their regular leisure in the evenings. The Hospital Group was also significantly less likely to go out in the evenings than the Hostel Group (when "going out" meant leaving the hospital as opposed to the ward).

For seeing friends or family, these differences are not unexpected considering the location and routine of the hospital, where visiting was a weekend activity. Added to this, respondents living with their families would be likely to be involved not only with their own visitors but also with those of parents or siblings. While there was no difference between the Hostel and Hospital respondents, a greater number of Hostel respondents did see friends or family in the evenings. It is possible that the organised nature of the hostel also meant that friends or family did not call on a casual basis, as they might have done to a private home.

Similarly for going out, the distant location of the hospital, and the tradition of providing everything within the institution (as well as the system of passes required to go out of the grounds), made going out a more complex activity than in the other two environments.

While roughly similar numbers in each Group went to (segregated) clubs, all but one of the nine respondents from the Hospital who did so went to a club within the hospital, whereas the respondents in the Hostel and Family Groups

attended clubs away from their homes.

The finding that regular leisure for the Hospital Group is primarily institution-based is similar to the descriptive reports of leisure in other hospitals (e.g. Tyne, 1978).

Considering the social aspect of regular leisure, the only significant difference was that fewer individuals in the Hospital Group than in the other Groups played games with others in the evening. This might be seen as suggesting a further qualitative difference, in that this activity was the only home-based one (not dependent on family involvement) which required some form of social interaction, as opposed to being merely in the company of other people. The suggestion that social interaction was less of a feature of the Hospital Group's leisure than of the other two Groups is supported by the finding that none of the Hospital respondents spent time in their rooms with other people in the evenings (thereby missing the opportunity for small group interaction). However, the interview with a member of the hospital staff indicated that it was against the hospital's rules for individuals to have people in their rooms. Although this rule was broken, it is possible that the Hospital respondents would not "admit" to being in their rooms with friends.

Study Two: Effects of Place of Residence on Wider Leisure Experiences

Aims

While Part A of the schedule dealt with regular leisure activities, Part B of the structured interview contains items about the wider leisure experience, i.e. the In-Home, Out-of-Home and Out-of-Doors and Sports activities which respondents had experienced but which were not necessarily part of their regular leisure. Questions on satisfaction, friendship and self-perception were also included. Study Two concerns Part B and will ask: what differences exist in the wider leisure experiences of people with learning difficulties who reside: a) in hospital, b) in hostels and c) with their families ?

Variables Studied

1. Settings

This study compared people with learning difficulties living in the three settings - a hospital, hostels and with their families - which were described in Study One.

2. Participation in Wider Leisure Experiences

Respondents were asked whether or not they participated in each of 78 leisure activities. These were divided into In-Home, Out-of-Home and Out-of-Door and Sports activities.

3. Frequency of Participation

The reason for selecting very broad frequency categories was discussed in Part Two. For activities which respondents said they did, they were asked whether they did the activity "a lot" or "a little" and whether it was last done "a little time ago" or "a long time ago".

Method

1. Setting

As in Study One, three Groups were compared, drawn from people with learning difficulties resident in a Hospital, in one of two Hostels or with their Families and attending a local Adult Training Centre.

2. Selection of Respondents

This was as in Study One.

3. Screening

As described in Study One, the assessment of understanding of "a lot" and "a little" was used to select individuals who understood the frequency discriminations in the interview schedule.

4. Details of Groups

Fifteen individuals were included in each of the three Groups. The details of their age, IQ and sex are shown in Table 2.I.5. The Kruskal-Wallis One-Way Analysis of Variance indicated there were no significant differences in age ($X^2=3.9$, n.s.) or IQ ($X^2=1.3$, n.s.) between the three Groups. The Groups did

Table 2.I.5 Age, Intelligence and Sex of Respondents Answering Part B of the Leisure Schedule

	Hospital	Hostel	Family	Total
Age (years)				
Mean	38.5	41.9	30.9	37.0
S.D.	11.3	11.0	12.4	12.3
Range	20-53	21-56	17-54	17-56
WAIS IQ				
Mean	57.7	55	58.8	57.1
S.D.	9.2	11.5	8.8	9.8
Range	41-76	40-78	46-72	40-78
Sex				
Males	11 (73.3%)	4 (26.7%)	6 (40.0%)	21(46.7%)
Females	4 (26.7%)	11 (73.3%)	9 (60.0%)	24(53.3%)

differ significantly in the proportion of male and female members ($X^2=6.9$, d.f.=2, $p=0.031$). Pairwise chi-square analyses, indicated that this difference was between the Hospital and Hostel Groups ($X^2=6.5$, d.f.=1, $p=0.012$). The reasons for the different sex ratios in the three Groups were discussed in Study One. Within each of the three Groups, males and females were found not to differ in age and IQ; the 21 males and 24 females in the total sample did not differ in age or IQ.

Procedure

1. Conduct of Interviews with Respondents

This was as described in Study One, with 36 individuals receiving Part A of the schedule prior to Part B. These 36 were given all the questions in Part B of the schedule. In addition, the nine individuals who were unable to discriminate between doing something "a lot" or "a little" and doing it "a little" or "a long" time ago, were given a modified version of Part B. This version asked only if an individual did an activity and, if so, with whom and where. Thus, a total of 45 respondents answered the questions of Part B.

2. Reliability of Interviews with Respondents

i. Inter-Tester Reliability

A check on inter-tester reliability was conducted by having an independent rater rate four of the interviews which were recorded on audiotape.

ii. Test-Retest Reliability

A check on test-retest reliability was conducted by interviewing 10 of the respondents twice over a six week period.

Analysis

1. Analysis of Interview Data

As with the analysis of Part A, the aim of the analysis was to determine the influence of place of residence on leisure.

Data were analysed according to whether individuals participated in activities and, if so, the frequency of their participation. For analysis, the scores on frequency of participation were re-coded to give four possible frequency categories:

1. do a little and last did a long time ago
2. do a little and last did a little time ago
3. do a lot and last did a long time ago
4. do a lot and last did a little time ago

Activities described as 1 are neither current nor regular activities, those described as 2 are current but not regular, those described as 3 are regular but not current and those described as 4 are current and regular activities.

The influence of place of residence on who respondents were with, and where the activities were done, was also assessed.

2. Statistical Analysis

The statistical analysis was similar to that reported in Study One.

3. Reliability

Because evidence presented in Part One had shown that the inter-tester and test-retest reliability of part B of the schedule were adequate, no additional assessment of reliability was undertaken.

Results

1. Participation

i. In-Home Activities

The In-Home leisure activities of respondents in the three Groups were compared. The percentage of respondents who said they did each of the In-Home activities is shown in Appendix VII. The details of activities in which the three Groups are significantly different are presented in Table 2.I.6.

Table 2.I.6 In-Home Activities in which Participation was Influenced by Place of Residence

Activity	Hospital n (%)	Hostel n (%)	Family n (%)
Read newspapers or magazines	10 (66.7)	8 (53.3)	14 (93.3)

The three Groups differed significantly only in the number reading newspapers and magazines ($X^2=6.1$, d.f.=2, $p=0.048$). Pairwise chi-square analyses indicated that significantly more respondents who lived with their Families read newspapers or magazines than those who lived in the Hostel ($X^2=4.3$, d.f.=1, $p=0.013$) but that there were no differences between the other pairs of Groups.

ii. Out-of-Home Activities

The numbers and percentages engaging in the various Out-of-Home activities are shown in Appendix VIII. The activities in which the three Groups were significantly different are shown in Table 2.I.7.

These were: going to a disco or dancing ($X^2=7.8$, d.f.=2, $p=0.012$), going to day or evening classes ($X^2=7.8$, d.f.=2, $p=0.02$), going to concerts ($X^2=7.8$, d.f.=2, $p=0.02$), going to the library ($X^2=12.1$, d.f.=2, $p=0.002$), going to the seaside or countryside ($X^2=8.1$, d.f.=2, $p=0.017$) and watching darts, billiards or snooker ($X^2=6.1$, d.f.=2, $p=0.046$).

Pairwise chi-square comparisons showed that significantly

Table 2.I.7 Out-of-Home Activities in which Participation was Influenced by Place of Residence

Activity	Hospital n (%)	Hostel n (%)	Family n (%)
Go to a disco or dancing	13 (86.7)	6 (40.0)	7 (46.7)
Go to day or evening classes	9 (60.0)	2 (13.3)	4 (26.7)
Go to concerts	9 (60.0)	4 (26.7)	2 (13.3)
Visit the library	3 (20.0)	3 (20.0)	11 (73.3)
Go to the seaside or countryside	4 (26.7)	3 (20.0)	10 (66.7)
Watch darts, billiards or snooker	11 (73.3)	8 (53.3)	14 (93.3)

more of the Hospital Group engaged in two activities than the Hostel Group - going to a disco or dancing ($X^2=5.1$, d.f.=1, $p=0.023$) and going to day or evening classes ($X^2=5.1$, d.f.=1, $p=0.023$). The Hospital Group also engaged significantly more in two activities than the Family Group - going to a disco or dancing ($X^2=5.4$, d.f.=1, $p=0.02$, before Yates' correction) and going to concerts ($X^2=5.2$, d.f.=1, $p=0.023$).

The Family Group differed from the Hospital Group in that significantly more of them went to the library ($X^2=6.5$, d.f.=1, $p=0.010$) and to the seaside or countryside ($X^2=4.8$, d.f.=1, $p=0.028$). Similarly, they differed from the Hostel Group in respect of both activities ($X^2=6.6$, d.f.=1, $p=0.01$ and $X^2=4.9$, d.f.=1, $p=0.027$ respectively); significantly more of them also watched darts, billiards or snooker ($X^2=4.3$, d.f.=1, $p=0.039$).

iii. Out-of-Doors and Sports Activities

The numbers and percentages of respondents in each of the three Groups who took part in the various Out-of-Doors and Sports activities are shown in Appendix IX. Those activities which were significantly affected by place of residence are shown in Table 2.I.8.

The three Groups were significantly different in: doing athletics ($X^2=6.4$, d.f.=2, $p=0.040$), watching badminton

Table 2.I.8 Out-of-Doors and Sports Activities in which Participation was Influenced by Place of Residence

Activity	Hospital n (%)	Hostel n (%)	Family n (%)
Do athletics	5 (33.3)	5 (33.3)	11 (73.3)
Watch badminton	4 (40.0)	2 (13.3)	2 (13.3)
Do keep-fit or yoga	4 (26.7)	5 (33.3)	11 (73.3)

($X^2=8.5$, d.f.=2, $p=0.014$) and doing keep-fit or yoga ($X^2=7.7$, d.f.=2, $p=0.021$).

More of the Hospital Group than the Family Group watched badminton ($X^2=5.2$, d.f.=1, $p=0.022$) whereas more of the latter Group participated in athletics ($X^2=4.8$, d.f.=1, $p=0.028$) and keep-fit or yoga ($X^2=4.8$, d.f.=1, $p=0.028$).

The Family Group also participated in athletics and keep-fit or yoga more than the Hostel Group ($X^2=4.3$, d.f.=1, $p=0.028$, before Yates' correction and $X^2=4.8$, d.f.=1, $p=0.028$ respectively).

2. Frequency of Participation

Respondents who did an activity were asked about their frequency of participation.

There were no differences between respondents in the three Groups in their frequency of participation in any activity.

Discussion

Place of residence was found to have a limited influence on participation in leisure activities, with the Hospital, Hostel and Family Groups showing significantly different levels of participation in 10 of the 78 activities. There were more differences amongst Out-of-Home and Out-of-Doors and Sports activities than amongst In-Home activities. This supports the suggestion in Study One that the reason why there were so few differences in participation in regular leisure activities was that these activities were primarily home-based and therefore not influenced by factors such as proximity to community

facilities.

Ericsson et al. (1985) also found fewer differences in participation in in-home activities, between individuals living in institutions and the community, compared to participation in activities which imply being in the community, e.g. going to discos or dances or playing bingo. As with the present study, Ericsson et al. (1985) found that the community-based group enjoyed only limited "societal participation".

More of the hospital residents in the present study went to discos or dances, day or evening classes and concerts, a finding which supports those of Hill et al. (1984) who found that more of the residents of an institution had been to a party or a dance and a movie or a concert than residents in community facilities. The discos and dances referred to in the present study and in that of Hill et al. (1984) were organised by staff and held within the institution. Other studies have also found similarly large-scale activities, organised by hospital staff, to be a feature of the leisure of individuals living in institutions (e.g. Beck et al., 1977; Brown et al., 1989).

As in the present study, Hill et al. (1984) found that more individuals living in the community had visited a friend outside of the facility than those living in institutions, although the level of participation was low in both groups.

The present study found place of residence to have no influence upon the frequency of participation in leisure activities. This differs from the results of previous studies (Aveno, 1987 a, b; Hill et al., 1984; Ericsson et al., 1985). However, the latter studies report data from staff, whereas the present work interviewed individuals with learning difficulties themselves.

The difficulties in finding a frequency discrimination (noted in Part One) to employ in the schedule in the present work might be partly responsible for the differences. The only previous study to question people with learning difficulties (Seager, 1987) attempted to control for the

problems which respondents had in reporting frequency by relating activities to anchor events such as Christmas. However, this was found not to be feasible with respondents in the present study and indeed Seager concluded that the frequency data in his study were unreliable. The frequency discriminations (e.g. "a lot" and "a little") employed in the present study are broader and more subjective than descriptions such as "every day", "once a week" and it is possible they were not precise enough to allow discrimination between the levels of participation in the three Groups. Therefore, any conclusions about the absolute frequency of participation of the three Groups in the present study must be treated with caution.

In conclusion, the findings of present study into wider leisure experiences support those on regular leisure reported in Study One. They indicate that place of residence had a limited influence, particularly on In-Home activities.

Study Three: The Influence of Adaptive and Maladaptive Behaviour, Personality and Psychological Disturbance on Participation in Leisure Activities

As mentioned previously, assessments of individuals, on a range of behaviours and skills, are often used as a basis for planning the teaching of skills prior to a move to more independent living situations. However, the relationship between the findings of these assessments and leisure activity has not been studied. It is possible that adaptive and maladaptive behaviour, personality, and psychological disturbance might relate to participation in leisure activities. As well as adding to the body of knowledge about leisure activity in people with learning difficulties, information about the relationship between leisure activity and measures of, e.g. adaptive behaviour, could be used by professionals who are developing programmes to teach leisure skills to people with learning difficulties.

Aims

This study therefore concerns the influence on regular and wider aspects of leisure of the respondents' behaviour and personal level of adaptive and maladaptive behaviour, daily living skills, psychological disturbance, general health and personality. It asks:

to what extent are the regular leisure activities (as assessed by Part A of the schedule) and the wider aspects of leisure (as assessed by Part B) of people with learning difficulties affected by their level of adaptive behaviour (in areas such as independent functioning), their maladaptive behaviour, their level of psychological disturbance and their personality?

Variables Studied

1. Adaptive Behaviour

Adaptive behaviour is the term used to describe skills in a range of areas, such as functioning independently in meeting basic physical needs, functioning as a member of the community and maintaining responsible social relationships (Coulter and Morrow, 1978). Leisure activities require skills in all of these areas, e.g. eating and drinking independently, using public transport and interacting with friends and peers. It is therefore likely that an individual's skills in the above areas will have some influence on his/her participation in leisure activities.

2. Maladaptive Behaviour

Maladaptive behaviour is related to personality and behaviour disorders. It includes both aggressive or "conduct-deviant" behaviour and withdrawal or "personality-deviant" behaviour (Nihira, 1978). Participation in many leisure activities involves some form of social interaction, e.g. when playing games or chatting with friends. However, even activities which are done alone, such as going shopping or going to the cinema, require individuals to conform to socially accepted standards of behaviour. It is therefore reasonable to presume that having some type of maladaptive behaviour, e.g. inappropriate interpersonal behaviour, will influence participation in certain leisure activities.

3. General Health, Anxiety and Depression

Individuals who have physical ailments, or who are anxious or depressed, can feel less able to cope with particular situations and so may avoid them. For example, an individual may be anxious when in a crowd and so may avoid going shopping or to a pub. Someone who is depressed can become withdrawn and lose interest in activities which s/he may have enjoyed before becoming depressed. Neurotic disorder characterised by anxiety, depression and phobias are common in people with

learning difficulties (Novosel, 1984, cited in Reid, 1985; Lindsay and Baty, 1986a,b). Anxiety, depression and poor health are known to reduce participation in leisure activities and the desire for social interaction in individuals without learning difficulties (Goldberg and Huxley, 1980). Therefore, it seems likely that they will have a similar effect on individuals with learning difficulties. Indeed, a manifestation of anxiety in individuals with learning difficulties, referred for psychological treatment, is the inability to concentrate and engage in purposeful activity (Lindsay and Baty, 1989; Lindsay et al., 1988a). Previous work (Lindsay et al., unpublished) has indicated that individuals with learning difficulties are able to provide accurate assessments of their "emotional system".

4. Personality

Perhaps the most widely-used of the many classifications is that of Eysenck (e.g Eysenck and Eysenck, 1963) who describes personality in terms of two main dimensions - introversion/extraversion and stability/instability. Introversion-extraversion refers to the degree to which the basic orientation of an individual is turned inward towards the self or outward toward the external world. Stability-instability (or neuroticism) is a dimension of emotionality. Traits associated with the stable end of the dimension include calm and reliable and those with the unstable end include moody and temperamental. Considering participation in leisure activities, it seems possible that an individual who tends to be more extravert (i.e. sociable, active and outgoing) will be involved in different types of leisure activity than one who tends to be introverted (i.e. quiet, reserved and passive).

5. Leisure Variables

The leisure variables studied are those described in Studies One and Two:

- i. Participation in Regular Leisure Activities
- ii. Whether Individuals were Usually Alone or with Others For Regular Leisure Activities
- iii. Reasons for Participation in Regular Leisure Activities
- iv. Participation in Wider Leisure Activities - In-Home, Out-of-Home and Out-of-Doors and Sports activities.

Method

1. Respondents

Data were available for 24 of the individuals who took part in Study Two ¹. There were equal numbers of males and females. Mean age was 38.5 years (s.d. 11.3, range 20-53). Mean IQ on the WAIS was 56.8 (s.d. 10.1, range 41-76).

2. Assessment Measures

i. Adaptive Behaviour

This was assessed by Part I of the A.A.M.D. Adaptive Behaviour Scale (ABS) (Nihira et al., 1975); and the Social Assessment Section of the Progress Assessment Chart - PAC 2 (Gunzberg, 1974).

a. The A.A.M.D. Adaptive Behaviour Scale (ABS)

The ABS (Nihira et al., 1975) was developed for individual assessment and programme planning and also the assessment of the programming needs of groups of clients for research purposes. It can be used with individuals who have learning difficulties of all ages, from childhood to adulthood. The ABS is divided into two parts. Part I is concerned with areas described as "adaptive behaviour" and comprises 10 domains with a total of 66 items. These domains are: independent functioning; physical development; economic activity; language development; numbers and time; domestic activity; vocational

¹ Data were available for 45 respondents on the Progress Assessment Chart (36 for Part A of the schedule).

activity; self-direction; responsibility and socialisation.

The ABS is designed for use by someone who knows the individual being assessed and special training is required to complete the assessment. A full discussion of various aspects of the ABS can be found in Hogg and Raynes (1987).

b. The Progress Assessment Chart (PAC) 2

This scale was developed by Gunzberg (1974). It comprises an "inventory" of "social skills", knowledge of which will assist the adult or adolescent with learning difficulties to adjust to living in the community (Gunzberg, 1970). The assessment is divided into a social and a personal assessment. The PAC 2 is one of a series of assessments and is designed for people with mild or moderate learning difficulties. The social assessment scale comprises an assessment of 20 areas of social functioning: table habits; cleanliness; care of clothes; mobility; health; language; money; time-measure; writing; reading; shopping; social graces; home assistance; financial dealings; social initiative; manual activities; leisure occupations; application quality; speed reliability and timekeeping, care of tool and materials. The PAC presents data in a circular diagram which permits the arrangement of "skills" in order of increasing difficulty from the centre to the periphery. The order of skills is based on empirical evidence derived from previous work (Gunzberg, 1970). This circle diagram provides a qualitative indication of an individual's social functioning.

Although the PAC 2 does not provide a quantitative assessment of an individual's functioning, previous work (Lindsay et al., unpublished) has demonstrated that a reliable quantitative scoring system can be devised. This method of scoring was adopted. It involved giving individuals a score of one for "easier" items on the PAC (i.e. those close to the centre of the circular PAC diagram), a score of two for items in the middle band of the diagram and a score of three for successful completion of items furthest from the centre of the diagram. The circular PAC diagram is such that, for each of

the 20 areas (listed above), there are two items which can be scored as one, two as two and two as three. Therefore, an individual could score between one and 12 in each of the 20 areas. While this method of scoring has little application in a clinical setting (the aim of the PAC is to indicate the exact area in which an individual requires assistance), it does give an indication of relative ability in each of the 20 areas.

ii. Maladaptive Behaviour

This was assessed by Part Two of the ABS, which concerns "maladaptive behaviours". These are grouped into 14 domains: violent and destructive behaviour; anti-social behaviour; rebellious behaviour; untrustworthy behaviour; withdrawal; stereotyped behaviour and odd mannerisms; inappropriate interpersonal manners; unacceptable vocal habits; unacceptable or eccentric habits; self-abusive behaviour; hyperactive tendencies; sexually aberrant behaviour; psychological disturbances; and use of medication. These domains were derived from a survey of the social expectations placed upon individuals with learning difficulties (Nihira, 1978). Several of these 14 domains are divided into sub-domains. They comprise 43 items in total.

iii. General Health, Depression and Anxiety

a. General Health Questionnaire (28)

The GHQ (Goldberg, 1978) has been developed in several versions with from 12 to 60 items and is currently the most widely used screening test to detect individuals who will turn out, on subsequent interview, to have non-psychotic psychiatric illness (Bridges and Goldberg, 1989). The GHQ focuses on breaks in normal functioning and is concerned with a person's inability to continue with normal "healthy" functions and the experience of new distressing phenomena. Each item consists of a question asking whether the respondent has experienced a particular physical symptom within the

previous few weeks. It employs a four-point response scale ranging from "less than usual" to "much more than usual". Each item is scored either as a "Likert scale" ranging from 0 to 3 or as a bimodal response scale, so that only pathological deviations from normal are noted. A full discussion of the GHQ can be found in Bridges and Goldberg (1989). The GHQ-28 can be scored in terms of four sub-scales (general health, depression, anxiety and social skills). The present study employed the GHQ-28 (Goldberg, 1978) as a bimodal response scale. The four sub-scale scores were calculated for each respondent. The GHQ is designed as a paper and pencil test to be completed by the respondent. However, an orally presented version had been developed by the present author and was employed in this study.

b. Zung Self-Rating Depression Scale (SDS) and Zung Self-Rating Anxiety Scale (SAS)

Zung (1965) constructed the SDS as a method of rapidly assessing the severity of depression in trials and clinics. The scale comprises 20 items, each rated from 0-4, giving a theoretical maximum of 80. Each item is rated according to its frequency of occurrence rather than the intensity of symptom, i.e. "a little of the time, some of the time, a good part of the time, most of the time". A discussion of the Zung SDS can be found in Thompson (1989). The Zung SAS also comprises 20 items rated from 0-3 according to frequency. The SDS and SAS primarily assess thoughts and feelings relating to depression and anxiety (as opposed to the physical symptoms assessed by the GHQ).

An orally-presented version of each measure had been developed by Lindsay and Michie (1988) who showed that, following some modifications, their reliability and validity were adequate when used with individuals with learning difficulties (Lindsay and Michie, 1988, Lindsay et al., unpublished). These modifications involved the inclusion of supplementary questions, which employed simpler language and/or local dialect, for some items and the use of a

dichotomous scoring system (presence or absence of the symptom). The present study therefore employed the modified version of the assessments and a dichotomous scoring system.

iv. Eysenck-Withers Personality Inventory (EWPI)

The EWPI (Eysenck, 1965) is one of the few measures of personality designed for use with people with learning difficulties. It is an adaptation of the various Eysenck Personality Tests (e.g. the Eysenck Personality Inventory, Eysenck and Eysenck, 1963). There are 52 items on the scale in the form of questions requiring a "yes" or "no" response. The scoring system produces a quantitative score for both extraversion and neuroticism.

3. Selection of Variables Included in the Analysis

The ABS and PAC assess several areas which are of little relevance to leisure time, e.g. care of clothes. Specific domains from both Parts I and II of the ABS and items from the PAC were therefore selected for comparison with respondents' scores from the leisure interview schedule.

From Part I of the ABS (adaptive behaviour), the following domains were selected: independent functioning; economic activity; socialisation; responsibility and self-direction. These were selected as the items within the domains (and their sub-domains) included skills such as using public transport, handling money, interacting with others and organising one's own leisure time, all of which seemed to have potential relevance to leisure activities. From the PAC, the following domains were selected: mobility; money; shopping; social graces; financial dealings; social initiative and leisure occupations.

For Part II of the ABS (maladaptive behaviours), two criteria were applied to selection. First, as with Part I of the ABS and the PAC, those items which seemed to have relevance to leisure activities were selected. Secondly, from this list, only those items on which some individuals

scored at or above the 80th percentile on the ABS scoring system were included. According to the guidelines in the ABS manual, an individual would not be considered to have a problem unless s/he had a score at or above the 80th percentile (i.e. higher than 80% of a similar population) for a particular item. Applying these criteria led to the inclusion of seven domains: violent, destructive behaviour; anti-social behaviour; rebellious behaviour; untrustworthy behaviour; withdrawal; inappropriate interpersonal manners; and psychological disturbances.

4. Procedure

In the present study, the information to complete the ABS and PAC was gathered in interviews with members of staff in the hospital, hostel and Adult Training Centre. The assessment was presented verbally by the author or a colleague. Each interview lasted approximately 45 minutes. Certain items on the PAC, including the use of money, require a direct assessment of the individual with learning difficulties. This was conducted by the author or a colleague.

The remaining assessments employed in the study (the GHQ, SDS, SAS and EWPI) were presented directly to the individual with learning difficulties. The author or a colleague conducted an interview with each respondent, presenting each assessment verbally. Each interview took approximately half an hour.

Analysis

Mann-Whitney U tests were used to compare individuals who did an activity with those who did not, in terms of their scores on the selected items from the ABS and the PAC and their scores on the GHQ, Zung SDS and SAS, and EWPI.

Spearman's Rank Order Correlation Coefficient was used to assess the relationship between variables from the above assessments and composite scores from the leisure schedule.

It was not possible, from previous research, to predict

the direction of relationships; therefore all analyses are two-tailed.

Results

1. Adaptive Behaviour

i. Scores of Respondents

The scores of the respondents on the 12 adaptive behaviour variables are shown in Table 2.I.9.

Table 2.I.9 Scores of Respondents on the Adaptive Behaviour Variables

Variable	N	Mean	S.D.	Range
ABS:				
Economic Activity Independent	24	8.9	2.9	3 - 15
Functioning	24	86.0	9.1	70 - 105
Socialisation	24	19.7	3.7	8 - 25
Responsibility	24	4.7	0.8	3 - 16
Self Direction	24	16.0	3.1	9 - 20
PAC:				
Mobility	24	5.2	4.1	0 - 12
Money	24	4.3	4.6	0 - 12
Shopping	24	4.9	4.7	0 - 12
Social Graces	24	9.4	3.3	1 - 12
Financial Dealings	24	1.8	2.9	0 - 12
Social Initiatives	24	3.8	3.6	0 - 12
Leisure Activities	24	9.1	2.8	1 - 12

ii. Adaptive Behaviour and Regular Leisure

a. Participation

The scores on the above variables of those who did, and who did not, participate in each of the 18 regular leisure activities were compared. Of the 216 comparisons, 11 reached statistical significance. These are shown in Table 2.I.10.

Table 2.I.10 Significant Relationships Between the Variables Assessing Adaptive Behaviour and Participation in Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
ABS Socialisation	Listen to music	1.0	<0.001	Positive
ABS Responsibility	Go out	10.0	0.031	Positive
PAC Leisure Occupations	Go out	21.5	0.019	Positive
	Go to a club	55.0	0.025	Positive
Assessment Variable	Weekend Activities	U	p.	Direction
ABS Independent Functioning	Games, Sports	8.0	0.012	Negative
ABS Economic Activity	Go shopping	6.5	0.009	Positive
ABS Socialisation	Listen to music	1.0	0.002	Positive
PAC Social Graces	See friends /family	38.0	0.029	Negative
PAC Shopping	Do housework	16.0	0.035	Positive
	Go shopping	52.2	0.050*	Positive
PAC Money	Go shopping	44.5	0.006	Positive

* = corrected for ties

b. Participation Alone/With Others

The scores of those who were usually alone, and who were usually with others, when engaged in the various activities, were compared. Of the 156 comparisons, seven reached statistical significance. These are shown in Table 2.I.11. Spearman's Correlation Coefficient indicated that there was a significant relationship between who individuals were usually with during their regular leisure activities and PAC financial dealings ($Rho=0.5301$, $p=0.031$) and PAC leisure occupations ($Rho=0.7346$, $p=0.002$).

c. Reasons for Participation

The scores of those who gave positive, as opposed to negative, reasons for engaging in the various regular leisure activities were compared. Of the 156 comparisons, 12 reached statistical

Table 2.I.11 Significant Relationships Between the Variables Assessing Adaptive Behaviour and Being Alone/With Others for Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
PAC Social Initiative	Spend time in own room	7.5	0.025	Positive
Assessment Variable	Weekend Activities	U	p.	Direction
PAC Social Graces	Go shopping	20.0	0.043	Negative
PAC Social Initiative	Go shopping	11.5	0.008	Negative
PAC Shopping	Go shopping	14.0	0.043	Negative
PAC Money	Go shopping	16.5	0.034	Negative
PAC Mobility	Go shopping	21.5	0.05*	Negative

* = corrected for ties

significance. These are shown in Table 2.I.12.

There was a significant correlation between the reasons given for participation in all of the regular leisure activities and PAC leisure occupations ($Rho=0.36$, $p=0.049$).

iii. Adaptive Behaviour and Wider Leisure Experiences

a. In-Home Activities

The scores of those who did, and who did not, engage in the 20 In-Home activities were compared on each of the above variables. Of the 240 comparisons, five were statistically significant. These are shown in Table 2.I.13.

There was a positive correlation between the total number of In-Home activities and ABS socialisation ($Rho=0.43$, $p=0.027$).

b. Out-of-Home Activities

Of the 300 comparisons, 26 were statistically significant. These are shown in Table 2.I.14.

Participation in the total number of Out-of-Home

Table 2.I.12 Significant Relationships Between the Variables Assessing Adaptive Behaviour and the Reasons Given for Participation in Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
PAC Social Initiative	Spend time in the sitting room	26.5	0.024	Positive
PAC Social Graces	Listen to music	16.0	0.030	Positive
PAC Financial Dealings	Spend time in the sitting room	31.0	0.042	Positive
	Watch television	35.5	0.049*	Positive
PAC Shopping	Spend time in the sitting room	20.0	0.013	Positive
	Watch television	30.0	0.047	Positive

* = corrected for ties

Assessment Variable	Weekend Activities	U	p.	Direction
ABS Independent Functioning	Watch television	1.5	0.007	Positive
ABS Socialisation	Watch television	4.0	0.039	Positive
	Do hobbies	0.5	0.044	Positive
	Listen to music	1.0	0.002	Positive
ABS Self-direction	Go out	1.0	0.044	Negative
PAC Shopping	Go out	11.5	0.027	Negative

* = corrected for ties

Table 2.I.13 Significant Relationships Between the Variables Assessing Adaptive Behaviour and Participation in In-Home Activities

Assessment Variable	Activity	U	p.	Direction.
ABS				
Socialisation	Gardening	19.0	0.044	Positive
	Listen to the Radio	3.0	0.007	Positive
	Cook	19.0	0.044	Positive
ABS Independent Functioning	Listen to records /tapes	5.0	0.016	Positive
	Read newspapers/ magazines	31.0	0.030	Positive

* = corrected for ties

activities was positively correlated with ABS independent functioning ($Rho=0.47$, $p=0.016$).

c. Out-of-Door and Sports Activities

Of the 396 comparisons, eight were statistically significant. These are shown in Table 2.I.15.

Participation in the total number of Out-of-Doors and Sports activities was positively correlated with ABS socialisation ($Rho=0.49$, $p=0.012$).

Thus, of the 12 variables which had been selected to measure aspects of adaptive behaviour, all were found to be related to at least one of the 97 leisure variables.

ABS economic activity was found to be higher in individuals who went shopping (both regularly and occasionally).

Table 2.I.14 Significant Relationships Between the Variables Assessing Adaptive Behaviour and Participation in the Out-of-Home Activities

Assessment Variable	Activity	U	p.	Direction.
ABS Independent Functioning	Go out for a meal	26.5	0.012	Positive
	Go to a cafe	24.0	0.005	Positive
	Visit the zoo	31.0	0.030	Positive
	Watch table tennis	21.0	0.013	Positive
ABS Socialisation	Go to the cinema/theatre	27.5	0.040	Positive
	Walk in the park	35.5	0.033	Positive
	Play darts/billiards/snooker	35.5	0.042	Positive
ABS Responsibility	Go shopping	35.0	0.035	Positive
	Watch darts/billiards/snooker	22.0	0.009	Negative
ABS Economic Activity	Go shopping	16.0	0.003	Positive
	Visit the zoo	9.5	<0.001	Positive
	Watch table tennis	21.5	0.026	Positive
PAC Money	Play bingo	119.0	0.004	Positive
	Go shopping	64.0	0.013	Positive
PAC Shopping	Go to day/evening classes	97.0	0.023	Negative
	Go shopping	121.0	0.048	Positive
PAC Financial Dealings	Go to day/evening classes	85.0	0.007	Negative
	Go shopping	104.0	0.027	Positive
PAC Social Initiative	Go to day/evening classes	106.0	0.045	Negative
PAC Mobility	Go to church	120.0	0.034	Positive
	Go on coach/rail trips	85.5	0.023	Positive
	Go shopping	72.5	0.001	Positive
	Visit the zoo	98.5	0.016	Positive
PAC Leisure Occupation	Go to fairs/circuses	119.0	0.036	Negative
	Play table tennis	115.0	0.024	Positive

* = corrected for ties

ABS independent functioning was higher in individuals who: gave positive reasons for watching television at the weekend; listened to records and tapes, read newspapers and

Table 2.I.15 Significant Relationships Between the Variables Assessing Adaptive Behaviour and Participation in the Out-of-Door and Sports Activities

Assessment Variable	Activity	U	p.	Direction.
ABS				
Socialisation	Watch athletics	11.0	0.050	Positive
PAC Money	Keep-fit	123.0	0.039	Negative
	Play cricket	37.0	0.038	Negative
PAC Shopping	Watch golf	50.5	0.049	Positive
	Cycling	4.5	0.002	Positive
PAC Social Initiative	Watch golf	45.0	0.030	Positive
PAC Leisure Occupation	Go swimming	125.0	0.044	Positive
	Go horse-riding	28.5	0.047	Negative

magazines, went out for a meal, went to a cafe, went to the zoo and watched table tennis, as part of their wider leisure activities; and who did more Out-of-Home activities in total. It was lower in individuals who played games or sports at the weekend.

ABS socialisation was higher in individuals who: regularly listened to music (both evenings and weekends); gave positive reasons for watching television, doing hobbies and listening to music as part of their regular leisure activity; did gardening, cooking, listened to the radio, went to the cinema or theatre, went for walks in the park, played darts, billiards or snooker and watched athletics, as part of their wider leisure activities; and participated in more In-Home and Out-of-Doors and Sports activities in total.

ABS responsibility was higher in individuals who: regularly went out in the evenings; and went shopping as part of their wider leisure activities. However, it was lower in those who watched darts, billiards and snooker as part of

their wider leisure activities.

ABS self-direction was higher in individuals who gave negative reasons for regularly going out at weekends.

PAC mobility was higher in individuals who: regularly went shopping alone; and went to church, went on trips, went shopping and went to the zoo as part of their wider leisure activities.

PAC money was higher in individuals who: regularly went shopping and regularly went shopping alone. However, it was lower in those who did keep-fit or yoga and played cricket.

PAC shopping was higher in individuals who: regularly did housework; regularly went shopping; regularly went shopping alone; gave positive reasons for spending time in the sitting room and watching television as part of their regular evening activity; gave a positive reason for going out at the weekends; and went shopping, watched golf and cycled as part of their wider leisure activities. However, it was lower in individuals who went to day or evening classes.

PAC social graces was higher in individuals who: regularly went shopping alone and gave a positive reason for regularly listening to music in the evenings. However, it was lower in individuals who regularly saw friends and family in the evenings.

PAC financial dealings was higher in individuals who: gave a positive reason for regularly spending time in the sitting room and watching television in the evenings; went shopping as part of their wider leisure activities; and, considering all activities, spent most of their regular leisure time with others. However, it was lower in those who went to day or evening classes.

PAC social initiative was higher in individuals who: regularly spent time with others in their own rooms in the evenings; regularly went shopping alone; gave a positive reason for regularly spending time in the sitting room in the evenings; and watched golf. However, it was lower in those

who went to day or evening classes.

PAC leisure occupations was higher in individuals who: regularly went out and went to club in the evenings; played table tennis and went swimming as part of their wider leisure activities; and, considering all activities, spent more of their time with other people and gave more positive (goal-directed) reasons for participation in regular leisure activities. It was lower in individuals who went to fairs and circuses and went horse-riding as part of their wider leisure activities.

2. Maladaptive Behaviour

i. Scores of Respondents

The scores of the respondents on the seven ABS scales which had been selected to assess the extent of maladaptive behaviour are shown in Table 2.I.16.

Table 2.I.16 Scores of Respondents on the Maladaptive Behaviour Variables

Variable	N	Mean	S.D.	Range
ABS:				
Violent and Destructive Behaviour	24	1.5	2.3	0 - 8
Anti-Social Behaviour	24	7.9	7.2	0 - 27
Rebellious Behaviour	24	4.2	6.2	0 - 26
Untrustworthy Behaviour	24	2.1	3.1	0 - 12
Withdrawal	24	1.2	2.2	0 - 9
Inappropriate Interpersonal Manners	24	0.5	0.8	0 - 3
Psychological Disturbances	24	7.7	7.7	0 - 34

ii. Maladaptive Behaviour and Regular Leisure

a. Participation

Of the 126 comparisons involving the maladaptive behaviour variables and participation in regular leisure activities, only one reached statistical significance. This is shown in Table 2.I.17.

Table 2.I.17 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and Participation in Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
ABS Psychological Disturbances	Listen to music	8.0	0.028	Negative

b. Participation Alone/With Others

Of the 91 comparisons, four were statistically significant. These are shown in Table 2.I.18.

Table 2.I.18 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and Being Alone/With Others for Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
ABS Psychological Disturbances	Spend time in the sitting room	1.0	0.033	Positive
Assessment Variable	Weekend Activities	U	p.	Direction
ABS Violent, Destructive Behaviour	Go shopping	1.0	0.048	Positive
ABS Untrustworthy Behaviour	Listen to music	1.5	0.024	Negative
ABS Anti-Social Behaviour	Listen to music	0.0	0.012	Negative

c. Positive Reasons for Participating

Of the 91 comparisons, two reached statistical significance. These are shown in Table 2.I.19.

Table 2.I.19 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and the Reasons Given for Participation in Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
ABS Psychological Disturbances	Spend time in the sitting room	5.5	0.026	Positive
Assessment Variable	Weekend Activities	U	p.	Direction
ABS Psychological Disturbances	Go out	0.0	0.022	Negative

iii. Maladaptive Behaviour and Wider Leisure Experiences

a. In-Home Activities

Of the 140 comparisons between the maladaptive behaviour variables and participation in In-Home Activities, seven were statistically significant. These are shown in Table 2.I.20.

Table 2.I.20 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and Participation in In-Home Activities

Assessment Variable	Activity	U	p.	Direction.
ABS Inappropriate Interpersonal Manners	Read newspapers /magazines	36.5	0.035*	Negative
	Rest/relax	22.0	0.033	Negative
ABS Anti-Social Behaviour	Play cards/games /jigsaws	37.0	0.047	Negative
	Photography	30.5	0.047*	Positive
ABS Violent Destructive Behaviour	Write letters	34.5	0.028	Negative
	Photography	20.5	0.01	Positive
ABS Rebellious Behaviour	Photography	20.5	0.01	Positive
ABS Untrustworthy Behaviour	Write letters	36.0	0.039	Negative

* = corrected for ties

b. Out-of-Home Activities

Of the 182 comparisons, seven were statistically significant. These are also shown in Table 2.I.21.

The overall number of Out-of-Home activities done by respondents was negatively correlated with ABS inappropriate interpersonal manners ($Rho=-0.39$, $p=0.038$).

Table 2.I.21 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and Participation in the Out-of-Home Activities

Assessment Variable	Activity	U	p.	Direction.
ABS Violent Destructive Behaviour	Go to day/evening classes	35.5	0.033	Negative
	Go to fairs/circuses	27.0	0.023	Positive
ABS Psychological Disturbances	Go to day/evening classes	38.0	0.049*	Negative
	Go shopping	27.0	0.038*	Positive
ABS Withdrawal				
ABS Inappropriate Interpersonal Manners	Go to fairs/circuses	35.0	0.042*	Negative
	Go to concerts	33.0	0.026	Negative
ABS Untrustworthy Behaviour	Visit seaside/countryside	27.5	0.040	Positive

* = corrected for ties

c. Out-of-Doors and Sports Activities

Of the 231 comparisons, four were statistically significant. These are also shown in Table 2.I.22.

Participation in the total number of Out-of-Doors and Sports activities was positively correlated with ABS rebellious behaviour ($Rho=0.41$, $p=0.031$) and negatively correlated with ABS psychological disturbances ($Rho=-0.38$, $p=0.045$).

Thus, all seven of the variables which had been selected to measure aspects of maladaptive behaviour, were found to be related to at least one of the 97 leisure variables.

Violent and destructive behaviour was higher in individuals who: regularly went shopping with others; did photography; and went to fairs and circuses. It was lower in individuals who wrote letters and went to day or evening classes.

Table 2.I.22 Significant Relationships Between the Variables Assessing Maladaptive Behaviour and Participation in the Out-of-Door and Sports Activities

Assessment Variable	Activity	U	p.	Direction.
ABS Anti-Social Behaviour	Walk in the countryside	14.0	0.045	Positive
ABS Untrustworthy Behaviour	Walk in the countryside	12.5	0.029	Positive
ABS Rebellious Behaviour	Play tennis	16.0	0.009	Positive
	Watch golf	13.5	0.036	Positive

Anti-social behaviour was higher in individuals who: were usually alone when listening to music at the weekends; and went for walks in the countryside. It was lower in individuals who played cards, games or did jigsaws.

Rebellious behaviour was higher in individuals who: did photography, played tennis and watched golf; and did more Out-of-Doors and Sports activities in total. It was lower in those who went to concerts.

Untrustworthy behaviour was higher in individuals who: were alone when listening to music at the weekends; and visited the seaside or countryside or walked in the countryside. It was lower in individuals who wrote letters.

Withdrawal was higher in individuals who went shopping as part of their wider leisure activities.

Inappropriate interpersonal manners was lower in individuals who: read newspapers and magazines; spent time resting and relaxing; went to fairs and circuses; and did more Out-of-Home activities in total.

Psychological disturbances were higher in individuals who: were usually with others in the sitting room in the evenings; and gave positive reasons for being in the sitting room in the evenings. It was lower in individuals who: regularly listened to music in the evenings; gave positive reasons for going out at the weekend; went to day and evening classes and did more Out-of-Doors and Sports activities.

