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The "On Our Own Together Housing Project" (Cooperative Housing for People with Intellectual Disabilities)

Abstract

The most pressing issue for young adults with intellectual disabilities served by the LiveWorkPlay (LWP) support organization is independent living. A related concept is co-housing, that is, sharing communal space in cooperative community living. The project On Our Own Together II (OOOT2) provided an opportunity for independent living during one summer. The action-research format investigation involved problem-posing and problem-solving core processes. Four issues – everyday problem solving, morning routine, telephone use, and television viewing – were studied. Most often the 14 participants, without any explicit help, vocally exprssed problems encountered. The majority of the participants reported successful completion of morning routine activities. They used telephones daily, while television viewing was minimal. The rich summer experience, hence, gave the participants an introduction to community living making them better informed and more prepared for what lies ahead.

Résumé

Le besoin le plus pressant des jeunes adultes présentant une déficience mentale lègère et modérée servi par l'organisation charitable LiveWorkPlay est l'autonomie. La vie résidentielle est une composante importante de cette autonomie. LiveWorkPlay a choisi un modèle de residence du type coopératif alliant des espaces communs et des espaces privés. Les participants qui désirent se preparer à vivre dans un tel aménagement sont appelés à développer des compétences précises. Le projet On Our Own Together (OOOT2) a experimenté cette option durant un été. La recherché associée de type recherche-action a emprunté une démarche de résolution de problème. Quatre défis, la resolution de problème courants quotidiens, la routine du réveil, l'usage du telephone et la télévison dans ma vie ont été examines. La plupart du temps les 14 participants, sans aide explicite, ont exprimé leurs vécus par rapport à ces défis. La majorité des participants ont su compléter leur routine de réveil de manière autonome. Le téléphone est fort utilisé tandis que la télévision est fort peu dans leur vie. Cette experience estivale, une initiation à la vie hors de la famille, a permis aux participants et à l'organisation LiveWorkPlay de mieux comprendre et apprécier les préparatifs à ce type d'aménagement de vie.

"When I first got here I didn't know what to expect" (a participant).

"It's not easy but I've got to learn because I'm not going to live in my house forever" (a participant).

Context

In the summer of 2002, 75 participants, parents, siblings, staff, board members and volunteers of a charitable organization – LiveWorkPlay (LWP) – serving persons with intellectual disabilities, were asked a simple question: "What, in your opinion, should be the priorities for the organization over the next five years?" Coming at second place only to "Make sure LiveWorkPlay is always going to be around" was the one-word answer "Housing" (The LiveWorkPlay Newsletter). LiveWorkPlay adopts the vision that people with intellectual disabilities should have a home in the community and live in homes of their choice.

People with intellectual disabilities should grow up belonging and valued within their communities and not reside in inappropriate institutional environments. In the province of Ontario it is expected that the remaining three large institutions will close by March 2009. In Canada, almost 1 million Canadians live with an intellectual disability and over 75% of adults with intellectual disabiltiy live in poverty (Canadian Association for Community Living, 2007). According to the result of the study conducted by Pedlar et al., 2000, the majority of services in Canada are in the nonprofit sector and the dominant model of residential services is group homes (Pedlar et al., 2000). Their study indicates that 44.4% of the 801 agencies operate group homes, serving 8,486 adults (Pedlar et al., 2000), with a higher proportion of non-profit agencies offering group homes as a residential option (48.5%) compared to those in private sector (20.5%) (Pedlar et al., 2000). Much of the support provided to individuals still living with their natural parents came from the non-profit sector (17.9% compared to 6.3% for the for-profits).

In most communities there are waiting lists to access the available housing options such as group homes, family homes (similar to a foster care model), and semi-independent living apartments for persons with intellectual disabilities. In Ottawa there is a 3 year wait for appropriate housing. Compounding this backlog are the lack of housing options for people with intellectual disabilities. Housing options, in fact, are limited mainly to group homes, which offer a 24-hour staffing model, limited self-determination, and few opportunities for growth (Julie Kingstone, LWP co-founder, University

of Ottawa, Gazette). In order to ensure "that supported living options are based on choice, self-determination, and individual funding" (Canadian Association for Community Living, 2007, p. 3), one of the concepts of greatest interest to the LWP organization, a federally incorporated charitable organization that supports young adults with intellectual disabilities to lead active and independent lives in the community, was "co-housing" which combines private space with communal activities.

On this planet, 12 million people now belong to at least one type of cooperative or "co-op" (New Internationalist, 2004). The cooperative philosophy fights social exclusion. It is a self-governing enterprise of persons united to meet their common economic, political and cultural needs. Women, indigeneous groups and others long excluded from the economic benefits of the marketplace and the social benefits of full citizenship have reaped tremendous benefits by joining together in different kinds of cooperatives.

In the context of the LWP community, it soon became clear to everyone that before we could get serious about establishing a new model for housing, these individuals needed to experience living away from their parents, even if it was for a short duration. Before the formal "On Our Own Together II" (OOOT2) project was implemented at a local university residence in May and June, 2004, a pilot project called OOOT1 was launched for 30 days in the preceding summer, in Leeds residence at Carleton University. Participants in the pilot project included 10 individuals who had intellectual disabilities and who were the members of the SMILE (Skills and More for Independent Living and Employment) circle of supports at LWP. The layout of the Leeds residence provided each individual with a bedroom, a common kitchen and a living room shared between four people. These four person units then connect via a hallway to other four person units and a common lounge.

According to the members of the LWP organization, OOOT1 was successful. Everyone made it through the month, and many interesting challenges were overcome along the way. One of the most interesting developments was that overnight support, although available throughout the project, was never accessed once in the month.