3. General Health, Anxiety and Depression

i. Scores of Respondents

The scores of the respondents on the General Health, Zung Anxiety and Zung Depression Questionnaires are shown in Table 2.I.23.

ii. Psychological Disturbances and Regular Leisure

Table 2.I.23 Scores of Respondents on the Psychological Disturbance Variables

Variable	N	Mean	S.D.	Range
GHQ:				
Social Skills	24	0.3	0.5	0 - 2
Anxiety	24	1.0	1.8	0 - 6
Depression	24	0.7	1.3	0 - 5
General Health	24	0.6	1.2	0 - 5
Overall	24	5.6	7.6	0 - 34
Zung Anxiety	24	34.6	8.5	23 - 54
Zung Depression	24	39.3	10.6	24 - 65

a. Participation

None of the 126 comparisons between the psychological disturbance variables and participation in regular activities reached statistical significance.

b. Participation Alone/With Others

None of these 91 comparisons reached statistical significance.

c. Positive Reasons for Participating

Of the 91 comparisons, five reached statistical significance. These are shown in Table 2.I.24.

Table 2.I.24 Significant Relationships Between the Variables Assessing Psychological Disturbance and the Reasons Given for Participation in Regular Leisure Activities

Assessment Variable	Evening Activities	U	p.	Direction
GHQ General Health	Watch television	12.5	0.050*	Positive
	Listen to music	0.0	0.012	Negative

* = corrected for ties

Assessment Variable	Weekend Activities	U	p.	Direction
Zung Anxiety	Listen to music	4.0	0.048	Negative
GHQ General Health	Listen to music	5.0	0.073	Negative
GHQ Depression	Do housework	6.0	0.035	Positive

iii. Psychological Disturbances and Wider Leisure Experiences

a. In-Home Activities

Four of the 140 comparisons reached statistical significance. These are shown in Table 2.I.25.

b. Out-of-Home Activities

Table 2.I.25 Significant Relationships Between the Variables Assessing Psychological Disturbance and Participation in In-Home Activities

Assessment Variable	Activity	U	p.	Direction.
Zung Depression	Sewing/knitting	28.0	0.047	Positive
GHQ Overall Score	Write letters	34.5	0.028	Negative
GHQ Anxiety	Write letters	33.0	0.024	Negative
GHQ General Health	Look after pets	9.5	0.013	Positive

Of the 182 comparisons, six reached statistical significance. These are also shown in Table 2.I.26.

Table 2.I.26 Significant Relationships Between the Variables Assessing Psychological Disturbance and Participation in the Out-of-Home Activities

Assessment Variable	Activity	U	p.	Direction.
Zung Depression	Visit the zoo	34.5	0.048	Positive
Zung Anxiety	Go to the pub	34.5	0.048	Negative
	Go on dates	6.5	0.023	Negative
GHQ Depression	Go to the pub	40.5	0.044*	Negative
GHQ General Health	Visit friends	43.5	0.043	Negative
GHQ Overall Score	Visit the zoo	31.5	0.030	Positive

* = corrected for ties

c. Out-of-Doors and Sports Activities

Of the 231 comparisons, five reached statistical significance. These are also shown in Table 2.I.27.

Thus, all seven of the clinical measures were related to at least one of the 97 leisure variables. There were no

Table 2.I.27 Significant Relationships Between the Variables Assessing Psychological Disturbance and Participation in the Out-of-Door and Sports Activities

Assessment Variable	Activity	U	p.	Direction.
GHQ Social Skills	Play golf	3.0	0.007	Positive
	Watch golf	17.5	0.021*	Positive
	Watch badminton	24.0	0.032*	Negative
GHQ Depression	Watch golf	19.5	0.047*	Positive
Zung Anxiety	Play football	29.5	0.013	Negative

* = corrected for ties

statistically significant relationships between the clinical measures and participation in the 18 regular leisure activities, nor between these measures and whether an individual was usually alone or with others during participation in 13 of these regular activities.

GHQ general health was higher (i.e. poorer health) in individuals who: gave positive reasons for regularly watching television in the evenings; and looked after pets. It was

lower (i.e. better health) in individuals who regularly listened to music in the evenings and at weekends; and who visited friends.

GHO anxiety was lower in individuals who wrote letters.

GHO depression was higher in individuals who gave positive reasons for regularly doing housework; and who watched golf. It was lower in individuals who went to the pub or a club.

GHO social skills was higher (i.e. poorer health) in individuals who played and watched golf. It was lower in individuals who watched badminton.

GHO overall score was higher (i.e. poorer health) in individuals who went to the zoo and lower in individuals who wrote letters.

The Zung depression score was higher in individuals who spent time sewing and knitting and went to the zoo.

The Zung anxiety score was lower in individuals who: gave a positive reason for regularly listening to music at the weekends; went to the pub; went on dates; and played football.

4. Personality Variables

i. Scores of Respondents

The scores of the respondents on the personality measures assessed by the Eysenck- Withers Personality Inventory are shown in Table 2.I.28.

Table 2.I.28 Scores of Respondents on the Personality Variables

Variable	N	Mean	S.D.	Range
EWPI:				
Extraversion	24	14.8	3.7	5 - 19
Neuroticism	24	7.5	5.2	0 - 16

ii. Personality Variables and Regular Leisure

a. Participation

Two of the 36 comparisons reached statistical significance. Those who listened to music in the evenings had significantly higher Extraversion and significantly lower Neuroticism scores than those who did not ($U=9.5$, $p=0.038$ and $U=10$, $p=0.047$, respectively).

b. Participation Alone/With Others

None of the 26 comparisons reached statistical significance.

c. Positive Reasons for Participating

None of the 26 comparisons reached statistical significance.

iii. Personality Variables and Wider Leisure Experiences

a. In-Home Activities

None of the 40 comparisons reached statistical significance

b. Out-of-Home Activities

Only one of the 52 comparisons reached statistical significance. Respondents who reported going on dates had lower Neuroticism scores ($U=8.5$, $p=0.040$).

c. Out-of-Doors and Sports Activities

Four of the 66 comparisons reached statistical significance. All were with Extraversion, with those who reported playing tennis ($U=11.0$, $p=0.050$), watching bowls ($U=26.0$, $p=0.019$), playing football ($U=37.0$, $p=0.047$) and watching horse riding ($U=3.5$, $p=0.044$) all being more Extraverted. Participation in the total number of Out-of-Doors and Sports activities was also associated with EWPI Extraversion ($Rho=0.48$, $p=0.013$).

Discussion

The above results indicate that there were only a few significant findings (3.6% of total). The findings must be interpreted with caution as it is likely that some are due to chance.

1. Previous Research

The author could find no previous research which assessed the relationships between leisure activity and measures of adaptive and maladaptive behaviour, psychological disturbance and personality. However, Seager (1987) conducted a study of the effects of three variables (adaptive behaviour, social adjustment and behaviour problems calculated from items on the ABS) on community participation. He found no significant relationships between community participation and the three composite measures of behaviour and concluded that the ABS may be of limited use in assessing the sorts of skills critical to success in community living. However, the adaptive behaviour score which Seager employed was calculated by averaging scores across the 10 domains of Part One of the ABS. This procedure has no validity, in that the same scores on these domains cannot be taken as equivalent for clinical purposes. The same criticism can be made of his assessment of social adjustment.

The analysis in the present study differed from Seager's in two main ways. Firstly, individual items from both parts of the ABS were used as opposed to three composite variables and, secondly, the present work looked at leisure activities (including home and ATC-based) as opposed to community participation. Although the present study did not find that adaptive and maladaptive behaviour had a large influence upon the Out-of-Home activities which most closely resemble Seager's community participation, there were some significant findings. A possible reason for the differences between the present findings and those of Seager might be that there is a genuine difference between the influence of adaptive

behaviour upon Out-of-Home leisure activities and upon more general community participation. However, an alternative, and more logical explanation, is that the present study assessed the relationship with individual, as opposed to composite, adaptive and maladaptive behaviour variables.

2. Adaptive Behaviour

There were no significant relationships between overall participation in regular leisure activities and adaptive behaviour. On the wider leisure experiences, individuals who participated in a large number of In-Home activities were considered to be more sociable and socially competent than those who did a small number. Likewise, individuals who participated more in Out-of-Doors and Sports activities were considered to be more sociable and socially competent. For the Out-of-Home activities, individuals who did more were considered to be more able in areas such as eating, drinking, dressing and using public transport, i.e. independent functioning.

Many of these relationships are intuitively sensible. For example, they indicate that individuals with a higher number of leisure activities are recognised as being sociable and socially competent. For many respondents, participation in sports involved team games such as hockey and football and this might explain the relationship with sociability and social competence. The requirement of a basic level of competence in areas such as eating in public and using public transport prior to participation in activities out of a sheltered environment is also sensible. Considering the specific leisure activities, some of the observed associations with the variables selected to measure adaptive behaviour were to be expected as the adaptive behaviour item includes explicit reference to the leisure activity. For example, those who scored higher on the shopping item from the PAC were those who actually went shopping (regularly and as part of wider leisure activities). Similarly, those who scored higher on PAC leisure occupations, which includes attendance at a

club, were those who regularly went to a club. The data show a trend for participation to be related to higher scores on the adaptive behaviour items. It is difficult to interpret the relationship between participation and competence, since it is not clear whether people who are more competent do more activities or whether doing more activities leads them to be rated as more competent.

Interpretation is also made difficult by the fact that the data are compatible with the suggestion that the visibility of a leisure activity influenced some of the ratings made by staff and family. For example, individuals who went out in the evening (a highly visible activity as respondents were required to let staff know when they left the hospital and hostel and it seems likely most families would also know when an individual was out) were considered more responsible and better able to organise their leisure time than those who did not go out. Being with others also makes participation more visible and staff considered those who were with others during their regular leisure to be better able to organise their leisure. Similarly, individuals who were alone in their own rooms (a much less visible activity) were considered to show less social initiative than those who were with others.

The possible influence of the visibility of a leisure activity is interesting in light of the argument presented in Part One about the importance of asking individuals about their own leisure, in order to obtain an accurate assessment of what they do, including when they are alone.

Whether one was alone or with others when going shopping was the only activity which showed a significant relationship with the adaptive behaviour items. Going shopping was one of the most popular Out-of-Home activities (Part Two, Section II) and it is reassuring, although not surprising, that doing this alone was related to competence in social interaction, shopping skills, use of money and mobility.

The fact that there was only one significant relationship between the leisure variables and ABS self-direction is

surprising, as this item includes the only assessment of leisure activity in the ABS. It comprises an assessment of an individual as demonstrating ability at one or more of three levels of leisure activity and it is possible that this is too general an assessment to discriminate between the types of leisure activity in which individuals participated. The fact that the correlation between ABS self-direction and the PAC leisure occupations item was not significant ($Rho=0.31$, $p=0.074$) supports this suggestion.

3. Maladaptive Behaviour

There was a low incidence of maladaptive behaviour in respondents who took part in the study. It is possible that more significant relationships between maladaptive behaviour and leisure activities would be found in a sample with a higher incidence. The significant relationships found in the present study are perhaps most useful as indicators of areas which merit further exploration.

Despite the low level of maladaptive behaviour, the data show a trend for individuals who participated in specific regular, In-Home and Out-of-Home leisure activities to have fewer maladaptive behaviours. While this is a logical finding, the fact that there were so few significant relationships makes it difficult to draw any firm conclusions.

Individuals who participated in specific Out-of-Doors and Sports activities had a higher level of maladaptive behaviour. However, none of the four Out-of-Door activities involved interaction with a large number of people, e.g. in a team game. Since the majority of sports participation occurred in a sheltered environment, it is likely that some aspects of behaviour which would not be acceptable in the wider community, is accepted there.

Considering the overall level of participation, one maladaptive behaviour - psychological disturbances - are less in individuals who did more Out-of-Door and Sports activities. The psychological disturbance variable on the ABS comprises

seven items including: tends to overestimate own abilities; reacts poorly to criticism; reacts poorly to frustration; demands excessive attention or praise; and has other signs of emotional instabilities. A high score on any or all of these would seem likely to interfere with an individual's ability to participate in team games and sports activities which involved rules and turn-taking behaviour. As described above, several of the most popular sports activities (Part Two, Section II) were team games, which might be one reason why individuals considered to have more psychological disturbances were less likely to take part.

Consideration of whether an individual was alone or with others for specific activities suggests that the influence of maladaptive behaviour depended upon the nature of the activity. For example, listening to music was an activity which was organised by individuals themselves and enjoyed in the company of friends or residents (Part Two, Section II). Individuals who listened to music with others were considered to have less anti-social, rebellious or untrustworthy behaviour, presumably making them more pleasant company than those who were considered rebellious, who listened alone. However, individuals who went shopping with others, usually staff or family (Part Two, Section II), were considered to have more violent destructive behaviour and so presumably to be in greater need of supervision.

4. Psychological Disturbance

There were few relationships between the measures of general health, anxiety and depression and the leisure variables. This is surprising considering the relationship between, e.g. anxiety and participation in various activities in the general population. Individuals with learning difficulties have been found to report their emotional states with a high degree of internal consistency, on a range of measures including those employed in the present study. It is possible that the relatively low level of anxiety and depression which existed in this sample was responsible for fact that there were so few

significant findings. While some of the findings are not logical and so would seem likely to be due to chance, there was some evidence that anxiety, depression and general health were more of a problem for activities involving some degree of social interaction, e.g. going to pubs, visiting friends and going on dates.

5. Personality Variables

There were also few significant relationships with the personality variables. This is surprising considering the relationship between various types of leisure activity and extraversion in the general population (Eysenck and Eysenck, 1963) and might be seen to raise some questions about the validity of the Eysenck-Withers Personality Inventory.

Although there were few significant findings, the main one to emerge - that individuals who were more Extravert participated more in Out-of-Door and Sports activities - was perhaps not unexpected.

6. Conclusions

In conclusion, the present study found few significant relationships between the measures of adaptive and maladaptive behaviour, psychological disturbance and personality and the leisure variables. The low number of significant relationships means that the findings must be treated with caution. However, some sensible and logical relationships between participation in leisure activities and the assessments measuring both adaptive and maladaptive behaviour were found. There was also some suggestion that psychological disturbance was a barrier to participation in activities out of the home and in those involving personal interaction.

Study Four: The Influence of Age, Gender and IQ upon ~~Leisure~~ Activities

As well as place of residence, adaptive behaviour, psychological disturbance and the other variables studied earlier, factors which are potentially relevant to leisure are age, gender and IQ. Few studies of leisure and community participation have considered these as possible explanatory variables, although the literature on leisure in the general population has found age and gender to be relevant (e.g. Hall and Perry, 1974; Smith, 1987). Harvey (1988, cited in Copher, 1989), investigating factors relevant to successful community placement, reported mixed findings for age, sex and IQ. Both age and sex were amongst the variables Seager (1987) recommended should be studied in relation to leisure.

Aims

The study concerns the influence on regular and wider aspects of leisure of the respondents age, gender and level of intelligence as assessed by one of the standardised intelligence tests. It asks: to what extent are the regular leisure activities (as assessed by Part A of the schedule) and the wider aspects of leisure (as assessed by Part B) of people with learning difficulties affected by their age, their gender and their IQ ?

Variables Studied

1. Participation in Regular Leisure Activities

This was assessed by Part A of the structured interview schedule.

2. Whether Individuals were Usually Alone or With Others for Regular Leisure Activities

This was assessed by Part A of the structured interview schedule.

3. Whether Individuals Gave Positive or Negative Reasons for Participation in Regular Leisure Activities

This was assessed by Part A of the structured interview schedule.

4. Participation in Wider Leisure Activities

This was assessed by Part B of the structured interview schedule.

5. Gender²

6. Age

The respondents age in years and months was obtained from records.

7. Intelligence

For 39 of the respondents, IQ was obtained from records. For the remaining six, the author assessed the individual's IQ using the Wechsler Adult Intelligence Scale (WAIS).

Method

1. Sample

Details of the 36 individuals who answered Part A are given in Table 2.I.1 and the 45 individuals who answered Part B in Table 2.I.5.

2. Analysis

Mann-Whitney U tests were used to compare the ages and IQs

² The present work uses the terms sex and gender and makes a distinction between sex as a demographic descriptive variable and as an explanatory variable. Sex strictly refers to the biological differences between males and females and is the term used when describing the numbers of males and females taking part in the various analyses. When attempting to explain socially influenced differences, e.g. the leisure of males and females, it is more appropriate to refer to gender.

of individuals who did and did not participate in an activity, who were alone or with others and who gave positive or negative reasons for participation. Chi-square was used to compare males and females on participation, who they were usually with and the reasons given for participation.

The relationships between age and participation in all regular leisure activities and wider leisure experiences were assessed using Spearman's Rank Order Correlation Coefficient. Similarly, Spearman's Rho was used to compare IQ and activities. Mann-Whitney U tests were employed to assess the relationships between gender and participation in all activities.

Results

1. Part A: Regular Leisure

i. Participation in Activities

The significant relationships between age, gender and IQ and participation in the regular leisure activities are shown in Table 2.I.29.

Table 2.I.29 Regular Leisure Activities for which Participation was Significantly Influenced by Age, Gender or Intelligence.

	Variable	U	p.
Evening Activities			
Listening to music	Age	66.5	0.043
Weekend Activities			
Listening to music	Age	44.0	0.020
Shopping	IQ	74.0	0.020

There were 16 non-significant relationships with age, 17 with IQ and 18 with gender.

The negative correlation between age and listening to music at both evenings and weekend (Table 2.I.29) indicates

that it is an activity of younger respondents. Those who went shopping had a higher IQ than those who did not.

ii. Participation Usually Alone/With Others

The significant relationships between age, gender and IQ and whether respondent were usually alone or with others are shown in Table 2.I.30. There were 11 non-significant relationships.

The only significant relationships were with IQ; individuals who went out alone at weekends had a higher IQ.

Table 2.I.30 Regular Leisure Activities in which Respondents Being Alone or with Others was Significantly Influenced by Age, Gender or Intelligence.

	Variable	U	p.
Weekend Activities			
Going out	IQ	35.0	0.010
Shopping	IQ	7.5	<0.001

Similarly, individuals who went shopping alone at weekends had a higher IQ.

iii. Reasons for Participation

The significant relationships between age, gender and IQ and the reasons given for participation are shown in Table 2.I.31. There were, in addition, 10 non-significant relationships.

Table 2.I.31 Regular Leisure Activities in which the Reasons Given for Participation were Significantly Influenced by Age, Gender or Intelligence.

	Variable	U	p.
Weekend Activities			
Shopping	Age	3.0	0.004
Spend time in own room	IQ	4.5	0.012
Doing housework	IQ	32.5	0.002

Table 2.I.31 shows that older respondents were found to give more negative reasons for going shopping, e.g. saying

that there was nothing else to do. Those giving negative reasons for spending time in their own rooms at the weekend and for doing housework had a higher IQ.

2. Part B: Wider Leisure Experiences

Only the participation data were considered in the analysis of Part B of the schedule.

i. In-Home Activities

The significant relationships between age, IQ and participation in In-Home activities are shown in Table 2.I.32.

Age was negatively associated with resting or relaxing

Table 2.I.32 In-Home Activities in which Participation was Significantly Influenced by Age or Intelligence.

Activity	Variable	U	p.
Resting or relaxing	Age	126.5	0.018 *
Cooking	Age	94.5	0.026
Reading newspapers or magazines	IQ	79.0	0.001

* = corrected for ties

and with cooking; IQ was positively associated with reading newspapers or magazines.

The relationships between age and the other 18 In-Home activities were non-significant. For IQ, there were 19 non-significant relationships.

The significant relationships between gender and participation in In-Home activities are shown in Table 2.I.33.

Males and females were not significantly different in 15 In-Home activities.

ii. Out-of-Home Activities

The significant relationships between age, IQ and participation in Out-of-Home activities are shown in Table 2.I.34.

Table 2.I.33 In-Home Activities in which Participation was Significantly Influenced by Gender

Activity	Men n (%)	Women n (%)	χ^2	p.
Gardening	11 (52.4)	3 (12.5)	6.5	0.010
Looking after pets	7 (33.3)	2 (8.3)	4.4	0.037
Woodwork or model-building	8 (38.1)	1 (4.2)	6.1	0.014
Sewing or knitting	11 (52.4)	22 (91.7)	6.9	0.008
Wrote letters	6 (28.6)	15 (62.5)	3.9	0.048

Table 2.I.34 Out-of-Home Activities in which Participation was Significantly Influenced by Age and Intelligence.

Activity	Variable	U	p.
Walk in the park	Age	147.5	0.027
Play darts, billiards or snooker	Age	133.5	0.020
Go to a cafe	Age	13.55	0.046
Go to concerts	Age	18.0	0.010
Go shopping	IQ	100	0.041
Play darts, billiards or snooker	IQ	133.5	0.019

Age was negatively associated with both walking in the park and playing darts, billiards and snooker and positively associated with going to a cafe and to concerts. IQ was positively associated with going shopping and negatively associated with playing darts, billiards and snooker.

The relationships between age and the remaining 21 Out-of-Home activities were not significant. For IQ, there were no significant relationships with 23 Out-of-Home activities.

The significant relationships between gender and participation in In-Home activities are shown in Table 2.I.35.

Males and females did not differ in 23 Out-of-Home activities.

iii. Out-of-Doors and Sports Activities

The significant relationships between age, IQ and participation in Out-of-Doors and Sports activities are shown in Table 2.I.36.

Table 2.I.35 Out-of-Home Activities in which Participation was Significantly Influenced by Gender

Activity	Men n (%)	Women n (%)	χ^2	p.
Play bingo	4 (19.0)	16 (66.7)	8.5	0.004
Play darts, billiards or snooker	18 (85.7)	11 (45.8)	6.1	0.013

Age was negatively associated with all activities in Table 2.I.36, i.e. younger individuals were more involved.

IQ was positively associated with all activities, i.e. individuals with a higher IQ were more involved, except for playing golf.

There were no significant relationships between age and 28 Out-of-Door and Sports activities and between IQ and 29 of them.

Table 2.I.36 Out-of-Doors and Sports Activities in which Participation was Significantly Influenced by Age or Intelligence

Activity	Variable	U	p.
Doing athletics	Age	62.0	<0.001*
Playing badminton	Age	51.0	0.026
Going swimming	Age	147.5	0.016
Playing tennis	Age	97.5	0.018
Going horse-riding	Age	39.0	0.025
Walking in the countryside	IQ	81.5	0.019
Watching swimming	IQ	138.5	0.040
Playing golf	IQ	33.5	0.018
Watching hockey	IQ	122.5	0.017

* = corrected for ties

The significant relationships between gender and participation in Out-of-Door and Sports activities are shown in Table 2.I.37.

Participation was not significantly different between males and females for 28 Out-of-Door and Sports activities.

Table 2.I.37 Out-of-Doors and Sports Activities in which Participation was Significantly Influenced by Gender

Activity	Men n (%)	Women n (%)	χ^2	p.
Playing football	17 (81.0)	4 (16.7)	16.1	<0.001
Doing keep-fit or yoga	6 (28.65)	14 (58.3)	4.0	0.045
Going horse-riding	5 (23.8)	0	4.2	0.039
Going fishing	7 (33.3)	2 (8.3)	4.4	0.036 b.y.
Playing hockey	11 (52.4)	5 (20.8)	4.9	0.027 b.y.

b.y.= before Yates' correction

3. Participation in All Activities

Spearman's Rho was used to compare the total number of regular activities with age and IQ. There was no significant relationship with IQ, but a significant negative correlation (Rho=-0.30, p=0.039) with age, i.e. older individuals did fewer regular leisure activities.

For wider leisure experiences, there were no significant relationships between IQ and participation in In-Home, Out-of-Home or Out-of-Door and Sports activities. For age, there was a significant correlation with participation in the total number of both In-Home activities (Rho=-0.32, p=0.034) and Out-of-Doors and Sports activities (Rho=-0.40, p=0.006). In both cases, older individuals did fewer activities.

For gender, there was no significant relationship with overall participation in In-Home activities or Out-of-Home activities. However, more Out-of-Door and Sports activities were done by males (U=159.5, p=0.034).

Discussion

This study indicates that age, gender and IQ had a fairly limited influence both regular leisure and wider leisure experiences. While all three variables had an influence on some activities, there were many more upon which they had no influence.

1. Age

Age had less of an influence upon regular activities and In-Home activities than upon Out-of-Home and Out-of-Door and Sports activities. It is possible that the home-based nature of the activities is the important factor as the regular activities were primarily home-based. Older individuals were less involved in active pursuits even although none of the respondents in the study could be described as elderly. Seager (1987) found no significant relationship between age and participation in a range of community activities for individuals living in the community. The present study found no relationship between age and the use of 10 of the 12 community facilities. The significant differences were with going to a cafe and going to a concert, both of which were done by older individuals. Part Two, Section II indicates that, for a significant proportion of the respondents (96.7% and 46.7% respectively), participation in these activities did involve the use of community facilities rather than the hospital or ATC.

The relationship between participation in all the regular leisure, In-Home and Out-of-Door and Sports activities indicated that, although respondents in the present study were not elderly, they did participate in fewer activities than younger individuals. This reflects the findings of studies of leisure in the general population (e.g. Hall and Perry, 1974) which have found participation rates to decrease with age.

Studies of leisure in the general population have found that "stage of the life cycle" is a more significant influence than age upon the types of activity in which people participate (Smith, 1987; Gershuny and Jones, 1987; Colley, 1984). It is possible that age influenced participation in only one of the regular leisure activities in the present study (listening to music) because respondents did not experience changes in their lifestyles as a result of becoming older. For example, they did not experience the traditional progression from living in the parental home to living

independently. The only significant impact on an individual's routine, as a consequence of getting older, was when s/he reached retirement age and left the ATC. This only applied to individuals living in the community.

2. Gender

Gender was found to have no influence on participation in regular leisure activities. However, participation was different for several of the wider leisure experiences. A number of these were found to reflect the traditional gender divisions reported in the general population. For example, significantly more women played bingo and significantly more men played darts, billiards and snooker. The ratio of women to men, in the general population, who play bingo is 70:30 (NOP, 1991, cited in The Guardian, July 23rd, 1991). The differences in sports activities, such as more men playing football and hockey and more women doing keep-fit, are traditional gender differences (Colley, 1984). Similarly, the finding that men were involved in more Out-of-Door and Sports activities also reflects trends in the general population (Colley, 1984).

There was some evidence that the routines of the hospital and hostel minimised traditional gender differences, e.g. there were no differences in cooking or doing housework, which are traditionally associated with women. Cooking was viewed by care staff at the hospital, hostel and ATC as a skill required for independent living and therefore taught to all individuals, irrespective of gender. Many of the gender differences which did exist were in activities associated with the ATC or therapies department of the hospital. For example, significantly more men did gardening and woodwork and model-building (both of which were traditional male jobs within the hospital) and significantly more women were found to sew and knit. Brown *et al.* (1989) also found males and females to differ significantly in participation in model-building and sewing.

3. Intelligence

Performance on WAIS was found to influence participation in two regular activities which involved going out of the home. The implication is that those who have a higher IQ may be better able to manage independently in the community. This finding was supported by the relationship between IQ and shopping (Part B), one of the few activities which did involve genuine community contact (Part Two, Section II).

Individuals who gave less positive, i.e. less goal-directed, reasons for spending time in their own rooms at the weekend and for doing housework had a higher IQ than those giving positive reasons. This possibly suggests that individuals with a higher IQ were more easily bored at the weekends than those with a lower IQ.

The finding that individuals with a higher IQ read newspapers or magazines more than those with a lower IQ is not surprising. Jones Owen (1977), comparing the regular leisure of individuals with a borderline and with a moderate level of handicap, found only one difference: the former read more.

The limited influence of IQ reflects the findings of other studies (Jones Owen, 1977; Kregel et al., 1986, cited in Seager, 1987; Brown et al., 1989).

4. Conclusions

Thus, while age, gender and IQ had some influence upon both regular leisure activities and wider leisure experiences, their influence was limited. Differences associated with age and gender reflected those found in the non-handicapped population.

Study Five: The Leisure Activities of Individuals With Learning Difficulties and Individuals With Chronic Mental Illness

A further potential influence on the leisure of people with learning difficulties is the specific nature of their handicap.

In their classic investigation of institutionalisation and schizophrenia, Wing and Brown (1970) distinguished between the primary and secondary features of schizophrenia. The former are those of the illness itself, while the latter are those handicaps which develop because of the consequences of the illness - such as living in an institution, having an impoverished environment and being denied access to many normal features of life.

This distinction between primary and secondary handicaps is now widely used and is relevant to leisure, since it raises the question of the extent to which any impoverishment of the leisure activities of people with learning difficulties is due to the learning difficulties themselves as opposed to these secondary factors.

Methodologically, it is of course difficult to isolate the effects of primary and secondary factors. However, some information might be obtained by comparing the leisure activities of people with learning difficulties with those of another group who are subject to similar "secondary" influences, e.g. who are institutionalised or, if living in the community, use similar services, who are not employed and who experience prejudice. One such group comprises individuals with chronic mental illness.

A study of people with chronic schizophrenia living in the community reported the difficulties that they experienced with social contact and the isolation of much of their lives (Wing and Greer, 1980). This suggests that, while not having a learning difficulty, such individuals have a disability with potential to limit their leisure. Therefore, a comparison between a group with chronic mental illness and one with

learning difficulties might indicate the influence of having a learning difficulty as opposed to another type of handicap.

Aims

This study asks the question: what if any are the differences in participation in leisure activities between individuals with learning difficulties and those with chronic mental illness, living in hospital and the community?

Variables Studied

1. Participation in In-Home, Out-of-Home and Out-of-Door and Sports Activities

Part B of the interview schedule was used to assess this. For respondents with a mental illness, this was modified to include only questions on participation.

2. Learning Difficulties

The data of all 45 respondents who took part in Study Two were used.

3. Chronic Mental Illness

Individuals with a diagnosis of chronic mental illness were recruited through the local occupational therapy service.

Method

1. Respondents

i. Respondents With a Chronic Mental Illness

Twenty-seven individuals took part in the study; 13 from a community day centre and 14 from a psychiatric hospital. There were 12 males (44.4%) and 15 females (55.6%). Fifty percent of the Hospital Group were male compared with 38.5% of the Community Group, however this difference was not significant. The Groups did not differ significantly in age.

The mean age of the Hospital Group was 50.0 years (s.d. 12.5, range 31-69) and of the Community Group was 44.4 years (s.d. 13.4, range 26-62). Medical records indicated that the majority of individuals (63.0%) suffered from schizophrenia and the rest (37.0%) from a depressive illness. Individuals of the Community Group had a variety of living arrangements, with 33.3% living either alone, with a partner or with children. The remainder lived with parents, in group homes or in sheltered flats with others. This latter was the modal arrangement (30.8%).

ii. Respondents With Learning Difficulties

The respondents were the same as for Study Two; however, they were divided into two groups rather than three. The Hospital Group remained the same (n=15) and the Hostel and Family Groups were combined to form a Community Group (n=30).

2. Comparing the Groups

There was no significant difference between the Groups in the numbers of males and females in each. However, there was a significant difference in age between the Learning Difficulties and Mental Illness Community Groups ($U=116.8$, $p=0.037$) and between the two Hospital Groups ($U=116.8$, $p=0.037$), the two Mental Illness Groups being older. The age of the Mental Illness Groups reflected that of the populations from which they were drawn. Rather than deliberately select younger individuals (so that there would be no age difference between the Groups) it was decided to select samples which were representative of those who used the Mental Illness and Learning Difficulties services.

3. Design

i. Assessment of the Activities of People With a Mental Illness

The leisure activities of the individuals with a chronic mental illness were assessed by means of a structured

interview based on Part B of the interview schedule used for adults with learning difficulties. Part B was selected because the focus of the study was participation and Part B covered a range of leisure activities.

Because of the age of the Mental Illness Groups, asking about participation in several of the activities, primarily the sports, would have been inappropriate. These activities (doing athletics, playing badminton, playing cricket, playing football, playing rugby, playing squash, playing tennis, going ice-skating, going horse-riding, playing hockey, going roller-skating and playing ice-hockey) were therefore excluded from the assessment.

Originally, it had been intended to ask individuals who they were with when participating in the activities. However, the difficulties with interviewing the Mental Illness groups led to these questions being omitted. The assessment therefore comprised a question: "do you ...?" which was asked about 66 activities.

4. Procedure

a. Learning Difficulties Groups

The same procedure for interviewing the Learning Difficulties Groups was used as in Study Two.

b. Mental Illness Groups

All interviews were conducted in private. The interviews with participants living in hospital were conducted in a quiet room in the occupational therapy department. For those living in the community, the interviews were conducted in a room in the day centre which they attended.

The majority of the interviews were conducted by the author, with a psychology technician conducting eight in the hospital. Following explanation of the aim of the interview (stressing that it was not an assessment and that it was confidential), individuals were asked if they ever did each of the 66 activities. Each interview lasted approximately

twenty minutes. Interviewees were able to stop the interview on request. This only happened on one occasion when the respondent was distressed by remembering all the activities he used to do prior to his illness.

5. Analysis

The groups were compared by chi-square.

Results

1. Hospital Groups

The activities in which participation between the Groups of respondents with Learning Difficulties and with Mental Illness who lived in Hospital were significantly different are shown in Table 2.I.38.

The data in Table 2.I.38 indicate that, apart from resting or relaxing and visiting the seaside or countryside, all the differences are because more of the respondents with Learning Difficulties participated in the activity.

2. Community Groups

The activities in which the two Community Groups differed significantly are shown in Table 2.I.39.

The trend for greater involvement amongst respondents with Learning Difficulties, seen in Table 2.I.38, was also apparent in Table 2.I.39. In only one activity, visiting museums or galleries, was participation higher amongst the Mental Illness Group.

Table 2.I.38 Significant Differences in Participation by Individuals With Learning Difficulties and those with Mental Illness, Living in Hospital

Activity	Doing n (%)	Not Doing n (%)	χ^2	p.
Rest or relax				
Learning Difficulties	11 (73.3)	4 (26.7)	4.3	0.037b.y.
Mental Illness	14 (100)	0		
Play cards etc.				
Learning Difficulties	9 (60.0)	6 (40.0)	4.4	0.035b.y.
Mental Illness	3 (21.4)	11 (78.6)		
Cooking				
Learning Difficulties	12 (80.0)	3 (20.0)	4.2	0.039b.y.
Mental Illness	6 (42.9)	8 (57.1)		
Disco or dancing				
Learning Difficulties	13 (86.7)	2 (13.3)	12.4	<0.001
Mental Illness	2 (14.3)	12 (85.7)		
Day or evening classes				
Learning Difficulties	9 (60.0)	6 (40.0)	6.8	0.009
Mental Illness	1 (7.1)	13 (92.9)		
Visit seaside or countryside				
Learning Difficulties	4 (26.7)	11 (73.3)	4.2	0.042
Mental Illness	10 (71.4)	4 (28.6)		
Watch darts etc.				
Learning Difficulties	11 (73.3)	4 (26.7)	4.1	0.042b.y.
Mental Illness	5 (35.7)	9 (64.3)		
Watch athletics				
Learning Difficulties	11 (73.3)	4 (26.7)	10.5	0.001
Mental Illness	1 (7.1)	13 (92.9)		
Watch football				
Learning Difficulties	11 (73.3)	4 (26.7)	7.2	0.007
Mental Illness	2 (15.4)	11 (84.6)		
Watch hockey				
Learning Difficulties	7 (46.7)	8 (53.3)	5.2	0.023b.y.
Mental Illness	1 (7.7)	12 (92.3)		

b.y.= before Yates' Correction

Table 2.I.39 Significant Differences in Participation Between Individuals With Learning Difficulties and those with Mental Illness, Living in the Community

Activity	Doing n (%)	Not Doing n (%)	x²	p.
Sewing or knitting				
Learning Difficulties	26 (86.7)	4 (13.3)	5.8	0.016
Mental Illness	6 (46.2)	7 (53.8)		
Painting or drawing				
Learning Difficulties	19 (63.3)	11 (36.7)	9.2	0.002
Mental Illness	1 (7.7)	12 (92.3)		
Play bingo				
Learning Difficulties	16 (53.3)	14 (46.7)	6.1	0.013
Mental Illness	1 (7.7)	12 (92.3)		
Go to museums or galleries				
Learning Difficulties	10 (33.3)	20 (66.7)	4.7	0.030
Mental Illness	9 (69.2)	4 (30.8)		
Go to fairs or circuses				
Learning Difficulties	13 (43.3)	17 (56.7)	5.2	0.022
Mental Illness	1 (7.7)	12 (92.3)		
Watch table tennis				
Learning Difficulties	23 (76.7)	7 (23.3)	3.8	0.05b.y.
Mental Illness	6 (46.2)	7 (53.8)		
Watch athletics				
Learning Difficulties	27 (88.0)	3 (12.0)	9.1	0.002
Mental Illness	4 (33.3)	8 (66.7)		
Watch football				
Learning Difficulties	20 (66.7)	10 (33.3)	6.7	0.010
Mental Illness	2 (16.7)	10 (83.3)		
Go swimming				
Learning Difficulties	18 (60.0)	12 (40.0)	4.8	0.028
Mental Illness	2 (16.7)	10 (83.3)		
Watch horse-riding				
Learning Difficulties	0	30 (100)	5.2	0.02b.y.
Mental Illness	2 (16.7)	10 (83.3)		
Play bowls				
Learning Difficulties	20 (66.7)	10 (33.3)	3.9	0.05b.y.
Mental Illness	4 (33.3)	8 (66.7)		
Watch bowls				
Learning Difficulties	22 (73.3)	8 (26.7)	4.2	0.039
Mental Illness	4 (33.3)	8 (66.7)		
Watch hockey				
Learning Difficulties	13 (43.3)	17 (56.7)	4.7	0.03b.y.
Mental Illness		1 (8.3) 11 (91.7)		

b.y.= before Yates' Correction.

Discussion

The striking feature of the results of this study is the

similarity in the leisure activities of the individuals with learning difficulties and those with a mental illness. This was true both for individuals living in hospital and in the community.

The activities which were done by the majority of individuals with learning difficulties and with a mental illness were: watching television, listening to records or tapes, listening to the radio, reading newspapers or magazines, resting or relaxing, going out for a meal, going on coach or rail trips and shopping.

The differences that did exist between the respondents with learning difficulties and with a chronic mental illness, both living in hospital and the community, indicate that the majority of them were due to a higher level of participation amongst individuals with learning difficulties. Therefore, it might be argued that having a learning difficulty had a more positive influence upon participation in leisure activities than having a chronic mental illness.

One explanation for some of the differences between the groups is the emphasis placed on activities in the respective hospital therapy departments, the Adult Training Centres for people with learning difficulties and the day centre for people with a mental illness. For example, the widely accepted importance of developing independent living skills in people with learning difficulties perhaps led to more of this group being involved in cooking; attending classes might be due to the emphasis placed upon education or skills teaching by staff working with people with learning difficulties. It is also possible to interpret the differences in terms of the adults with learning difficulties being involved in activities which were not age-appropriate, e.g. going to discos and fairs or circuses.

The significance of the influence of an individual ATC is illustrated by the difference in the number of individuals with learning difficulties and with a mental illness who went to the library. This was due to the higher level of participation by respondents with learning difficulties who

lived with their families rather than in the hostel. The Family Group attended one local ATC and the majority of those in the Hostel Group attended another. Staff in the former ATC organised weekly trips to the library whereas this was not done in the latter ATC. Study Two indicated that the Hostel and Family Groups differed in going to the library.

Without more information, it is difficult to know why going to museums or galleries was more popular amongst individuals with a mental illness living in the community. It is possible that these respondents attended the day centre only on a part-time basis - while the adults with learning difficulties attended the ATC full-time - and so passed the time at the local museum or gallery. However, attendance at the library, the more traditional place to spend time during the day at no cost, was not favoured by respondents. Therefore, the trips to museums or galleries might in fact have been organised by the day centre.

The supervisory nature of the Out-of-Home activities (Part Two, Section II) was a striking feature of the participation of the respondents with learning difficulties. Considering this low level of independent participation, particularly in Out-of-Home leisure activities, it is possible that the groups might have differed in the extent to which they organised their leisure activities themselves and did them either alone or with friends. However, due to the difficulties with interviewing individuals with chronic mental illness, it was not possible to ask these respondents who they were with when doing the various leisure activities.

It appears therefore that there are no "unique" aspects of the leisure of people with learning difficulties which are not shared by those with chronic mental illness. The interpretation of this finding depends in large measure upon whether the leisure activities of people with learning difficulties are impaired or limited in some way. However, this can be determined only by comparing the leisure of individuals with learning difficulties with that of people without learning difficulties. This is the purpose of a later

study, reported in Part Two, Section III.

Part Two, Section II: The Leisure of People With Learning Difficulties

The factors studied in Part Two, Section I were shown to affect only a small number of leisure activities. The data relating to the remaining activities can therefore be combined to allow statements to be made about the leisure of people with learning difficulties. Similarly, statements about who individuals are with, and where, during participation in various leisure activities can provide information on the independent nature of their participation. Both types of statement would be valuable as descriptions of an important part of the lives of people with learning difficulties.

Aims

The aims of the study are therefore to: combine the data presented in Part Two, Section I, Studies One and Two so as to permit statements to be made about the proportion of people with learning difficulties who engage in various leisure activities; and to present information on who respondents are with during participation and where the activities were undertaken.

Variables Studied

1. Participation in Regular Leisure Activities and Wider Leisure Experiences

This assessed in the same way as in Part Two, Section I, Studies One and Two.

2. Potential to Interact With Non-Handicapped People

Any regular leisure activity which involved, or led to contact with, people without learning difficulties (other than staff) was listed. This allowed assessment to be made of the respondents' potential for interacting with non-handicapped people.

3. Who Respondents Were With During Their Wider Leisure Experiences

For each activity in Part B of the interview schedule in which respondents said they participated, they were asked who they were with at the time.

4. Where Respondents Did the Activity

For each activity in Part B of the interview schedule in which the respondents said they participated, they were asked where the activity took place.

Method

1. Respondents

i. Part A of the Interview Schedule

The respondents are the same as for Part Two, Section I, Study One, i.e. 36 people with learning difficulties, selected in equal numbers from those resident in a hospital, in two hostels and living with their families. The respondents comprised 16 men and 20 women. Full details are given in Table 2.I.1.

ii. Part B of the Interview Schedule

The respondents are the same as for Part Two, Section I, Study Two, i.e. 45 people with learning difficulties, selected in equal numbers from those resident in a hospital, in two hostels and living with their families. There were 21 men and 24 women. Full details are given in Table 2.I.5.

2. Procedure

The procedure was the same as for Part Two, Section I, Studies One and Two.

3. Analysis

i. Participation

The data on participation in the three Groups, presented in Part Two, Section I, were combined. The numbers (and percentages) participating both in regular activities (Part A of the schedule) and in wider leisure experiences (Part B) were calculated.

ii. Potential Contact With Non-Handicapped People

Each individual's regular leisure activities (Part A) which implied contact with people without learning difficulties (e.g. shopping) and/or for which they mentioned such contact (e.g. attendance at the Women's Guild) were listed. The activities on this list were allocated by the author to one or other of 11 categories: doing sport, family contact, going shopping, using community leisure facilities (pub, cafe, library), going to the park or for walks, going to church, attendance at non-segregated clubs, seeing friends, meeting acquaintances (neighbours or another resident's guests), going on trips and doing voluntary work. The numbers of individuals involved in each were calculated.

iii. Who Individuals Were With During Participation in Leisure Activities

The data on who individuals were with during their wider leisure experiences were allocated by the author to one or other of seven categories: alone, with residents, with staff, with family, with friends, with Adult Training Centre trainees or staff and others. The first six categories were selected because the raw data indicated that they covered the majority of responses. The final category "other" was included to take into account those individuals with learning difficulties who respondents met outside of an ATC or place of residence and also any non-handicapped individuals who were not staff, friends or family.

iv. Where Leisure Activities Were Done

The data on where the wider leisure experiences took place were allocated by the author to one or other of four categories: living room (or day room) in place of residence, own room in place of residence, Adult Training Centre or (Hospital) Therapies Department and other. This latter included activities done in facilities in the community.

Results

1. Part One of the Schedule: Regular Leisure Activities

i. Participation.

The numbers participating in the regular activities which were shown in Part Three not to be influenced by place of residence, age, gender or IQ are shown in Table 2.II.1.

Activities which were shown to be significantly

Table 2.II.1 Number of People Participating in Regular Activities

Evening Activities	Participation	
	n	%
Spend time in own room	21	58.3
Spend time in sitting room	35	97.2
Watch television	33	91.7
Do hobbies	29	80.5
Play games	20	55.6
Go out	23	63.9
Go to a club	24	66.7
Weekend Activities		
Spend time in own room	16	44.4
Do housework	30	83.3
Do hobbies	22	61.1
Play games/sports	12	33.3
Watch television	34	94.4
Go out	31	86.1
Have friends/family visit	27	75.0

influenced by place of residence are shown in Table 2.II.2.

Those activities significantly affected by age or IQ are shown in Table 2.II.3. "Negative" indicates that older

Table 2.II.2 Number of People Participating in Activities Significantly Influenced by Place of Residence

Evening Activities	Hospital n (%)	Hostel n (%)	Family n (%)
Have friends/family to visit	3 (25.0)	5 (41.7)	9 (75.0)

individuals were less likely to participate in the activity; "positive" indicates that individuals with higher IQ scores were more likely to participate in the activity.

The data in Tables 2.II.1, 2.II.2 and 2.II.3 indicate that the most popular regular leisure pastime, in the

Table 2.II.3 Participation in Activities in which Age or Intelligence were Significant

	Participation		Variable	Direction
	n	%		
Evening Activities				
Listening to music	27	75.0	Age	Negative
Weekend Activities				
Listening to music	29	80.5	Age	Negative
Shopping	21	58.3	IQ	Positive

evenings, was spending time in the sitting room, which was done by 95.0% of respondents. This was followed by watching television (92.0%) and doing hobbies (81.0%). At the weekends, activities done by over 80% were: watching television, going out, doing housework and listening to music.

Almost all of the regular leisure activities were carried out by over 50% of the respondents. Those which were not were: seeing family or friends in the evening, spending time in their own room at the weekend and playing games or sports at the weekend.

Seven of the 24 respondents (29.2%) who attended clubs (Table 2.II.1) attended non-segregated clubs, i.e. those which

were not designed specifically for individuals with learning difficulties.

ii. Potential for Contact with People Without Learning Difficulties

Table 2.II.4 presents the number of times an activity from

Table 2.II.4 Activities in which Respondents had Potential to Meet People Without Learning Difficulties

Category	No. Times Mentioned
Sport	8
Family contact	23
Shopping	22
Community leisure facilities	8
Voluntary work	1
Park/walk	7
Church	5
Non-segregated club	8
Friends	5
Trips	1
Seeing acquaintances	3

each of the 11 categories was mentioned by any individual. A particular activity or contact was only noted once for each individual, i.e. if a respondent said s/he went both shopping and on trips with his/her family, only one entry was made in the family contact category.

All 36 respondents engaged in at least one activity which offered the opportunity to mix with people without learning difficulties (Table 2.II.5).

The greatest number of activities, mentioned by any one individual, which offered the opportunity to mix with people without learning difficulties, was six. The modal number of activities done by respondents which offered this opportunity was two.

Table 2.II.5 The Number of Activities, Mentioned by Respondents, which Offered the Potential to Meet People Without Learning Difficulties

	Hospital Group	Hostel Group	Family Group	Total
One Activity	5	2	1	8
Two Activities	4	5	3	12
Three Activities	2	3	4	9
Four Activities	1	1	2	4
Five Activities	0	1	1	2
Six Activities	0	0	1	1

2. Part B of the Schedule: Wider Leisure Experiences

i. Participation

Table 2.II.6 shows the number of people participating in the various In-Home, Out-of-Home and Out-of-Door and Sports activities, which were shown, in Part Two, Section I, Study Two, not to be influenced by place of residence, age, gender or IQ.

Table 2.II.7 shows the number of people participating in those activities which had been shown, in Part Two, Section I, Study Two, to be significantly influenced by place of residence.

Table 2.II.6 Activities in which Participation was Not Influenced by Place of Residence, Age, Gender or Intelligence

Activity	Participation	
	n	%
Watch television	43	95.6
Listen to records/tapes	40	88.9
Listen to the radio	41	91.1
Read books	27	60.0
Play cards/games/jigsaws	28	62.2
Have family to visit	26	57.8
Have friends to visit	20	44.4
Photography	13	28.9
Do painting or drawing	27	60.0
Collect things	13	28.9
Play a musical instrument	11	24.4
Do the football pools	2	4.4
Go out to visit friends	23	51.1
Go out to visit family	33	73.3
Go out for a meal	30	66.7
Go to the pub or a club	26	57.8
Go to the cinema or theatre	12	26.7
Go to museums/galleries	14	31.1
Go to church	20	44.4
Go on coach or rail trips	34	75.6
Go to fairs/circuses	20	44.4
Go out on dates	6	13.3
Visit the zoo	17	37.8
Visit amusement arcades	12	26.7
Play table-tennis	26	57.8
Watch table-tennis	33	73.3
Watch people do athletics	37	82.2
Play cricket	6	13.3
Watch cricket	14	31.1
Go cycling	4	8.9
Watch football	31	68.9
Play rugby	0	0.0
Watch rugby	1	2.2
Play squash	1	2.2
Watch squash	1	2.2
Watch tennis	14	31.1
Watch golf	6	13.3
Go ice-skating	1	2.2
Watch ice-skating	2	4.4
Watch horse riding	2	4.4
Play bowls	28	62.2
Watch bowls	32	71.1
Go roller-skating	4	8.9
Play ice-hockey	0	0.0
Watch ice-hockey	1	2.2

Table 2.II.7 Participation in Activities which were Significantly Influenced by Place of Residence

Activity	Total		Hospital		Hostel		Family	
	n	(%)	n	(%)	n	(%)	n	(%)
Read papers & magazines	32	(71.1)	10	(66.7)	8	(53.3)	14	(93.3)
Go to a disco or dancing	26	(57.8)	13	(86.7)	6	(40.0)	7	(46.7)
Go to day or evening classes	15	(33.3)	9	(60.0)	2	(13.3)	4	(26.7)
Go to concerts	15	(33.3)	9	(60.0)	4	(26.7)	2	(13.3)
Visit the library	17	(37.8)	3	(20.0)	3	(20.0)	11	(73.3)
Go to the seaside or countryside	17	(37.8)	4	(26.7)	3	(20.0)	10	(66.7)
Watch darts, billiards or snooker	33	(73.3)	11	(73.3)	8	(53.3)	14	(93.3)
Do athletics	21	(46.7)	5	(33.3)	5	(33.3)	11	(73.3)
Watch badminton	8	(17.7)	4	(40.0)	2	(13.3)	2	(13.3)
Do keep-fit or yoga	20	(44.4)	4	(26.7)	5	(33.3)	11	(73.3)

Table 2.II.8 Activities in which Participation was Significantly Influenced by Gender

Activity	Total Participation		Participation	
	n	%	Males %	Females %
Do gardening	14	31.1	52.4	12.5
Sewing, knitting, etc.	32	71.1	52.4	91.7
Look after any pets	9	20.0	33.3	8.3
Do woodwork or model building	9	20.0	38.1	4.2
Write letters	21	46.7	28.6	62.5
Play bingo	20	44.4	19.0	66.7
Do keep-fit/yoga	20	44.4	28.6	58.3
Play football	21	46.7	81.0	16.7
Go fishing	9	20.0	33.3	8.3
Play hockey	16	35.6	52.4	20.8
Go horse riding	5	11.1	23.8	0.0

Table 2.II.8 shows the number of people participating in those activities which had been shown, in Part Two, Section I, Study Four, to be significantly influenced by gender.

Those activities which were shown, in Part Two, Section I, Study Four, to be significantly influenced by age are shown in Table 2.II.9. "Negative" indicates that older individuals

participated less in the activity.

Those activities which were shown in Part Two, Section

Table 2.II.9 Activities in which Participation was Significantly Influenced by Age

Activity	Participation		Direction.
	n	%	
Rest/relax	30	66.7	Negative
Do cooking	35	77.8	Negative
Walks in the park	27	60.0	Negative
Go to a cafe	31	68.9	Positive
Go to concerts	15	33.3	Positive
Play darts /billiards			
/snooker	29	64.4	Negative
Walk in the countryside	12	26.7	Negative
Do athletics	22	48.9	Negative
Play badminton	6	13.3	Negative
Go swimming	22	48.9	Negative
Watch swimming	22	48.9	Negative
Play tennis	11	24.4	Negative
Play golf	5	11.1	Negative
Go horse riding	5	11.1	Negative
Watch hockey	20	44.4	Negative

I, Study Four to be significantly influenced by IQ are shown in Table 2.II.10. "Positive" indicates that individuals with a higher IQ were more likely to participate in the activity.

Of the activities listed in Tables 2.II.6, 2.II.7,

Table 2.II.10 Activities in which Participation was Significantly Influenced by Intelligence

Activity	Participation		Direction.
	n	%	
Read papers/magazines	32	71.1	Positive
Go shopping	35	77.8	Positive
Play darts/billiards /snooker	29	64.4	Negative
Walk in the countryside	12	26.7	Positive
Go swimming	22	48.9	Positive
Play golf	5	11.1	Negative
Play hockey	16	35.6	Positive

2.II.8, 2.II.9 and 2.II.10, watching television was the most popular, followed by listening to the radio, listening to records and tapes and watching people do athletics. All of these were done by over 80% of respondents.

Activities done by over 50% of respondents were:

watching television	going for walks in the park
listening to records or tapes	going to a cafe
listening to the radio	going to the pub or club
resting or relaxing	going shopping
reading newspapers or magazines	going on coach or rail trips
reading books	playing table tennis
sewing or knitting	watching table tennis
playing cards, games or jigsaws	playing darts, billiards or snooker
having family to visit	watching athletics
painting or drawing	playing football
cooking	watching football
going to visit friends	playing bowls
going to visit family	watching bowls
going for a meal	playing hockey

ii. Who Respondents Were With for Activities

The numbers and percentages in each of the seven categories indicating who respondents were with for the various activities are shown in Appendix X. Only certain findings are presented in this section.

There were 47 activities which were not significantly affected by place of residence. Of these, 15 were done without staff or family involvement by the majority of participants, i.e. they were done either alone, with other residents, or with friends. These 15 were: reading books, reading newspapers or magazines, resting or relaxing, writing letters, collecting things, playing a musical instrument, going to church, going to a cafe, going to amusement arcades, walking in the countryside, playing and watching badminton, watching cricket, going cycling and watching tennis.

There were eight activities (visiting friends, having friends to visit, going on dates, playing badminton, watching rugby, watching tennis, going horse riding and roller-skating) during which at least one third of participants were

in the company of friends. In three of these activities (watching rugby, horse-riding and roller-skating), only one respondent was involved.

The Hospital, Hostel and Family Groups differed in who they were with in 31 of the 78 activities (Appendix X). In 24 of these activities, the differences were due to the circumstances of the respondents, e.g. the respondents in the Hospital Group were with care staff whereas those in the Family Group were with ATC staff or their family. However, the differences between the Hostel and the other two Groups in the remaining seven activities were not due merely to this. These were: doing photography ($X^2=12.8$, d.f.=6, $p=0.046$), listening to the radio ($X^2=14.6$, d.f.=6, $p=0.023$), listening to records/tapes ($X^2=14.1$, d.f.=6, $p=0.029$), visiting friends ($X^2=14.9$, d.f.=8, $p=0.021$), going to the pub ($X^2=30.4$, d.f.=10, $p<0.001$), going shopping ($X^2=21.9$, d.f.=6, $p=0.005$) and going to the library ($X^2=13.2$, d.f.=6, $p=0.039$).

Pairwise chi-square comparisons indicated that the differences between the Hostel and Hospital Groups when doing photography ($X^2=7.9$, d.f.=3, $p=0.048$), visiting friends ($X^2=8.5$, d.f.=3, $p=0.036$) and going to the pub ($X^2=10.2$, d.f.=4, $p=0.0365$) were due to more of the Hostel Group being alone or with friends while more of the Hospital Group were with staff. The differences between the Hostel and Family Groups when listening to records or tapes ($X^2=11.2$, d.f.=3, $p=0.024$), listening to the radio ($X^2=10.1$, d.f.=3, $p=0.018$), going to the pub or a club ($X^2=11.9$, d.f.=4, $p=0.035$), going shopping ($X^2=13.3$, d.f.=2, $p=0.004$) and going to the library ($X^2=11.0$, d.f.=3, $p=0.026$) were also due to most of the Hostel Group being alone or with friends, while most of the Family Group were with their family or staff from the ATC.

iii. Where Respondents Did the Activities

The numbers and percentages in each of the four categories indicating where respondents did the various activities are shown in Appendix XI. Only certain findings are presented in this section.

Only three activities - listening to records or tapes, reading books and resting or relaxing - were done in their own rooms by the majority of respondents. For another nine In-Home activities - watching television, reading newspapers and magazines, playing games, having family to visit, doing photography, looking after pets, writing letters, cooking and doing the football pools - the majority of individuals were in public rooms, i.e. the "day room" (living room) or kitchen.

The ATC was where the majority of individuals, including those in the Family Group, did two other activities usually associated with the home - gardening and woodwork or model-building.

For most respondents, the majority of Out-of-Home activities did take place out of the home or ATC. There were six exceptions to this, all of which were influenced by place of residence - playing bingo ($X^2=10.6$, d.f.=4, $p=0.031$); going to discos or dances ($X^2=22.3$, d.f.=4, $p=0.001$); playing ($X^2=13.9$, d.f.=4, $p=0.008$) and watching ($X^2=18.1$, d.f.=4, $p=0.001$) darts, billiards and snooker and playing ($X^2=9.2$, d.f.=4, $p=0.056$) and watching table tennis ($X^2=13.4$, d.f.=4, $p=0.009$).

Pairwise comparisons indicated that the Hospital Group was significantly different from the Hostel Group in where respondents went to discos or dances ($X=15.1$, d.f.=2, $p=0.005$) and played darts, billiards and snooker ($X^2=6.9$, d.f.=2, $p=0.031$).

The Hospital and Family Groups also differed in where respondents went to discos and dances ($X^2=16.2$, d.f.=2, $p<0.001$), played ($X^2=13.3$, d.f.=2, $p=0.012$) and watched darts, billiards and snooker ($X^2=18.2$, d.f.=2, $p<0.001$), played bingo ($X^2=6.8$, d.f.=2, $p=0.032$) and watched table tennis ($X^2=13.4$, d.f.=2, $p=0.001$).

The Hostel and Family Groups differed in where respondents watched darts, billiards and snooker ($X^2=8.5$, d.f.=2, $p=0.014$), played bingo ($X^2=8.6$, d.f.=2, $p=0.013$) and watched table tennis ($X^2=6.3$, d.f.=2, $p=0.042$).

Inspection of the raw data indicated that the differences

between the three Groups were not due to a difference in the use of community facilities. Rather, they were due to the Hospital Group participating in the hospital, the Hostel Group in the hostel or at a segregated club and the Family Group at the ATC or at a segregated club.

Most individuals participated in Out-of-Door and Sports activities in either the ATC or within the hospital grounds. However, there were some exceptions to this. Respondents in the Hostel and Family Groups used a local swimming pool. Some respondents in the Hospital Group played football at a local sports club and some in the Hostel Group watched their local football team. Some individuals in both the Hostel and Family Groups played and watched tennis at a local park. A number of individuals in the Hostel Group had been on fishing trips.

Discussion

1. The Most Popular Activities

The popularity of watching television and listening to music (records or tapes and the radio) reflects the findings of almost all surveys of leisure activities of people with learning difficulties (Katz and Yeuktiel, 1974; Beck et al., 1977; Jones Owen, 1977; Gollay et al., 1978, cited in Shannon, 1985, Aveno, 1987a and Seager, 1987; Cheseldine and Jeffree, 1981; Hill et al., 1984; Aveno, 1987a; Donegan and Potts, 1988; Brown et al., 1989). Such activities have been described as "passive" (e.g. Cheseldine and Jeffree, 1981; Hill et al., 1984) or "sedentary non-creative" activities in previous studies (e.g. Beck et al., 1977). However, the number of respondents in the present study who went out, e.g. to the pub or for a walk, as part of their regular leisure indicates that popular leisure activities were not totally home-based (although, as discussed in Part Two, Section I, Study One, "going out", for some individuals, did not mean that they left their home environment).

2. Hobbies

A relatively large number of respondents regularly did hobbies and also mentioned participation in activities such as sewing and knitting and reading newspapers or magazines, as part of their wider leisure experiences. This is a higher percentage than found in previous studies (Beck et al., 1977; Katz and Yeuktiel, 1977). The reason for this appears to be related partly to definition. Few studies specified the type of activity which they accepted as a hobby, which makes comparison difficult. However, Reiter and Levi (1981) specifically state that they asked about indoor hobbies, which may explain the relatively high level of participation (60%) which they found. Beck et al. (1977), on the other hand, specified more "creative" activities, such as model-building or stamp collecting, which require some organisation. In the present work, any activity which the respondent described as a hobby was accepted as such. This included reading newspapers, sewing/knitting, colouring in books and going for walks, as well as activities requiring more preparation, such as growing plants and playing football.

3. Attendance at Clubs

Two thirds of respondents regularly attended clubs. Similar activities were mentioned by respondents who attended the recreation hall in the hospital and segregated clubs in the community. These included going to a disco or dancing, playing games such as pool and bingo, singing and talking. The respondents who went to non-segregated clubs mentioned other specific activities, such as listening to a speaker or to a concert, bowling and attending weight watchers in addition to games, singing and dancing. Fourteen (58.3%) of the 24 respondents who attended clubs mentioned them in response to open-ended questions on participation (Part A of the interview schedule) which suggests that they are an important element of the regular leisure of many individuals. While there are strong arguments against segregated leisure (Orelove et al., 1982; Schleien and Ray, 1988), the fact that

segregated clubs played such a large part and apparently significant part in respondents' regular leisure shows that they cannot be dismissed in the development of any leisure service. For many respondents, attendance at the clubs provided a major (if not the major) opportunity for social contact and mixing with friends.

4. Friends and Family

While fewer than half of the respondents saw friends or family regularly in the evenings, three quarters saw them at weekends. However, this means that a quarter of respondents did not have regular contact with family or friends, so that this was not a feature of their leisure time. The findings of Part B of the interview schedule indicated that a substantial minority of respondents had no contact with either friends (48.9%) or family (26.7%). This latter percentage is not very different to those of Hill et al. (1984) who found that 20% of individuals living in community residential facilities, and 36% of those living in institutions, had no contact with their family. The low incidence of participation in activities with friends is similar to the findings of other studies (e.g. Jones Owen, 1977; McConkey et al., 1983; Katz and Yeuktiel, 1974; Donegan and Potts, 1988). Very few respondents in the present study went out on a date (13.3%).

5. Community Contact and Use of Community Leisure Facilities

Contact with the community is one of the aims of normalisation and deinstitutionalisation. The data on potential contact indicate that all respondents engaged in at least one activity which gave them the opportunity to mix with people without learning difficulties. Other studies of community participation have found a low frequency of participation in the community (McConkey et al., 1983; Seager, 1987) with a tendency for contacts to be supervised (Seager, 1987) and for social contacts to be limited (Kregel et al., 1986, cited in Seager, 1987). The present study differed from previous ones

in that it considered the potential which the activities provided for contact with people without learning difficulties as well as actual contact. However, the present results support those of previous studies in that they indicate that individuals had little potential for contact and interaction with people without learning difficulties. Family contact and shopping were by far the most frequent activities mentioned, reflecting the findings of other studies (Gollay et al., 1978, cited in Shannon, 1985, Aveno, 1987a and Seager, 1987; Cheseldine and Jeffree, 1981; Brown et al. 1989; McConkey et al., 1983).

Considering the use of community facilities, more than 50.0% of respondents reported going for a meal, going to a cafe and going to a pub or club. The majority of individuals also went to a disco or dance but the data on where people did things indicates that this was frequently in a segregated setting and did not involve the use of community facilities. Less than half of the individuals went to the cinema (26.7%), museums (31.1%) or library (37.8%).

6. Sports

Respondents consistently reported that they watched a sport more frequently than taking part in it. Watching athletics was the fourth most popular activity assessed by Part B of the schedule. For most respondents, watching athletics involved watching trainees at the ATC or residents within the hospital or spectating at local sports days organised for people with learning difficulties. Sports were organised at the ATC every day, and the local sports days occurred two or three times a year, which explains the high percentage of people who spent time watching sport. The most popular sports activities, in terms both of participation and spectating, were: table tennis, darts, billiards or snooker and bowls. Fewer than 50.0% participated in more active sports, with the two most popular being swimming (48.9%) and doing athletics (48.9%). Beck et al. (1977) also found swimming to be the most popular physical activity. Watching sports was found to

be significantly higher than participation in physical activities in another study of the leisure of people with learning difficulties (Brown et al., 1989).

7. Other Activities

Over 70% of respondents went on coach or rail trips. For the majority of these participants, the trips were organised by care staff or the staff at the ATC. Beck et al. (1977) found going on organised trips to be one of the most popular forms of socialisation activities. 60.0% of respondents went for walks in the park but fewer went to the sea or countryside (37.8%) or went walking in the country (26.7%).

Over 40% of individuals played bingo, with care staff or ATC staff involved with over 50% of respondents. Over 40% of respondents went to church. Compared to many of the other activities, going to church involved relatively little staff involvement, with most individuals going alone, with other residents or with friends; over a quarter of individuals went with their family. For the majority of respondents, going to church did involve attending a service in the community. However, place of residence had a significant influence upon this, with two thirds of the Hospital Group attending a service in the hospital and all of the Hostel and Family Groups attending one in the community. Brown et al. (1989) found that church activities were a feature of the leisure of 43% of individuals with learning difficulties living in the community and that this level of involvement was higher than in individuals without learning difficulties.

8. The Location of Leisure Activities

Considering all respondents together, the data on where the leisure activities took place indicate that few In-Home activities were done in private, with most occurring in the main living areas of the hospital and hostel or family home. This suggests that, although the majority of individuals said they did various In-Home activities by themselves (e.g. they

read or sewed independently), it is likely that many were in the company of other residents or family. It is uncertain whether being with a group of residents (as opposed to friends) when doing leisure activities at home makes an activity "social".

The majority of the Out-of-Home activities were done away from the home environment and involved using community facilities such as cafeterias and the cinema. However, for most respondents in the Hospital and Hostel Groups, participation in some activities usually associated with out-of-the-home (going to discos and dances, playing bingo, playing and watching table tennis and playing and watching darts, billiards and snooker) took place in the home (Hospital or Hostel). For the Family Group, these same activities took place in a segregated club or at the ATC.

Very few Out-of-Doors and Sports activities involved the use of community facilities. The findings of studies which have assessed the leisure time of individuals living more independently in the community suggest that this pattern of segregated sports activity continues even when individuals have more opportunity to use community facilities (e.g. Beck et al., 1977). Many Out-of-Door and Sports activities, for the Hostel and Family Groups, took place in the ATC, with the Hospital Group remaining in the hospital, which had its own swimming pool and sports field.

9. The Independent Nature of Participation

The data on who respondents were with, as well as where activities were done, are important with respect to the organised and supervised nature of individuals' leisure time. Activities done alone, or in the company of residents or friends, imply independent participation. Very few individuals mentioned friends in connection with any of the In-Home activities. However, 11 of the 20 In-Home activities were done alone by the majority of respondents (place of residence was significant for four). For the majority of respondents, two other activities - watching television and

doing photography - involved residents (or family). Of these thirteen activities, six can be described as "spectator" (Beck et al., 1977; Brown et al., 1989), i.e. they are passive activities and/or require only limited organisation. The remaining seven - sewing or knitting, doing photography, looking after pets, painting or drawing, writing letters, collecting things and playing a musical instrument - are more "creative" (Beck et al., 1977; Brown et al., 1989). The data on where these seven more "creative" activities took place indicate that five of them were done in the home by the majority of participants. This indicates that respondents were involved in In-Home leisure activities which required some organisation and skill. Although fewer than half of all respondents did six of these seven activities (and more females than males did sewing and knitting), the data do indicate that at least some individuals were capable of creative independent leisure activity.

Although most individuals did go out for meals and/or use community leisure facilities such as the pub, the majority did so in the company of staff, or of their family. While it is not possible to say how desirable or otherwise the presence of staff or family are for participation in specific activities on specific occasions, it does not seem desirable that so much of respondents' out-of-home participation was accompanied. Previous studies (e.g. Seager, 1987) have described community contact in the company of staff or family as "supervised". Activities which take place in the company of ATC staff are unlikely to be any less organised or supervised than those involving staff at the hospital or hostel. Although individuals were supervised for many of the Out-of-Home activities, nine were done either alone, with residents or with friends by at least 50% of participants. These included five activities - going to church, walking in the park, going shopping, going to a cafe and going to amusement arcades - which involved the use of community facilities by at least a proportion of participants.

Place of residence had a significant influence upon the

level of independent participation, with more of the Hostel Group participating alone or with friends compared to the other two Groups. This was true for both In-Home activities (sewing/knitting and photography) and Out-of-Home activities (e.g. going to the pub). Most individuals in the Hospital Group were accompanied by staff and most in the Family Group by their families during activities done out of the home. Seager (1987) also found that individuals who lived with their families were almost always accompanied by their family during contact with the community, whereas those who were resident in a hostel or group home had a greater number of peer and independent contacts.

For the majority of participants, most Out-of-Doors and Sports activities were organised and supervised by staff.

10. The Relationship Between Leisure Activities in People With Learning Difficulties and Those Without

Considering the above description of the leisure of people with learning difficulties, it may be argued that the pattern of leisure activity is not very different from that of the general population. However, there are some difficulties with such an interpretation of the present data (and that from previous studies).

First, there is little research, comparing the leisure of those with and without learning difficulties, which would allow direct comparisons to be made. The limited body of comparative research which does exist (Reiter and Levi, 1981; Groake, 1985; Brown et al. 1989) indicates that there are differences both in the level and in the frequency of participation between individuals with and without learning difficulties.

Secondly, even if there is no difference in the overall pattern of leisure activities, this pattern has different implications for individuals with and without learning difficulties. For example, although individuals without learning difficulties spend the majority of their leisure time watching television (NOP, 1991) they are, if they wish, able

to choose other activities. For reasons such as lack of skills or knowledge, individuals with learning difficulties frequently do not have this choice. Similarly, the large amount of time which many individuals with learning difficulties have spent in institutions means that they may not have developed social networks in the way that most non-handicapped individuals have. This limits their social activities. The relationship between the leisure of people with and without learning difficulties is discussed further in Part Five.

Conclusions

One conclusion from the above description is that the majority of individuals with learning difficulties are not experienced in organising independent leisure activities at more than a simple level. The reliance upon staff and family has implications for their ability to sustain their current pattern of leisure activity and to develop their leisure time further, when they move to more independent living situations. This, in turn, has implications for the success of any move to greater independence (e.g. Heal et al., 1980, cited in Shannon, 1985; Beck et al., 1977; Katz and Yeuktiel, 1974; Luckey and Shapiro, 1974; Cobb, 1972; Gollay, 1976, cited in Aveno, 1987b).

Part Two, Section III: Comparison of the Leisure Activities of People With Learning Difficulties Against "Ideal" and Normative Criteria

This Part of the thesis is about how participation in leisure activities by people with learning difficulties relates i. to what professionals in the field consider that people with learning difficulties "ought" to do and ii. to what people without learning difficulties do in their leisure time.

Information of both types is important for three reasons. First, comparisons of these sorts are necessary to discover the extent to which the leisure of people with learning difficulties is "normal". In assessing the "normality" of any behaviour, two sorts of criteria can be applied. One is "pathological", i.e. the extent to which it deviates from some ideal; comparisons of type i. (above) with the opinions of professional staff will give a measure of the extent to which the leisure of people with learning difficulties is "normal" in this sense. The second criterion is "statistical", i.e., the extent to which the behaviour differs from the statistical average; comparisons of type ii. (above) will enable this to be assessed.

Information of both types will be important in another respect. If it is established that the leisure activities of people with learning difficulties are deficient in some way, it will be necessary to decide on appropriate goals for programmes designed to overcome these deficiencies. Comparisons of both the types outlined above have been used in this connection. The "expert opinion" approach was used by Lucke (1989) to ensure that activities selected for teaching were considered socially important for the process of habilitation as well as normalisation. Data about the speech, conversation and other social activities of normal groups have been collected to inform research into areas such as social skills training (Lindsay, 1982). However, neither approach has been widely used in clinical practice.

Thirdly, information gathered about the opinions of

professional staff, and about the actual leisure of groups without learning difficulties, will contribute to the sparse body of knowledge about leisure and hence might advance the development of theoretical accounts of leisure.

Study One: Opinions of Staff About Ideal Leisure Activities for People With Learning Difficulties

Aims

This study is about how professional staff who work in the field consider that people with learning difficulties "should" spend their leisure time. It will ask four questions:

1. to what extent do professionals agree with one another about the leisure activities which those with learning difficulties "ought" to undertake?

and, if there is agreement,

2. which leisure activities do they agree are

"important" for people with learning difficulties to undertake?

3. which activities do they agree that those with learning difficulties should spend most time upon?

4. which other activities, while neither "important" nor "time-consuming", do they agree should be undertaken?

Method

1. Leisure Questionnaire

The study employed a questionnaire based on Part B of the interview schedule used for adults with learning difficulties which was described above (Appendix XII). It comprised a list of 78 activities under the headings: In-Home, Out-of-Home and Out-of-Doors and Sports. The basic questionnaire was modified so that respondents were asked about the ideal use of leisure time (free time) by a man or woman whose days were either structured (e.g. by attendance at an ATC) or unstructured. It was emphasised that what was being considered was "ideal"

leisure and that the influence of potential constraints such as money and the availability of facilities should be ignored.

The questionnaire asked the respondents, for each leisure activity, to indicate: i. "how important" they considered it was that the activity should be carried out by someone with learning difficulties. They selected one of five options - "of no importance", "little importance", "moderately important", "important" and "very important" and ii. "how much time" should be spent on the activity. They selected one of four options - "no time", "a little time", "a moderate amount of time" and "a large amount of time".

Respondents were instructed to make an absolute judgement for each activity, paying no attention to the importance of, or time spent on, any other activity.

The first page of the questionnaire explained why the information was being collected and that the survey was anonymous. Respondents were asked to indicate their age, sex, occupation and living arrangements. The questionnaire took about 15 minutes to complete. All respondents completed it in their own time and returned it to the author by post.

2. Analysis

The questionnaire responses were analysed as follows:

i. Agreement Among the Respondents

A statistical assessment of homogeneity was considered inappropriate for this data. Therefore, it was decided arbitrarily that the respondents would be considered to be in agreement if at least 50% of them answered in one category (e.g. "important") or at least 75% of them used two adjacent categories (e.g. "important" and "very important").

ii. Importance

The importance which the respondents afforded to an activity was indicated by the modal rating of importance on the five categories.

iii. Time

The amount of time which they considered should be spent on the activity was indicated by the modal rating on the four "time" categories.

iv. Participation

The "amount of time" ratings were re-coded so that ratings of at least "a little time" were taken to indicate participation and ratings of "no time" to indicate non-participation.

v. Other Variables

The influence of the sex of the individual with learning difficulties, whose leisure activities staff were considering, was assessed. Also assessed was whether the person with learning difficulties had his/her time structured through work or attendance at an ATC and whether his/her time during the day was unstructured

vi. Statistical Analysis

Where statistical analysis was necessary, chi-square was employed. For pairwise analyses with fewer than 20 cases Fishers' Exact Probability Test was employed.

3. Respondents

All staff working in the Therapies Department of a hospital for people with learning difficulties were asked to take part in the study. They comprised a range of professions and backgrounds and there was no reason to believe that they differed from other staff within the hospital. Twenty individuals (five males and 15 females) returned completed questionnaires, a response rate of 66.7%. It is not possible to say how the staff who returned the questionnaire differed from those who did not, although none was returned from the five staff aged over 50. The mean age was 28.4 years (s.d. 12.7, range 19-43 years).

They had the following occupations: social worker,

clinical psychologist, technical instructor, music therapist, occupational therapist, speech therapist, patient training officer, care assistant and assistant officer in charge.

Results

1. Agreement

The data on agreement about the importance of the various activities are shown in Appendix XIII. Respondents were agreed about the importance of 36 of the 78 (46.2%) activities rated. The data on agreement about the time which should be spent on each activity are shown in Appendix XIV. There was agreement on 64 activities (82.0%).

2. Importance

The activities which had modal ratings of either "very important", "important", "moderately important" or "little importance", and about which the raters were agreed, are shown in Table 2.III.1.

Activities upon which raters did not agree are shown in Table 2.III.2.

There were significant differences between what was considered important for men and for women with learning difficulties (Appendix XV). Going to the pub received a higher modal score ("moderately important") for males than for females ("little importance") ($X^2=10.4$, d.f.=1, $p=0.015$) and going to fairs or circuses was rated as more important for females, although raters were not in agreement ($X^2=9.4$, d.f.=1, $p=0.050$).

The eight activities which the respondents agreed were of "no importance" were:

do the football pools
play bingo
visit amusement arcades
watch squash

watch golf
watch horse-riding
go roller-skating
watch ice-hockey

Table 2.III.1 Activities which Staff Agreed were of "Some" Importance

Very Important

family to visit
visit friends
visit family
friends to
visit (joint with
important)

**Moderately
Important**

read newspapers
/magazines
go for a meal
walk in the park
go to a cafe
play table tennis
do athletics
watch athletics
gardening
woodwork/model-
building
go to museums
go to church
walk in the country
visit seaside/countryside
play badminton
cycling
go to concerts

Important

rest/relax
go swimming

**Of Little
Importance**

play cards etc.
play darts etc.
watch badminton
watch cricket
watch hockey
watch ice-skating
go to the zoo

Table 2.III.2 Activities about whose Importance Staff did not Agree

Activity	No impt. n (%)	Little impt. n (%)	Mod. impt. n (%)	Impt. n (%)	Very Impt. n (%)
Listen to records/tapes	1 (5.0)	5 (25.0)	8 (40.0)	5 (25.0)	1 (5.0)
Read books	1 (5.0)	4 (20.0)	6 (30.0)	7 (35.0)	2 (10.0)
Sew/knit	3 (15.0)	5 (25.0)	7 (35.0)	5 (25.0)	0
Photography	6 (30.0)	8 (40.0)	6 (30.0)	0	0
Look after pets	2 (10.0)	2 (10.0)	7 (35.0)	6 (30.0)	3 (15.0)
Paint/draw	2 (13.3)	5 (33.3)	5 (33.3)	3 (20.0)	0
Do woodwork/ model-building	4 (20.0)	6 (30.0)	8 (40.0)	2 (10.0)	0
Write letters	2 (10.5)	3 (15.8)	8 (42.1)	6 (31.6)	0
Collect things	4 (20.0)	5 (25.0)	7 (35.0)	4 (20.0)	0
Do cooking	1 (5.0)	4 (20.0)	4 (20.0)	6 (30.0)	5 (25.0)
Play a musical instrument	2 (10.5)	5 (26.3)	5 (26.3)	6 (31.6)	1 (5.3)
Go to a disco /dancing	4 (21.1)	5 (26.3)	6 (31.6)	4 (21.1)	0
Go to pub/club	2 (10.0)	5 (25.0)	8 (40.0)	5 (25.0)	0
Go to the cinema/ theatre	1 (5.0)	5 (25.0)	6 (30.0)	8 (40.0)	0
Go to day/ evening classes	2 (10.0)	3 (15.0)	9 (45.0)	3 (15.0)	3 (15.0)
Go on coach /rail trips	3 (15.0)	7 (35.0)	2 (10.0)	7 (35.0)	1 (5.0)
Go shopping	0	3 (15.0)	7 (35.0)	5 (25.0)	5 (25.0)
Go to fairs /circuses	6 (30.0)	8 (40.0)	2 (10.0)	3 (15.0)	1 (5.0)
Go on dates	0	4 (28.6)	4 (28.6)	6 (42.9)	0
Go to library	1 (5.0)	6 (30.0)	7 (35.0)	5 (25.0)	1 (5.0)
Visit the zoo	5 (25.0)	6 (30.0)	5 (25.0)	4 (20.0)	0
Watch table- tennis	7 (35.0)	6 (30.0)	7 (35.0)	0	0
Watch darts etc.	5 (25.0)	8 (40.0)	6 (30.0)	1 (5.0)	0
Play cricket	6 (30.0)	7 (35.0)	7 (35.0)	0	0
Play football	4 (20.0)	4 (20.0)	8 (40.0)	4 (20.0)	0
Watch football	7 (36.8)	3 (15.8)	6 (31.6)	3 (15.8)	0
Keep-fit/yoga	2 (10.5)	3 (15.8)	5 (26.5)	8 (42.1)	1 (5.3)
Play rugby	9 (47.4)	2 (10.5)	5 (26.3)	3 (15.8)	0
Watch rugby	9 (45.0)	3 (15.0)	8 (40.0)	0	0
Play squash	7 (35.0)	3 (15.0)	7 (35.0)	3 (15.0)	0
Watch swimming	9 (47.4)	5 (26.3)	5 (26.3)	0	0

Bold indicates modal rating

Activities which were bimodal, i.e. defined as having

two ratings which were equally high (or approximately so) in categories which were not adjacent, were: going on coach and rail trips (rated as being of "little importance" and "important") and watching table tennis, playing squash and

Table 2.III.2 (cont.)

Activity	No impt. n (%)	Little impt. n (%)	Mod. impt. n (%)	Impt. n (%)	Very impt. n (%)
Play tennis	5 (25.0)	4 (20.0)	9 (45.0)	2 (10.0)	0
Watch tennis	7 (35.0)	6 (30.0)	7 (35.0)	0	0
Play golf	7 (35.0)	6 (30.0)	6 (30.0)	1 (5.0)	0
Go ice-skating	6 (30.0)	4 (20.0)	8 (40.0)	2 (10.0)	0
Watch ice-skating	7 (35.0)	7 (35.0)	6 (30.0)	0	0
Go horse -riding	3 (15.0)	4 (20.0)	9 (45.0)	3 (15.0)	1 (5.0)
Go fishing	6 (31.6)	1 (5.3)	7 (36.8)	5 (26.3)	0
Play bowls	5 (25.0)	4 (20.0)	6 (30.0)	2 (10.0)	3 (15.0)
Watch bowls	9 (45.0)	4 (20.0)	3 (15.0)	3 (15.0)	1 (5.0)
Play hockey	9 (45.0)	4 (20.0)	7 (35.0)	0	0
Play ice- hockey	9 (45.0)	2 (10.0)	7 (35.0)	2 (10.0)	0

Bold indicates modal rating

watching tennis (all rated as of "no importance" and "moderately important").

3. Amount of Time Spent

Table 2.III.3 lists the activities which staff considered as being of at least some importance and shows the modal ratings of the amount of time which they considered these activities to merit.

No activity had a modal rating of "a large amount of time". Having family to visit, and having friends to visit, were the activities which the highest proportion of raters (35.0%) agreed merited "a large amount of time". Activities rated as deserving "no time" are shown in Table 2.III.4.

Males and females differed significantly in the amount of time which the raters considered they should spend on two

Table 2.III.3 Modal Time Ratings of Activities which Staff Agreed were of "Some" Importance

Activity	Modal Importance	Modal Time
Family to visit	very important	moderate amount
Visit friends	very important	moderate amount
Visit family	very important	moderate amount
Friends to visit	very important/ important	moderate amount
Rest/relax	important	moderate amount
Go swimming	important	moderate amount
Watch television	moderately	moderate amount
Listen to the radio	moderately	moderate amount
Read newspapers/ magazines	moderately	little time
Go for a meal	moderately	little time
Walk in the park	moderately	moderate amount
Go shopping	moderately	moderate amount
Go to a cafe	moderately	moderate amount
Play table tennis	moderately	little time
Do athletics	moderately	little time/ moderate amount
Watch athletics	moderately	little time
Gardening	moderately	little time
Woodwork/ model-building	moderately	little time
Visit museums /galleries	moderately	moderate amount
Go to church	moderately	moderate amount
Visit the seaside /countryside	moderately	little time/ moderate amount
Walk in country	moderately	moderate amount
Play badminton	moderately	little time
Go cycling	moderately	little time /moderate amount *
Go to concerts	little/moderately	little time
Play cards etc.	little importance	little time *
Play darts etc.	little importance	little time
Go to the zoo	little importance	little time
Watch cricket	little importance	no/little time
Watch badminton	little importance	little time
Watch hockey	little importance	little time
Watch ice-skating	no/little little time importance	

* = raters did not reach criterion for agreement

activities - collecting things and going to fairs or circuses (Appendix XV). The modal rating for females spending time collecting things was "a large amount of time" compared with

Table 2.III.4 Modal Time Ratings of Activities which Staff Agreed were of No Importance

Activity	Modal Time
Do the football pools	little time
Play bingo	no time
Visit amusement arcades	no time
Watch squash	no time
Watch golf	no time/little time
Watch horse-riding	no time
Go roller-skating	no time
Watch ice-hockey	no time/little time

"a little time" for males ($X^2=9.1$, d.f.=1, $p=0.028$). That for females going to fairs and circuses was "a little time", while for males it was "no time" ($X^2=9.9$, d.f.=1, $p=0.019$).

4. Participation

There were 11 activities which all raters thought ought to be included (i.e. have at least "a little time" spent upon them) in an "ideal" leisure time. These were: watching television, listening to the radio, reading papers or magazines, resting or relaxing, having friends to visit, visiting friends, walking in the park, going to a cafe, going to concerts, visiting the seaside or countryside and walking in the countryside.

There were a further seven activities which 95.0% thought ought to be included. These were: listening to records or tapes, having family to visit, visiting family, going out for a meal, going shopping, going to the library and going swimming.

The majority of raters thought that participation in all but three of the activities was acceptable as a feature of "ideal" leisure time. The three activities were: going to amusement arcades, watching squash and watching horse-riding.

Discussion

Respondents were asked to rate 78 activities (on time and importance) in terms of the "ideal" use of leisure time by

men and women with learning difficulties. They were asked to make an absolute, rather than a relative, judgement about each activity. The data indicate that the majority of respondents rated 75 of the 78 activities as an acceptable use of "ideal" leisure time, i.e. they merited at least "a little time" spent in participation. This suggests that almost any form of participation was seen as positive and beneficial. However, some specific activities were considered to be both more important and to merit a greater amount of time than the majority.

The four activities rated as being "very important" (having family to visit, having friends to visit, visiting family and visiting friends) indicate the significance of social contact in leisure. The other explicitly social activity in the questionnaire (going on dates) had a modal rating of "important" although the raters were not in agreement over this.

The two activities which the raters agreed were "important" were: resting or relaxing and swimming. Relaxation is of major significance to leisure and has been suggested as one of the main functions of leisure for the individual (Dumazier, 1967, cited in Williams, 1977; Neulinger, 1974). The importance of swimming possibly reflects its benefits for general health and fitness. Keep-fit or yoga, also of benefit to health and fitness, had a modal rating of "important" but raters were not in agreement, suggesting that other aspects of swimming (possibly the fact that it involves the use of community facilities) made it important.

The activities rated as "moderately important" covered all three categories in the questionnaire (In-Home, Out-of-Home and Out-of-Doors and Sports). The importance of using community facilities and contact with the wider community was indicated by the ratings of "moderately important" given to activities such as going out for a meal, going to a cafe, going to concerts, going to museums or galleries and going to church. Three open air activities (walking in the park,

visiting the seaside or countryside and walking in the countryside) also had this modal rating.

The other activities implying use of community leisure facilities (e.g. going to the cinema, to discos, to the pub or a club, to the library and shopping) were also rated as "moderately important" by the majority of raters, although they were not in agreement.

An interesting finding was that those activities which raters agreed were of "no importance" comprised three which imply gambling (doing the football pools, playing bingo and visiting amusement arcades). Watching sports was also considered not to be an important activity, with raters agreeing that watching four (squash, golf, horse-riding and ice-hockey) were of "no importance". Another 12 activities also received modal or joint modal ratings of "no importance" but the respondents did not meet the criterion of agreement (defined above) for these. All of these activities were sports (either watching or playing).

The little importance accorded to sports was reflected in the ratings of time. The modal amount of time for both playing and watching the majority of sports was "a little time". The only sports to receive modal or joint modal ratings of "a moderate amount of time" were: doing athletics, cycling, doing keep-fit, going swimming and going fishing.

The fact that respondents rated going to the pub as less important for females reflects the traditional view that this is a less appropriate activity for women than for men (Smith, 1987).

The leisure activities recommended by professional staff in the present study were similar to those reported in a study by Lucke (1989) in which activities relevant to habilitation and normalisation were rated on frequency, duration and desirability (assessed according to who the individual was with) by individuals working in the field of learning difficulties. As in the present study, participation in almost all activities was rated as desirable. Those not considered to be desirable involved clients either being alone

at home or having no particular goal, e.g. "watching television whatever was on".

Activities considered to be desirable in Lucke's study were also similar to those in the present study. For example, inviting friends or relatives to the house, reading at home, walking, exercising, swimming, visiting the library (alone) and going to museums or galleries (with friends or relatives). Some specific sports were rated high on desirability although, as in the present study, many received ratings which were lower than for other types of activities.

Study Two: The Leisure of People Without Learning Difficulties

Aims

This study is about how people without learning difficulties view their own leisure activities. It will ask four questions:

1. to what extent do people without learning difficulties agree about the importance to themselves of various leisure activities and about the time which they themselves spend on various activities?
2. which leisure activities do they agree that it is "important" for them to undertake?
3. which activities do they agree that they should spend most time upon?
4. which other activities, while neither "important" or "time consuming", do they agree should be undertaken?

Method

1. Leisure Questionnaire

The same questionnaire was employed as in Study One, but modified so that respondents were asked about their own leisure activities. This was emphasised throughout. They were asked how important the various leisure activities were for their own leisure, how much time they actually spent on each activity and whether or not they participated. As with the survey of professional staff, respondents were asked to make absolute, as opposed to relative, judgements regarding the importance of, and the time they spent on, the various activities.

2. Respondents

i. Selection and Description of Groups

Three Groups of people were assessed - Nurses, Students and people in full-time employment (Young Employed). These groups

were selected because: i. the Nurses were in regular contact with individuals with learning difficulties and were therefore likely to serve as normative role-models, ii. the Students, although attending college, had less structured lives and leisure time than individuals in employment and in this way resembled people with learning difficulties and iii. the time of the Young Employed Group was highly structured in that both the amount of time which they could spend on leisure and when this time could be spent were determined by the demands of their full-time jobs.

a. Nurses

Once permission had been obtained from the Director of Nursing Services, a random sample of wards in a hospital for people with learning difficulties was selected. The charge nurses on these wards were contacted and asked whether they had any objection to the survey; none did. The aim and procedure of the survey was outlined to the staff who were present on these wards. Several blank surveys were left on the ward for staff on other shifts to complete. Envelopes were also left so that the surveys could be returned anonymously on completion. One ward returned all surveys blank but the remaining wards completed at least some of those left with them. All grades of nursing staff were included. Twenty-nine surveys were completed (a return rate of 64.0%).

b. Students

Students, in their first year of a four year business studies degree at a local college, were given the survey at the start of a class. The aim of the work was explained to them and they were given the opportunity to ask questions about the survey prior to completion. Thirty one questionnaires were distributed and all were returned.

c. Young Employed

The final Group comprised individuals who were in full-time employment in a range of occupations. Individuals were

approached either by the writer, or through friends or contacts of the writer. A letter, explaining the aim of the survey and stressing the confidential nature of all data, was included a long with a stamped addressed envelope. Eighteen people returned the form, a return rate of 72.0%.

ii. Age

The mean age: of the Nurses was 30.3 years (s.d. 8.5, range 17-52); of the Students was 18.4 years (s.d. 2.1, range 17-25) and of the Young Employed was 24.7 years (s.d. 3.8, range 20-33). For practical reasons, it was not possible to collect data from older individuals: the modal age of the Groups was therefore less than that of the people with learning difficulties. However, as shown in Part Two, Section I, Study Four, age had only limited influence upon the leisure activities of respondents with learning difficulties. Research into the leisure of groups within the general population has also indicated that "stage of the life cycle" (being married, having a family etc.) rather than age per se is significant for leisure (Smith 1987; Gershuny and Jones, 1987; Colley, 1984). Considering stage in the life cycle, the respondents with learning difficulties were at a stage usually associated with young adults (e.g. they were single and living with family or peers) and as such were similar to the students, employed adults and the majority of nurses (only 46.4% of whom lived with a partner and 28.6% had children).

iii. Gender

There were 25 females (85.7%) and 4 males (14.3%) in the Nurses Group, 18 females (58.1%) and 13 males (42.9%) in the Student Group and 9 females (50.0%) and 9 males (50.0%) in the Young Employed. Owing to the far greater number of female nurses in the hospital, it was not possible to obtain an equal number of male and female respondents: the sex ratio of the non-handicapped Group was therefore different from the Group with learning difficulties. However, as shown in Part Two, Section I, Study Four, gender had only a limited influence

upon the leisure activities of individuals with learning difficulties. The difference in the ratio of males and females between the respondents with and without learning difficulties was kept in mind when discussing the findings of the present study.

3. Analysis

The questionnaires were analysed as in Study One. An additional analysis of the differences between the three Groups was also conducted.

Results

Preliminary analysis of the questionnaires showed a very wide spread of ratings by the Students on two of the activities (going to the library and going to day or evening classes). This suggested that some respondents were including college classes and library, while some were not. These items were therefore excluded from the analysis of the student data.

1. Significant Differences Between the Three Groups

i. Importance

Chi-square showed that the three Groups (Nurses, Students, Young Employed) differed significantly from one another in

Table 2.III.5 Activities in which the Ratings of Importance by the Three Groups were Significantly Different

Activity	No Impt n (%)	Little Impt. n (%)	Mod. Impt n (%)	Impt. n (%)	Very Impt. n (%)
Resting /Relaxing					
Nurses	2 (7.1)	9 (32.1)	6 (21.4)	5 (17.9)	6 (21.4)
Students	0	0	7 (22.6)	14 (45.2)	10 (32.3)
Young Employed	1 (5.6)	0	4 (22.2)	9 (50.0)	4 (22.2)

the "importance" which they attached to only one activity -

resting and relaxing ($X^2=22.8$, d.f.=8, $p=0.004$) - See Table 2.II.5. A pairwise chi-square comparison indicated that the Nurses regarded it as significantly less important than both the Students ($X^2=16.2$, d.f.=4, $p=0.003$) and the Young Employed ($X^2=9.5$, d.f.=4, $p=0.049$). On all the other 77 activities, the three Groups did not differ significantly and their ratings were therefore summed in subsequent calculations employing "importance".

ii. Amount of Time Spent

The three Groups differed in their estimates of the time which they spent on four activities: listening to records or tapes ($X^2=27.5$, d.f.=6, $p<0.001$), having family to visit ($X^2=19.1$, d.f.=6, $p=0.004$), looking after pets ($X^2=16.8$ d.f.=6, $p=0.001$) and cooking ($X^2=21.9$, d.f.=6, $p=0.001$) (Table 2.III.6). Pairwise comparisons indicated that the Students

Table 2.III.6 Activities in which the Ratings by the Three Groups of Amount of Time Spent were Significantly Different

Activity	No Time n (%)	Little Time n (%)	Moderate Amount Time n (%)	Large Amount Time n (%)
Listen to records/tapes				
Nurses	1 (3.4)	8 (27.6)	12 (41.4)	8 (27.6)
Students	0	1 (3.2)	3 (9.7)	27 (87.1)
Young Employed	0	7 (38.9)	5 (27.8)	6 (33.3)
Family to Visit				
Nurses	2 (6.9)	8 (27.6)	15 (51.7)	4 (13.8)
Students	6 (19.4)	18 (58.1)	6 (19.4)	1 (3.2)
Young Employed	5 (27.8)	11 (61.1)	2 (11.1)	0
Look after pets				
Nurses	15 (51.7)	2 (6.9)	3 (10.3)	9 (31)
Students	19 (63.3)	3 (10.0)	6 (20.0)	2 (6.7)
Young Employed	17 (94.4)	1 (5.6)	0	0
Cook				
Nurses	1 (3.4)	6 (20.7)	16 (55.2)	6 (20.7)
Students	5 (16.1)	15 (48.4)	6 (19.4)	5 (16.1)
Young Employed	0	4 (22.2)	14 (77.8)	0

spent significantly more time listening to records or tapes than both the Nurses ($X^2=22.1$, d.f.=3, $p=0.001$) and the Young Employed Group ($X^2=16.0$, d.f.=2, $p<0.001$). The Nurses spent significantly more time having family to visit than the Students ($X^2=11.4$, d.f.=3, $p=0.010$) and the Young Employed ($X^2=13.8$, d.f.=3, $p=0.003$). The only difference in the amount of time spent looking after pets was that the Nurses spent significantly more time than the Young Employed ($X^2=10.4$, d.f.=3, $p=0.015$). The Students spent significantly less time cooking than both the Nurses ($X^2=11.1$, d.f.=3, $p=0.011$) and the Young Employed ($X^2=17.3$, d.f.=3, $p<0.001$). The Groups did not differ in the other 74 activities, which were therefore combined in the subsequent analyses.

iii. Participation

The Groups were significantly different in their participation in three activities: looking after pets ($X^2=9.2$, d.f.=2, $p=0.001$), writing letters ($X^2=7.8$, d.f.=2, $p=0.020$) and doing the football pools ($X^2=9.2$, d.f.=2, $p<0.001$) (Table 2.III.7). Pairwise chi-square comparisons indicated that significantly

Table 2.III.7 Activities in which Participation by the Three Groups was Significantly Different

Activity	Do n (%)	Not Do n (%)
Look after pets		
Nurses	14 (48.3)	15 (51.7)
Students	11 (36.7)	19 (63.3)
Young Employed	1 (5.6)	17 (94.4)
Write Letters		
Nurses	21 (72.4)	8 (27.6)
Students	28 (90.3)	3 (9.7)
Young Employed	18 (100)	0
Do the Football Pools		
Nurses	10 (35.7)	18 (64.3)
Students	3 (21.4)	28 (90.3)
Young Employed	1 (5.6)	17 (94.4)

fewer of the Young Employed Group were involved in looking after pets than both the Nurses ($X^2=7.5$, d.f.=1, $p=0.006$) and the Students ($X^2=4.2$, d.f.=1, $p=0.039$). Significantly fewer Nurses wrote letters compared with the Young Employed Group ($X^2=4.1$, d.f.=1, $p=0.041$). Significantly more of the Nurses did the football pools than the Students ($X^2=4.4$, d.f.=1, $p=0.036$) and the Young Employed Group ($X^2=3.9$, d.f.=1, $p=0.047$).

2. Assessment of Importance

When the respondents were combined to form a single Group, it was found that the Group met the original criterion of agreement (i.e. at least 50.0% of the Group agreed on one rating or 75.0% on two adjacent ratings) about the modal importance rating of 53 of the 78 activities (Table 2.III.8). The Group agreed that one of these activities (watching television) was of some importance to their leisure. The other 52 activities were rated as being of "no importance".

Although watching television was the only activity to meet the original criterion of agreement, another 19 activities were rated as being of at least "a little importance" by the majority of raters.

These were:

listening to records or tapes	going to a disco or dancing
listening to the radio	going for a meal
reading books	going to concerts
reading newspapers or magazines	going on dates
having family to visit	visit seaside or countryside
having friends to visit	going to the pub or a club
writing letters	going to the cinema or theatre
cooking	shopping
visiting friends	visiting family
going swimming	

Twelve activities were rated as "important" or "very important" by over a third (26) of respondents. These were: listening to records or tapes, reading books, reading newspapers or magazines, having family to visit, having friends to visit, writing letters, cooking, visiting friends, visiting family, going to the pub or a club, shopping and swimming.

3. Assessment of Amount of Time Spent

The amount of time spent on the various activities is shown in Table 2.III.9. Respondents met the criterion of agreement (as defined above) for the amount of time which they spent on 70 of the 78 activities. There was a modal rating of "no time" for all of the Out-of-Door activities apart from going swimming (a little amount of time) and walking in the countryside ("a little time"). No activity had a modal rating of "a large amount of time".

Table 2.III.10 shows the modal time ratings for the activities rated as at least "a little importance" by the majority of raters. Twelve of the 19 activities received a rating of "a moderate amount of time", the highest rating given (the Group was agreed about nine of these). Four activities were rated as occupying "a little time".

All the activities which the respondents agreed were of "no importance" (Table 2.III.8) had modal ratings of "no time".

Table 2.III.8 Ratings of Importance for Activities in which the Three Groups did not Differ Significantly

Activity	No impt. n (%)	Little impt. n (%)	Mod. impt. n (%)	Impt. n (%)	Very Impt. n (%)
Watch television	5 (6.4)	31 (39.7)	33 (42.3)	8 (10.3)	1 (1.3)
Do gardening	59 (75.6)	8 (10.3)	5 (6.4)	4 (5.1)	1 (1.3)
Listen to records					
/tapes *	3 (3.8)	12 (15.4)	24 (30.8)	21 (26.9)	16 (20.5)
Listen to radio *	8 (10.3)	24 (30.8)	32 (41)	10 (12.8)	3 (3.8)
Read books *	4 (5.1)	11 (14.1)	23 (29.5)	30 (38.5)	9 (11.5)
Read newspapers					
/magazines*	0	12 (15.4)	36 (46.2)	19 (24.4)	8 (10.3)
Play cards etc.	39 (50.0)	27 (34.6)	7 (9.0)	4 (5.1)	0
Have family visit *	11 (14.1)	6 (7.7)	23 (29.5)	19 (24.4)	18 (23.1)
Have friends visit *	1 (1.3)	4 (5.1)	27 (34.6)	26 (33.3)	19 (24.4)
Sew/knit	50 (64.1)	13 (16.7)	7 (9.0)	7 (9.0)	0
Photography	48 (61.5)	11 (14.1)	15 (19.2)	2 (2.6)	1 (1.3)
Look after pets	44 (56.4)	3 (3.8)	9 (11.5)	8 (10.3)	12 (15.4)
Do painting /drawing	54 (69.2)	5 (6.4)	12 (15.4)	4 (5.1)	2 (2.6)
Do woodwork/model-building	66 (84.6)	2 (2.6)	6 (7.7)	2 (2.6)	1 (1.3)
Write letters *	8 (10.3)	11 (14.1)	28 (35.9)	22 (28.2)	8 (10.3)
Collect things	45 (57.7)	15 (19.2)	12 (15.4)	3 (3.8)	1 (1.3)
Cook *	7 (9.0)	10 (12.8)	25 (32.1)	20 (25.6)	15 (19.2)
Play a musical instrument	57 (73.1)	5 (6.4)	7 (9.0)	6 (7.7)	2 (2.6)
Do football pools	65 (83.3)	3 (3.8)	5 (6.4)	1 (1.3)	2 (2.6)
Visit a friend *	1 (1.3)	2 (2.6)	25 (32.1)	25 (32.1)	23 (29.5)
Visit family *	4 (5.1)	2 (2.6)	18 (23.1)	25 (32.1)	27 (34.6)
Go to a disco /dancing *	16 (20.5)	19 (24.4)	21 (26.9)	18 (23.1)	3 (3.8)
Play bingo	70 (89.7)	4 (5.1)	1 (1.3)	1 (1.3)	1 (1.3)

* = groups did not meet criterion of agreement

Table 2.III.8 (cont.)

Activity	No impt. n (%)	Little impt. n (%)	Mod. impt. n (%)	Impt. n (%)	Very impt. n (%)
Go out for a meal*	8 (10.3)	15 (19.2)	32 (41.0)	19 (24.4)	3 (3.8)
Go to pub /club *	6 (7.7)	8 (10.3)	24 (30.8)	23 (29.5)	15 (19.2)
Go to the cinema /theatre *	12 (15.4)	11 (14.1)	37 (47.4)	13 (16.7)	4 (5.1)
Go to museums /galleries *	33 (42.3)	12 (15.4)	24 (30.8)	4 (5.1)	4 (5.1)
Go to day /evening classes	36 (76.6)	2 (4.3)	5 (10.6)	3 (6.4)	0
Go to church	52 (66.7)	6 (7.7)	3 (3.8)	11 (14.1)	3 (3.8)
Go on coach /rail trips	43 (55.1)	13 (16.7)	14 (17.9)	5 (6.4)	2 (2.6)
Walk in the park *	26 (33.3)	9 (11.5)	21 (26.9)	17 (21.8)	4 (5.1)
Go shopping *	3 (3.8)	9 (11.5)	28 (35.9)	26 (33.3)	10 (12.8)
Go to a cafe *	17 (21.8)	33 (42.3)	15 (19.2)	10 (12.8)	2 (2.6)
Go to fairs /circuses	49 (62.8)	19 (24.4)	4 (5.1)	2 (2.6)	2 (2.6)
Go to concerts *	22 (28.2)	15 (19.2)	25 (32.1)	9 (11.5)	6 (7.7)
Go out on dates *	20 (25.6)	4 (5.1)	14 (17.9)	21 (26.9)	18 (23.1)
Go to the library*	18 (38.0)	8 (17.0)	13 (27.7)	5 (10.6)	2 (4.3)
Visit the seaside /countryside*	19 (24.4)	9 (11.5)	25 (32.1)	15 (19.2)	9 (11.5)
Visit the zoo	53 (67.9)	14 (17.9)	6 (7.7)	1 (1.3)	2 (2.6)
Visit amusement arcades	68 (87.2)	7 (9.0)	1 (1.3)	0	0
Play table-tennis	63 (80.8)	8 (10.3)	4 (5.1)	1 (1.3)	0
Watch table-tennis	71 (91.0)	3 (3.8)	2 (2.6)	0	0
Play darts/ billiards/ snooker	51 (65.4)	11 (14.1)	10 (12.8)	2 (2.6)	2 (2.6)
Watch darts/ billiards/ snooker	56 (71.8)	13 (16.7)	5 (6.4)	0	2 (2.6)
walk in the countryside*	24 (30.8)	13 (16.7)	16 (20.5)	16 (20.5)	7 (9.0)

* = groups did not meet criterion of agreement

Table 2.III.8 (cont.)

Activity	No impt.	Little	Mod.	Impt.	Very
	impt.	impt.	impt.	impt.	impt.
	n (%)	n (%)	n (%)	n (%)	n (%)
Do athletics	54 (69.2)	6 (7.7)	7 (9.0)	2 (2.6)	5 (6.4)
Watch athletics	49 (62.8)	17 (21.8)	8 (10.3)	1 (1.3)	3 (3.8)
Play badminton	55 (70.5)	10 (12.8)	7 (9.0)	1 (1.3)	2 (2.6)
Watch badminton	67 (85.9)	5 (6.4)	1 (1.3)	1 (1.3)	1 (1.3)
Play cricket	68 (87.2)	2 (2.6)	1 (1.3)	3 (3.8)	1 (1.3)
Watch cricket	66 (84.6)	0	3 (3.8)	4 (5.1)	2 (2.6)
Go cycling	42 (53.8)	9 (11.5)	13 (16.7)	11 (14.1)	1 (1.3)
Play football	56 (71.8)	4 (5.1)	4 (5.1)	8 (10.3)	3 (3.8)
Watch football	40 (51.3)	14 (17.9)	7 (9.0)	9 (11.5)	5 (6.4)
Do keep-fit /yoga*	33 (42.3)	5 (6.4)	17 (21.8)	15 (19.2)	6 (7.7)
Play rugby	67 (85.9)	1 (1.3)	2 (2.6)	2 (2.6)	2 (2.6)
Watch rugby	52 (66.7)	7 (9.0)	8 (10.3)	5 (6.4)	3 (3.8)
Play squash	56 (71.8)	4 (5.1)	7 (9.0)	6 (7.7)	1 (1.3)
Watch squash	69 (88.5)	1 (1.3)	2 (2.6)	2 (2.6)	0
Go swimming *	21 (26.9)	8 (10.3)	22 (28.2)	25 (32.1)	1 (1.3)
Watch swimming	58 (74.4)	14 (17.9)	2 (2.6)	1 (1.3)	1 (1.3)
Play tennis	56 (71.8)	11 (14.1)	6 (7.7)	3 (3.8)	0
Watch tennis	47 (60.3)	19 (24.4)	8 (10.3)	2 (2.6)	0
Play golf	60 (76.9)	4 (5.1)	5 (6.4)	5 (6.4)	2 (2.6)
Watch golf	59 (75.6)	9 (11.5)	3 (3.8)	4 (5.1)	1 (1.3)
Go ice-skating	52 (66.7)	13 (16.7)	6 (7.7)	3 (3.8)	1 (1.3)
Watch ice-skating	59 (75.6)	13 (16.7)	4 (5.1)	1 (1.3)	1 (1.3)
Go horse riding	59 (75.6)	6 (7.7)	6 (7.7)	2 (2.6)	3 (3.8)
Watch horse riding	65 (83.3)	6 (7.7)	3 (3.8)	2 (2.6)	2 (2.6)
Go fishing	68 (87.2)	1 (1.3)	5 (6.4)	2 (2.6)	2 (2.6)
Play bowls	71 (91.0)	1 (1.3)	1 (1.3)	2 (2.6)	1 (1.3)
Watch bowls	72 (92.3)	2 (2.6)	1 (1.3)	1 (1.3)	0
Play hockey	63 (80.8)	6 (7.7)	4 (5.1)	1 (1.3)	2 (2.6)
Watch hockey	63 (80.8)	5 (6.4)	4 (5.1)	3 (3.8)	0
Go roller-skating	74 (94.9)	1 (1.3)	1 (1.3)	0	0
Play ice-hockey	74 (94.9)	0	1 (1.3)	0	0
Watch ice-hockey	69 (88.5)	4 (5.1)	3 (3.8)	1 (1.3)	0

* = group not meet criterion of agreement

Table 2.III.9 Ratings of the Amount of Time Spent on the Activities by Respondents Without Learning Difficulties

Activity	No Time	Little Time	Moderate Amount Time	Large Amount Time
	n (%)	n (%)	n (%)	n (%)
Watch television	0	34 (43.6)	42 (53.8)	2 (2.6)
Gardening	61 (78.2)	13 (16.7)	4 (5.1)	0
Listen to radio *	7 (9.0)	24 (30.8)	32 (41.0)	15 (19.2)
Read books *	3 (3.8)	25 (32.1)	33 (42.3)	17 (21.8)
Read newspapers/ magazines	0	23 (29.5)	44 (56.4)	10 (12.8)
Rest/relax	2 (2.6)	28 (35.9)	42 (53.8)	6 (7.7)
Play cards/games/ jigsaws	40 (51.3)	35 (44.9)	3 (3.8)	0
Have friends to visit	2 (2.6)	25 (32.1)	42 (53.8)	9 (11.5)
Sewing/knitting	54 (69.2)	12 (15.4)	8 (10.3)	4 (5.1)
Photography	51 (65.4)	22 (28.2)	4 (5.1)	1 (1.3)
Painting/drawing	58 (74.4)	15 (19.2)	3 (3.8)	2 (2.6)
Woodwork/model- building	70 (89.7)	4 (5.1)	3 (3.8)	1 (1.3)
Write letters	11 (14.1)	34 (43.6)	31 (39.7)	2 (2.6)
Collect things	46 (59.0)	23 (29.5)	7 (9.0)	1 (1.3)
Play musical instrument	64 (82.0)	8 (10.3)	3 (3.8)	3 (3.8)
Do football pools	63 (80.8)	8 (10.3)	3 (3.8)	3 (3.8)
Visit friends	1 (1.3)	18 (23.1)	45 (57.7)	13 (16.7)
Visit family	5 (6.4)	30 (38.5)	33 (42.3)	10 (12.8)
Go to disco/ dancing	17 (21.8)	26 (33.3)	27 (34.6)	8 (10.3)
Play bingo	70 (89.7)	4 (5.1)	3 (3.8)	1 (1.3)
Go for a meal	9 (11.5)	34 (43.6)	30 (38.5)	5 (6.4)
Go to the pub /club	7 (9.0)	8 (10.3)	34 (43.6)	29 (37.2)
Go to cinema/ /theatre	11 (14.1)	30 (38.5)	34 (43.6)	3 (3.8)
Go to museums/ galleries	40 (51.3)	25 (32.1)	11 (14.1)	2 (2.6)
Go to day/evening classes	39 (83.0)	4 (8.5)	4 (8.5)	0
Go to church	58 (74.4)	13 (16.7)	6 (7.7)	1 (1.3)
Go on coach/rail trips	45 (57.7)	23 (29.5)	9 (11.5)	1 (1.3)
Walk in the park *	28 (35.9)	21 (26.9)	26 (33.3)	3 (3.8)
Go shopping	2 (2.6)	19 (24.4)	45 (57.7)	12 (15.4)
Go to a cafe	16 (20.5)	39 (50.0)	17 (21.8)	6 (7.7)
Go to fairs/ circuses	50 (64.1)	22 (28.2)	4 (5.1)	1 (1.3)

Table 2.III.9 (cont.)

Activity	No Time	Little Time	Moderate Amount Time	Large Amount Time
	n (%)	n (%)	n (%)	n (%)
Go to concerts	26 (33.3)	34 (43.6)	14 (17.9)	4 (5.1)
Go on dates *	22 (28.2)	16 (20.5)	23 (29.5)	17 (21.8)
Go to the library	23 (48.9)	17 (36.2)	6 (12.8)	1 (2.1)
Visit seaside/countryside *	21 (26.9)	29 (37.2)	21 (26.9)	7 (9.0)
Go to the zoo	57 (73.1)	16 (20.5)	5 (6.4)	0
Visit amusement arcades	68 (87.2)	9 (11.5)	1 (1.3)	0
Play table-tennis	66 (84.6)	9 (11.5)	3 (3.8)	0
Watch table-tennis	73 (93.6)	4 (5.1)	1 (1.3)	0
Play darts/billiards/snooker	53 (67.9)	16 (20.5)	8 (10.3)	1 (1.3)
Watch darts/billiards/snooker	56 (71.8)	18 (23.1)	3 (3.8)	1 (1.3)
Walk in the countryside *	26 (33.3)	30 (38.5)	19 (24.4)	2 (2.6)
Do athletics	60 (76.9)	8 (10.3)	5 (6.4)	3 (3.8)
Watch athletics	51 (65.4)	18 (23.1)	6 (7.7)	1 (1.3)
Play badminton	58 (74.4)	15 (19.2)	3 (3.8)	2 (2.6)
Watch badminton	70 (89.7)	5 (6.4)	1 (1.3)	2 (2.6)
Play cricket	72 (92.3)	2 (2.6)	2 (2.6)	2 (2.6)
Watch cricket	68 (87.2)	3 (3.8)	4 (5.1)	3 (3.8)
Go cycling	45 (57.7)	19 (24.4)	10 (12.8)	4 (5.1)
Play football	60 (76.9)	6 (7.7)	7 (9.0)	5 (6.4)
Watch football	40 (51.3)	19 (24.4)	13 (16.7)	6 (7.7)
Do keep-fit or yoga *	38 (48.7)	21 (26.9)	12 (15.4)	7 (9.0)
Play rugby	72 (92.3)	2 (2.6)	1 (1.3)	3 (3.8)
Watch rugby	53 (67.9)	11 (14.1)	11 (14.1)	3 (3.8)
Play squash	62 (79.5)	11 (14.1)	2 (2.6)	3 (3.8)
Watch squash	74 (94.9)	2 (2.6)	1 (1.3)	1 (1.3)
Go swimming *	21 (26.9)	32 (41.0)	22 (28.2)	3 (3.8)
Watch swimming	59 (75.6)	16 (20.5)	1 (1.3)	2 (2.6)
Play tennis	61 (78.2)	11 (14.1)	4 (5.1)	2 (2.6)
Watch tennis	49 (62.8)	20 (25.6)	7 (9.0)	2 (2.6)
Play golf	64 (82.1)	7 (9.0)	4 (5.1)	3 (3.8)
Watch golf	62 (79.5)	9 (11.5)	4 (5.1)	3 (3.8)
Go ice-skating	57 (73.1)	14 (17.9)	4 (5.1)	2 (2.6)

* = groups did not meet criterion of agreement

Table 2.III.9 (cont.)

Activity	No Time n (%)	Little Time n (%)	Moderate Amount Time n (%)	Large Amount Time n (%)
Watch ice- skating	59 (75.6)	12 (15.4)	2 (7.0)	0
Go horse-riding	63 (80.8)	10 (12.8)	2 (2.6)	3 (3.8)
Watch horse- riding	69 (88.5)	6 (7.7)	1 (1.3)	2 (2.6)
Go fishing	71 (91.0)	6 (7.7)	1 (1.3)	0
Play bowls	73 (93.6)	2 (2.6)	1 (1.3)	2 (2.6)
Watch bowls	74 (94.9)	1 (1.3)	2 (2.6)	1 (1.3)
Play hockey	65 (83.3)	8 (10.3)	3 (3.8)	2 (2.6)
Watch hockey	66 (84.6)	5 (6.4)	4 (5.1)	2 (2.6)
Go roller- skating	76 (97.4)	2 (2.6)	0	0
Play ice- hockey	78 (100)	0	0	0
Watch ice- hockey	69 (88.5)	6 (7.7)	3 (3.8)	0

* = groups did not meet criterion of agreement

4. Assessment of Participation

The activities done by 50% or more of all respondents in the combined Group are listed below;

Watching television	Going out for a meal
Listening to records or tapes	Going to the pub
Listening to the radio	Going to the cinema or theatre
Reading Books	Going to a cafe
Reading papers or magazines	Going to concerts
Resting or relaxing	Going on dates
Having family to visit	Walking in the park
Visiting family	Shopping
Having friends to visit	Visiting seaside or countryside
Writing letters *	Walking in the country
Cooking	Doing keep-fit or yoga
Visiting friends	Going swimming
Go to the library	
Going to disco or dancing	

* = Nurses, Students and Young Employed Groups significantly different.

Table 2.III.10 Modal Ratings of the Amount of Time Spent on Activities Considered to be of At Least Some Importance by the Majority of Respondents

Activity	Modal Time Rating
Watching television	moderate amount of time
Listening to the radio	moderate amount of time
Reading books	moderate amount of time
Reading newspapers /magazines	moderate amount of time
Having friends to visit	moderate amount of time
Visiting friends	moderate amount of time
Visiting family	moderate amount of time
Going to a disco/dancing	moderate amount of time
Going to the pub/club	moderate amount of time
Going to the cinema/theatre	moderate amount of time
Going shopping	moderate amount of time
Going on dates	moderate amount of time
Going to concerts	little time
Going for a meal	little time
Going swimming	little time
Writing letters	little time
Visit seaside/countryside	little time

Discussion

Nineteen activities were rated by the majority of respondents in the combined Group as being of at least some importance. Consideration of these indicates the significance of three main types of activity: in-home activities (e.g. reading, watching television and listening to music); social activities (e.g. seeing friends and family and going on dates) and the use of community leisure facilities (e.g. going to pubs or clubs, going for meals, going to concerts and going to discos or dances). Other specific activities regarded as being important were: cooking, writing letters, shopping and visiting the seaside or countryside. Going swimming was the only sports activity with a modal rating of at least "a little importance".

The activities which the Group regarded as being of "no importance" and on which they spent "no time" included all the sports activities apart from swimming and walking in the

countryside. Other activities with a modal rating of "no importance" and "no time" included the in-home creative activities (gardening, sewing or knitting, painting or drawing, woodwork or model-building and playing a musical instrument). They also included the "gambling" activities (doing the football pools, playing bingo and visiting amusement arcades). The use of other community facilities was important with only day or evening classes, church and the zoo being rated as of "no importance" and involving "no time", as was going on coach or rail trips and visiting fairs or circuses.

The major survey of leisure in the general population (OPCS, 1989) found that almost all of the adults surveyed had watched television in the four weeks prior to the survey, over 80% had listened to the radio, over 60% listened to records or tapes and over 50% had read books. Over 40% had done at least some gardening and over 25% sewing or knitting. Of the out-of-home activities, over 90% had visited friends or family 40% had gone out for a meal, over 50% for a drink and under 10% to the cinema and the theatre. There was no reference period in the present study which precludes strict comparison. However, these findings suggest that the most popular activities in the present study were not greatly different from those of the general population.

The low ratings of importance and time given to most sports in the present study is compatible with the low level of participation in sports found in the GHS (OPCS, 1989) survey. This found that participation was highest in walking, with rates for other sports tending to be low: the only outdoor sports with a four week participation rate of 2.0% or more were swimming, football, golf and athletics. The present study also found swimming (although not specifically outdoor swimming) and walking to be the two most popular sports activities. The GHS showed that the most popular indoor sports included snooker, billiards or pool, swimming, darts, keep-fit or yoga, squash and badminton. Similarly, in the present study, swimming, doing keep-fit or yoga,

playing darts, billiards or snooker and playing badminton were amongst the six most popular sports (although participation was less than 50.0%, apart from swimming and keep-fit or yoga). Also like the GHS, the present study found football to be the most popular spectator sport.

The aim of assessing the leisure activities of people without learning difficulties was to obtain data which could be compared directly with that of people with learning difficulties. The above comparison with findings of the GHS (OPCS, 1989) indicates that the popular leisure activities of non-handicapped respondents in the present study are not greatly different from those of the general population in the United Kingdom. Therefore, the data collected in the present study can be considered to be representative of "normal" leisure activity.

Study Three: Comparison of Staff Opinions and the Leisure Activities of People Without Learning Difficulties.

The views of staff on what individuals with learning difficulties "ought" to do in their leisure are relevant because it is staff who are responsible for setting targets and developing skills training programmes for individuals with learning difficulties. Hence, an assessment of how realistic they are in their views of leisure is important. Such an assessment can be carried out by comparing their ratings with the activities actually done by individuals without learning difficulties.

Aims

This study compares the data obtained in Studies One and Two and asks the question:

to what extent are those leisure activities in which professional staff consider the people with learning difficulties "ought" to engage similar to those in which people without learning difficulties do in fact engage?

Method

1. Groups

i. Group Without Learning Difficulties

The Group without learning difficulties was the combined Group of Nurses, Students and Young Employed (Study Two). There were 78 respondents in the Group: 52 females (66.7%) and 26 males (33.3%). The mean age was 24.5 years (s.d. 7.7, range 17-52).

ii. Staff Group

This was the group of professional staff which was described in Study One.

2. Analysis

i. Importance

On the basis of the results of the survey of the activities which, in the view of professional staff, people with learning difficulties "ought" to engage in, activities were identified which the professionals considered to be "very important", "important" and "moderately important". The results of the survey of the Group without learning difficulties were then scrutinised to determine how important these activities were in their actual leisure.

ii. Amount of Time Spent

The amount of time which the Combined Group spent on these activities was determined and compared with the amount of time which the professional staff considered "ought" to be spent on these various activities.

iii. Participation

Those activities which, although neither important nor time-consuming, the professional staff thought individuals "ought" to engage in were compared with those which the Combined Group without learning difficulties reported engaging in.

Results

1. Activities Considered "Very Important" by Professional Staff

Four activities (having family to visit, friends to visit, visiting friends, visiting family) were regarded by the professional staff as being "very important" (modal or joint modal rating). 23.1% of the Combined Group without learning difficulties rated having family to visit as being "very important" with a further 24.4% rating it as "important". The equivalent percentages for having friends to visit were 24.4% and 33.3%, for visiting friends 29.5% and 32.1% and for

visiting family 34.6% and 32.1%. In relation to the other activities rated as "important" or "very important" by respondents without learning difficulties, these percentages were amongst the highest (joint sixth, third, second and first respectively).

2. Activities Considered "Important" by Professional Staff

Two activities (resting or relaxing and swimming) had modal ratings of "important". The Nurses, Students and Young Employed Group were significantly different with respect to resting or relaxing, with Nurses giving a modal rating of "a little importance" and the other two Groups rating it as "important". Swimming was amongst the 19 activities with a modal rating of at least "a little importance" from the Combined Group of respondents without learning difficulties. 32.1% of respondents rated swimming as "important" and a further 28.1% as "moderately important". Swimming was the only sport with a modal rating greater than "no importance", making it the most important to respondents without learning difficulties.

3. Activities Considered "Moderately Important" by Professional Staff

Considering the activities which were rated as "moderately important" by the professional staff, there was less agreement. Of the 18 activities with modal ratings of "moderately important", 10 received modal ratings of "no importance" from the Combined Group (which met the criterion of agreement - 50.0% rating in one category or 75.0% in two adjacent categories - for eight of these). Of the remaining eight, there was agreement between the staff and the Combined Group on a modal rating of "moderately important" for six activities, although the latter did not reach the criterion for agreement (as defined above) for five of these. For the remaining two activities, the Combined Group without learning difficulties gave ratings of a "little importance", although they were not in agreement over this.

4. Activities of at a Least "a Little Importance" to Respondents Without Learning Difficulties

The previous sections took as a starting point the assessment of importance made by the staff. This section compares those activities which were rated as important by the Combined Group without learning difficulties with the ratings made by professional staff. Nineteen of the 20 activities rated as being of at least "a little importance" by the majority of the Combined Group (Study Two) all received modal ratings of at least "moderately important" by the professional staff, although the staff were not agreed on the modal rating for eight of these activities (Study One, Table 2.III.2).

5. Amount of Time Given By Respondents Without Learning Difficulties to those Activities Considered "Important" by Professional Staff

On the survey of the leisure activity of people without learning difficulties, having friends to visit, visiting friends and family and resting or relaxing, all of which were considered to be "important" by the professional staff were all rated as taking "a moderate amount of time" (the highest modal rating).

The staff ratings of amount of time were similar to those of the Combined Group without learning difficulties in respect of three activities. Watching television and listening to the radio were rated by both as "a moderate amount of time" and going for a meal as "a little time". For two other activities (going to a cafe and walking in the country), the modal rating of the staff was "a moderate amount of time" compared to "little time". Similarly, eight other activities were rated higher by the staff than by the respondents without learning difficulties.

The staff ratings of importance tended to be higher than those of the Combined Group, so that activities which were rated as of "little importance" by the staff tended to be rated as of "no importance" by the other Group. However,

there was agreement about activities rated as "of no importance" or meriting "no time" (football pools, play bingo, visit amusement arcades, watch squash, watch golf, watch horse-riding, go roller-skating and watch ice-hockey).

6. Participation

The 18 activities which at 95% or more of the staff members considered that individuals "ought" to spend at "a little time" on, as part of an "ideal" leisure, were all, in fact, engaged in by the majority of respondents without learning difficulties. This indicates general agreement between the two sets of ratings.

Discussion

To summarise, the staff thought that four activities were "very important" and all were done by a significant proportion of people without learning difficulties (at least 93.6%). The two activities rated as "important" were also significant in the leisure of respondents without learning difficulties. Although there was less agreement about the activities which staff considered to be "moderately important", there was agreement about activities rated as of "no importance" and "no time". Conversely, all apart from one of the activities considered to be of at least a "little importance" by individuals without learning difficulties were rated as being at least "moderately important" by professional staff.

As training programmes will be based upon staff ideas about appropriate leisure activities, it is important to evaluate these ideas. The above comparisons suggest that, at the extreme ends of the ratings on importance and amount of time, the opinions of the professional staff about "ideal" leisure activities for people with learning difficulties were in agreement with the reports of the actual leisure activities of people without learning difficulties. These activities included social activities (e.g. seeing family and friends) which were rated as "very important" and "gambling" activities

which were rated as of no importance and meriting no time. The agreement about these types of activity suggests that staff recommendations in these areas are realistic in the sense that, if people with learning difficulties are to have a pattern of leisure activities which is based on the judgements of the professional staff, this pattern will be similar in many respects to that reported by people without learning difficulties as representing their own leisure activities.

Other types of activity about which there was agreement included the use of community leisure facilities and passive in-home activities (e.g. watching television and listening to the radio). However, there were some differences in the use of specific community leisure facilities (e.g. going to a cafe and to museums or galleries were not as popular on the actual norms than other community leisure facilities) and less agreement on more active in-home activities (e.g. gardening and sewing or knitting).

There was some disagreement over participation in sports, with staff rating participation as more important and meriting more time than the individuals without learning difficulties. Staff also rated watching some sports (e.g. athletics, badminton and hockey) as of some importance and meriting some time whereas these items all received ratings of "no importance" and "no time" by the majority of individuals without learning difficulties. In general, where there was disagreement, staff tended to rate activities as more important and meriting more time than did respondents without learning difficulties.

Conclusions

It seems, therefore, that when a group of staff are strongly in favour of, or strongly against, an activity being included as part of an individual's leisure, the activities are likely to be either important or unimportant respectively to the

leisure of people without learning difficulties. Hence, they can confidently be included in, or excluded from, a leisure skills programme. The ratings by staff which are most likely to differ from those of the people without learning difficulties are those about which staff opinion is less strongly positive or negative.

When disagreements exist, decisions must be made about whether a leisure skills training programme should be based on the "ideal leisure" ratings made by professional staff, or on the reports of the actual activities of people without learning difficulties. The aim of developing, for individuals with learning difficulties, as normal leisure as possible would seem to support the use of the latter.

Study Four: Comparison Between Leisure Activities of People With Learning Difficulties, the Activities Recommended by Professional Staff and the Leisure Activities of People Without Learning Difficulties.

The data reported earlier in this Part provide two sets of criteria against which to evaluate the leisure activities of people with learning difficulties reported in Part Four.

First, the actual leisure activities of individuals with learning difficulties can be compared with those in which the professional staff consider that they "ought" to engage. This comparison will do explicitly what presumably is usually done implicitly when staff set the targets for habilitation programmes and make decisions about which leisure activities are to be facilitated and encouraged and which are not.

Secondly, the actual leisure activities of the individuals with learning difficulties can be compared with the actual reported leisure activities of the group of respondents without learning difficulties. Although Study Three showed that the "ideal" leisure activities recommended for people with learning difficulties by professional staff were not greatly different from the activities carried out by individuals without learning difficulties, some differences did exist. Comparison of the activities of the respondents with learning difficulties with those of the respondents without learning difficulties will thus give a more accurate and realistic estimate of the ways in which the leisure activities of the respondents with learning difficulties are deficient and require to be improved.

Aims

This study therefore compares the data obtained in Part Two, Section II with those obtained in Studies One and Two of Part Two, Section III, to answer two questions:

1. to what extent are the leisure activities of people with learning difficulties similar to those in which

professional staff consider that they "ought" to engage?

2. to what extent are the leisure activities of people with and without learning difficulties similar?

Method

1. Analysis

Two comparisons were carried out:

i. Comparison With "Ideal Norms"

The data presented in Part Two, Section II (the activities of people with learning difficulties) were compared with those presented in Part Two, Section III, Study One (the activities recommended by professional staff): 1. to determine the number of people with learning difficulties who took part in those activities which the professionals agreed to be of at least some importance (rating of "a little importance" or above); 2. to obtain the number who took part in those activities which the professional staff agreed merited various amounts of time being spent on them; and 3. to obtain the number who took part in those activities rated as meriting participation.

ii. Comparison With "Actual" Norms

The data presented in Part Two, Section II were compared with those presented in Part Two, Section III, Study Two (the activities of respondents without learning difficulties) to obtain the number of people with learning difficulties who took part in those activities which the latter: 1. regarded as being of some importance for themselves to engage in; 2. spent varying amounts of time in carrying out; and 3. spent any time upon (i.e. participated in).

2. Other Aspects of Method

All other aspects of the Method, e.g. the Groups and procedure, have previously been reported in Studies One and Two.

Results

1. Professional Staff "Ideal" Leisure Activities

i. Importance

Table 2.III.11 shows the percentage of individuals with learning difficulties participating in the activities to which at least 50.0% of staff gave a rating in one category or 75.0% in two adjacent categories. Four activities were given modal or joint modal ratings by the professional staff of "very important". Of these, three (having family to visit, visiting family and visiting friends) were engaged in by the majority of people with learning difficulties (57.8%, 73.3% and 51.1% respectively) while having friends to visit and going swimming were carried out by over 40.0%.

Of the two activities rated as "important", resting or relaxing was done by two thirds of the respondents with learning difficulties and going swimming by 48.9%.

Of the 18 activities which raters agreed were "moderately important", eight were carried out by the majority of those with learning difficulties (50.0% or more) as were two of those rated as "a little importance".

The only activities which raters agreed were of "no importance" (Table 2.III.12), and which were done by more than 10.0% of people with learning difficulties, were playing bingo (44.4%), going to amusement arcades (26.7%) and watching golf (13.3%). The majority of the remaining 12 activities (Study One, Table 2.III.2) which received modal or joint modal ratings of "no importance", but about which the raters did not agree, were watching sports. These included watching table tennis, football and bowls all of which were done by more than 50.0% of respondents with learning difficulties.

Table 2.III.11 Participation by Respondents With Learning Difficulties in Activities Rated for Importance by Staff

Activity	Rating	Number Participating n (%)
Family to visit	Very important	26 (57.8)
Visit friends	Very important	23 (51.1)
Visit family	Very important	33 (73.3)
Friends to visit	Very important/important	20 (44.4)
Rest/relax	Important	30 (66.7)
Go swimming	Important	22 (48.9)
Watch television	Moderately	43 (95.6)
Listen to the radio	Moderately	41 (91.1)
Read newspapers/ magazines	Moderately	32 (71.1)
Go for a meal	Moderately	30 (66.7)
Walk in the Park	Moderately	27 (60.0)
Go to a cafe	Moderately	31 (68.9)
Play table tennis	Moderately	26 (57.8)
Do athletics	Moderately	22 (48.9)
Watch athletics	Moderately	37 (82.2)
Gardening	Moderately	14 (31.1)
Wood-work/model- building	Moderately	9 (20.0)
Go to museums	Moderately	14 (31.1)
Go to church	Moderately	20 (44.4)
Walk in the countryside	Moderately	12 (26.7)
Visit seaside/ countryside	Moderately	17 (37.8)
Play badminton	Moderately	6 (13.3)
Cycling	Moderately	4 (8.9)
Go to concerts	Moderately/little	15 (33.3)
Play cards etc.	Little importance	28 (62.2)
Play darts/ billiards/snooker	Little importance	29 (64.4)
Go to the zoo	Little importance	17 (37.8)
Watch badminton	Little importance	8 (17.8)
Watch cricket	Little importance	14 (31.1)
Watch hockey	Little importance	20 (44.4)
Watch ice-skating	Little/no importance	2 (4.4)
Do the football pools	No importance	2 (4.4)
Play bingo	No importance	20 (44.4)
Visit amusement arcades	No importance	12 (26.7)
Watch squash	No importance	1 (2.2)
Watch golf	No importance	6 (13.3)
Watch horse-riding	No importance	2 (4.4)
Go roller-skating	No importance	4 (8.9)
Watch ice-hockey	No importance	1 (2.2)

Table 2.III.12 Participation by Respondents With Learning Difficulties in Activities which Respondents Without Learning Difficulties Agreed were of No Importance

Activity	Number Participating	
	n	(%)
Do gardening	14	(31.1)
Play games/do jigsaws	28	(62.2)
Sewing, knitting, etc.	32	(71.1)
Do photography	13	(28.9)
Paint or draw	27	(60.0)
Do woodwork or model/building	9	(20.0)
Collect things	13	(28.9)
Play a musical instrument	11	(24.4)
Do the football pools	2	(4.4)
Play bingo	20	(44.4)
Go to day/evening classes	16	(35.6)
Go to church	20	(44.4)
Go on coach/rail trips	34	(75.6)
Go to fairs/circuses	20	(44.4)
Visit the zoo	17	(37.8)
Visit amusement arcades	12	(26.7)
Play table-tennis	26	(57.8)
Watch table-tennis	33	(73.3)
Play darts/billiards		
/snooker	29	(64.4)
Watch darts/billiards		
/snooker	33	(73.3)
Do athletics	22	(48.9)
Watch athletics	37	(82.2)
Play badminton	6	(13.3)
Watch badminton	8	(17.8)
Play cricket	6	(13.3)
Watch cricket	14	(31.1)
Go cycling	4	(8.9)
Play football	21	(46.7)
Watch football	31	(68.9)
Play rugby	0	
Watch rugby	1	(2.2)
Play squash	1	(2.2)
Watch squash	1	(2.2)
Watch swimming	22	(48.9)
Play tennis	11	(24.4)
Watch tennis	14	(31.1)
Play golf	5	(11.1)
Watch golf	6	(13.3)
Go ice-skating	1	(2.2)
Watch ice-skating	2	(4.4)
Go horse riding	5	(11.1)

Table 2.III.12 (cont.)

Activity	Number Participating	
	n	(%)
Watch horse riding	2	(4.4)
Go fishing	9	(20.0)
Play bowls	28	(62.2)
Watch bowls	32	(71.1)
Play hockey	16	(35.6)
Watch hockey	20	(44.4)
Go roller-skating	4	(8.9)
Play ice-hockey	0	
Watch ice-hockey	1	(2.2)

Twenty-eight leisure activities (Part Two, Section II) were engaged in by the majority (50.0% or more) of individuals with learning difficulties, with a further three being carried out by 48.9%. Comparing these 31 activities with the professionals' ratings indicated that 14 of the 31 were given the rating of "a moderate amount of time" (the highest rating given). Two others had joint modal ratings of "a moderate amount of time" and "a little time". Only two - watching bowls and watching swimming - were rated as meriting "no time", although a third - watching football - received a joint modal rating of "a little time" and "no time".

ii. Participation

Thirteen (46.4%) of the 28 activities done by the majority of people with learning difficulties were rated as meriting at least a "little time" by at least 90.0% of the professionals. Of the remaining activities, none was rated in this way by less than 50.0% of professionals, with only two being so rated by 60.0% or less.

Thirteen of the activities rated by 90.0% or more of professionals as meriting participation were not done by the majority of respondents with learning difficulties. They were:

having friends to visit	go to museums or
go for walks in the park	galleries
go to concerts	visit seaside or

go to the library
walking in the countryside
go out on dates
look after pets
go to day or evening classes

countryside
go to cinema or theatre
gardening
write letters

2. Leisure Activities Engaged in by People Without Learning Difficulties

i. Importance

While the 78 respondents without learning difficulties agreed on activities which were of "no importance", they agreed on only one activity as being of more than "no importance" (watching television). This activity was done by 95.6% of respondents with learning difficulties. The number of respondents with learning difficulties participating in the remaining 19 activities which had modal ratings of at least "a little importance" is shown in Table 2.III.13.

Table 2.III.13 Participation by Respondents With Learning Difficulties in Activities which Received Modal Ratings of At Least A Little Importance by Respondents Without Learning Difficulties

Activity	Number Participating n (%)
Listening to records/tapes	40 (88.9)
Listening to the radio	41 (91.1)
Reading books	27 (60.0)
Reading newspapers/magazines	32 (71.1)
Having family to visit	26 (57.8)
Having friends to visit	20 (44.4)
Write letters	21 (46.7)
Cooking	35 (77.8)
Visit friends	23 (51.1)
Go swimming	22 (48.9)
Visit family	33 (73.3)
Go to a disco/dancing	26 (57.8)
Go for a meal	30 (66.7)
Go to the pub/club	26 (57.8)
Go to the cinema/theatre	12 (26.7)
Go shopping	35 (77.8)
Go to concerts	15 (33.3)
Go on dates	6 (13.3)
Visit the seaside/countryside	17 (37.8)

Table 2.III.13 shows that 12 of the activities which the group without learning difficulties considered to be of "no importance" were engaged in by more than 50.0% of respondents with learning difficulties. They included sewing and knitting, playing cards, games and jigsaws, painting or drawing and going on coach or rail trips, as well as playing and watching a number of indoor and outdoor sports. A further seven activities were done by over 40.0% of respondents with learning difficulties.

Of the nine activities with a modal rating of "a moderate amount of time", two - having friends to visit and going to the cinema or theatre - were done by fewer than 50.0% of respondents with learning difficulties.

ii. Participation

Table 2.III.14 shows that those with and without learning difficulties differed significantly in their participation in 44 of 75 activities.

Participation was higher amongst the former in sewing and knitting, painting and drawing, going on trips, playing bingo, going to church, playing and watching table tennis, playing and watching darts, billiards and snooker, playing and watching football, doing and watching athletics, watching badminton, cricket and swimming, playing and watching bowls and playing and watching swimming.

Table 2.III.14 Significant Differences in Participation Between Respondents With Learning Difficulties and those Without

Activity	Doing n (%)	Not Doing n (%)	χ^2	p.
Listen to records /tapes				
Learning difficulties	40 (88.9)	5 (11.1)	4.0	0.045
Non-handicapped	77 (98.7)	1 (1.3)		
Go on coach/rail trips				
Learning difficulties	34 (75.6)	11 (24.4)	11.4	<0.001
Non-handicapped	33 (42.3)	45 (57.7)		
Go shopping				
Learning difficulties	35 (77.8)	10 (22.2)	10.4	0.001
Non-handicapped	76 (97.4)	2 (2.6)		
Read books				
Learning difficulties	27 (60.0)	18 (40.0)	23.8	<0.001
Non-handicapped	75 (96.2)	3 (3.8)		
Read newspapers/magazines				
Learning difficulties	32 (71.1)	13 (28.9)	21.9	<0.001
Non-handicapped	77 (100.0)	0		
Rest/relax				
Learning difficulties	30 (66.7)	15 (33.3)	20.2	<0.001
Non-handicapped	76 (97.4)	2 (2.6)		
Family to visit				
Learning difficulties	26 (57.8)	19 (42.2)	8.4	0.004
Non-handicapped	65 (83.3)	13 (16.7)		
Friends to visit				
Learning difficulties	20 (44.4)	25 (55.6)	43.7	<0.001
Non-handicapped	76 (97.4)	2 (2.6)		
Sewing/knitting				
Learning difficulties	33 (73.3)	12 (26.7)	19.1	<0.001
Non-handicapped	24 (30.8)	54 (69.2)		
Painting/drawing				
Learning difficulties	27 (60.0)	18 (40.0)	12.8	<0.001
Non-handicapped	20 (25.6)	58 (74.4)		
Cooking				
Learning difficulties	35 (77.8)	10 (22.2)	4.2	0.0424
Non-handicapped	72 (92.3)	6 (7.7)		
Visit friends				
Learning difficulties	23 (51.1)	22 (48.9)	38.9	<0.001
Non-handicapped	76 (98.7)	1 (4.3)		
Visit family				
Learning difficulties	33 (73.3)	12 (26.7)	8.2	0.004
Non-handicapped	73 (93.6)	5 (6.4)		
Disco/dancing				
Learning difficulties	26 (57.8)	19 (42.2)	4.8	0.028
Non-handicapped	61 (78.2)	17 (21.8)		
Play bingo				
Learning difficulties	20 (44.4)	25 (55.6)	17.1	<0.001
Non-handicapped	8 (10.3)	70 (89.7)		

Table 2.III.14 (cont.)

Activity	Doing n (%)	Not Doing n (%)	χ^2	p.
Go out for a meal				
Learning difficulties	30 (66.7)	15 (33.3)	7.3	0.007
Non-handicapped	69 (88.5)	9 (11.5)		
Go to a pub/club				
Learning difficulties	26 (57.8)	19 (42.2)	16.9	<0.001
Non-handicapped	71 (91.0)	7 (9.0)		
Go to the cinema/theatre				
Learning difficulties	12 (26.7)	33 (73.3)	41.0	<0.001
Non-handicapped	67 (85.9)	11 (14.1)		
Go to church				
Learning difficulties	20 (44.4)	25 (55.6)	4.6	0.03b.y.
Non-handicapped	20 (25.6)	58 (74.4)		
Play football				
Learning difficulties	21 (46.7)	24 (53.3)	6.3	0.012
Non-handicapped	18 (23.1)	60 (76.9)		
Watch football				
Learning difficulties	31 (68.9)	14 (31.1)	3.9	0.047
Non-handicapped	38 (48.7)	40 (51.3)		
Go to concerts				
Learning difficulties	15 (33.3)	30 (66.7)	11.5	<0.001
Non-handicapped	52 (66.7)	26 (33.3)		
Go on dates				
Learning difficulties	6 (13.3)	39 (86.7)	36.7	<0.001
Non-handicapped	56 (71.8)	22 (28.2)		
Visit seaside/ countryside				
Learning difficulties	17 (37.8)	28 (62.2)	13.4	<0.001
Non-handicapped	57 (73.1)	21 (26.9)		
Play table tennis				
Learning difficulties	26 (57.8)	19 (42.2)	22.1	<0.001
Non-handicapped	12 (15.4)	66 (84.6)		
Watch table tennis				
Learning difficulties	33 (73.3)	12 (26.7)	56.8	<0.001
Non-handicapped	5 (13.2)	73 (93.6)		
Play darts etc.				
Learning difficulties	29 (64.4)	16 (35.6)	10.9	<0.001
Non-handicapped	25 (46.3)	53 (67.9)		
Watch darts etc.				
Learning difficulties	33 (73.3)	12 (26.7)	21.7	<0.001
Non-handicapped	22 (28.2)	56 (71.8)		
Go walking in the countryside				
Learning difficulties	12 (26.7)	33 (73.3)	16.3	<0.001
Non-handicapped	51 (66.2)	26 (33.8)		

b.y. = before Yates' Correction

Table 2.III.14 (cont.)

Activity	Doing n (%)	Not Doing n (%)	χ^2	p.
Do athletics				
Learning difficulties	17 (45.9)	20 (54.1)	6.3	0.012
Non-handicapped	16 (21.1)	60 (78.9)		
Watch athletics				
Learning difficulties	33 (82.5)	7 (17.5)	23.8	<0.001
Non-handicapped	25 (32.9)	51 (67.1)		
Watch badminton				
Learning difficulties	8 (26.7)	22 (73.3)	4.6	0.03b.y.
Non-handicapped	8 (10.3)	70 (89.7)		
Watch cricket				
Learning difficulties	14 (31.1)	31 (68.9)	4.9	0.0258
Non-handicapped	10 (12.8)	68 (87.2)		
Cycling				
Learning difficulties	4 (8.9)	41 (91.1)	13.6	<0.001
Non-handicapped	33 (42.3)	45 (57.7)		
Watch rugby				
Learning difficulties	1 (2.2)	44 (97.8)	13.5	0.010
Non-handicapped	25 (32.1)	53 (67.9)		
Play squash				
Learning difficulties	1 (2.2)	44 (97.8)	6.5	0.01
Non-handicapped	16 (20.5)	62 (79.5)		
Go swimming				
Learning difficulties	22 (48.9)	23 (51.1)	6.2	0.012
Non-handicapped	57 (73.1)	21 (26.9)		
Watch swimming				
Learning difficulties	22 (48.9)	23 (51.1)	6.7	0.01
Non-handicapped	19 (24.4)	59 (75.6)		
Go ice-skating				
Learning difficulties	1 (2.2)	44 (97.8)	9.6	0.002
Non-handicapped	20 (26.0)	57 (74.0)		
Watch ice-skating				
Learning difficulties	2 (4.4)	43 (95.6)	6.6	0.01
Non-handicapped	19 (24.4)	59 (75.6)		
Play bowls				
Learning difficulties	28 (62.2)	17 (37.8)	42.5	<0.001
Non-handicapped	5 (15.2)	73 (93.6)		
Watch bowls				
Learning difficulties	32 (71.1)	13 (28.9)	56.9	<0.001
Non-handicapped	4 (5.1)	74 (94.9)		
Play hockey				
Learning difficulties	16 (35.6)	29 (64.4)	4.6	0.031
Non-handicapped	13 (16.7)	65 (83.3)		
Watch hockey				
Learning difficulties	20 (44.4)	25 (55.6)	12.1	<0.001
Non-handicapped	11 (14.3)	66 (85.7)		

b.y.= before Yates' Correction

Discussion

The ratings made by professional staff (Study One) can be seen as constituting "ideal leisure norms" for people with learning difficulties. Similarly, the ratings of importance and estimated time by the respondents without learning difficulties (Study Two) can be seen as providing "actual leisure norms". Comparing the data from these two groups with those from the respondents with learning difficulties allows an assessment to be made of how the leisure activities of the latter are both similar and different to these norms.

1. Activities in which Participation was Similar

Participation amongst people with learning difficulties did not differ from the two sets of "norms" in what can be described as "passive in-home" activities. These include watching television and listening to the radio. Such activities demand no interaction and participation requires only limited organisation. Groarke (1985) also found participation to be similar between individuals with and without learning difficulties in such activities.

The level of participation in listening to music, another passive activity, was lower in people with learning difficulties in this study relative to those without. This lower level of participation is the opposite of that found in other countries (Brown et al., 1989; Reiter and Levi, 1981).

Those with and without learning difficulties did not differ in what could be described as hobbies, e.g. gardening, collecting things or playing a musical instrument. Nor did they differ in going on "outings", e.g. to the zoo, fairs or circuses, to museums or galleries, or in their attendance at day or evening classes.

The value of sports participation can be assessed in both social and physical terms. As regards the former, those sports popular amongst the individuals with learning difficulties, e.g. playing football, bowls and hockey, can

be seen as being of equal value to many other sports. In terms of benefits to health, it could be argued that both swimming and walking (activities significantly more popular amongst those without learning difficulties and considered important by staff) are of more benefit than, e.g. playing bowls. The inclusion of physical activities in the lives of people with learning difficulties has been recommended in several studies which argue they can improve both posture and stamina (Shannon, 1985; Tomporowski and Ellis, 1984).

2. Activities in which Participation was Different

One major deficiency in the leisure activities of people with learning difficulties is in the area of social contacts, in particular with family and friends. These activities received high ratings on both importance and time from the staff and the respondents without learning difficulties. The deficiency appeared greater in activities involving friends than in those involving family; similar findings have been reported by, e.g. Reiter and Levi (1981) and Cheseldine and Jeffree (1981).

Resting and relaxing was considered "important" by the professional staff and the respondents without learning difficulties but was engaged in significantly less by those with learning difficulties than by those without. The same was true for other popular and/or important activities including reading books, newspapers and magazines, cooking and shopping. These differences have also been found in other studies (e.g. Brown et al., 1989).

The use of community leisure facilities was also low amongst individuals with learning difficulties. This included activities such as going out for a meal, going to the pub or club, going to the cinema or theatre and to concerts. The different level of participation in going to the cinema or theatre was particularly striking and while supported in a study in Israel (Reiter and Levi, 1981) was the opposite of the findings of a Canadian survey (Brown et al., 1989). Fewer respondents with learning difficulties did outdoor activities such as visiting the sea or countryside.

Participation was high among respondents with learning difficulties in some activities rated as of little importance and/or done by few individuals without learning difficulties. These included playing bingo and indoor sports, such as table tennis and darts, billiards and snooker.

Although watching sports was not rated as being of any importance by either the professional staff or by the group without learning difficulties, many respondents with learning difficulties spent time doing so. Spectator sports were also found by Brown et al. (1989) to be a prominent feature of the leisure of people with learning difficulties.

Not all the differences between the leisure of the respondents with and without learning difficulties represent deficiencies in the lives of the former. For example, the greater level of church attendance by individuals with learning difficulties (supported in other studies, e.g. Brown et al., 1989) can be viewed in positive terms and was rated as "moderately important" on the ideal norms survey even although it was not a valued activity for the majority of people without learning difficulties.

3. Conclusions

This study appears to have indicated several areas of participation in which the leisure of individuals with learning difficulties was different from those activities recommended by professional staff and from the activities actually engaged in by individuals without learning difficulties. These differences have implications for both leisure skills training and for service provision which will be considered in the final section of the thesis.

Part Two, Section IV: Discussion

Methodological Evaluation

It will be convenient at this stage to consider the methodological adequacy of the empirical studies which comprise the Part Two of the thesis, i.e. Sections I to III.

Within this series of studies, when groups were compared or when variables were intercorrelated, the results were, for the most part, not statistically significant. When this happens, it is important to evaluate the design and method, in order to assess the possibility that Type II errors had been made, i.e. that "true" relationships had gone undetected because of deficiencies of design or method. This section considers some possibilities.

1. Reliability and Validity of Interview Schedule

The evidence presented in Part One suggested that the schedule had acceptable inter-tester and test-retest reliability. Although its concurrent validity was not assessed against observations of the actual leisure behaviour of individuals, correlations between what respondents reported when interviewed and ratings made by staff of their leisure and other relevant activities were, for the most part, also acceptable. It is unlikely therefore that these factors prevented positive findings from being obtained.

The studies reported in Section III employed a questionnaire version of the schedule. No reliability or validity data were obtained but there is no reason to suspect that deficiencies in this questionnaire affected the results obtained in that Section.

2. Validity of the Responses to the Schedule

Although the interview schedule is valid, it is possible that the results which it produced were not, because respondents did not understand what was required, were unable to answer questions correctly or deliberately misled the interviewer.

There is no evidence that this did, or did not, happen. However, the author, who acted as interviewer, is of the opinion that all the respondents did understand what was required and were co-operating; moreover, the flexibility permitted by the interview format enabled the interviewer to check whether specific questions had been understood and to give and seek any clarification which might be required.

3. Size of Samples

As discussed earlier (page 86), the number of respondents whose results were analysed can affect the likelihood of Type II error. It was not possible to calculate the minimum number required in each study. It was suggested that there were grounds for considering that, in Section I, Study One, the 12 respondents employed in each group was adequate, although possibly only barely so. Every other study employed a larger numbers of respondents. Thus, Study Two of Section I employed 15 in each of the three groups. Study Three, the other study which looked for statistically significant differences, compared groups of 45 and 24, while the analyses reported in Section III employed 78 people without learning difficulties. The numbers employed in the various correlational investigations reported in Studies Three and Four of Section I ranged from 24 to 45. Although it is not possible to make any definitive statement, it does appear to the author that it is very unlikely that the failure to obtain statistically significant findings was attributable to insufficient numbers, in particular since the dependent variable - the interview schedule - was highly reliable.

4. Composition of Groups

In Studies One and Two of Section I, the three groups which were compared differed in the proportion of men and women; in Study Five, the two groups differed in this respect and also in age. The groups with and without learning difficulties compared in Section III also differed in gender and age. However, the analyses reported in Study Four of

Section II suggested that these factors are unlikely to have affected the results.

5. Sampling of Groups

One possible influence on the results of any study is the representativeness of the sample of subjects selected for investigation, i.e. the extent to which the relevant features of these subjects are similar to those of the wider population and hence the extent to which results obtained from the sample can be generalised to that wider population. In these studies, as in almost every other investigation of people with learning difficulties, the respondents were not selected from the wider population by any sampling method (e.g. random or stratified sampling). Instead, people with learning difficulties who happened to be resident in the various settings, and who agreed to co-operate, formed the samples. In Section III, the people without learning difficulties were also not selected in any systematic way.

However, there is no reason to believe that the respondents with learning difficulties who were selected for investigation differed in any major way from those from a similar setting who were not selected. There are also no reasons to believe that findings obtained from people with learning difficulties residing in Dundee are likely to be any different from the findings which would have been obtained had the respondents been selected from some other part of the United Kingdom.

Similarly, there are no reasons for considering that the professional staff and the people without learning difficulties who were questioned in Section III differed in any major way from people in these categories elsewhere. Insofar as the results obtained from the latter group could be compared with the results of national surveys, they did appear to be typical of adults without learning difficulties.

Thus, although it cannot be stated definitively that the samples studied in this thesis were representative and that the results can therefore be generalised to the wider

populations from which they were drawn, there are no grounds for considering that this is not the case. However, replication of the findings with other samples will be necessary before generalisations can be made with confidence.

6. Measures Employed in Study Three of Section II

Various points can be made about the measures which were used as independent variables in Study Three of Section II. The relevant items of ABS were, as noted above, perhaps too general for significant associations with leisure to be detected. The GHQ, Zung Depression and Zung Anxiety were all oral versions of questionnaires and might have suffered reduced reliability and validity as a consequence; however, these versions of the Zung measures had been shown in earlier studies (e.g. Lindsay and Michie, 1988) to have satisfactory reliability and validity. The failure to find many significant associations between the Eysenck-Withers Personality Inventory is perhaps surprising, since Extraversion has been shown to be correlated with so many aspects of behaviour in normal and clinical populations. The present results perhaps raise questions about the validity of the EWPI as a measure of Extraversion.

7. Respondents' Scores on Variables

In Studies Three and Four, it is possible that relationships were obscured because the respondents were relatively homogeneous in their scores on the measures employed. On those in Study Three, and on age and IQ in Study Four, the standard deviations were relatively small and this might have reduced the correlation coefficients obtained. Another possibility is that, on some of the measures, a "threshold effect" operated, i.e. the variable concerned only begins to affect leisure when above a certain level. For example, the scores of the respondents on the maladaptive and "clinical" measures (GHQ, SDS and SAS) were relatively low; the expected relationships with leisure would possibly only have been detected had the mean scores been higher or if a larger number

of individuals had had high scores. However, this is mere speculation and there is no relevant evidence.

8. Conclusions

This discussion suggests that there were no major methodological failings in the studies reported in Part Two of the thesis. In some of the attempts to demonstrate that leisure is influenced by the various independent variables investigated in Section I, Type II error might have occurred, because of small sample size, invalid measures or the absence of extreme scores. However, these possibilities are merely speculative and apply to only a small proportion of the many cases in which the null hypothesis was not rejected.

Conclusions

The data from Part Two of this thesis have implications for teaching leisure skills and also for current service provision.

1. The Influence of Place of Residence Upon the Leisure Time of Respondents With Learning Difficulties

The results of the Studies One and Two of Part Two, Section II suggested that place of residence - hospital, hostel and family - had only a relatively small influence on leisure activities. One implication of these findings is that the majority of individuals, no matter where they live, are likely to require similar sorts of teaching and assistance if they are to develop independent leisure skills. This, in turn, has implications for the policy of deinstitutionalisation, by suggesting that merely placing individuals in the community is, by itself, unlikely to lead to an increase in their use of community facilities or engagement in various leisure activities.

There are also implications for moves within the community, e.g. from hostels to group homes or flats. The results concerning where individuals carry out various

activities indicate the crucial role of the ATC in catering for the leisure needs of people with learning difficulties. Any move within the community which resulted in former hostel residents having less contact with ATCs might well lead to a significant reduction in their participation in a number of leisure activities.

Of course, the present findings relate only to leisure and do not imply that place of residence has little influence on the quality of an individual's life in other areas. What they do imply is that improvements in the leisure and hence in the quality of life of people with learning difficulties will not automatically follow from a move into the community.

2. The Influence of Other Factors Upon the Leisure Time of the Respondents With Learning Difficulties

Additional conclusions can be drawn from the results of the other Studies in Part One which considered the influence of various other factors.

i. Adaptive Behaviour

The AAMD Adaptive Behaviour Scale (ABS) includes specific information on activities such as shopping, independent functioning and social competence which are related to leisure. However, the present study suggests that the information provided is insufficiently detailed to be useful in the development of a leisure skills training programme.

ii. Maladaptive Behaviour

The findings relating to the maladaptive behaviour items of the ADS suggest that problems behaviours, at the relatively low levels demonstrated by respondents in the present study, do not have an adverse effect upon leisure time.

iii. Psychological Disturbance

Although previous research has indicated that a severe level of anxiety has a negative effect on ability to participate in various activities (Lindsay et al., 1988a), the present

findings suggest that low levels of anxiety have little impact on leisure. The measure employed in this study - the Zung Anxiety Scale - is mainly concerned with generalised anxiety and it may be that more specific, phobic or social anxiety would be found to have a negative impact on participation in leisure, as it has on other activities (Lindsay et al. 1988b).

iv. Age

The limited influence of age upon participation might be construed in a positive light, as indicating that the opportunities for leisure activity of older people were not very different from those of younger people (with the exception of active sports, in which older individuals were less involved). However, viewed more negatively, the results can be interpreted as suggesting that people with learning difficulties do not experience those changes which, in non-handicapped people, are normally associated with reaching different ages or, more specifically, different stages of the life-cycle. The leisure activities provided by the ATC or segregated clubs included those which might be seen as suitable for younger individuals, e.g. board games or discos, but also those usually associated with older individuals, e.g. carpet bowls. The majority of individuals were involved in all types of activity, irrespective of their age. Their involvement with these facilities might thus prevent the segregation of leisure activities by age which is a feature of non-handicapped people. It is a matter for debate whether this is a positive feature of such services.

v. Gender

The differences which were found to exist in the leisure activities of males and females may also be a consequence of specific service provision. Those activities in which there were differences were those associated with the ATC or therapies department of the hospital. The implication is that the activities provided by these services tend to reflect traditional gender divisions in leisure which exist in the

wider society. It could be argued that this is necessary if individuals are to experience a lifestyle similar to the majority of those without learning difficulties. However, if the aim of a leisure service is to provide individuals with the opportunity to be involved in as wide a range of activities as possible, then such a division is unnecessarily restrictive.

vii. Having Learning Difficulties

Comparison of the individuals with learning difficulties and with chronic mental illness suggests that the former are not disadvantaged by having a learning difficulty. In fact, they tended to show greater participation. However, this was in activities associated with the ATC or therapies department suggesting that, were it not for these services, their involvement would be similar to, or conceivably less than, that of the mentally ill.

3. The Leisure of the Respondents With Learning Difficulties in Relation to the Recommendations of Professional Staff and to the Leisure of People Without Learning Difficulties

The data from Part Two, Section III indicate that there were several areas, including the most popular leisure activities, in which the leisure of individuals with learning difficulties conformed closely to that recommended of staff. Similarly, there were areas in which their leisure was similar to that of people without learning difficulties. However, there were also areas in which their participation was significantly lower than that recommended and engaged in by non-handicapped people.

i. Social Relationships

One area in which the leisure of people with learning difficulties appears to be deficient is that of social relationships, in particular in connection with activities done with friends.

In order to remedy these deficiencies, two approaches appear to be particularly promising. One is social skills training. A practical model of friendship formation has recently been developed with the aim of extending the social skills training model currently used to assist individuals with learning difficulties to make friends (Newland and Evans, 1988).

A second approach to develop friendships is the creation of small groups, either to develop leisure activities (Schloss et al., 1986) or to discuss other aspects of independent living (Hughson, 1991). These have been found to result in the development of friendships which may then be extended outside the activities of the group. It is possible that a combination of this approach with social skills training would be effective, particularly for individuals with limited social competence.

ii. Rest and Relaxation

Another deficiency is in the area of rest and relaxation. The importance of rest and relaxation as a way of dealing with stress and improving health is frequently emphasised to the general public through both the media and by individuals working in the health services. However, it has only recently received attention in relation to people with learning difficulties. Techniques have been developed to teach relaxation (Lindsay and Baty, 1986a,b, 1987; Allen, 1989). In the light of the present findings, it would seem to be important that they should be employed in relation to leisure education.

iii. Sports and Outdoor Activities

Another aspect of assisting people with learning difficulties to develop a pattern of leisure activities, which reflects the values of the society of which they are part, is that of encouraging active participation in at least one sport or outdoor activity. Many of the respondents with learning difficulties were active in a sport through their attendance

at an ATC. However, participation in such an environment does not guarantee that they will take part independently, in a non-segregated setting. While the individuals might have the specific performance skills required to participate in a sport, they may lack the more general skills necessary for participation outside a sheltered environment.

The findings relating to sport also have implications for current leisure services for people with learning difficulties. For example, Part Two, Section III, Study Four showed that more people with than without learning difficulties spent time watching sports.

There seem to be two reasons for this. First, many individuals attended ATCs where, in addition to participating in sports, they would spend time watching others taking part. Secondly, people with learning difficulties often had special sports events arranged for them, at which people from a variety of ATCs and residential accommodation competed and spectated. Only a few individuals watched sporting events which had not been specially organised for people with learning difficulties, e.g. watching the local football teams at Tannadice or Dens Park.

An incidental finding is that, despite the supposed Scottish obsession with football, this was one of the activities regarded as least important by the professional staff and the group without learning difficulties, although it was rated higher than watching other sports.

iv. Community Leisure Facilities

The point made in connection with sport has implications also for all aspects of leisure, e.g. the use of community leisure facilities. Participation by the respondents with learning difficulties was low in activities which were valued by staff and individuals without learning difficulties, e.g. going to a pub or club, to the cinema or theatre, going out for a meal or going shopping. Before such activities can be incorporated into an individual's leisure time, it is necessary to assess whether s/he has the necessary skills, e.g. to order a drink,

to pay for a meal and, in general, to utilise leisure facilities. Once this has been established, then the inclusion of the activity as a leisure option can be addressed.

PART THREE: A REVIEW AND CONCEPTUAL ANALYSIS OF STUDIES OF INDEPENDENT LEISURE ACTIVITY

The previous Parts of this thesis have considered different aspects of the leisure time and leisure activities of people with learning difficulties. One aim of this was to provide information which will be of use to professionals working in the field of learning difficulties. The goal of many interventions with people with learning difficulties is to teach individuals to do things for themselves. In the area of leisure time, the main goal is to assist individuals to develop independent leisure activity and to take responsibility for organising their own leisure time.

One major difficulty in this area is that the information which is relevant is currently very diverse and is not easily accessible. Much of the literature has been published in the United States or Canada or in academic journals devoted to research on leisure activity. Practitioners working with people with learning difficulties in the United Kingdom are unlikely to have access to such material.

In addition, much of the work is confusing, in that different definitions, concepts and methods have been employed.

Aims

The general aims of this Part of the thesis are therefore to undertake a review and conceptual analysis of studies of independent leisure activity in people with learning difficulties and to present, in a coherent form, information of use to professionals.

However, before this is possible it is necessary to clarify the following points:

1. can individuals with learning difficulties be taught the skills necessary for them to be able to engage in leisure activities?
2. if so, what techniques and methods can be used?

3. are the techniques which have been employed with non-handicapped people of use when teaching individuals with learning difficulties?

4. if not, what techniques can be employed to develop independent leisure activity?

These questions will be answered by: a review of studies which have taught leisure skills; a discussion of techniques used to teach these skills; and a discussion of methods to develop and maintain independent leisure activity.

While aspects of the work are relevant to individuals with severe or profound learning difficulties, most of the discussion relates to individuals with mild or moderate learning difficulties.

Teaching Leisure Skills

Skills to develop and maintain independent leisure activities include skills to do an activity (both specific performance skills and wider enabling skills) and skills to organise leisure time.

It is possible to make a distinction between specific performance skills and enabling skills. Specific performance skills are those applicable to individual activities, e.g. playing a particular sport or game, whereas enabling skills which are applicable to a variety of situations, e.g. buying a ticket or asking for information. Previous studies have taught specific performance skills, e.g. how to play darts, dance and use a pinball machine and also a comprehensive package of skills which have a wider application, e.g. using a community recreation centre.

i. Techniques to Teach Leisure Skills

The techniques used to teach leisure skills have been widely employed in areas such as social skills training. They include: verbal cueing, modelling and role-play, physical prompting, social or edible reinforcement and shaping. Wehman and Schleien (1981) present a full discussion of these

techniques in relation to leisure activity.

Only one study (Keogh et al., 1984) has investigated self-instructional training in relation to leisure, although it would seem to have potential as a technique for developing independent leisure. While not demonstrating that self-instruction alone resulted in positive changes, the study did report that participants learned to self-instruct and used these self-instructions in a social situation.

The behavioural techniques outlined above have been found to be more successful in changing participants leisure behaviour than traditional classroom-based training, the provision of leisure materials and staff training (Matson and Marchetti, 1980; Matson and Adkins, 1984; Lindsay et al., 1991).

ii. Studies Which Have Taught Leisure Skills

a. Indoor or Domestic Leisure Activities

The details of the participants and design of the studies which taught indoor or domestic leisure activities are tabulated on pages 246 to 248.

As well as demonstrating that instruction in leisure activities is successful with individuals with mild or moderate levels of learning difficulties, many of these studies successfully taught leisure skills to individuals with severe or profound learning difficulties (Schleien et al. 1981; Lagomarcino et al., 1984; Hill et al., 1982; Keogh et al., 1984; Jeffree and Cheseldine, 1984).

Other significant findings include an increase in the level of social interaction with peers (Jeffree and Cheseldine, 1984) and the transfer of skills learned in a sheltered environment to a non-segregated community leisure facility (Hill et al., 1982).

Summary of Studies which have Taught Indoor or Domestic
Leisure Activities

Authors.	Sample Characteristics.	Procedure.
Hill <u>et al.</u> (1982)	3 males (14,21,18 yrs). 1 profoundly retarded, 2 severely retarded. All had IQ below 30, none were verbal - 2 receiving training in picture communication. 2 frequently engaged in self-stimulatory behaviour.	Pinball selected as an age-appropriate skill likely to enhance integration. Teaching in a public school and 2 community recreation facilities. Multiple baseline across S. Instructional cue hierarchy used.
Jeffree and Cheseldine (1984)	10 severely retarded adolescents, 3 females & 7 males, attended a special school. 5 had Down's syndrome, rest no special diagnosis. Mean age 16.08 years (range 15 to 17.25) Mean raw score on English picture vocabulary test = 16 (range 8-25).	Taught basic game skills, incorporating required skills into different levels of the game. S either progressed a level or was introduced to peer to play at same level. Teaching sessions varied from 10-45 minutes.
Johnson and Bailey (1977)	14 women with mild mental handicap, living in a group home. Age range 17 - 33 years. WAIS IQ 50 - 85. 4 employed in restaurants, 4 in sheltered workshops, 2 vocational training & rest waiting job- placement.	Compared effect of: availability of materials; instruction and prizes, on participation in 6 activities - puzzles, cards, games, clay, painting, weaving & rug-making. Participation was voluntary. Programme conducted in residence on weekday evenings. Multiple baseline across activities.

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Procedure.
Keogh <u>et al.</u> (1984)	4 severely retarded adolescent boys, resident in a state facility. Boys in training condition aged 15 & 19, controls aged 16 & 11. S been institutionalised from 8 mths to 15 yrs (mean 7.9). Capable of talking in phrases from 2 to 6 words.	Taught 3 commercial games, 3 others for generalisation. Taught in a sequential fashion in individual, dyad & free play situations. Training daily for approx 20 minutes. Weekly FU assessments & training if necessary.
Lagomarcino <u>et al.</u> (1984)	5 ambulatory individuals with mental retardation, from state residential facility. Ages from 14 - 19 years. Two severely retarded and 3 profoundly retarded. Limited expressive language, receptive skills better comprehending 1 to 3 phrase requests. One resident acted as control.	Gave leisure dance instruction. Training in 2 locations, observation in local dance hall. 4 components of training implemented in a serial fashion. Hierarchy of feedback and instruction. Generalisation sessions conducted. Sessions lasted 5 - 10 minutes. Number of sessions = 34, 37, 57 & 64.
Adkins and Matson (1980)	6 institutionalised females, in moderate to severe range of mental retardation.	Taught indoor leisure activities, comparing the effects of instructions or attention alone with instructions, reinforcement, feedback. 6 week FU.

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Procedure.
Matson and Marchetti (1980)	30 male & 25 female S with a moderate to severe level of mental retardation, based on AAMD ratings and Stanford -Binet Intelligence tests ;mean IQ 42, range 29 to 48.	Taught stereo operation, comparing 5 experimental conditions - 3 active, two controls. 11 S in each, yoked across conditions to ensure parity in training time. 30 minute training each weekday. 2 month FU.
Schleien et al. (1981)	3 multi-handicapped individuals who attended a community adult development centre. 2 males, 1 aged 63, IQ 27 on Stanford-Binet, also severe level of mental handicap on AAMD aged 23, IQ 8 on Stanford-Binet (profound handicap), behavioural functioning described as autistic. One female aged 32, IQ 35 on Stanford-Binet, social functioning higher than other areas on AAMD.	Taught darts, using behavioural methods. Multiple baseline across S and changing criterion design. 5 training trials in each session, training during breaks at & 1 centre & in 3 different environments to encourage generalisation. 4 month follow up.

b. Community Leisure Facilities

The details of studies which taught the use of community leisure facilities are summarised on pages 249 to 250.

Using community leisure facilities requires more than the ability to do a particular leisure activity. It also requires skills to get to the facility and to cope with a range of interactions once there. Skills which assist individuals in this, e.g. pedestrian skills, using public transport and using a telephone, have all been taught successfully (Michie et al., 1990; Page et al., 1976; Matson, 1980; Marchetti et al., 1983, 1984; Grossmark, 1983; Leff, 1975).

Summary of Studies which have Taught Skills to Use Community Leisure Facilities

Authors.	Sample Characteristics.	Procedure.
Baty <u>et al.</u> (1989)	3 women with severe learning difficulties WAIS full scale scores 5, 2 & 5 - outside range full scale IQ tables. Resident in institution, 19, 17 & 14 years.	Assessed in vivo then taught skills to use a cafeteria. Behavioural techniques employed. Generalisation and 1 year follow up.
Crawford (1986)	10 S in first phase of study, all in severe range of mental retardation on AAMD standards, both intellectually & adaptively. 6 in second phase - 4 males, 10, 17, 13, 10. IQ's 31, 36, 21, 39. 2 females, aged 13 & 14, IQs 17 & 19. All had other handicaps.	Participant-driven selection of target behaviours, multiple baselines for each S. Different number of skills taught per S. Phase one in segregated setting. and Reversal design. Training 5 days a week, one to one, for 1 to 1 1/2 hours. Phase 2 - generalise to natural setting - adaptations & instruction in vivo. ABAB design.
Desai (1983)	4 adults with a mental handicap, living at home or in a hostel.	Interested in development of social interaction. Behavioural techniques used to train bus travel, shopping and cafeteria use. Assessments in vivo.
Hurff <u>et al.</u> (1985)	Pre-test with 22 trainable mentally retarded people (IQ 35-49) & 39 educable mentally retarded people (IQ 50-70). Field-test with 52 TMR & 81 EMR individuals.	Development of a board game to teach use of library. Use in conjunction with in vivo teaching. Developed as part of a wider programme which also worked with librarians. Since been successfully implemented.

Summary of Studies (cont.)

Authors.	Sample Characteristics.	Procedure.
Marholin <u>et al.</u> (1979)	4 males aged 39 - 63 years (mean 52.3 years), enroled in pre-vocational workshop & resident in public institution for a mean of 25.7 years. All ambulatory with Peabody Picture Vocabulary test scores ranging from 25-53 (mean 34.4).	Taught to ride a bus, purchase an item, order & pay for a meal. Training at workshop & in vivo. Multiple baseline across S. Training in pairs, each S had 11 sessions lasting 3 hours each. Transfer to a different restaurant with behavioural procedures used if required.
Schleien and Larson (1986)	2 males both with Down's Syndrome. One aged 29, IQ 23 on Stanford-Binet Intelligence test. Speech incomprehensible, used sign language when prompted. Second aged 27, IQ 33 on Stanford-Binet, spoke in short phrases. Both lived in group home for 6 people.	Taught use of a recreation centre. Training in 3 hour sessions once a week, for 20 weeks. Multiple baseline design used to teach 3 recreation skills in succession. Transfer in 3 other recreation centres during 3 month period after training.
Schleien <u>et al.</u> (1984)	Case study of 16 year old male, enroled in a public school programme for severely handicapped students. S's IQ 32 on Stanford-Binet Intelligence Test, occasionally used speech but primarily signing. Selected for severity of handicap, activity age-appropriate & feasible after study.	Taught use of bowling alley - bowling, obtaining a drink & a snack. Instruction in vivo. Multiple baseline, 3 skills. Training twice a week for approx. 2 hours. 3 generalisation sessions in different bowling alleys.
Van den Pol <u>et al.</u> (1981)		Taught use of a fast food restaurant. Used behavioural techniques & simulator training.

Skills such as using public transport have been taught as part of an integrated package with leisure skills (Desai, 1983; Marholin et al., 1979).

Several authors have taught people with learning difficulties to use cafes and cafeterias (Van den Pol et al., 1981; Desai, 1981; Marholin et al., 1979). Knowing how to use facilities such as cafeterias has been described as a useful addition to a repertoire of leisure skills for individuals moving to more independent living situations (Saxby et al., 1986). Baty et al. (1989) demonstrated that individuals with severe learning difficulties and limited experience of the community could be taught to use cafeteria facilities. Skills acquired in a sheltered environment were found to transfer successfully to cafeterias in the community.

Schleien and his colleagues (Schleien et al., 1981, 1984; Schleien and Larson, 1986) have taught individuals to use community recreation centres, e.g. an individual learned to initiate and complete a bowling sequence independently, to order a soft drink from a stand in the facility and to get a snack from the vending machine (Schleien et al., 1984). Three other individuals were taught to play an age-appropriate game (football), to choose an activity, to obtain the required equipment and to walk to and from a community centre (Schleien and Larson, 1986). In this latter study, non-handicapped persons using the centre initiated interactions and joined the activities.

As well as teaching individuals with learning difficulties to use a public library (by use of a board game and in vivo teaching), Hurff et al. (1985) trained librarians to teach these "library skills" to adults with learning difficulties. This work was successful in removing many of the librarians fears and changing their negative attitudes. Materials were also developed to provide information to people with learning difficulties about libraries and to encourage their use. The dissemination of such information, in conjunction with instructing librarians how to teach people with learning difficulties, is a useful way of ensuring

libraries become available to a wider number of individuals, than those involved in a particular study.

c. Sport and Physical Fitness

The Special Olympics organisation has published instructional programmes on teaching sports such as football, skiing and diving (Special Olympics, 1982a; 1982b, 1982c). Several studies have investigated physical fitness and sports training in a recreational context with children with learning difficulties; e.g. Bundschuh et al. (1972, cited in Shannon, 1985) taught swimming.

Details of studies of sports or physical fitness conducted with adolescents or adults are shown on page 253. These demonstrated that physical exercises and sports can be taught to individuals with learning difficulties with resulting benefits to health and fitness. However, only one study considered whether the participants continued to use the physical recreation facilities independently when the programme was withdrawn. Bolton and Milligan (1976, cited in Shannon, 1985) assessed the effect of a physical fitness programme on personal adjustment. While no self-reported improvements in personal adjustment were found, 11 of the 24 individuals involved continued to exercise three days a week as opposed to only two individuals who exercised regularly before this.

iii. Factors Which Influence Successful Outcomes

Comparing the successful studies reported above (e.g. Schleien et al., 1984; Hill et al., 1982; Schleien and Larson, 1986) and one which was not successful (Crawford, 1986), indicates factors which might determine the outcome of teaching (with individuals with severe learning difficulties). The complexity both of the skills taught and of the community settings in which they are to be used would appear to be significant. Either an in vivo teaching approach, or graded exposure to a complex environment, with skills teaching in both sheltered and natural settings, is required for

Summary of Studies which have Taught Sports or Exercises for Physical Fitness

Authors.	Sample Characteristics.	Procedure.
Beasley (1982)	30 S, aged between 16 & 50 years were randomly assigned to experimental or control groups, matched for sex and IQ.	Both groups did stretching exercises for 5 minutes each day, with the experimental group jogging 5 days a week for 8 weeks. Control group played games for same period of time. Cooper 12-minute Run-Walk test used to assess physical fitness.
Bolton and Milligan (1976)	24 male clients attending a rehabilitation centre. Median age 20 years.	Investigated self-reported personal adjustment after a systematic physical fitness programme. 8 week programme with 35. classes daily for 1 hour.
Simpson and Meaney (1979)	14 adolescents, aged 14 to 20 years with IQs from 40 to 60.	Aim was to evaluate effect of learning to ski on self-concept. Experimental & control group. Instruction in skiing over a five week period, employing a shaping procedure.
Tompsonowski and Ellis (1984)	9 severely and profoundly handicapped individuals resident in an institution.	Used "shuttle run" & long jump to prepare S for tests of motor fitness. 3 S with severe mental handicap acted as yoked-control. Each paired randomly with 2 S with profound handicap. 3 phase baseline experiment with S's & yoked S receiving same intervention.

successful acquisition and transfer of skills. Consideration of participants previous exposure to community settings might also be required. The individuals in Crawford's study

displayed behaviour which was inappropriate to the community leisure facility. Specific interventions to tackle such behaviour were employed successfully by Hill et al. (1982).

iv. Maintenance and Generalisation of Skills

The literature on teaching community-living skills has mainly demonstrated acquisition as opposed to long term maintenance and generalisation (Martin et al., 1982). Only four of the studies described above discuss the issue of generalisation. Schleien et al. (1981) found individuals taught to play darts performed well during generalisation assessments at different locations; both Marholin et al. (1979) and Baty et al. (1989) found generalisation to a different cafeteria was successful and Schleien and Larson (1986) found individuals were able to participate in a game at three different recreation centres.

More of the studies conducted follow-up assessments. Marchetti and Matson (1980) with stereo use, Keogh et al. (1984) with game-playing, Schleien et al., (1981) with darts and Schleien and Larson (1986) with use of a recreation centre, all demonstrated that the acquired skills were maintained at follow up. Hill et al. (1982) report anecdotal evidence of maintenance of pinball playing. A lack of attention to issues of both generalisation and maintenance has been suggested as one reason why most adults with learning difficulties have difficulty with independent leisure activity (Pollingue and Cobb, 1986).

v. Techniques to Encourage Maintenance of Skills Taught

Some activities are inherently maintaining, e.g. the use of libraries. With others, maintenance of a skill can be encouraged by various techniques: use of naturally occurring reinforcers (Wehman and Schleien, 1981); training across several exemplars (Lagomarcino et al., 1984; Schleien et al., 1981; Wehman and Schleien, 1981); involvement of parents, siblings or peers (Wehman and Schleien, 1981; Hill et al., 1982; Pollingue and Cobb, 1986); and emphasis on essential

aspects of the situation (Wehman and Schleien, 1981). Experimental designs, e.g. sequential withdrawal (Rusch and Kazdin, 1981, cited in Martin *et al.*, 1982), can also be used to encourage durable changes in behaviour. Such techniques and design strategies must be incorporated into programmes aiming to train leisure skills if clients are to be encouraged to develop their leisure independently.

The Ability to Organise Leisure Time Independently

Fostering the development of independent leisure activity requires a move beyond teaching single specific skills, or even groups of skills, to a consideration of self-initiated and sustained activities across a range of settings. This is the second major aspect of teaching leisure skills.

The ability to organise independent leisure pursuits involves: learning how to make decisions (and being given the opportunity to do so); learning more about leisure opportunities; and learning how to plan ones time. Related to this are increases in confidence and self-esteem which are important if an individual is to take control of his/her leisure time (Beck-Ford and Brown, 1984).

1. Informed Choice

The routines of institutions and traditional approaches to people with learning difficulties have meant that most individuals have never had the opportunity to make even simple choices or decisions about their lives (Cattermole *et al.*, 1988, cited in Swain, 1989). It has been suggested that the extent of this lack of choice and autonomy has led to a psychological state of helplessness in some individuals (Swain, 1989). Giving people power can help them overcome a belief (not necessarily a conscious belief) that they are helpless. Allowing people to make choices and decisions is one way of doing this.

i. Levels of Choice

At a simple level, choice can be "an expression of preference" (Swain, 1989) between, e.g. two leisure activities. At a more complex level, it involves a decision-making process with selection from alternatives, while at an even more complex level it is an expression of autonomy. Developing opportunities for individuals to make choices is one way of enhancing their perceived freedom. Perceived freedom is considered to be an essential aspect of leisure (Iso-Ahola, 1980, cited in Lanagan and Dattilo, 1989; Neulinger, 1974).

If an individual has severe or profound learning difficulties, developing skills for independent leisure activity might involve only teaching them to choose between two items or activities. However, with individuals with mild, moderate or even severe learning difficulties, developing independent leisure activity will entail a gradual progression from one level to the next, i.e. learning to express preference, to make decisions from selected alternatives and finally, to act autonomously in a range of areas.

ii. Techniques for Developing Choice-Making Skills

a. Choice Training

A method for assisting individuals with severe learning difficulties to develop a range of leisure skills was developed by Wuerch and Voeltz (1982). One aspect of this was the self-initiation of preferred activities which the authors describe as "choice training". This involves providing individuals with opportunities to choose between two or more previously acquired leisure activities. The procedure is discussed in full in Wuerch and Voeltz (1982).

Nietupski and Hambre-Nietupski (1986) employed choice training with three moderately-severely handicapped young adults who showed only low levels of leisure activity. Results indicated that, after training, all three individuals maintained a high degree of leisure activity sustained across a 10-minute session with no teacher intervention. This lasted

from one week to four months after training. After the study, individuals continued to use the tools (choice charts), designed to assist them to make choices, during their free time. The self-initiation of leisure activities was described as "remarkable" considering the low level of skill demonstrated by the individuals in this area prior to the study. The implications of this are that practitioners should "provide frequent choice opportunities in a structured fashion rather than assuming individuals lack self-initiation skills" (Nietupski and Hambre-Nietupski, 1986, p.264).

b. Leisure Education

For an individual to be able to make an informed choice, s/he must have adequate information upon which to base a decision. Provision of such information to assist this more sophisticated level of decision-making is one of the aims of leisure education or leisure counselling.

Typical components of both leisure education and counselling are: the benefits and rationale of leisure; planning for leisure; barriers to leisure participation and ways of overcoming these; sources of information about leisure and methods of becoming involved in recreational activities and also hobbies or home-based activities (Lanagan and Dattilo, 1989; Beck et al., 1977; Beck-Ford and Brown, 1984). The effects of a leisure education programme were assessed by Lanagan and Dattilo (1989). They found that the involvement in various activities by adults with learning difficulties was significantly higher following an education programme than following a recreation participation programme (typical recreation activities offered at the centre). No significant difference was found when a democratic or authoritarian leadership style was employed in the education programme. However, as participants were unaccustomed to the freedom of being allowed to make choices, those in the authoritarian leadership group may not have realised they were being deprived. The participants in the democratic group did demonstrate an improvement in their ability to make choices

after an initial period of hesitancy and acquiescence. The authors conclude that, since participants may not have understood that they were free to make a choice, their level of involvement was not affected by this. One implication of this is that practitioners should observe clients' reactions to opportunities for making choices (and whether they act upon the choices they make) prior to starting an education programme.

c. Self-Advocacy

The self advocacy movement provides a more active means of increasing an individual's power. Being a valued member of a group which is making decisions of significance to its members can do much to enhance an individual's belief in his/her autonomy and increase his/her confidence.

Self-advocacy allows people to identify and express personal feelings and wishes and to discuss their circumstances. It also provides a forum for learning and discussing ideas about the range of choices which could and should be available to them (Brechin and Swain, 1989). A discussion of the experience of being different, one aspect of a self-advocacy group, has been found to increase individuals' self-esteem (Szivos and Griffiths, 1989). An individual who realises that s/he is a person who is of some worth and has the power to decide about aspects of his/her life is more likely to be able to develop and sustain independent leisure pursuits than one who does not. Such an individual will have the power to improve his/her quality of life in many areas, not merely in relation to leisure time.

The above discussion of ways of assisting individuals to make informed choices illustrates a number of approaches which have been found to be successful. That selected will depend upon an individual's experience and ability. However, studies have demonstrated that even people with severe learning difficulties are able to make choices about their leisure time and, by doing so, improve their quality of life (Wuerch and Voeltz, 1982).

2. Developing a Leisure Routine

Individuals who possess skills for independent leisure activity have been found to have difficulties in maintaining this independent activity (Beck et al., 1977). One aspect of maintaining leisure activity is to plan activities and develop a regular leisure routine.

i. Planning One's Time

In the general population, people plan activities and place them into a temporal framework. Individuals are taught to plan their time more effectively through techniques such as time management. In theory, such techniques appear to offer a method of teaching individuals with learning difficulties how to organise their leisure activities in a temporal framework. However, before such a method of teaching can be employed, participants must understand conventional concepts of time, such as a day, a week and a month. The series of studies conducted by the present author which are relevant to this were reported in Part One.

The results of these studies suggested that it would be necessary to find alternative procedures to develop a leisure routine, which do not involve abstract notions such as time. Two such approaches - volunteer companions and a recreation club - are discussed below.

ii. Volunteer Companions

One approach to developing an independent leisure routine in people with learning difficulties is to introduce them to a non-handicapped companion who can accompany them as they try various leisure activities (Werthemir, 1983; Gathercole, 1981). This approach, while possibly losing something of the spontaneity and freedom associated with leisure in the initial stages, has the advantage of teaching an individual the principles of organising him/herself to participate regularly in leisure activities. A scheme which employed leisure volunteers was described by Salzberg and Langford (1981).

Individuals with learning difficulties, who wished to join the scheme, were interviewed to discover their leisure interests, experiences and possible limitations. Each individual was then matched with a non-handicapped volunteer who had been recruited by staff on the programme. Volunteers were given orientation and training and were supported through the initial period. The ongoing activities were monitored by staff. The volunteers invited the handicapped adults to accompany them on some of their usual leisure activities and were asked to provide a minimum of one activity a fortnight. For some people, personal friendships developed and, in these cases, the adults with learning difficulties enjoyed a large range of activities. By participating in activities with a non-handicapped friend, the individuals learned behaviour which was appropriate to each situation. Both the volunteers and individuals with learning difficulties expressed positive feelings about the scheme.

Other schemes have reported using a similar strategy (MENCAP, 1982, cited in Werthmeir, 1983; Walsh *et al.*, 1988; Kelly, 1991; Singh, 1990).

The above schemes differ in how they perceive the non-handicapped helpers. Some regard them as a "befriender", others prefer to have them as paid workers. A scheme set up in North Tyneside (J.Scott, personal communication) recruited paid workers rather than volunteers. This was done so that the organisers could monitor developments and ensure that the companions moved away gradually once the individual became more established, thus allowing him/her to make his/her own relationships. The majority of schemes have used volunteers, as opposed to paid workers, but the term "befriender" is often avoided as it is thought to be potentially devaluing for both people involved in the relationship (Singh, 1990).

iii. "Recreation Club"

An approach which combines skills teaching and the development of a routine through regular participation in various

activities, was reported by Schloss et al. (1986) who describe the creation of a recreation club ("Rec Club").

The "Rec Club" was started as a way of relating the teaching of recreational skills to community activities. The impetus for the club came from individuals with learning difficulties who were concerned about their leisure time. Non-handicapped individuals took initial responsibility for organisation and then, as participants became more skilled, withdrew to a less active role. An instructional sequence (employing the techniques described on page 244) was repeated several times with participants in different recreational settings, with individuals moving to a new setting as each one was mastered. Participants returned to previously mastered settings at intervals to ensure that their skills were retained and to provide some variation in activity.

The authors report that, since the inception of the "Rec Club", various participants have learned to use a range of recreational facilities. A 12-week period without supervision indicated that the group was able to continue without the non-handicapped organisers, who returned after this period to help the participants to expand their range of recreational settings. Responses from parents were extremely positive and they became more willing to let their daughter/son enter the community unsupervised, leading to club members independently arranging recreational activities outside of the Club.

3. A Comprehensive Leisure Programme

The above sections discussed methods of teaching the skills necessary to engage in leisure activities and to develop independent participation. In some instances, staff may decide that a particular intervention is all that is required. However, many individuals might have only limited skills, lack social or emotional maturity or have little experience of making decisions. Therefore, they will require a comprehensive leisure programme.

The feature of a leisure programme which makes it comprehensive is that it teaches leisure across a continuum

from remedial help to the development of independent leisure.

One such programme was developed at the Vocational and Rehabilitation Research Institute associated with the University of Calgary (Beck et al., 1977; Beck-Ford and Brown, 1984). It incorporates aspects of: choice training; leisure education; participation in a range of integrated activities and developing a leisure routine as well as skill acquisition. A full description of the programme is given in Beck-Ford and Brown (1984).

The programme is based upon a progression through various stages, teaching relevant skills at each stage. Beck-Ford and Brown (1984) argue that it is necessary to provide a detailed and structured training programme, as an individual cannot choose or use a leisure activity before certain basic skills are learned (Figure I). Attempting to introduce leisure counselling immediately was found to "be a waste of time if not accompanied by pre-requisite skill development and practical experience" (Beck-ford and Brown, 1984, p.5). The stepwise goals of the programme progress from concrete requirements to more abstract and less overt decision-making processes. Supervision and guidance are necessary in this process until an individual has internalised his/her goals, experience and motivation.

The stages within the programme are based on a model of leisure behaviour originally conceived by Nash (1953, cited in Beck-Ford and Brown, 1984 and Beck et al., 1977). Based on surveys, this model suggests a hierarchy of activity levels: spectator, social, physical and creative or self-actualising. Within each of the four activity levels, there is a hierarchy of activities, e.g. within the spectator category, the activities range from simple attending (e.g. watching television) to activities which take place within the community (e.g. going to the cinema). The programme also contains five instructional components based on a model proposed by Mundy (1976, cited in Beck-Ford and Brown, 1984 and Beck et al., 1977). These are: leisure awareness, self awareness, decision-making, social interaction and leisure and

related skills. The instructional elements of the programme are not necessarily intended to be taught in sequence. For example, while at stage one (spectator activities), an individual will be taught the first aspects of leisure awareness, self awareness and specific leisure and allied skills (Figure II).

As the above description indicates, this model incorporates many of the areas and techniques discussed in the previous sections but it has the advantage of providing a range of assistance which can help individuals of different abilities. This means that many individuals can be catered for and each individual can be helped to progress over a period of time.

Figure I.

Recreation program continuum.

Dependent Structured V.R.R.I. Oriented	→				Independence Unstructured Community Oriented
Remedial programs	Interest development and skill acquisition programs	Special programs	Transition to community recreation programs	Self-sufficient and independent leisure management	
To: -develop skills, both physical and social, necessary to participation in leisure pursuits. -alleviate or learn to cope with problems or disabilities which hinder functioning in other programs. e.g. vocational.	To: -develop interest in specific leisure pursuits. -develop skills specific to leisure activity of the trainee's choice.	To: -develop necessary social, and personal skills necessary to function in community recreation settings for people with particular problems in these areas.	To: -develop awareness of community resources available. -provide a positive support for entrance into community programs and activities	To: -enable the individual to have the personal and interpersonal skills so he may manage his own leisure time in an independent and meaningful manner	
Examples: Weight control, Exercise and Posture, Individual Therapy for Gross Motor Problems.	Examples: Leisure crafts, Tennis, Sewing, X-Country Skiing.	Examples: Social Skills, Personal Communication.	Examples: Community Awareness, Leisure Counselling.		

- **Assessment** - an initial assessment of overall skills necessary for recreation is carried out upon entry into the program. In addition, assessments are done periodically during the program to determine change and necessary revisions to the program.

From Beck *et al.* (1977, p.156)

Figure II. Matrix Showing Examples of Content Progression

	TRAINING LEVELS			
	Level One Spectator	Level Two Social	Level Three Physical	Level Four Creative
INSTRUCTIONAL COMPONENTS	Leisure Awareness	Leisure is a block of time	→	Leisure is an attitude
	Self Awareness	Identifying Interests	→	Increasing awareness of self and growth
	Decision Making	Limiting choices to A or B	→	Identifies alternatives and independently makes choices
	Social Interaction	Interaction with instructor and objects, e.g. TV, stereo	→	Interaction with peers and unfamiliar community persons
	Leisure and Allied skills	Simple process planning and activity skills	→	Complete planning and organizing skills, intricate activity skill

From Beck-Ford and Brown (1984, p.24)

This leisure programme is relevant to the direct training of individuals with learning difficulties. However, a comprehensive leisure service also requires to take account of wider aspects of service provision, e.g. the availability of specific activities or clubs.

The relatively recent growth of interest in the leisure of people with learning difficulties, in particular in the United Kingdom, has meant that little has been written about how to develop a comprehensive leisure service. This will be the theme of the final section of the thesis.

SUMMARY, GENERAL CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

Before considering the conclusions of this thesis and the recommendations which derive from them, it will be convenient to summarise the main findings of the three Parts which comprise the thesis.

Part One described the development of a structured interview schedule to assess both regular leisure activities and wider leisure experiences. The interview was divided into two parts. Part A was concerned with the former and included assessment of: participation in regular leisure activities, whether individuals were alone or with others during this participation and the reasons they gave for participating. Part B was concerned with wider leisure activities and included an assessment of: participation in In-Home, Out-of-Home and Out-of-Door and Sports activities, who individuals were with during these, where the activities took place and whether they were done "a lot" or "a little", and "a little" or "a long" time ago. These frequency descriptions were employed because during the development of the schedule it had been found that a majority of individuals given pilot versions of the interview schedule did not have an understanding of conventional time concepts, such as a day, a week or a month, or broader descriptions of frequency such as "usually". Pilot studies of the final version of the interview schedule showed that its inter-tester and test-retest reliability and its concurrent validity all appeared to be adequate.

Part Two of the thesis comprised three sections containing the main body of empirical work.

Section I contained five studies which employed the schedule to investigate the influence of a range of factors upon regular leisure activities and wider leisure experiences.

Study One investigated the influence of place of residence (a Hospital, Hostel or with Family) upon participation in regular leisure activities, whether

individuals were usually alone or with others and the reasons given (coded into positive or negative) for participation. Place of residence was found to have only a limited influence upon participation in those regular activities which were home-based and as such required only limited organisation (the majority). However, it did have a significant influence upon participation in those evening activities which required either the respondent to leave the home environment or the involvement of family or friends from outside of the home. There were very few significant influences upon whether individuals were usually alone or with others or upon the reasons which they gave for participation.

Study Two considered the effect of place of residence upon wider leisure experiences. Place of residence was found to have only a limited influence, with individuals who lived in the Hospital, Hostel or with their Family differing in whether or not they participated in 10 of the 78 activities. There were more differences amongst Out-of-Home and Out-of-Doors and Sports activities than amongst In-Home activities.

Study Three found very few statistically significant relationships between leisure variables and measures of adaptive and maladaptive behaviour, psychological disturbance and personality. Some of these were not surprising, in that there was a close similarity between several items of the schedule and of the measures with which it was compared. Others, however, appeared to suggest that relationships might exist between leisure and independent variables. There was a trend for participation to be associated with higher scores on the measures of adaptive behaviour although there was also the suggestion that the visibility of an individual's participation influenced ratings of adaptive behaviour. There were very few significant relationships with the measures of maladaptive behaviour, psychological disturbance and personality although some of those which were significant were logical.

Study Four investigated the influence of age, gender and level of handicap and showed that all three variables had only

limited influence upon regular leisure and wider leisure experiences. Although the respondents in the present study were not elderly, older individuals were found to participate in fewer activities than younger individuals. Gender was found to have no significant influence upon participation in regular leisure activities. A number of the differences between males and females in participation in wider leisure experiences reflected the traditional gender divisions seen in the general population. There was some evidence that the routines of the Hospital and Hostel minimised gender differences. While level of handicap had only a limited influence upon both regular and wider leisure activities, there was some evidence that individuals with a higher IQ were more likely to be involved in regular activities outside of the home.

Study Five compared the participation in wider leisure activities of individuals with learning difficulties and those with a chronic mental illness, to assess the influence of having a learning difficulty as opposed to another type of handicap. The participation of both groups was very similar. This was true both for individuals living in hospital and in the community. The majority of differences that did exist were due to a higher level of participation amongst individuals with learning difficulties.

Section II reported the use of the structured interview schedule to survey the regular leisure activities and the wider leisure experiences of people with learning difficulties living in different settings. The present study followed all previous surveys in showing the popularity of watching television and listening to music, but found a higher proportion of people engaging in hobbies, although mostly of a very simple type. Attendance at segregated clubs was a major feature of the leisure time of the majority of individuals and a substantial minority of respondents had no contact with friends or family. However, all engaged in at least one activity which gave them the potential to mix with individuals without learning difficulties, e.g more than half

had been to a cafeteria, out for a meal or to a pub or club. More respondents were involved in watching sports than in participating. The majority of the Out-of-Home activities were done away from the home environment and involved using community facilities. However, for most of those living in Hospital or a Hostel, Out-of-Home activities usually took place in the Hospital or Hostel itself, while for those living with their Families these same activities took place in a segregated club or at the ATC. Very few Out-of-Doors and Sports activities involved the use of community facilities. The data indicate that at least some of the respondents were capable of independent participation in "creative" leisure activities. However, for the majority, participation Out-of-Home was in the company of family or staff. More respondents who lived in the ~~Hospital~~^{Hostel}, as opposed to in the ~~Hospital~~^{Hostel} or with their Families, did leisure activities alone or with friends.

Study One of Section III assessed what professionals in the field of learning difficulties considered that people with learning difficulties "ought" to do. It considered the importance of an activity and the amount of time which should be spent upon it. The data indicated that the majority of respondents rated 75 of the 78 activities as an acceptable use of "ideal" leisure time, i.e. they merited at least a little time spent in participation. This suggests that almost any form of participation was seen as positive and beneficial. However, some specific activities were considered to be both more important and to merit a greater amount of time than the majority. These included seeing friends and family, resting and relaxing and going swimming.

Study Two employed a questionnaire based on the schedule to investigate how people without learning difficulties assessed the importance and the amount of time spent upon their leisure activities. Nineteen activities were rated by the majority of a combined Group of Nurses, Young Employed people and Students as being of at least some importance. These included three main types of activity: in-home

activities (e.g. reading, watching television and listening to music); social activities (e.g seeing friends and family and going on dates) and the use of community leisure facilities (e.g. going to pubs or clubs, going for meals, going to concerts and going to discos or dances). The activities rated as being of "no importance" and on which the majority spent "no time" included all the sports activities apart from swimming and walking in the countryside. The findings were similar to previous studies of leisure activity in the general population.

Study Three compared the findings of Studies One and Two to assess how realistic the recommendations of the staff members were. The data suggested that, at the extreme ends of the ratings on importance and amount of time, the "ideal" leisure activities which staff recommended for people with learning difficulties were similar to those which people without learning difficulties actually engaged in. These included social activities (e.g. seeing family and friends) and "gambling" activities. There was also agreement over the use of community leisure facilities and passive in-home activities (e.g. watching television and listening to the radio). However, there were some differences about the use of specific community leisure facilities, about engaging in some in-home activities (e.g. gardening and sewing or knitting) and over participation in sports. In general, where there was disagreement, staff tended to rate activities as more important and meriting more time than did respondents without learning difficulties.

Study Four compared the activities of the respondents with learning difficulties with the ratings of staff and participation by respondents without learning difficulties. The data indicated that participation amongst people with learning difficulties met the recommendations of staff and were similar to the respondents without learning difficulties in passive in-home activities, e.g. watching television and listening to the radio. Those with and without learning difficulties also did not differ in their participation in

hobbies such as gardening, collecting things or playing a musical instrument. Nor did they differ in going on "outing". Significantly fewer of the individuals with learning difficulties spent time with family and friends. Fewer individuals with learning difficulties spent time resting and relaxing, reading books, newspapers and magazines, cooking and shopping compared to those without. The use of community leisure facilities was also lower amongst individuals with learning difficulties. Conversely, participation was higher in individuals with learning difficulties in activities rated as being of little importance and/or which were done by few individuals without learning difficulties.

Part Three comprised a conceptual analysis of the leisure time of people with learning difficulties. It included a review of studies which have taught leisure skills, a discussion of the techniques employed by such studies and a discussion of methods to develop and maintain independent leisure activity in individuals with learning difficulties. These methods include improving the ability of individuals to make informed choices and providing information about leisure time and activities and about ways of developing a leisure routine.

Summary of Work Done in Tayside Which is Relevant to Developing Skills for Independent Leisure

Before completing the final section of this thesis, three areas of research will be summarised in which the author has been involved. This research is relevant to developing independent leisure skills and will be drawn upon in the Recommendations section but, for reasons of space, could not be included in the main body of the thesis.

1. Teaching Skills for Community Living

A major aspect of leisure is the use of those facilities in the community designed specifically for use during free time, e.g. pubs, or those with a wider association, e.g. shops. The research reported in Part Two, Section III indicated that, while most respondents in the present study did make use of community facilities, few did so independently, suggesting the importance of teaching their independent use in any project to develop leisure skills. Although a body of work already exists in this area, some questions remain unanswered, e.g. are all forms of teaching such skills equally effective?

To answer questions such as this, Lindsay et al. (1991) conducted an extensive research project with adults with mild or moderate learning difficulties living in a range of settings, e.g. in a large hospital or local hostels, with their family or friends, or alone. The project was designed to compare methods of teaching a wide range of skills required to live in the community, including: social skills, e.g. conversation and assertiveness; skills to allow movement around the community, e.g. pedestrian skills and using buses; and also the use of community facilities, e.g. a pub and a library. The relevance to the teaching of leisure skills of the findings of this research project can be summarised thus:

First, individuals with very little, or in some cases no, experience of using community leisure facilities could be taught to do so.

Secondly, it was possible to teach the majority of

skills, including use of leisure facilities, in a simulated environment. For example, after in vivo assessment, a "mock" pub would be created in the hospital or ATC where individuals would practice each of the skills necessary for use of the facility.

Although the skills required for most situations could be taught in a simulated environment some, e.g. pedestrian skills, required in vivo teaching. Others, e.g. using buses, were successful with a mixed approach involving both the simulated setting and the use of a real bus.

The third area of information to come out of the research was the comparison of methods to teach these skills. The project compared a method which employed behavioural techniques, e.g. role-play and modelling, with a more traditional class-room based approach, which has been favoured in adult education classes. The former involved rehearsal in the simulated setting whereas the latter employed audio-visual aids, e.g. slides and videos, to teach in a more traditional didactic manner. Individuals were assigned to one or other teaching approach for all skills, with a third, control group being assessed but receiving no form of instruction.

The results indicated that, for all the skills taught, the interactive behavioural approach was the more successful in improving individuals' performances in the natural setting, although the classroom-based approach was better than no teaching.

Finally, Lindsay et al. (1991) demonstrated that it was possible to teach a comprehensive package of skills, as opposed to a single skill. Although some studies have done this with two or three skills (Desai, 1983; Marholin et al., 1979), no previous research has done so with as large a number or range of skills.

This research is obviously relevant to teaching the skills required to live in the community. However, it has particular relevance to teaching leisure skills in that it demonstrates that the use of community leisure facilities can

be successfully incorporated into programmes teaching other skills which are more commonly taught, e.g. social skills. The teaching of relatively complex activities need not require highly technical procedures to be successful and a classroom-based teaching approach, which uses pictures or books, is unlikely to be as successful as a behavioural approach.

2. The Understanding of Time

As part of the development of the leisure interview schedule, the author undertook an assessment of the understanding of time concepts. The findings of the studies, presented in Part One, suggested that individuals with learning difficulties had only a limited understanding of common time concepts. Because of the implications of this for the teaching of planning skills, which are relevant to developing an independent leisure routine, the author undertook a more extensive investigation into the understanding of time concepts in individuals with learning difficulties (Baty, 1989; Baty, in preparation).

The subjects were similar in age and level of ability to those studied elsewhere in the thesis. Both verbal and pictorial (card sort) methods of assessment were employed. The results indicated that the majority of individuals (93.0%) had a poor understanding of conventional time concepts and relations between them. For 7.0% of these individuals, the difficulties were only with the numerical aspects of relationships, e.g. they understood that a day was shorter than a week but were confused about the number of days in a week. However, the others (93.0%) had difficulties with the actual relationships between the time concepts themselves, e.g. with the understanding that a year was longer than a day. Respondents displayed some knowledge of concrete facts, such as when they were paid. Most understood the relationship between events, e.g. if it would be Christmas before their birthday. There was evidence of a progression in understanding from smaller units of time, e.g. a day, to larger units, e.g. a year, with the exception that a whole day

was understood before parts of a day. Only 22.0% of individuals understood that events occurred in a sequence during a day and that events such as waking and sleeping showed a cyclical pattern. There was a positive correlation between the understanding of time concepts and IQ score ($Rho=0.64$). There was no relationship between the ability to tell the time using a watch and the understanding of time concepts. These findings were similar to those of previous studies (Gothberg, 1949; Engel and Hamlett, 1954; Barnes, 1975).

A second, comparative study (Baty, in preparation) indicated that, apart from items where concrete knowledge could be used, most of the adults with learning difficulties scored less well than a group of six year old children on specially-devised measures of the understanding of time concepts. The developmental literature (e.g. Oakden and Sturt, 1922; Bradley, 1947; Schechter et al., 1955; Friedman, 1977, 1978, 1981) indicates that children's understanding of time concepts depends "chiefly on maturational factors" (Ames, 1946, p.122, cited in Barnes, 1975) and follows a definite developmental sequence. The findings of the author and those from other comparative studies (Gothberg, 1949; Engel and Hamlett, 1954; Forer and Keogh, 1971) suggest that one possible reason for the limited understanding demonstrated by individuals with learning difficulties is their level of cognitive development. While there are difficulties with comparing adults with learning difficulties and children without (Wishart, 1987; Hogg and Moss, 1983, cited in Wishart, 1987) there is also support for such a developmental position (see Zigler and Balla, 1982 for a full discussion of this). The positive relationship with IQ and the fact that individuals who lived in a hostel (and had greater autonomy and independent activity) did not demonstrate a greater level of understanding than those resident in an institution, suggest that it may be more than a lack of experience of normal temporal rhythms (Kielhofner, 1979) which is responsible for their lack of understanding. Further work is

required in this area before any firm conclusions can be drawn about exactly what it is that individuals with learning difficulties have problems understanding and why. However, the findings indicate that the teaching of planning skills through techniques such as time management, which employ abstract concepts such as "next week", is not likely to be appropriate for many individuals with learning difficulties. Therefore, as discussed above, less abstract methods of developing independent leisure activity are required.

3. A Database for the Storage and Retrieval of Information Required by a Leisure Service

One aspect of leisure education (discussed above) is the provision of information to individuals with learning difficulties. One aspect of this is one-to-one counselling, which provides a situation in which it is possible to explore an individual's interests as well as assess the information which s/he will require to participate in particular activities. To be able to advise an individual, a "counsellor" requires an easily accessible store of information. This might include information about local leisure opportunities and clients' needs and interests. One facility which would store a body of information in an organised and easily accessible form, and so improve the efficiency and usefulness of a counselling session, is a computer database.

A computerised database system, as opposed to manual storage of information, offers the advantage of immediate retrieval of relevant information, e.g. when an individual expresses an interest in a particular sport or wants to know of facilities in a certain area. Such a retrieval system would enable a counsellor to concentrate on the client and maintain a discussion uninterrupted by having to search for manually stored information. Another advantage is that information on clients could also be stored and the system used to match them with possible activities when new information on, e.g. a club, was received. The author

developed and tested such a database system (Baty, 1990).

The system was written employing a commercial database management system (Superbase 4). This commercial software package provided several features which made it particularly suitable. These included a screen designer which allowed the creation of screens containing graphical objects (e.g. "pushbuttons"). These objects let the program be controlled using a "mouse" (i.e. a hand-held device which controls an arrow on the computer screen) and so avoids individuals having to be familiar with the computer keyboard.

Before writing the software program, the author spent time with both an outreach worker at a local ATC and a member of staff working for a local charity, both of whom were involved in placing individuals with learning difficulties into various clubs in the community. The purpose of this was to assess the type of information which a system ought to contain and assess the level of computer literacy amongst the individuals who might use it. All individuals who discussed the system agreed that it would be useful. Once the system was developed, it was tested by the outreach worker at the ATC. He considered that the system offered definite advantages over a manual system.

The database which was developed was designed to be used on any IBM compatible computer. Such computers are the most widely used type of computer. However, both NHS and local authority services for people with learning difficulties use a different type of machine (BBC or Archimedes) which requires different software. Therefore, before the system could be commercially viable, it would require to be written in a different format which was compatible with a BBC computer. This would be possible with the development of a Superbase compiler program, an option which the developers of Superbase are considering. However, even without this development, the research demonstrated the principles of a database which would be useful in a counselling system. These could therefore be incorporated into other software packages designed for the computer hardware of a local authority or NHS services.

General Conclusions

One way of understanding the findings of the present study is that they shift the focus of attention from the participation by individuals in leisure activities, i.e. what they do, to a consideration of how they participate, i.e. who individuals are with and who makes decisions about what they do.

A credible reason why factors such as age, gender and level of handicap had only a limited influence upon participation in leisure activities is that so little of the leisure activity of respondents in the present study was independent. Part Two, Section II indicated that many activities were organised on a large scale, e.g. attendance at segregated clubs, discos and dances, sports days and trips, or took place in the ATC or hospital therapies department, e.g. gardening, cooking, painting, woodwork or model-building. Trips into town were also organised. Staff and family were closely involved in the leisure activities of many respondents.

The similarity in their participation in many activities between those with learning difficulties and those without which was found in Part Two, Section III is, in many respects illusory. Non-handicapped individuals organise their leisure time for themselves, i.e. they make decisions and act autonomously, whereas the individuals with learning difficulties do not.

A major point which can therefore be made from the present research is that it is not sufficient to consider the leisure time of individuals with learning difficulties in terms of what they do, as has been the case with almost all previous work including, to some extent, the present study. Instead, what is significant is the extent to which an individual with learning difficulties acts autonomously with regard to organising his/her leisure time.

Of course, a consideration of autonomy is relevant to all aspects of an individual's life, not merely to leisure.

However, leisure time does provide the most obvious area in which to develop an individual's ability to act independently since it is that aspect of life in which in which people, according to most definitions of leisure, are intended to have the greatest freedom from external constraints, e.g. those connected with work or domestic responsibility.

A shift in focus, from a consideration of leisure activity to a consideration of independent leisure activity, is a challenge to the way in which many practitioners in the field of learning difficulties view the topic. It is a challenge also to much of the current service provision.

Part Three of the thesis synthesised various disparate aspects of the literature relevant to teaching leisure skills to individuals with learning difficulties to develop independent leisure. The conclusion was that it is possible to teach such skills and to assist individuals with learning difficulties to develop some degree of autonomy in relation to their leisure time. However, to assist practitioners to plan, develop and implement a change in current service provision, more specific recommendations are required.

The final section of the thesis discusses a model of a leisure service which aims to develop independent leisure activity in individuals with learning difficulties. The thesis ends with the author's proposal for a leisure service.

Recommendations: The Development of a Leisure Service

The notion of leisure services for people with learning difficulties is accepted in the United States and Canada. One reason for this would seem to be the Therapeutic Recreation Movement (TRM) (Kraus, 1978; Gunn and Peterson, 1978; O'Morrow, 1981) which has provided professionals with both a philosophical and practical framework within which to set their work and a forum for debate. It has also ensured that there are individuals with expertise in recreation services who are aware of the needs of individuals from "special populations", such as those with learning difficulties.

The current philosophy of the TRM can be summarised as: "helping the person develop broader recreation horizons through teaching skills and counselling that will help to prevent residual disability and ensure a successful return to community life" (Kraus, 1978, p.34). This contrasts with the still predominant view in the United Kingdom of recreation as "fun and games", i.e. as a casual or peripheral experience carried on outside any significant therapeutic programme.

This section briefly discusses issues surrounding segregated services, describes aspects of a comprehensive leisure service and proposes a model for a leisure service.

Introduction

1. Integration at All Costs: The Role of Segregated Services

Much of the current leisure provision for people with learning difficulties in the United Kingdom today is segregated, e.g. the Federation of Gateway Clubs (Marais and Marais, 1976). The present work (Part Two, Section II) indicated that attendance at segregated clubs was a major feature of the leisure time of respondents. Both the extent of segregated provision, and its salience in the leisure time of people with

learning difficulties, suggest that it will be strongly associated with leisure services in the minds both of staff and of individuals with learning difficulties. It is therefore likely that anyone aiming to develop a leisure service which focuses upon the needs of individuals will have to decide what, if any, role segregated activities have in that service. This section presents the advantages and disadvantages of segregated leisure services.

The integration of people with learning difficulties into society is a major aspect of the principle of normalisation (Nirje, 1969; Wolfensberger, 1972). One criticism of segregated programmes is that they are inconsistent with this principle (Schleien and Ray, 1988). Such programmes have also been criticised for widening the gap between the individual with learning difficulties and society in general and for turning people with learning difficulties into a minority group (Rothschild, 1968, cited in Katz and Yeuktiel, 1974). Segregated services are often run solely by staff who believe that they know what is the best option for the individuals they serve. Thus, the individuals with learning difficulties have no role in planning or implementation, with professionals or non-handicapped volunteers determining their needs.

However, there are benefits from segregated programmes: they pay particular attention to the special needs of individuals with learning difficulties and prevent the unpleasant experience of social rejection and stigmatisation (Rothschild, 1968, cited in Katz and Yeuktiel, 1974). A positive aspect of the Special Olympics Movement is that it allows individuals to experience success in a fun and reinforcing atmosphere (Orellove et al., 1982).

While arguing against segregated leisure programmes Schleien and Ray (1988) describe how such programmes can fit into a continuum of leisure services. They stress that, if activities are age-appropriate and functional and are offered in "least restrictive", or generic, settings (i.e. those used by non-disabled peers), segregated programmes may provide the

person with learning difficulties with a "safe, structured and secure leisure experience" (Schleien and Ray, 1988, p.24). Such programmes can serve as "stepping stones" to a more integrated environment, provided that people are given individual attention and help to overcome any significant skill deficits. This model gives segregated activities (which include skills teaching programmes) a legitimate role in a service whose aim is for individuals to develop greater autonomy and independence.

However, even if segregated services cannot be given this legitimacy (e.g. if the organisers of a segregated club have no wish to be involved in a wider leisure scheme), the experiences of individuals within those settings can still be incorporated into a leisure education programme. For example, a discussion of leisure options and issues, such as the relationship between friends and participation in leisure activities, will be of more relevance to individuals with learning difficulties if they can relate it to their experiences at a club. Similarly, social contact is a major aspect of quality of life (Donegan and Potts, 1988) and should therefore be valued (presuming the individual is happy with it) as a central feature of a leisure programme. Some individuals may prefer to associate only with individuals who experience similar difficulties. In short, while the author is not advocating the provision of segregated leisure activity, any programme ought to consider an individual's current relationships and build upon these, as one would with a non-handicapped person.

2. A Leisure Service

The leisure service described by Schleien and Ray (1988) focuses upon community integration. As with the comprehensive leisure programme of Beck-Ford and Brown (1984), Schleien and Ray (1988) support a continuum of procedures to develop community-based leisure in individuals with learning difficulties. However, they go further than Beck-Ford and Brown (1984) by including leisure facilities and the role of

professionals working in the community.

Schleien and Ray (1988) present a continuum of leisure service options which starts with a consideration of reasons for non-involvement and leads to an "accessible leisure" which encompasses multiple opportunities, freedom of choice, appropriate interdependence and a self-satisfying leisure. To enable individuals to reach this final stage, a range of services is required including segregated "therapeutic interventions" and an integrated leisure where the focus is on an individual and recreation equals "activity participation". This model is presented as a guide to professionals to help individuals with disabilities move from "more intrusive, specialized recreation services to integrated leisure environments that permit individuals to independently choose what they would like to do in their "free" or leisure time" (Schleien and Ray, 1988, p.22). The option chosen as most appropriate to an individual will depend on his/her needs.

The model presented by Schleien and Ray (1988) was designed with the services and facilities of the United States in mind. Thus, although it contains useful ideas and raises important issues, the resources and personnel which are presumed to be available are different from those in the United Kingdom, e.g. many of the recommendations are aimed at professional "recreation specialists" who have knowledge of leisure facilities and therapeutic recreation. This makes the model less useful for professionals in the United Kingdom.

The focus of the present work is leisure activity, not specifically integration using community leisure facilities. While this latter is very important and is undoubtedly a valuable aim, the most important goal of a leisure service is to assist an individual to develop his/her leisure time so that it includes independent and personally satisfying leisure activities and enhances awareness of him/herself as an autonomous individual.

As with much of the thesis, the focus of this section is people with mild or moderate learning difficulties who are

making the move to greater independence. However, aspects of the service will be relevant to those with more severe learning difficulties. This section presents a proposal for a leisure service based upon the findings of the present work, the findings of studies reviewed above and the descriptions of a comprehensive leisure programme and of a leisure service. The aim of such a proposal is to act as a guide for professionals wishing to develop a leisure service. The appropriateness of particular suggestions will depend, to some extent, upon local services and policies.

Proposal for a Leisure Service

1. Working with Individuals With Learning Difficulties

i. Aim

The aim of working directly with individuals with learning difficulties is to ensure that they have the skills and knowledge which will allow them to develop and organise their leisure time to satisfy themselves.

ii. Agreement to Participate

One aspect of teaching individuals to develop independent leisure activity is to encourage them to make choices and take responsibility for their leisure time. Therefore, it would seem counter-productive to enrol a person in a programme unless s/he understood the aims of the programme and agreed to participate. An environment of mutual cooperation where an individual feels able to make suggestions would be more useful, in the long term, than one in which s/he is told what to do and what is going to happen.

iii. Assessment

Before a programme to teach leisure skills can be undertaken, it is necessary to have some information concerning an individual's current use of leisure time. The findings of the present work support the feasibility of obtaining information

on leisure time from individuals with learning difficulties themselves. This is important for three reasons. First, in Study Three in Part Two, Section I of the present work, there was some suggestion that reports by staff and family of an individual's leisure skills were influenced, understandably, by the visible nature of an activity. Secondly, asking individuals themselves implies that they have some control over (and responsibility for) their leisure time and that their opinions are important. A third reason is that a discussion of leisure activity, including any changes which an individual would like in his/her leisure time, can be used to emphasise the importance of leisure and so to motivate an individual to take part in a programme. The assessment schedule developed in the present work is comprehensive and flexible enough to be used for this purpose.

Assessment could also include a consideration of functioning in a number of areas related to participation in leisure activities, e.g. public transport. Assessments completed by staff or family, such as the PAC (Gunzberg, 1974) and ABS (Nihira et al., 1975) discussed in Study Three of Part Two, Section I, could be used for this.

iv. Programmes to Enhance Skills and Self-awareness

a. Leisure Skills Teaching

The next stage of a leisure programme would be to provide individuals with skills which will allow them to participate in various leisure activities. As discussed in the review of work in Tayside (pages 273 to 278), such skills can be taught in a sheltered setting or, if applicable to the activity, in the community. It is possible that some combination of this would be most appropriate. The techniques to teach leisure skills, both specific activities and wider "enabling" skills, were also discussed above (pages 244 to 245).

b. What Should be Taught

The aim of teaching skills is to allow an individual to pursue

activities which are of interest to him/her. However, as discussed above, it is unlikely that individuals who have had only limited leisure experience will be able to say exactly what activities they would like to attempt, or be aware of the skills they require to participate in such activities. It is therefore likely that, for many individuals, a structured and relatively prescriptive approach to skills teaching would be most useful initially.

The present work indicated areas in which participation by respondents with learning difficulties was less than that recommended by professional staff and done by individuals without learning difficulties (Studies One to Four in Part Two, Section III). As described in the conclusions section, such information indicates areas which are important to a leisure skills teaching programme, e.g. using community leisure facilities and visiting friends.

In conjunction with this information, the approach employed by Beck-Ford and Brown (1984) - of teaching activities considered to be less demanding (spectator activities) before those considered to be more demanding (creative/self-actualising activities) - could be used to determine the order in which particular activities were taught. For example, going to the cinema involves the use of community facilities but is a spectator activity, whereas going to a sports club also involves use of community facilities but is more active and so more demanding. Skills such as purchasing a ticket, taught in the less demanding context of going to the cinema, will also be useful in the more demanding environment of the sports club.

The present work also indicated areas which may warrant particular attention. For example, there were some significant differences between participation in activities by men and women (Study Four of Part Two, Section I). As discussed above (General Conclusions), the possible restrictions in opportunity which this suggests have implications for service provision.

c. Making Choices

Teaching an individual to make choices can be done in conjunction with the teaching of those skills necessary to engage in leisure activities. As discussed in Part Three, making choices can range from specifying a preference to making independent decisions reflecting one's autonomy. Ways of encouraging people to make choices are outlined above (pages 256 to 258). A consequence of making decisions is an increase in self-awareness, self-esteem and confidence. A self-advocacy group provides a forum for building self-awareness and increasing confidence and self-esteem. However, self-awareness, self-esteem and confidence could also be addressed in a leisure context. For example, a basic level of self-awareness can be developed through discussion of individual interests and differences in these.

v. Leisure Counselling

Leisure education or counselling involves the provision of information about various aspects of leisure activity. It also acts as a forum for discussion of an individual's interests and assessment of his or her awareness of leisure opportunities. A leisure service might involve leisure education groups and/or individual counselling. In the latter, a specific programme of leisure activities could be worked out with an individual and ways of achieving this discussed.

vi. Developing a Leisure Routine

One important aspect of a leisure service is its encouragement of individuals to be less dependent upon the organisers of a service and to develop their own leisure routine. This involves leisure activities but also an understanding that leisure time includes resting and relaxing. The research conducted by the author into the understanding of concepts of time (summarised on pages 275 to 277) indicated that employing techniques commonly used to improve planning and time management in the general population are not likely to be

successful with individuals with learning difficulties. However, there are several alternative options for encouraging the development of a leisure routine.

a. Accompanied Participation

An initial element of the routine would be to have an individual trying different leisure activities in the company of staff. It is likely that this would have occurred during the teaching phase of the programme. However, after an individual has mastered the skills required to engage in the activity, the emphasis could be shifted to doing the activity for its own sake. Participation with two or three individuals, preferably (but not necessarily) ones who were already friends, would allow the member/s of staff to withdraw gradually. The "Rec Club" (Schloss et al., 1986), discussed above, employed this approach.

b. Leisure Volunteers

A service might decide that, rather than involving staff in participation, integration and/or a routine would be better established through the involvement of leisure volunteers. This might be particularly useful if an individual expresses an interest in participating with individuals who do not have learning difficulties and/or if there is no other individual in the programme who wishes to attempt the activity. Several programmes have started volunteer schemes and manuals detailing how to set them up have been published (e.g. Gathercole, 1981; Kelly, 1991).

2. Other Aspects of Developing and Running a Service

i. Information

As well as considering the leisure needs of particular individuals, a leisure service should aim to collect and collate a body of information which will be useful to all individuals who use the service. This would include details of local facilities and leisure opportunities but could also

include information on other more distant leisure activities. For example, Mackenzie (1990) describes an Outward Bound holiday scheme in the Scottish Highlands which focuses on developing independence and skills, as well as providing a new and enjoyable experiences.

ii. Contacts with Sources of Relevant Skills, Information and Influence

Related to collecting information is the development of contacts with people who have skills or information relevant to leisure or who have influence, e.g. over policies and resources. For example, contacts might include the staff of the local recreation department and community centres who could advise about items such as physical access and supply information on local events. Such contacts could also be used to overcome general difficulties. Thus, because the majority of individuals with learning difficulties have low incomes, it might be possible to negotiate reduced entrance fees for attendance at local sports or leisure centres.

Individuals might assist with specific requests, e.g. members of a sports club might be willing to introduce an individual with learning difficulties into the club. Such networks already exist between staff working in ATCs and the general public (Baty, 1990). However, because they rely on informal contacts between specific individuals, they are vulnerable to staff changes.

iii. Personnel

It would be possible for one individual - a "leisure co-ordinator" - working with existing staff to organise a leisure service. Depending upon local circumstances, an existing member of staff, e.g. the recreation officer or volunteer co-ordinator in an institution, might be in a position to take responsibility for overall organisation.

The role of "leisure co-ordinator" would include: collection and dissemination of information to staff, parents, local leisure services and individuals with learning

difficulties; talking to these same groups about the significance of leisure; setting up schemes such as volunteer companions; training staff and any volunteers; setting up or becoming involved in existing self-advocacy groups; and organising specific initiatives. Specific initiatives might include assertiveness training for women or activities for individuals with severe or profound learning difficulties. It is likely that one individual would not have all the skills required to develop the service, e.g. s/he might lack expertise in the behavioural techniques used to teach leisure skills. However, s/he could act as a facilitator, approaching relevant staff to provide the necessary training or proposing joint projects whereby "leisure" is incorporated into existing programmes.

iv. Facilities

a. Adult Training Centres

ATCs provide a potentially valuable facility for developing a leisure service. Staff within the centres have a body of information about individuals which could enhance leisure counselling, e.g. an awareness of their abilities and interests. Outreach workers in ATCs currently attempt to place individuals in clubs in the community (Baty, 1990). ATCs also have facilities for trying out various leisure activities in a sheltered environment. The present work indicated that a large proportion of the leisure experiences of individuals living in the community were through the ATC. This suggests that an ATC would be a useful base from which to develop a service. However, for a leisure service to succeed in such an environment, there would have to be an acceptance, by both staff and individuals with learning difficulties, of the ATC as a "stepping stone" to more independent activity, rather than as a place "for leisure activities". Such an acceptance fits with the development of ATCs as a community resource, a model which is proposed for the future (Seed et al., 1987).

While the ATC provides a possible base for a programme, much of staff time, once an individual has mastered particular skills, would be spent either in the community or in an individual's home. A project which successfully employed an intensive intervention programme in "natural" environments was reported by Brown (1991).

b. Database

One major facility which would improve the efficiency and usefulness of a leisure service is a computer database of information. The development of such a system (Baty, 1990) was discussed above (pages 277 to 278).

v. Potential Problems with the Proposed Model

a. Resources

One major difficulty in implementing the proposed model would be lack of resources. Agencies might be unwilling to finance a leisure service if they perceive other areas to have greater priority. However, there are two main arguments to support the development of the service.

First, because of the current policy of community care (HMSO, 1989), many individuals are in the process of moving, or have already moved, from institutions to the community. As this thesis has indicated, individuals do not learn to develop independent leisure skills merely through exposure to a variety of opportunities in the community. Failure to develop leisure skills can result in major difficulties in community adjustment, leading even to a return to an institution or more sheltered environment. Previous research suggests that developing an individual's independent leisure skills results in him/her being less likely to require other forms of assistance. Thus, the investment in leisure skills training and a leisure service would be both cost effective and essential if the policy of community care is to succeed. The resources currently spent on vocational training and placements might well be better spent on teaching people how

to use their leisure time effectively.

Secondly, services need not necessarily cost a great deal. For example, the skills teaching could be incorporated (with some staff training) into current programmes teaching other skills, e.g. independent use of public transport. Such an approach would be likely to increase the success of current teaching by placing activities, e.g. going on a bus or using money, in a realistic context. This would make the activities more relevant to individuals and so increase their motivation to learn and opportunities to practise. A leisure service could develop gradually, starting with a small and specific project. For example, the "recreation club" discussed above could be suggested to individuals attending an ATC.

ii. Attitudes

A second area of potential difficulty might be the attitudes of staff and parents to the idea of independent leisure activity. The view that leisure activity is something which is only significant after work or to "fill in time" (discussed in the Introduction) might lead many individuals not to appreciate the aims of a leisure service. Previous research has indicated that the beliefs and attitudes, and the resulting behaviour, of service providers, parents and the general public towards leisure in people with learning difficulties act as barriers to participation (Wade, 1985; Shoultz, 1987; McConkey and McGinley, 1990). Parents' beliefs about the competence of their handicapped offspring can lead them to impose restrictions on leisure time (Walsh et al., 1988; Seager, 1987). Because of this, a major task of the "leisure coordinator", at least initially, would be the preparation and dissemination of material explaining the aims and rationale of the service. An alternative might be to start a programme, involving only a few individuals with learning difficulties and enthusiastic staff, which would serve to demonstrate the ideas behind a service. This programme could then be used in the development of a wider service.

3. Evaluation of the Model

Evaluation of the proposed model is beyond the scope of this thesis. However, the literature reviewed above indicates that aspects of it have been employed successfully in the United States and Canada. Several schemes with leisure volunteers are in existence in the United Kingdom and Ireland (e.g. Kelly, 1991; Walsh et al., 1988). A service aiming to develop leisure routines for individuals with a range of learning difficulties has recently started in Sheffield (J.Russell, personal communication). As yet, there is little information on the long term outcome of such schemes.

Suggestions for Further Research

The thesis concludes with a summary of suggestions for further research, most of which were made, in passing, in the main body of the text.

1. The Structured Interview Schedule

As discussed in some detail in Part One, some changes could be made which would possibly improve the practical value of the structured interview schedule. Following these modifications, the inter-tester and test-retest reliability of the new version would require to be assessed. Additional studies of concurrent validity could also be undertaken, perhaps, where possible, with the criterion being some more direct measure of participation than was used in the validation study reported in Part One. Studies of the utility of the schedule in practical settings, e.g. when used to guide the leisure of individual clients or in service evaluation, could also be undertaken.

2. The Leisure Activities of People With Learning Difficulties

Little is known about the leisure activities of people with learning difficulties. The schedule could be used to provide this information. Thus, surveys could be conducted of people of different ages, gender and levels of handicap, living in different circumstances, in urban and rural settings, so that a complete picture of this aspect of the lives of this section of the population could be constructed. This information would provide useful norms against which individuals and services could be evaluated and would contribute also to the sparse body of knowledge about leisure in the population as a whole.

3. Factors Affecting Leisure

The studies which, in Part Two, attempted to identify factors

which affected leisure perhaps need to be followed up, in two ways.

i. Replication

It is always possible that results obtained in any study reflect specific features of that study and cannot readily be generalised to other groups, times or settings. As discussed in Part Two, Section IV, the sampling of subjects (respondents) and settings (hospital, hostels etc) in the studies reported in that Part was not systematic. Before generalisations can be made with confidence about the relationships investigated, the results obtained require to be replicated with other samples of subjects and settings.

ii. Extension

It was noted (Part Two, Section IV) that the range of some of the variables investigated was somewhat limited. It is possible that age, maladaptive behaviour and psychological disturbance will be shown to have a greater influence on leisure than was found in the present thesis if a greater range was to be investigated. Similarly, place of residence might have more of an influence if individuals who lived alone and were not in receipt of services were compared with those resident in hospital, hostels or with their families.

4. Development of Assessment Measures

Study Three of Part One, Section II employed various measures psychological disturbance, which had been derived from questionnaires intended for use with people without learning difficulties. Both in research and in clinical practice it would be helpful to have reliable and valid measures of anxiety, depression and stress-related physical symptoms which could be employed with people with learning difficulties. It would be profitable to follow the line of research started by Lindsay and colleagues (Lindsay and Michie, 1988; Lindsay et al., unpublished) and to develop such measures.

5. The Understanding of Time

The present work summarised research, conducted by the author, into the understanding of conventional time concepts in individuals with mild or moderate learning difficulties. This research was extended to assess the understanding of cyclic reoccurrence and the understanding of concepts such as speed and distance and how they relate to time. The possibility that individuals with learning difficulties lack an understanding of time itself - as opposed to the language used to describe time - is an intriguing one and merits further investigation. The experimental techniques outlined in the developmental literature offer ways in which this could be investigated further. As suggested above (page 276), it is possible that, because of the level of mental development of some individuals with learning difficulties, they are unable to understand the concept of time. However, the success of many individuals in learning to live more independently in the community raises questions as to whether any lack of understanding actually matters; and, if so, what practical consequences follow from this. Further research is required to answer these questions.

6. The Proposal for a Leisure Service

As noted above, the evaluation of the leisure service proposed in this thesis is beyond the scope of the present work. However, this would seem to be an important next step in increasing our knowledge of issues relevant to the leisure time of people with learning difficulties. The structured interview schedule (in its modified form) could be employed to assess any changes in individuals' leisure activity.

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Appendix I.

Name:-

Date:-

Part One

ASSESSMENT OF ACTIVITIES IN THE PAST WEEK

A. WORK

1. Do you go to work, go to an A.T.C., go to therapy? (circle as appropriate)

Other (specify)

2. What days do you do this/these?

3. What time do you go to this/these?

4. What time do you come back?

5. Do you come back for lunch? YES / NO / SOMETIMES

If yes, Days

What do you do after lunch before you go back to work/A.T.C./therapy?

organised time

free time

leisure

non-leisure

Details:-

.....

.....

6. On any days (not weekends), when you are not at work, etc, do you go anywhere else? (e.g. attend college)

.....

7. Do you miss work/A.T.C., etc at any times because you do something else? (e.g. social skills, speech therapy)

.....

How long do you go to this?

.....

Appendix I cont.

2.

Part One (contd)

B. EVENINGS (MONDAY - FRIDAY)

1. When you come back to the ward/hostel what do you usually do

i) before tea?

(Detail, then categorise)

.....

.....

leisure / non-leisure

free / organised

alone / with others

ii) after tea?

For various activities listed:-

a) for how long?

b) did you choose to do this?

c) alone / with others?

d) did you choose to be alone / with others? .

a)

b)

c)

d)

a)

b)

c)

d)

Prompts:

Stayed in own room

Stayed in sitting room

Did a hobby

Played a game

Watched t.v.

Listened to records

Went out to pub/club

Appendix I cont.

3.

Part One (contd)

B. EVENINGS

2. 1) Are there any evenings on which you usually go to a club or recreation hall?

.....
.....

ii) Are there any evenings on which there are things arranged for you to do on the ward/hostel? YES / NO

If yes, detail.

.....
.....

iii) Do you take part in these activities?

ALWAYS / OFTEN / SOMETIMES / NEVER

If yes, do you like to take part?

iv) What time do you usually go to bed?

(or 'don't know)

v) Are you asked to go to bed? YES / NO / SOMETIMES

Appendix I cont.

4. Part One (contd)

C. WEEKENDS

1. What did you do on Saturday morning?

leisure / hosp/hostel
non-leisure / or away

[Prompts

Stayed in

a) alone / with others?

Did hobby

b) choose to be with others?

'Housework'

c) did you choose to do this?

Played game

T.v.

a)

Music

b)

Went out

c)

Saw friends/family

a)

Shopping

b)

Sport

c)

2. What did you do on Saturday afternoon?

leisure / hosp/hostel
non-leisure / or away

a)

b)

c)

a)

b)

c)

a)

b)

c)

Part One (contd)

C. WEEKENDS

3. What did you do on Saturday evening?

leisure / hosp/hostel
non-leisure / or away

a)

b)

c)

a)

b)

c)

a)

b)

c)

4. What time did you go to bed?

/ don't know

5. Were you asked to go to bed?

6. What did you do on Sunday morning?

leisure / hosp/hostel
non-leisure / or away

a)

b)

c)

a)

b)

c)

a)

b)

c)

Appendix I. cont.

6.

Part One (contd)

C. WEEKENDS

7. What did you do on Sunday afternoon?

leisure / hosp/hostel
non-leisure / or away

a)

b)

c)

a)

b)

c)

a)

b)

c)

8. What did you do on Sunday evening?

leisure / hosp/hostel
non-leisure / or away

a)

b)

c)

a)

b)

c)

a)

b)

c)

9. What time did you go to bed?

or don't know.

10. Were you asked to go to bed?

Part Two

GENERAL ASSESSMENT 4

SATISFACTION

1. Would you like to do more things in your free time?

YES / NO / DON'T KNOW

If yes, (i) What would you like to do?

.....
.....
.....

(ii) Why don't you do those things?

Money -- not able to -- no time -- no transport --
fear -- not know how

Other:-

2. Why do you do the things you do in your free time?

Positive

e.g. enjoy

Negative

e.g. nothing else to do

Part Two

GENERAL ASSESSMENT 5

FRIENDS

- 1. Do you have friends who live on the ward/hospital/hostel? YES / NO
- 2. Do you have one or two special friends here? YES / NO
- 3. Do you have friends who do not live in the same place as you? YES / NO

- If yes, (i) Where do they live? Hospital / Hostel/ Flat, etc.
- (ii) Do you go to visit them? YES / NO
- (iii) Do they come to visit you? YES / NO

- 4. Why do you think you like your friends?
Do/like same things -- good fun -- talk to them -- are "here" -- don't know
- 5. Do your friends like doing the same things as you?
Most things -- some things -- nothing

MISCELLANEOUS

- 1. Do you have a key for the ward/hostel? YES / NO
- 2. Do you have to be in by a certain time? YES / NO
- If yes, when?

For activities which respondent does go on to ask questions below.

Activity, do you _____ :-

1. Everyday often sometimes not often hardly at all

2. Alone with other people around with other people involved

3. If others are involved are they:-

from ward/hospital/hostel _____ from outside ward/hospital/hostel _____

work in ward/hospital/hostel _____

4. (As appropriate) Do you _____ in the ward/hospital/hostel
or somewhere else? (Specify).

1. Everyday often sometimes not often hardly at all

2. Alone with other people around with other people involved

3. If others are involved are they:-

from ward/hospital/hostel _____ from outside ward/hospital/hostel _____

work in ward/hospital/hostel _____

4. (As appropriate) Do you _____ in the ward/hospital/hostel
or somewhere else? (Specify).

1. Everyday often sometimes not often hardly at all

2. Alone with other people around with other people involved

3. If others are involved are they:-

from ward/hospital/hostel _____ from outside ward/hospital/hostel _____

work in ward/hospital/hostel _____

4. (As appropriate) Do you _____ in the ward/hospital/hostel
or somewhere else? (Specify).

Appendix II.

**Assessment of Understanding of Concepts of Time:
The Number of Correct/Incorrect/Ambiguous answers**

Question.	Correct	Incorrect	Ambiguous
1. Tell me something that you do at the beginning of a day. (supplementary; "at the start of every day.")	13	16	1
2. Tell me something that you do at the end of a day. (supplementary; "at the end of every day.")	11	15	4
3. How many days is it since last weekend ? (ie.the weekend just passed)	8	18	4
4. How many days is it until next weekend ? (ie. the weekend just coming)	10	18	2
5a. When do you get paid ?	30	0	0
b. How often do you get paid ?	28	0	2
6. Which is going to be first - Christmas or the Summer ?	15	15	0
7a. How long is it to Christmas ?	7	21	2
b. Is it ;a few weeks /a few months /a few years ?	14	16	0
8. How many times is it Christmas in a year ?	16	14	0
9a. How long is a year ?	6	23	1
b. Is it a little time or a long time ?	26	4	0

**Assessment of Understanding of Concepts of Time:
The Number of Correct/Incorrect/Ambiguous answers, cont.**

Question.	Correct	Incorrect	Ambiguous
10a. When is your birthday ?	25	0	5
b. How long is it until then ?	9	15	6
c. Is it a few days/ a few weeks/ a few months /a year ?	14	16	0
11. Which is longer; a day or a week ?	22	8	0
12. Which is longer; a month or a week ?	21	9	0
13. Which is longer; a day or a year ?	22	8	0
14. Which is longer; a year or a month ?	13	17	0
15. How many days are there in a week ?	18	12	0
16. Which is longer; a week or a year ?	23	7	0
17. Which is longer; a month or a day ?	15	15	0
18. How many weeks are there in a month ?	8	22	0
19. How many months are there in a year ?	7	23	0
20. Your birthday is..... Will it be Christmas before your birthday ?	19	11	0

Appendix III.

Examples of Incorrect Responses to the Concept of Time Assessment

<u>Question</u>	<u>Response</u>
4. How many days until next weekend ?	"puzzles me" "13"
7a. How long is it to Christmas ?	"31 days"
b. Is it a few weeks/a few months/a few years ?	"couple of years" "years"
8. How many times is it Christmas in a year ?	"10", "4", "every month", "every couple of years", "not very many", "once a day", "at least 10"
9a. How long is a year ?	" I've not paid attention" " 5 days" "75 years" "56 months"
10b. How long is it 'til then (your birthday) ?	"after the holidays" "next year"
11. Which is longer; a day or a week ?	"Friday is a long day"
15. How many days in a week ?	"I've lost count"
18. How many weeks in a month ?	"12"
19. How many months in a year ?	"174"

Appendix IV.

Assessment of Understanding of the Term "Usually"

Name:

Date:

1. Can you tell me what the word "usually" means?

2. I usually get the bus home does this mean I get the bus home alot or just a little ?

3. Tell me something that you usually do when you get up in the morning.

4. I do not usually bring my car to work, do I bring my car to work a little or a lot ?

Appendix V.

Assessment of Understanding of the Terms "A Lot" and "A Little"

Name:

Date:

1. Do you eat breakfast a lot or a little ?
A lot/A little
2. Do you go to the pictures in Dundee a lot or a little ?
A lot/A little
3. Do you go swimming in Dundee a lot or a little ?
A lot/A little
4. Do you go to work/ATC/therapy a lot or a little ?
A lot/A little
5. Do you go in a taxi a lot or a little ?
A lot/A little
6. Do you clean your room a lot or a little ?
A lot /A little
7. Tell me something you do a lot.
8. Tell me something you do a little.

Appendix VI

Examples Responses to the Question "Why do you do ... (an Activity) ?, Given After Each Activity in Part A of the Interview Schedule. Responses Coded as Positive or Negative

Response	Rater 1	Rater 2	Rater 3
1. quiet, boys are noisy	+	+	+
2. like watching tv, speak to girls	+	+	+
3. like tv	+	+	+
4. knitting blanket for Mum	+	+	+
5. something to do	-	+	-
6. help Mum & Dad - getting old	+	+	+
7. when feel like it, get bored, like it on	+	-	+
8. watch tv when is no dancing, like it	+	+	+
9. like going out with Paddy	+	+	+
10. nothing else to do	-	-	-
11. go round shops	+	+	-
12. wee change from sitting here	+	-	+
13. gives something to do instead sitting here	-	-	+
14. pass the night	-	+	-
15. that's my hobby	+	+	+
16. like playing paper bingo	+	+	+
17. know to do it	-	+	-
18. pretty boring in here	-	-	-
19. like to see what's going on in different parts of the world	+	+	+
20. get messages, better than sitting in and get bored	-	-	+
21. that's all I do	-	-	-
22. if get lonely, nothing on tv	-	-	-
23. watch tv if it's good or bad	-	+	-
24. get out in fresh air	+	+	+
25. just go self, sometimes get tired	-	-	-

Appendix VII The Influence of Place of residence Upon Participation in In-Home Leisure Activities

Activity	Hospital n (%)	Hostel n (%)	Family n (%)	χ^2	p.
Watch TV	15 (100)	14 (93.3)	14 (93.3)	1.046	NS
Gardening	4 (26.7)	5 (33.3)	5 (33.3)	0.207	NS
Records & tapes	13 (86.7)	14 (93.3)	13 (86.7)	0.450	NS
Listen to radio	13 (86.7)	13 (86.7)	15 (100)	2.195	NS
Read books	9 (60)	6 (40)	12 (80)	5.0	NS
Read papers & magazines	10 (66.7)	8 (53.3)	14 (93.3)	6.058	0 . 0 4 8
Rest/relax	11 (73.3)	8 (53.3)	11 (73.3)	1.80	NS
Play cards/games /jigsaws	9 (60)	10 (66.7)	9 (60)	0.189	NS
Have family to visit	7 (46.7)	8 (53.3)	11 (73.3)	2.368	NS
Have friends to visit	4 (26.7)	8 (53.3)	8 (53.3)	2.880	NS
Sew and knit	7 (46.7)	13 (86.7)	13 (86.7)	1.950	NS
Photography	4 (26.7)	6 (40)	3 (20)	1.514	NS
Look after pets	2 (13.3)	2 (13.3)	5 (33.3)	2.50	NS
Paint & draw	8 (53.3)	9 (60)	10 (66.7)	0.556	NS
Woodwork/ model-building	1 (6.7)	5 (33.3)	3 (20)	3.333	NS
Write letters	6 (40)	7 (46.7)	8 (53.3)	0.556	NS
Collect things	5 (33.3)	3 (20)	5 (33.3)	0.865	NS
Cook	12 (80)	11 (73.3)	12 (80)	0.257	NS
Play musical instrument	3 (20)	6 (40)	2 (13.3)	3.128	NS
Football pools	0	0	2 (13.3)	4.186	NS

Appendix VIII Influence of Place of Residence on Participation in Out-of-Home Activities

Activity	Hospital	Hostel	Family	x ²	p.
	n (%)	n (%)	n (%)		
Visit friends	5 (33.3)	10 (66.7)	8 (53.3)	3.379	NS
Visit family	9 (60)	10 (66.7)	14 (93.3)	4.773	NS
Go to a disco /dancing	13 (86.7)	6 (40)	7 (46.7)	7.834	0.012
Play bingo	4 (26.7)	10 (66.7)	6 (40)	5.04	NS
Go for a meal out	8 (53.3)	11 (73.3)	11 (73.3)	1.80	NS
Go to pub/club	9 (60)	8 (53.3)	9 (60)	0.182	NS
Go to cinema/theatre	3 (20)	6 (40)	3 (20)	2.045	NS
Go to museums /galleries	4 (26.7)	6 (40)	4 (26.7)	0.829	NS
Go to day/evening classes	9 (60)	2 (13.3)	4 (26.7)	7.80	0.02
Go to church	6 (40)	5 (33.3)	9 (60)	2.34	NS
Go on coach /rail trips	12 (80)	11 (73.3)	11 (73.3)	0.241	NS
Go for walks in the park	7 (46.7)	8 (53.3)	12 (80)	3.889	NS
Go shopping	11 (73.3)	12 (80)	12 (80)	0.257	NS
Go to a cafe	8 (53.3)	13 (86.7)	10 (66.7)	3.940	NS
Go to fairs /circuses	7 (46.7)	5 (33.3)	8 (53.3)	1.230	NS
Go to concerts	9 (60)	4 (26.7)	2 (13.3)	7.80	0.02
Go on dates	2 (13.3)	2 (13.3)	2 (13.3)	0.0	NS
Visit the library	3 (20)	3 (20)	11 (73.3)	12.10	0.002
Go to the seaside /countryside	4 (26.7)	3 (20)	10 (66.7)	8.130	0.017
Go to the zoo	6 (40)	6 (40)	5 (33.3)	0.189	NS
Visit amusement arcades	3 (20)	5 (33.3)	4 (26.7)	0.682	NS
Play table tennis	9 (60)	11 (73.3)	6 (40)	3.461	NS

Appendix IX The Influence of Place of Residence upon Out-of-Doors and Sports Activities

Activity	Hospital n (%)	Hostel n (%)	Family n (%)	x²	p.
Walking in the countryside	4 (26.7)	3 (20)	5 (33.3)	0.682	NS
Do athletics	5 (33.3)	5 (33.3)	11 (73.3)	6.428	0.04
Watch athletics	11 (73.3)	12 (80)	14 (93.3)	2.128	NS
Play badminton	2 (13.3)	3 (20)	1 (6.7)	1.154	NS
Watch badminton	4 (40)	2 (13.3)	2 (13.3)	8.514	0.014
Play cricket	3 (20)	3 (20)	0	3.461	NS
Watch cricket	7 (46.7)	5 (33.3)	2 (13.3)	3.940	NS
Go cycling	1 (6.7)	2 (13.3)	1 (6.7)	0.589	NS
Play football	8 (53.3)	5 (33.3)	8 (53.3)	1.607	NS
Watch football	11 (73.3)	10 (66.7)	10 (66.7)	0.207	NS
Do keep-fit/yoga	4 (26.7)	5 (33.3)	11 (73.3)	7.74	0.021
Play rugby	0	0	0	NA	
Watch rugby	1 (6.7)	0	0	2.045	NS
Play squash	1 (6.7)	0	0	2.045	N S
Watch squash	0	0	0	NA	
Go swimming	4 (26.7)	8 (53.3)	10 (66.7)	4.98	N S
Watch swimming	9 (60)	6 (40)	7 (46.7)	1.245	NS
Play tennis	4 (26.7)	4 (26.7)	3 (20)	0.241	NS
Watch tennis	6 (40)	6 (40)	2 (13.3)	3.318	NS
Play golf	1 (6.7)	3 (20)	1 (6.7)	1.80	NS
Watch golf	2 (13.3)	2 (13.3)	2 (13.3)	0.0	NS
Go ice-skating	0	1 (6.7)	0	2.045	N S
Watch ice-skating	0	1 (6.7)	1 (6.7)	1.046	NS
Go horse riding	1 (6.7)	2 (13.3)	2 (13.3)	0.45	NS
Watch horse riding	2 (13.3)	0	0	4.186	NS
Go fishing	2 (13.3)	5 (33.3)	2 (13.3)	2.50	NS
Play bowls	8 (53.3)	8 (53.3)	12 (80)	3.025	N S
Watch bowls	10 (66.7)	10 (66.7)	12 (80)	0.865	NS
Play hockey	5 (33.3)	5 (33.3)	6 (40)	0.194	N S
Watch hockey	7 (46.7)	5 (33.3)	8 (53.3)	1.260	NS
Go roller-skating	0	2 (13.3)	2 (13.3)	2.195	NS
Play ice-hockey	0	0	0	NA	
Watch ice-hockey	1 (6.7)	0	0	2.045	NS

Appendix X The Influence of Place of Residence Upon Who Respondents were with for the Leisure Activities

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
TV.							
Hospital	1 (6.7)	11 (73.3)	1 (6.7)	2 (13.3)	0	0	0
Hostel	2 (14.3)	12 (85.7)	0	0	0	0	0
Family	3 (21.4)	0	0	11 (78.6)	0	0	0
Gardening							
Hospital	2 (50)	0	2 (50)	0	0	0	0
Hostel	1 (20)	1 (20)	1 (20)	1 (20)	0	1 (20)	0
Family	0	0	0	2 (40)	0	2 (40)	1 (20)
Records/ tapes							
Hospital	10 (76.9)	2 (15.4)	0	0	1 (7.7)	0	0
Hostel	7 (50)	4 (28.6)	0	0	3 (21.4)	0	0
Family	10 (76.9)	0	0	3 (23.1)	0	0	0
Radio							
Hospital	11 (84.6)	0	0	1 (7.7)	1 (7.7)	0	0
Hostel	8 (61.5)	2 (15.4)	0	0	3 (23.1)	0	0
Family	10 (66.7)	0	0	5 (33.3)	0	0	0
Read Books							
Hospital	9 (100)	0	0	0	0	0	0
Hostel	4 (66.7)	2 (33.3)	0	0	0	0	0
Family	10 (83.3)	0	0	1 (8.3)	0	1 (8.3)	0
Read papers /Magazines							
Hospital	10 (100)	0	0	0	0	0	0
Hostel	7 (87.5)	1 (12.5)	0	0	0	0	0
Family	13 (92.2)	0	0	1 (7.1)	0	0	0

Appendix X (cont.)

	Self n(%)	Residents n(%)	Staff n(%)	Family n(%)	Friends n(%)	ATC n(%)	Others n(%)
Rest/Relax							
Hospital	10 (90.9)	0	0	0	1 (9.1)	0	0
Hostel	8 (100)	0	0	0	0	0	0
Family	10 (90.9)	0	0	1 (9.1)	0	0	0
Play Cards etc.							
Hospital	1 (12.5)	2 (25)	2 (25)	2 (25)	1 (12.5)	0	0
Hostel	2 (20)	2 (20)	1 (10)	0	2 (20)	2 (20)	0
Family	3 (33.3)	0	0	5 (55.6)	0	0	(11.1)
Family visit.							
Hospital	0	0	0	7 (100)	0	0	0
Hostel	0	0	0	8 (100)	0	0	0
Family	0	0	0	11 (100)	0	0	0
Friends visit.							
Hospital	2 (50)	2 (50)	0	0	0	0	0
Hostel	3 (37.5)	5 (62.5)	0	0	0	0	0
Family	7 (87.5)	0	0	1 (12.5)	0	0	0
Sewing/Knitting.							
Hospital	5 (71.4)	0	1 (14.3)	0	1 (14.3)	0	0
Hostel	11 (84.6)	1 (7.7)	1 (7.7)	0	0	0	0
Family	5 (38.5)	0	0	3 (23.1)	0	5 (38.5)	0
Photography							
Hospital	0	1 (25)	2 (50)	1 (25)	0	0	0
Hostel	5 (83.3)	1 (16.7)	0	0	0	0	0
Family	1 (33.3)	0	0	2 (66.7)	0	0	0
Pets							
Hospital	1 (50)	0	0	1 (50)	0	0	0
Hostel	2 (100)	0	0	0	0	0	0
Family	4 (80)	0	0	1 (20)	0	0	0

Appendix X (cont.)

	Self n (%)	Residents n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Painting/Drawing							
Hospital	4 (50)	0	4 (50)	0	0	0	0
Hostel	4 (44.4)	2 (22.2)	3 (33.3)	0	0	0	0
Family	6 (60)	0	0	0	0	4 (40)	0
Woodwork/ model-building							
Hospital	1 (100)	0	0	0	0	0	0
Hostel	2 (40)	0	2 (40)	0	0	1 (20)	0
Family	0	0	0	0	0	3 (100)	0
Write letters							
Hospital	2 (33.3)	0	3 (50)	0	1 (16.7)	0	0
Hostel	5 (71.4)	0	1 (14.3)	0	1 (14.3)	0	0
Family	4 (50)	0	0	2 (25)	1 (12.5)	1 (12.5)	0
Collect things							
Hospital	4 (80)	0	0	1 (20)	0	0	0
Hostel	3 (100)	0	0	0	0	0	0
Family	5 (100)	0	0	0	0	0	0
Cook							
Hospital	2 (16.7)	0	8 (66.7)	2 (16.7)	0	0	0
Hostel	3 (27.3)	0	8 (72.7)	0	0	0	0
Family	3 (25)	0	0	3 (25)	0	6 (50)	0
Play Musical Instrument							
Hospital	2 (66.7)	0	0	1 (33.3)	0	0	0
Hostel	3 (60)	0	1 (20)	1 (20)	0	0	0
Family	0	0	0	2 (100)	0	0	0
Do Football Pools							
Hospital	0	0	0	0	0	0	0
Hostel	0	0	0	0	0	0	0
Family	0	0	0	2 (100)	0	0	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Visit Friends							
Hospital	0	0	1 (20)	0	2 (40)	2 (40)	0
Hostel	5 (50)	0	0	0	5 (50)	0	0
Family	0	0	0	4 (50)	4 (50)	0	0
Visit Family							
Hospital	2 (22.2)	0	0	7 (77.8)	0	0	0
Hostel	4 (40)	0	0	5 (50)	1 (10)	0	0
Family	1 (7.1)	0	0	13 (92.9)	0	0	0
Go to Disco/Dancing							
Hospital	7 (53.8)	3 (23.1)	0	0	3 (23.1)	0	0
Hostel	0	2 (33.3)	1 (16.7)	0	0	0	3 (50)
Family	0	0	0	3 (42.9)	1 (14.8)	0	3 (42.9)
Play Bingo							
Hospital	1 (25)	0	3 (75)	0	0	0	0
Hostel	0	4 (44.4)	2 (22.2)	0	1 (11.1)	2 (22.2)	0
Family	0	0	0	2 (33.3)	0	4 (66.7)	0
Go Out for a Meal							
Hospital	1 (12.5)	0	6 (75)	1 (12.5)	0	0	0
Hostel	3 (30)	2 (20)	2 (20)	0	1 (10)	2 (20)	0
Family	0	0	0	3 (30)	1 (10)	6 (60)	0
Go to Pub/Club							
Hosp	2 (22.2)	0	6 (66.7)	0	1 (11.1)	0	0
Hostel	1 (14.3)	1 (14.3)	0	0	3 (42.9)	0	2 (28.6)
Family	0	0	0	6 (75)	2 (25)	0	0
Go to Cinema/Theatre							
Hospital	0	0	3 (100)	0	0	0	0
Hostel	2 (33.3)	1 (16.7)	2 (33.3)	0	1 (16.7)	0	0
Family	0	0	0	1 (33.3)	1 (33.3)	1 (33.3)	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Museums/ Galleries							
Hospital	0	0	3 (75)	0	0	1 (25)	0
Hostel	1 (16.7)	0	2 (33.3)	1 (16.7)	0	2 (33.3)	0
Family	1 (25)	0	0	1 (25)	1 (25)	1 (25)	
Day/Evening Classes							
Hospital	2 (22.2)	3 (33.3)	4 (44.4)	0	0	0	0
Hostel	0	0	0	0	0	0	1 (100)
Family	2 (50)	0	0	1 (25)	0	1 (25)	0
Go to Church							
Hospital	3 (50)	1 (16.7)	1 (16.7)	1 (16.7)	0	0	0
Hostel	1 (20)	3 (60)	0	0	1 (20)	0	0
Family	3 (37.5)	0	0	4 (50)	1 (16.7)	0	0
Coach/ Rail Trips							
Hospital	0	2 (16.7)	10 (83.3)	0	0	0	0
Hostel	2 (18.2)	1 (9.1)	4 (36.4)	0	1 (9.1)	3 (27.3)	0
Family	0	0	0	6 (75)	2 (25)	0	0
Walks in the Park							
Hospital	5 (71.4)	0	1 (14.3)	0	1 (14.3)	0	0
Hostel	2 (25)	0	0	0	4 (50)	2 (25)	0
Family	4 (33.3)	0	0	4 (33.3)	1 (8.3)	3 (25)	0
Shopping							
Hospital	2 (18.2)	0	4 (36.4)	3 (27.3)	1 (9.1)	0	0
Hostel	9 (75)	0	3 (25)	0	0	0	0
Family	4 (33.3)	0	0	8 (66.7)	0	0	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Going to a Cafe							
Hospital	2 (25)	0	4 (50)	1 (12.5)	1 (12.5)	0	0
Hostel	6 (46.2)	1 (7.7)	1 (7.7)	1 (7.7)	4 (30.8)	0	0
Family	3 (30)	0	0	3 (30)	2 (20)	2 (20)	0
Fairs/Circuses							
Hospital	1 (16.7)	5 (83.3)	0	0	0	0	0
Hostel	1 (20)	1 (20)	0	0	0	3 (60)	0
Family	0	0	0	2 (25)	1 (12.5)	4 (50)	1 (12.5)
Concerts							
Hospital	5 (55.6)	1 (11.1)	2 (22.2)	1 (11.1)	0	0	0
Hostel	3 (100)	0	0	0	0	0	0
Family	0	0	0	1 (50)	0	1 (50)	0
Go on Dates							
Hospital	0	0	0	0	2 (100)	0	0
Hostel	0	0	0	0	2 (100)	0	0
Family	0	0	0	0	2 (100)	0	0
Visit the Library							
Hospital	1 (50)	0	0	1 (50)	0	0	0
Hostel	2 (66.7)	0	1 (33.3)	0	0	0	0
Family	1 (9.1)	0	0	2 (18.2)	0	8 (72.7)	0
Visit seaside/countryside							
Hospital	1 (25)	0	2 (50)	1 (25)	0	0	0
Hostel	1 (33.3)	0	1 (33.3)	1 (33.3)	0	0	0
Family	2 (20)	0	0	4 (40)	1 (10)	3 (30)	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Visit the Zoo							
Hospital	0	0	? (100)	0	0	0	0
Hostel	1 (20)	2 (40)	0	0	1 (20)	1 (20)	0
Family	0	0	0	2 (40)	0	2 (40)	1 (20)
Visit Amusement							
Arcades							
Hospital	3 (100)	0	0	0	0	0	0
Hostel	2 (40)	1 (20)	1 (20)	0	1 (20)	0	0
Family	0	0	0	2 (50)	1 (25)	1 (25)	0
Play Table tennis							
Hospital	0	3 (33.3)	4 (44.4)	1 (11.1)	1 (11.1)	0	0
Hostel	0	4 (36.4)	1 (9.1)	1 (9.1)	0	5 (45.5)	0
Family	0	0	0	1 (16.7)	0	5 (83.3)	0
Watch Table tennis							
Hospital	1 (10)	3 (30)	3 (30)	0	1 (10)	2 (20)	0
Hostel	0	5 (38.5)	1 (7.7)	1 (7.7)	0	6 (46.2)	0
Family	0	0	0	0	0	10 (100)	0
Play Darts/Billiards							
/ Snooker							
Hospital	0	4 (44.4)	1 (11.1)	0	4 (44.4)	0	0
Hostel	0	1 (11.1)	1 (11.1)	1 (11.1)	2 (22.2)	4 (44.4)	0
Family	2 (20)	0	0	1 (10)	0	7 (70)	0
Watch Darts/Billiards							
/Snooker							
Hospital	0	5 (45.5)	1 (9.1)	0	3 (27.3)	2 (18.2)	0
Hostel	1 (12.5)	2 (25)	1 (12.5)	1 (12.5)	0	3 (37.5)	0
Family	0	0	0	0	0	12 (100)	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Walk in country							
Hospital	2 (66.7)	0	1 (33.3)	0	0	0	0
Hostel	1 (50)	0	0	1 (50)	0	0	0
Family	1 (33.3)	0	0	2 (66.7)	0	0	0
Do athletics							
Hospital	2 (40)	1 (20)	1 (20)	0	1 (20)	0	0
Hostel	0	0	1 (20)	0	0	4 (80)	0
Family	0	0	0	0	1 (9.1)	9 (81.8)	1 (9.1)
Watch athletics							
Hospital	6 (54.4)	0	1 (9.1)	0	2 (18.2)	2 (18.2)	0
Hostel	1 (8.3)	0	0	0	0	8 (66.7)	3 (25)
Family	0	0	0	0	0	12 (85.7)	2 (14.3)
Play badminton							
Hospital	0	0	0	0	1 (100)	0	0
Hostel	0	0	0	1 (50)	1 (50)	0	0
Family	0	0	1 (100)	0	0	0	0
Play cricket							
Hospital	0	1 (100)	0	0	0	0	0
Hostel	0	1 (33.3)	1 (33.3)	0	0	1 (33.3)	0
Family	NA						
Watch cricket							
Hospital	1 (14.3)	4 (57.1)	2 (28.6)	0	0	0	0
Hostel	1 (33.3)	1 (33.3)	0	0	0	1 (33.3)	0
Family	0	0	0	0	0	1 (100)	0
Go cycling							
Hospital	1 (100)	0	0	0	0	0	0
Hostel	1 (100)	0	0	0	0	0	0
Family	1 (100)	0	0	0	0	0	0

* only one S watched badminton and data missing

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Play football							
Hospital	2 (25)	0	3 (37.5)	0	3 (37.5)	0	0
Hostel	0	0	0	0	2 (40)	3 (60)	0
Family	0	0	0	0	1 (12.5)	6 (75)	1 (12.5)
Watch football							
Hospital	1 (9.1)	4 (36.4)	2 (18.2)	1 (9.1)	2 (18.2)	0	1 (9.1)
Hostel	0	3 (33.3)	2 (22.2)	2 (22.2)	1 (11.1)	1 (11.1)	0
Family	0	0	0	2 (25)	0	6 (75)	0
Do keep-fit/yoga							
Hospital	0	0	4 (100)	0	0	0	0
Hostel	3 (60)	0	2 (40)	0	0	0	0
Family	0	0	0	1 (9.1)	0	10 (90.9)	0
Watch rugby							
Hospital	0	0	0	0	1 (100)	0	0
Hostel	NA						
Family	NA						
Go swimming							
Hospital	2 (50)	0	1 (25)	0	1 (25)	0	0
Hostel	0	0	1 (14.3)	0	0	6 (85.7)	0
Family	0	0	0	0	0	1 (10)	9 (90)
Watch swimming							
Hospital	0	8 (88.9)	0	0	1 (11.1)	0	0
Hostel	1 (16.7)	0	0	0	0	4 (66.7)	1 (16.7)
Family	0	0	0	0	1 (14.3)	6 (85.7)	0
Play tennis							
Hospital	0	0	1 (25)	1 (25)	2 (50)	0	0
Hostel	0	0	0	2 (50)	1 (25)	1 (25)	0
Family	0	0	0	2 (66.7)	0	1 (33.3)	0

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Watch tennis							
Hospital	0	1 (16.7)	2 (33.3)	0	2 (33.3)	1 (16.7)	0
Hostel	3 (50)	0	0	0	1 (16.7)	2 (33.3)	0
Family	NA						
Play golf							
Hospital	NA						
Hostel	0	0	1 (33.3)	2 (66.7)	0	0	0
Family	1 (100)	0	0	0	0	0	0
Watch golf							
Hospital		1 (50)	0	1 (50)	0	0	0
Hostel	1 (50)	0	0	1 (50)	0	0	0
Family	0	0	0	1 (100)	0	0	0
Go ice-skating							
Hospital	NA						NA
Hostel	0	0	0	1 (100)	0	0	0
Family	NA						
Watch ice-skating							
Hospital	NA						NA
Hostel	0	0	0	1 (100)	0	0	0
Family	0	0	0	1 (100)	0	0	0
Go horse riding							
Hospital	0	0	1 (100)	0	0	0	0
Hostel	0	0	0	1 (100)	0	0	0
Family	0	0	0	0	1 (100)	0	0
Watch horse riding							
Hospital	0	0	1 (100)	0	0	0	0
Hostel	NA						
Family	NA						

Appendix X (cont.)

	Self n (%)	Res. n (%)	Staff n (%)	Family n (%)	Friends n (%)	ATC n (%)	Other n (%)
Go fishing							
Hospital	0	0	2 (100)	0	0	0	0
Hostel	0	0	0	1 (25)	1 (25)	2 (50)	0
Family	0	0	0	1 (50)	1 (50)	0	0
Play bowls							
Hospital	0	6 (75)	2 (25)	0	0	0	0
Hostel	0	2 (25)	2 (25)	0	0	4 (50)	0
Family	1 (8.3)	0	0	2 (16.7)	1 (8.3)	8 (66.7)	0
Watch bowls							
Hospital	1 (10)	5 (50)	2 (20)	0	0	0	2 (20)
Hostel	1 (10)	2 (20)	2 (20)	0	0	5 (50)	0
Family	1 (8.3)	0	0	1 (8.3)	1 (8.3)	9 (75)	0
Play hockey							
Hospital	0	4 (80)	0	0	1 (20)	0	0
Hostel	0	1 (20)	0	0	0	4 (80)	0
Family	0	0	0	0	1 (16.7)	5 (83.3)	0
Watch hockey							
Hospital	1 (14.3)	4 (57.1)	1 (14.3)	0	0	1 (14.3)	0
Hostel	0	0	0	0	0	5 (100)	0
Family	0	0	0	0	0	8 (100)	0
Go roller-skating							
Hospital	NA						
Hostel	1 (100)	0	0	0	0	0	0
Family	0	0	0	1 (50)	1 (50)	0	0
Watch ice-hockey							
Hospital	1 (100)	0	0	0	0	0	0
Hostel	NA						
Family	NA						

Appendix XI The Influence of Place of Residence upon Where Respondents did the Leisure Activities

Activity	Sitting Room		ATC		Own Room		Other	
	n	(%)	n	(%)	n	(%)	n	(%)
Watching TV								
Hospital	14	(93.3)	0		0		1	(6.7)
Hostel	13	(92.9)	1	(7.1)	0		0	
Family	13	(92.9)	1	(7.1)	0		0	
Gardening								
Hospital	1	(25)	1	(25)	1	(25)	1	(25)
Hostel	0		4	(80)	0		1	(20)
Family	2	(40)	2	(40)	0		1	(20)
Records/tapes								
Hospital	5	(38.5)	0		7	(53.8)	1	(6.7)
Hostel	7	(50)	0		7	(50)	0	
Family	5	(38.5)	0		8	(61.5)	0	
Radio								
Hospital	2	(15.4)	0		9	(69.2)	2	(15.4)
Hostel	5	(38.5)	8	(61.5)	0		0	
Family	12	(80)	3	(20)	0		0	
Read Books								
Hospital	2	(22.2)	0		6	(66.7)	1	(11.1)
Hostel	3	(60)	0		2	(40)	0	
Family	5	(41.7)	2	(16.7)	5	(41.7)	0	
Read Newspapers / Magazines								
Hospital	5	(50)	0		3	(30)	2	(20)
Hostel	6	(75)	0		2	(25)	0	
Family	12	(85.7)	0		2	(14.3)	0	
Rest/Relax								
Hospital	2	(18.2)	0		9	(81.9)	0	
Hostel	1	(12.5)	0		6	(75)	1	(12.5)
Family	5	(45.5)	1	(9.1)	5	(45.5)		
Play Cards etc.								
Hospital	7	(87.5)	0		0		1	(12.5)
Hostel	6	(60)	2	(20)	1	(10)	1	(10)
Family	5	(55.6)	0		3	(33.3)	1	(11.1)
Family to Visit								
Hospital	6	(85.7)	0		0		1	(14.3)
Hostel	7	(87.5)	0		0		1	(12.5)
Family	11	(100)	0		0		0	
Friends to Visit								
Hospital	4	(100)	0		0		0	
Hostel	6	(75)	0		2	(25)	0	
Family	3	(37.5)	0		5	(62.5)	0	

Appendix XI (cont.)

Activity	Sitting Room. n (%)	ATC n (%)	Own Room n (%)	Other n (%)
Photography				
Hospital	1 (25)	0	0	3 (75)
Hostel	3 (60)	1 (20)	0	1 (20)
Family	2 (66.7)	0	0	1 (33.3)
Look after Pets				
Hospital	1 (50)	0	0	1 (50)
Hostel	1 (50)	0	1 (50)	0
Family	5 (100)	0	0	0
Painting/ Drawing				
Hospital	2 (25)	4 (50)	2 (25)	0
Hostel	2 (22.2)	6 (66.7)	0	1 (11.1)
Family	3 (30)	3 (30)	3 (30)	1 (10)
Woodwork/model- building				
Hospital	0	1 (100)	0	0
Hostel	0	1 (100)	0	0
Family	0	1 (100)	0	0
Write letters				
Hospital	4 (66.7)	0	2 (33.3)	0
Hostel	4 (66.7)	0	2 (33.3)	0
Family	6 (75)	1 (12.5)	1 (12.5)	
Collect things				
Hospital	1 (20)	0	2 (40)	2 (40)
Hostel	1 (50)	0	1 (50)	0
Family	2 (40)	0	3 (60)	0
Cook				
Hospital	8 (66.7)	2 (16.7)	0	2 (16.7)
Hostel	6 (54.5)	3 (27.3)	0	2 (18.2)
Family	6 (50)	6 (50)	0	0
Play Musical Instrument				
Hospital	1 (33.3)	0	0	2 (66.7)
Hostel	3 (50)	1 (16.7)	0	2 (33.3)
Family	0	1 (50)	0	1 (50)
Football Pools				
Hospital	NA			NA
Hostel	NA			
Family	2 (100)	0	0	0

Appendix XI (cont.)

Activity	Home n (%)	ATC n (%)	Other n (%)
Visit Friends			
Hospital	0	0	5 (100)
Hostel	0	0	10 (100)
Family	0	0	8 (100)
Visit Family			
Hospital	0	0	9 (100)
Hostel	0	0	10 (100)
Family	0	0	14 (100)
Go to Disco/Dancing			
Hospital	12 (92.3)	0	1 (7.7)
Hostel	0	1 (16.7)	5 (83.3)
Family	0	1 (14.3)	6 (85.7)
Play Bingo			
Hospital	3 (75)	0	1 (25)
Hostel	6 (60)	4 (40)	0
Family	0	3 (50)	3 (50)
Go Out for a Meal			
Hospital	0	0	8 (100)
Hostel	0	2 (20)	8 (80)
Family	0	2 (18.2)	9 (81.8)
Go to Pub/Club			
Hospital	0	1 (11.1)	8 (88.9)
Hostel	0	0	7 (100)
Family	0	0	9 (100)
Go to Cinema/Theatre			
Hospital	0	0	3 (100)
Hostel	0	0	5 (100)
Family	0	0	3 (100)
Go to Museums/ Galleries			
Hospital	0	0	4 (100)
Hostel	0	1 (16.7)	5 (83.3)
Family	0	0	4 (100)
Go to Day/Evening Classes			
Hospital	2 (22.2)	2 (22.2)	5 (55.6)
Hostel	0	1 (50)	1 (50)
Family	0	1 (25)	3 (75)
Go to Church			
Hospital	4 (66.7)	0	2 (33.3)
Hostel	0	0	5 (100)
Family	0	0	9 (100)

Appendix XI (cont.)

Activity	Home n (%)	ATC n (%)	Other n (%)
Coach/Rail Trips			
Hospital	0	0	12 (100)
Hostel	1 (9.1)	0	10 (90.9)
Family	0	2 (18.2)	9 (81.8)
Walks in the Park			
Hospital	5 (71.4)	0	2 (28.6)
Hostel	0	1 (12.5)	7 (87.5)
Family	1 (8.3)	1 (8.3)	10 (83.3)
Shopping			
Hospital	0	0	11 (100)
Hostel	0	0	12 (100)
Family	0	0	12 (100)
Going to a Cafe			
Hospital	0	0	8 (100)
Hostel	0	0	13 (100)
Family	0	1 (11.1)	8 (88.9)
Going to Fairs/ Circuses			
Hospital	0	0	7 (100)
Hostel	0	0	5 (100)
Family	1 (12.5)	0	7 (100)
Going to Concerts			
Hospital	5 (55.6)	1 (11.1)	3 (33.3)
Hostel	0	0	4 (100)
Family	0	1 (50)	1 (50)
Go on Dates			
Hospital	1 (50)	0	1 (50)
Hostel	0	0	2 (100)
Family	0	0	1 (100)
Visit the Library			
Hospital	1 (33.3)	0	2 (66.7)
Hostel	0	0	3 (100)
Family	0	2 (18.2)	9 (81.1)
Visit seaside/ countryside			
Hospital	0	0	4 (100)
Hostel	0	0	3 (100)
Family	0	2 (20)	8 (80)
Visit the Zoo			
Hospital	0	0	5 (100)
Hostel	1 (16.7)	0	5 (83.3)
Family	0	1 (20)	4 (80)

Appendix XI cont.

Activity	Home n (%)	ATC n (%)	Other n (%)
Visit Amusement			
Arcades			
Hospital	0	0	3 (100)
Hostel	0	0	5 (100)
Family	0	1 (33.3)	2 (66.7)
Play Table			
tennis			
Hospital	8 (88.9)	0	1 (11.1)
Hostel	5 (45.5)	5 (45.5)	1 (9.1)
Family	1 (16.7)	4 (66.7)	1 (16.7)
Watch Table			
tennis			
Hospital	8 (80)	2 (20)	2 (20)
Hostel	6 (46.2)	6 (46.2)	1 (7.7)
Family	0	9 (90)	1 (10)
Play Darts etc.			
Hospital	9 (100)	0	0
Hostel	4 (44.4)	4 (44.4)	1 (11.1)
Family	2 (18.2)	6 (54.5)	3 (27.3)
Watch Darts etc.			
Hospital	9 (81.8)	2 (18.2)	0
Hostel	4 (50)	3 (37.5)	1 (12.5)
Family	0	10 (71.4)	4 (28.6)

Appendix XI (cont.)

Activity	Home n (%)	ATC n (%)	Other n (%)
Walk in the countryside			
Hospital	1 (33.3)	0	2 (66.7)
Hostel	0	0	2 (100)
Family	0	0	4 (100)
Do athletics			
Hospital	5 (100)	0	0
Hostel	0	3 (60)	2 (40)
Family	0	6 (54.5)	5 (45.5)
Watch athletics			
Hospital	8 (72.7)	2 (18.2)	1 (9.1)
Hostel	1 (8.3)	4 (33.3)	7 (58.3)
Family	0	7 (50)	7 (50)
Play badminton			
Hospital	1 (50)	0	1 (50)
Hostel	1 (33.3)	0	2 (66.7)
Family	missing		
Play cricket			
Hospital	3 (100)	0	0
Hostel	1 (33.3)	1 (33.3)	1 (33.3)
Family	NA		
Watch cricket			
Hospital	6 (85.7)	0	1 (14.3)
Hostel	1 (25)	1 (25)	2 (50)
Family	0	0	2 (100)
Go cycling			
Hospital	0	0	1 (100)
Hostel	0	0	1 (100)
Family	0	0	1 (100)
Play football			
Hospital	3 (37.5)	0	5 (62.5)
Hostel	1 (20)	2 (40)	2 (40)
Family	0	6 (75)	2 (25)
Watch football			
Hospital	6 (54.5)	0	5 (45.5)
Hostel	2 (22.2)	2 (22.2)	5 (55.6)
Family	0	6 (60)	4 (40)

Appendix XI (cont.)

Activity	Home n (%)	ATC n (%)	Other n (%)
Do keep-fit/yoga			
Hospital	3 (75)	1 (25)	0
Hostel	3 (60)	2 (40)	0
Family	0	10 (90.9)	1 (9.1)
Play rugby			
Hospital	NA		
Hostel	NA		
Family	NA		
Watch rugby			
Hospital	0	0	1 (100)
Hostel	NA		
Family	NA		
Play squash			
Hospital	1 (100)	0	0
Hostel	NA		
Family	NA		
Watch squash			
Hospital	NA		
Hostel	NA		
Family	NA		
Go swimming			
Hospital	3 (75)	0	1 (25)
Hostel	0	0	8 (100)
Family	0	0	8 (100)
Watch swimming			
Hospital	8 (88.9)	0	1 (11.1)
Hostel	0	0	6 (100)
Family	0	0	7 (100)
Play tennis			
Hospital	2 (66.7)	0	1 (33.3)
Hostel	0	1 (25)	3 (75)
Family	0	1 (33.3)	2 (66.7)
Watch tennis			
Hospital	4 (66.7)	1 (16.7)	0
Hostel	0	2 (33.3)	4 (66.7)
Family	1 (50)	0	1 (50)
Play golf			
Hospital	1 (100)	0	0
Hostel	0	0	3 (100)
Family	1 (100)	0	0
Watch golf			
Hospital	1 (50)	0	1 (50)
Hostel	0	0	2 (100)
Family	1 (50)	0	1 (50)

Appendix XI (cont.)

Activity	Home n (%)	ATC n (%)	Other n (%)
Go ice-skating			
Hospital	NA		
Hostel	0	0	1 (100)
Family	NA		
Watch ice-skating			
Hospital	NA		
Hostel	0	0	1 (100)
Family	0	0	1 (100)
Go horse riding			
Hospital	1 (100)	0	0
Hostel	0	0	1 (100)
Family	0	0	1 (100)
Watch horse riding			
Hospital	2 (100)	0	0
Hostel	NA		
Family	NA		
Go fishing			
Hospital	0	0	2 (100)
Hostel	0	0	4 (100)
Family	0	0	2 (100)
Play bowls			
Hospital	7 (87.5)	0	1 (12.5)
Hostel	4 (50)	4 (50)	0
Family	0	8 (66.7)	4 (33.3)
Watch bowls			
Hospital	7 (70)	0	3 (30)
Hostel	4 (40)	5 (50)	1 (10)
Family	0	9 (75)	3 (25)
Play hockey			
Hospital	5 (100)	0	0
Hostel	0	5 (100)	0
Family	0	5 (83.3)	1 (16.7)
Watch hockey			
Hosp	5 (71.4)	1 (14.3)	1 (14.3)
Hostel	0	5 (100)	0
Family	0	8 (100)	0
Go roller-skating			
Hospital	NA		
Hostel	0	0	2 (100)
Family	0	0	2 (100)
Play Ice-hockey	NA		
Watch ice-hockey			
Hospital	0	0	1 (100)
Hostel	NA		
Family	NA		

**Appendix XII Example Pages from Questionnaire to Assess Staff
Ratings of "Ideal" Leisure**

This survey is interested in what is considered to be ideal leisure for adults (age 25-55), whose days are structured by work. It is the ideal leisure which is of interest, ie leisure not effected by things such as money.

The survey is anonymous but it would be helpful if you could complete the details below:

age: under 20 20-25 26-30 31-35 36-40 41-45 46-50
over 50.

Sex: Male / Female

Occupation: _____

Living arrangements (e.g. with spouse/partner/children etc.) :

The activities below are divided into three categories; in-home activities, out-of-home activities and out-of-door activities.

Please circle the number in each column which you think indicates the ideal use of leisure time by a man, whose days are structured by work.

In deciding the amount of time and importance of each activity pay attention to the time spent on / importance of, other activities i.e. make an absolute judgement not a relative one.

1. "In-home" activities

Time Spent.

- 0 No time
- 1 Little time
- 2 Moderate amount of time
- 3 Large amount of time

Importance.

- 0 Of no importance
- 1 Of little importance
- 2 Moderately important
- 3 Important
- 4 Very important

	<u>Time spent.</u>				<u>Importance.</u>				
	0	1	2	3	0	1	2	3	4
a) watch t.v. _____	0	1	2	3	0	1	2	3	4
b) do gardening _____	0	1	2	3	0	1	2	3	4
c) listen to records/tapes__	0	1	2	3	0	1	2	3	4
d) listen to the radio_____	0	1	2	3	0	1	2	3	4
e) read books _____	0	1	2	3	0	1	2	3	4
f) read papers /magazines__	0	1	2	3	0	1	2	3	4
g) rest/relax _____	0	1	2	3	0	1	2	3	4
h) play cards/games/jigsaws_	0	1	2	3	0	1	2	3	4
i) have family to visit_____	0	1	2	3	0	1	2	3	4
j) have friends to visit_____	0	1	2	3	0	1	2	3	4
k) do sewing, knitting, etc._	0	1	2	3	0	1	2	3	4
l) do photography _____	0	1	2	3	0	1	2	3	4
m) look after any pets_____	0	1	2	3	0	1	2	3	4
n) do painting or drawing_____	0	1	2	3	0	1	2	3	4
o) do woodwork or model building_____	0	1	2	3	0	1	2	3	4

continued.

1. In-Home-Activities continued.

<u>Time Spent.</u>	<u>Importance.</u>
0 No time	0 Of no importance
1 Little time	1 Of little importance
2 Moderate amount of time	2 Moderately important
3 Large amount of time	3 Important
	4 Very important

	<u>Time spent.</u>	<u>Importance.</u>
p) write letters_____	0 1 2 3	0 1 2 3 4
q) collect things _____	0 1 2 3	0 1 2 3 4
r) do cooking _____	0 1 2 3	0 1 2 3
s) play a musical instrument	0 1 2 3	0 1 2 3 4
t) do the football pools_____	0 1 2 3	0 1 2 3 4

If there are any other in-home activities which you think are required for ideal leisure for a man whose day is structured please include them below and circle as above.

u) _____	0 1 2 3	0 1 2 3 4
v) _____	0 1 2 3	0 1 2 3 4
w) _____	0 1 2 3	0 1 2 3 4
x) _____	0 1 2 3	0 1 2 3 4

Appendix XIII Staff Ratings of the Importance of Leisure Activities for Individuals with Learning Difficulties

Activity	No impt.	Little impt.	Moderate impt.	Impt.	Very impt.
Watch television	1 (5.3)	2 (10.5)	12 (65.2)	4 (21.1)	0
Do gardening	0	6 (30.0)	11 (55.0)	3 (15.0)	0
Listen to records /tapes	1 (5.0)	5 (25.0)	8 (40.0)	5 (25.0)	1 (5.0)
Listen to the radio	0	6 (30.0)	9 (45.0)	4 (20.0)	1 (5.0)
Read books	1 (5.0)	4 (20.0)	6 (30.0)	7 (35.0)	2 (10.0)
Read newspapers /magazines	0	2 (10.0)	10 (50.0)	7 (35.0)	1 (5.0)
Rest/relax	0	2 (10.5)	1 (5.3)	9 (47.4)	7 (36.8)
Play cards, games or jigsaws	2 (10.5)	8 (42.1)	7 (36.8)	1 (5.3)	1 (5.3)
Have family to visit	1 (5.0)	1 (5.0)	2 (10.0)	7 (35.0)	9 (45.0)
Have friends to visit	0	1 (5.0)	3 (15.0)	8 (40.0)	8 (40.0)
Sewing/knitting	3 (15.0)	5 (25.0)	7 (35.0)	5 (20.0)	0
Photography	6 (30.0)	8 (40.0)	6 (30.0)	0	0
Look after any pets	2 (10.0)	2 (10.0)	7 (35.0)	6 (30.0)	3 (15.0)
Do painting or drawing	2 (13.3)	5 (33.3)	5 (33.3)	3 (20.0)	0
Do woodwork or model-building	4 (20.0)	6 (30.0)	8 (40.0)	6 (30.0)	0
Write letters	2 (10.5)	3 (15.8)	8 (42.1)	6 (31.6)	0
Collect things	4 (20.0)	5 (25.0)	7 (35.0)	4 (20.0)	0
Do cooking	1 (5.0)	4 (20.0)	4 (20.0)	6 (30.0)	5 (25.0)
Play a musical instrument	2 (10.5)	5 (26.3)	5 (26.5)	6 (31.6)	1 (5.3)
Do football pools	11 (55.0)	7 (35.0)	2 (10.0)	0	0
Visit friends	0	2 (10.0)	3 (15.0)	7 (35.0)	8 (40.0)
Visit family	1 (5.0)	0	4 (20.0)	7 (35.0)	8 (40.0)
Go to a disco /dancing	4 (20.0)	5 (25.0)	6 (30.0)	4 (20.0)	0
Play bingo	9 (45.0)	7 (35.0)	1 (5.0)	3 (15.0)	0
Go out for a meal	2 (10.0)	4 (20.0)	10 (50.0)	3 (15.0)	1 (5.0)
Go to the pub or a club	2 (10.0)	5 (25.0)	8 (40.0)	5 (25.0)	0
Go to the cinema or theatre	1 (5.0)	5 (25.0)	6 (30.0)	8 (40.0)	0
Go to museums /galleries	2 (10.0)	4 (20.0)	10 (50.0)	4 (20.0)	0
Go to day/evening classes	2 (10.0)	3 (15.0)	9 (45.0)	3 (15.0)	3 (15.0)
Go to church	3 (15.0)	3 (15.0)	10 (50.0)	2 (10.0)	2 (10.0)
Coach/rail trips	3 (15.0)	7 (35.0)	2 (10.0)	7 (35.0)	1 (5.0)
Walks in the park	0	4 (20.0)	10 (50.0)	4 (20.0)	2 (10.0)
Go shopping	0	3 (15.0)	7 (35.0)	5 (25.0)	5 (25.0)
Go to a cafe	0	6 (30.0)	9 (45.0)	3 (15.0)	2 (10.0)
Go to fairs/ circuses	6 (30.0)	8 (40.0)	2 (10.0)	3 (15.0)	1 (5.0)

Appendix XIII (cont.)

Activity	No impt.	Little impt.	Moderate Impt. impt.	Very impt.
Go to concerts	0	8 (40.0)	8 (40.0)	4 (20.0) 0
Go out on dates	0	4 (28.6)	4 (28.6)	6 (42.9) 0
Go to the library	1 (5.0)	6 (30.0)	7 (35.0)	5 (25.0) 1 (5.0)
Visit the seaside/ countryside	0	1 (5.0)	10 (10.0)	6 (30.0) 3 (15.0)
Visit the zoo	5 (25.0)	6 (30.0)	5 (25.0)	4 (20.0) 0
Visit amusement arcades	11 (57.9)	4 (21.1)	4 (21.1)	0 0
Play table-tennis	5 (25.0)	6 (30.0)	9 (45.0)	0 0
Watch table-tennis	7 (35.0)	6 (30.0)	7 (35.0)	0 0
Play darts/ billiards/snooker	5 (25.0)	9 (45.0)	6 (30.0)	0 0
Watch darts/ billiards/snooker	5 (25.0)	8 (40.0)	6 (30.0)	1 (5.0) 0
Walking in the countryside	0	1 (5.0)	10 (50.0)	8 (40.0) 1 (5.0)
Do athletics	2 (10.0)	3 (15.0)	11 (55.0)	4 (20.0) 0
Watch people do athletics	4 (21.1)	5 (26.3)	10 (52.6)	0 0
Play badminton	2 (10.5)	7 (36.8)	8 (42.1)	1 (5.3) 1 (5.3)
Watch badminton	7 (35.0)	9 (45.0)	4 (20.0)	0 0
Play cricket	6 (30.0)	7 (35.0)	7 (35.0)	0 0
Watch cricket	8 (40.0)	10 (50.0)	2 (10.0)	0 0
Go cycling	4 (20.0)	1 (5.0)	9 (45.0)	6 (30.0) 0
Play football	4 (20.0)	4 (20.0)	8 (40.0)	4 (20.0) 0
Watch football	7 (36.8)	3 (15.8)	6 (31.6)	3 (15.8) 0
Do keep-fit/yoga	2 (10.5)	3 (15.8)	5 (26.3)	8 (42.1) 1 (5.3)
Play rugby	9 (47.4)	2 (10.5)	5 (26.3)	3 (15.8) 0
Watch rugby	9 (45.0)	3 (15.0)	8 (40.0)	0 0
Play squash	7 (35.0)	3 (15.0)	7 (35.0)	3 (15.0) 0
Watch squash	11 (55.0)	3 (15.0)	5 (25.0)	1 (5.0) 0
Go swimming	1 (5.0)	0	5 (25.0)	12 (60) 2 (10.0)
Watch swimming	9 (47.4)	5 (26.3)	5 (26.3)	0 0
Play tennis	5 (25.0)	4 (20.0)	9 (45.0)	2 (10.0) 0
Watch tennis	7 (35.0)	6 (30.0)	7 (35.0)	6 (30.0) 0
Play golf	7 (35.0)	6 (30.0)	6 (30.0)	1 (5.0) 0
Watch golf	9 (45.0)	7 (35.0)	4 (20.0)	0 0
Go ice-skating	6 (30.0)	4 (20.0)	8 (40.0)	2 (10.0) 0
Watch ice-skating	7 (35.0)	7 (35.0)	6 (30.0)	0 0
Go horse riding	3 (15.0)	4 (20.0)	9 (45.0)	3 (15.0) 1 (5.0)
Watch horse riding	11 (55.0)	3 (15.0)	4 (20.0)	2 (10.0) 0
Go fishing	6 (31.6)	1 (5.3)	7 (36.8)	5 (26.3) 0
Play bowls	5 (25.0)	4 (20.0)	6 (30.0)	2 (10.0) 3 (15.0)
Watch bowls	9 (45.0)	4 (20.0)	3 (15.0)	3 (15.0) 1 (5.0)
Play hockey	9 (45.0)	4 (20.0)	7 (35.0)	0 0
Watch hockey	8 (40.0)	9 (45.0)	3 (15.0)	0 0
Go roller-skating	10 (50.0)	2 (10.0)	8 (40.0)	0 0
Play ice-hockey	9 (45.0)	2 (10.0)	7 (35.0)	2 (10.0) 0
Watch ice-hockey	10 (50.0)	6 (30.0)	4 (20.0)	0 0

Appendix XIV The Amount of Time Staff Rated as Constituting "Ideal" Leisure Activity for Individuals with Learning Difficulties

Activity	No Time	Little Time	Moderate Amount Time	Large Amount Time
Watch television	0	5 (26.3)	14 (73.7)	0
Do gardening	2 (10.0)	10 (50.0)	7 (35.0)	1 (5.0)
Listen to records /tapes	1 (5.0)	9 (45.0)	8 (40.0)	6 (10.0)
Listen to the radio	0	7 (35.0)	12 (60.0)	1 (5.0)
Read books	3 (15.0)	2 (10.0)	13 (65.0)	2 (10.0)
Read newspapers /magazines	0	10 (50.0)	8 (40.0)	2 (10.0)
Rest/relax	0	5 (26.3)	13 (68.4)	1 (5.3)
Play cards, games or jigsaws	3 (15.0)	10 (50.0)	4 (20.0)	3 (15.0)
Have family to visit	1 (5.0)	4 (20.0)	8 (40.0)	7 (35.0)
Have friends to visit	0	2 (10.0)	11 (55.0)	7 (35.0)
Sewing/knitting	3 (15.0)	7 (35.0)	8 (40.0)	2 (10.0)
Photography	7 (35.0)	10 (50.0)	3 (15.0)	0
Look after any pets	2 (10.0)	4 (20.0)	10 (50.0)	4 (20.0)
Do painting or drawing	2 (13.3)	5 (33.3)	5 (33.3)	3 (20.0)
Do woodwork or model-building	4 (20.0)	8 (40.0)	6 (30.0)	2 (10.0)
Write letters	2 (10.0)	10 (50.0)	8 (40.0)	0
Collect things	4 (20.0)	10 (50.0)	3 (15.0)	3 (15.0)
Do cooking	3 (15.0)	5 (25.0)	7 (35.0)	5 (25.0)
Play a musical instrument	2 (10.5)	7 (36.8)	9 (47.4)	1 (5.3)
Do football pools	8 (40.0)	10 (50.0)	2 (10.0)	0
Visit friends	0	4 (20.0)	13 (65.0)	3 (15.0)
Visit family	1 (5.0)	4 (20.0)	11 (55.0)	4 (20.0)
Go to a disco /dancing	3 (15.0)	9 (45.0)	8 (40.0)	0
Play bingo	9 (45.0)	8 (40.0)	3 (15.0)	0
Go out for a meal	2 (10.0)	11 (55.0)	6 (30.0)	1 (5.0)
Go to the pub or a club	2 (10.0)	9 (45.0)	8 (40.0)	1 (5.0)
Go to the cinema or theatre	1 (5.0)	8 (40.0)	10 (50.0)	1 (5.0)
Go to museums /galleries	2 (10.0)	7 (35.0)	11 (55.0)	0
Go to day/evening classes	2 (10.0)	6 (30.0)	11 (55.0)	1 (5.0)
Go to church	3 (15.0)	7 (35.0)	9 (45.0)	1 (5.0)
Coach/rail trips	3 (15.0)	7 (35.0)	9 (45.0)	1 (5.0)
Walks in the park	0	6 (30.0)	12 (60.0)	2 (10.0)
Go shopping	1 (5.0)	6 (30.0)	11 (55.0)	2 (10.0)
Go to a cafe	0	8 (40.0)	11 (55.0)	1 (5.0)

Appendix XIV (cont.)

Activity	No Time	Little Time	Moderate Amount Time	Large Amount Time	
Go to fairs/ circuses	7 (35.0)	10 (50.0)	2 (10.0)	1 (5.0)	
Go to concerts	0	13 (65.0)	7 (35.0)	0	
Go out on dates	1 (6.7)	7 (46.7)	7 (46.7)	0	
Go to the library	1 (5.0)	11 (55.0)	7 (35.0)	1 (5.0)	
Visit the seaside/ countryside	0	9 (45.0)	9 (45.0)	2 (10.0)	
Visit the zoo	6 (30.0)	9 (45.0)	5 (25.0)	0	
Visit amusement arcades	11 (55.0)	7 (35.0)	1 (5.0)	1 (5.0)	
Play table-tennis	3 (15.0)	14 (70.0)	3 (15.0)	0	
Watch table-tennis	8 (40.0)	11 (55.0)	1 (5.0)	0	
Play darts/ billiards/snooker	7 (35.0)	8 (40.0)	5 (25.0)	0	
Watch darts/ billiards/snooker	5 (25.0)	11 (55.0)	4 (20.0)	0	
Walking in the countryside	0	5 (25.0)	13 (65.0)	2	
Do athletics	2 (10.0)	9 (45.0)	9 (45.0)	0	
Watch people do athletics	4 (21.1)	10 (52.6)	4 (21.1)	1 (5.3)	
Play badminton	2 (10.5)	9 (47.4)	7 (36.8)	1 (5.3)	
Watch badminton	6 (30.0)	11 (55.5)	3 (15.0)	0	
Play cricket	6 (30.0)	10 (50.0)	4 (20.0)	0	
Watch cricket	9 (45.0)	9 (45.0)	2 (10.0)	0	
Go cycling	4 (20.0)	7 (35.0)	7 (35.0)	2 (10.0)	
Play football	4 (20.0)	11 (55.0)	4 (20.0)	1 (5.0)	
Watch football	7 (36.8)	7 (36.8)	4 (20.0)	1 (5.0)	
Do keep-fit/yoga	2 (10.5)	6 (31.6)	7 (36.8)	4 (21.1)	
Play rugby	9 (47.4)	7 (36.8)	3 (15.8)	0	
Watch rugby	9 (45.0)	9 (45.0)	2 (10.0)	0	
Play squash	8 (40.0)	5 (25.0)	7 (35.0)	0	
Watch squash	11 (55.0)	6 (30.0)	2 (10.0)	1 (5.0)	
Go swimming	1 (5.0)	4 (20.0)	11 (55.0)	4 (20.0)	
Watch swimming	9 (47.4)	7 (36.8)	3 (15.8)	0	
Play tennis	5 (25.0)	10 (50.0)	5 (25.0)	0	
Watch tennis	8 (40.0)	10 (50.0)	2 (10.0)	0	
Play golf	7 (35.0)	7 (35.0)	6 (30.0)	0	
Watch golf	9 (45.0)	9 (45.0)	2 (10.0)	0	
Go ice-skating	6 (30.0)	8 (40.0)	6 (30.0)	0	
Watch ice-skating	7 (35.0)	10 (50.0)	3 (15.0)	0	
Go horse riding	3 (15.0)	11 (55.0)	5 (30.0)	1 (5.0)	
Watch horse riding	11 (55.0)	5 (25.0)	3 (15.0)	1 (5.0)	
Go fishing	6 (31.6)	4 (21.1)	8 (42.1)	1 (5.3)	
Play bowls	5 (25.0)	9 (45.0)	3 (15.0)	3 (15.0)	Watch
bowls	9 (45.0)	5 (25.0)	4 (20.0)	2 (10.0)	
Play hockey	9 (45.0)	9 (45.0)	2 (10.0)	0	
Watch hockey	8 (40.0)	11 (55.0)	1 (5.0)	0	
Go roller-skating	10 (50.0)	7 (35.0)	3 (15.0)	0	
Play ice-hockey	9 (45.0)	7 (35.0)	4 (20.0)	0	
Watch ice-hockey	9 (45.0)	9 (45.0)	2 (10.0)	0	

Appendix XV Staff Ratings Which Were Influenced by Gender and the Structured Nature of an Individual's Day

1. Activities Influenced by Gender of Individual with Learning Difficulties

a. Importance

Going to the pub/club	Males	Females
No importance	2 (16.7)	0
Little impt.	1 (8.3)	4 (57.1)
Moderately impt.	4 (58.3)	0
Important	2 (16.7)	3 (42.9)
Very impt.	0	0

Going to Fairs/circuses	Males	Females
No importance	6 (50.0)	0
Little impt.	4 (33.3)	3 (42.9)
Moderately impt.	1 (8.3)	1 (14.3)
Important	0	3 (42.9)
Very impt.	1 (8.3)	0

b. Amount of Time

Collecting things	Males	Females
No time	3 (25.0)	1 (14.3)
Little time	8 (66.7)	1 (14.3)
Moderate amount time	1 (8.3)	2 (28.6)
Large amount time	0	3 (42.9)

Going to Fairs/circuses	Males	Females
No time	6 (50.0)	0
Little time	3 (25.0)	7 (100)
Moderate amount time	2 (16.7)	0
Large amount time	1 (8.3)	0

c. Participation

Going to Fairs and Circuses	Males	Females
Not Do	6 (50.0)	0
Do	6 (50.0)	7 (100)

Playing Football	Males	Females
Not Do	2 (16.7)	5 (71.4)
Do	10 (83.3)	2 (28.6)

Playing Rugby	Males	Females
Not Do	4 (27.8)	7 (100)
Do	8 (72.2)	0

Appendix XV (cont.)

2. Activities Influenced by the Structured Nature of the Day of the Individuals with Learning Difficulties

a. Importance

Doing photography	Not structured	Structured
No importance	0	6 (60.0)
Little impt.	5 (50.0)	3 (30.0)
Moderately impt.	5 (50.0)	1 (10.0)
Going to a cafe	Not structured	Structured
No importance	6 (60.0)	0
Little impt.	2 (20.0)	7 (70.0)
Moderately impt.	0	3 (30.0)
Important	2 (20.0)	0
Watching squash	Not structured	Structured
No importance	3 (30.0)	8 (80.0)
Little impt.	1 (10.0)	2 (20.0)
Moderately impt.	5 (50.0)	0
Important	1 (10.0)	0

b. Amount of Time

Doing photography	Not structured	Structured
No time	0	7 (70.0)
Little time	7 (70.0)	3 (30.0)
Moderate amount time	3 (30.0)	0
Visting a friend	Not structured	Structured
No time	0	4 (40.0)
Little time	9 (90.0)	4 (40.0)
Moderate amount time	1 (10.0)	2 (20.0)
Playing rugby	Not structured	Structured
No time	2 (20.0)	7 (77.8)
Little time	6 (60.0)	1 (11.1)
Moderate amount time	2 (20.0)	1 (11.1)
Going swimming	Not structured	Structured
No time	0	1 (10.0)
Little time	4 (40.0)	0
Moderate amount time	3 (30.0)	8 (80.0)
Large amount of time	3 (30.0)	1 (10.0)

Appendix XV (cont.)

Going horse-riding	Not structured	Structured
No time	0	3 (30.0)
Little time	8 (80.0)	3 (30.0)
Moderate amount time	1 (10.0)	4 (40.0)
Large amount of time	1 (10.0)	0

c. Participation

Doing photography	Not structured	Structured
Not Do	0	7 (70.0)
Do	10 (100)	3 (30.0)

Playing rugby	Not structured	Structured
Not Do	2 (20.0)	7 (77.8)
Do	8 (80.0)	2 (22.2)

Appendix XVI

In this and following sections, large numbers of statistical tests were carried out. When a significance level of, e.g. $p=0.05$ is selected, one in 20 of these tests will be expected to be significant when, in fact, there is no difference between the groups being compared. In order to guard against these Type II errors, a statistically correct procedure would be to adopt an alpha level for the family of tests. This, however, would probably have resulted in none of the comparisons reaching significance on these more conservative criteria. As the present study reports work which is largely exploratory, one aim was to identify possible interesting effects or differences which could be investigated in more detail in subsequent research. Therefore, individual tests which reach the conventional level of significance are reported but must be interpreted in light of the above. In the discussion of those significant findings, particular weight will be placed upon those which are confirmed by, or compatible with, other findings or which are "intuitively sensible".