We learned that the participants were entirely capable of doing their laundry, managing their home and getting themselves out the door in the morning. After OOOTI, the LWP organization and their members still wanted to know more about the participants' ability to solve problems, to rely on themselves, and how they might benefit from what their peers have to offer.

On Our Own Together II (OOOT2) the following spring featured a very similar physical setting as OOOT1, but there were noteworthy differences. These included the addition of four new participants, extending of the project to 50 days, and some new goals. The goals for the project were established through a collaborative process with participants, parents, and staff at LWP. One of the key goals established through this process was to learn more about the problem-solving abilities of the participants in order to learn more about the required level of support. An accurate understanding of needs is considered critical to pursuing the vision of a housing solution which is non-institutional and based on a peer support model, rather than a top-down and staff centered model.

Thus, the purpose of this second study (the OOOT2 project) was to provide 14 young adults the opportunity to experience living away from their parents for 50 days (beginning May 8, 2004) to evaluate their own ability to be responsible for themselves in all areas of independent living (follow daily and evening routines, establish weekend activities), to evaluate the living situation, including private space and common space, and to evaluate the efficacy of a peer-supported model supported by a resource person. A secondary purpose was to provide parents and LWP staff the opportunity to see what impact living away from the family home had on the participants.

This article will begin with a succinct literature review of transitioning as a psychological and social process for adults with intellectual disabilities and will then proceed to an examination of housing issues.

Review of the Literature

The Transitioning Process

At the time in life when individuals with intellectual disabilities were trying to make a transition to adulthood, individuals taking part in the project saw themselves confronting barriers, not possibilities (Bradley, 1994; Racino, et al., 1993; Rostron, 1995, Knoll & Wheeler, 2000). Many of these people had been denied independent lives because they were forced to one of the following: 1) depend on relatives and other volunteers for personal assistance, 2) live in institutions as there are no community-based personal assistance services available, or 3) depend on inadequate services from a variety of providers over whose services these individuals have little or no control (Knoll & Wheeler, 2000; Litvak, 1987; Racino et al., 1993). Their lives were being shaped and controlled by other people (Bradley, 1994; Cheney, Martin, & Rodriguez, 2000; Knoll & Wheeler, 2000).

What these individuals demanded was the right to make choices and decisions regarding their own lives (Knoll & Weeler, 2000). These young adults revealed that they were ill prepared to face the challenges of life in the real world. Complex economic and logistical demands of daily life created chaos and confusion in lives of these individuals (Owen, 2004). There has been little or no voice of individuals whose life is most affected by such practices (Edgerton, 1990).

For most young people, a vital element of growing up involves loosening parental ties and leaving home, but most individuals with intellectual disability stay at home, well into adulthood, as parents feel the alternative forms of provision are not acceptable (Flexer et al., 2001; Litvak, 1987). Some parents feel they are offered no alternative, and some may be reluctant to let go because their life has necessarily become so focused on the person and their care. Most parents worry about the

> poor standards of care, even cruelty and abuse; difficulties in communication with the residential unit; distance and difficulties in traveling to visit or in having their son or daughter home to visit, and missing the person who until now had been so central in their lives. (Litvak, 1987, p. 2)

These parents are concerned that "staff members are experimenting, learning the "how to's" of maintaining a household, and that their sons and daughters are losing out in the process" (Moore, 1993, p. 193). Another concern of these parents is once they are no more their children are placed in "institutions" "hospitals" or "foster care" far from their community. Often, life with parents is replaced by life in an institution, long stay in hospitals, local authority residential units, stay at private or voluntary organizations, or group homes (Fitton, et al., 1995). Parents and advocates demand the right to the same range of opportunities as other citizens (Meyer, 2003) for their sons and daughters.

Often, parents feel that "real independence is not necessarily attained, and the transition to adulthood needs more lengthy and careful planning than it usually takes place in these circumstances" (Fitton, et al., 1995, p. 3). The families of these individuals are not looking for absolute certainty but for assurances of long term safety and security (Knoll & Wheeler, 2000) for their sons and daughters. For many families, the important aspect of a transition process is the development of a vision of a person's "home" as an adult (Knoll & Wheeler, 2000). Even the possibility of employment is a secondary consideration for most of the parents (Knoll & Wheeler, 2000). Establishment of one's own household, where one is in charge, is the line of demarcation for true adulthood.

Therefore, the fundamental challenge of transition planning is "the need to develop the necessary skills and to mobilize the resources so that the family can envision stability and security for their child" (Flexer, 2001, p. 7). It is essential to examine alternatives and provide preparatory supports for such individuals (Graziano, 2002; Flexer, 2001; Torjman, 1993; Smull & Danehey, 1994). To accomplishing the above mentioned goals, transition planning requires developing, implementing, and evaluating effective transition practices (Flexer, 2001) that provide these individuals with support, opportunities, participation in decision making and caters to the needs and choices of these individuals.

Issue of Housing

Housing as a transition issue has come a long way. The early transition models were either work-study programs (the 50s) for students with mild learning disabilities or a career education initiative for students of all ages with and without disabilities. The era of desinstituionalization gave rise to the movement of relocating people with intellectual disabilities to an individualized system of support for home living (Flexer, et al., 2001; Klein, 1992; Knoll & Wheeler, 2000; Taylor, 1988; Tymchuk, et al., 2001). In the 1970s and 1980s normalization provided a "context for critical thinking about services for people with disabilities" (Knoll & Wheeler, 2000, p. 506). The principle of normalization was viewed as a tool which helped balance the tension between parents, individuals and federal regulations. It also "assisted people with disabilities in their struggle to gain control of their lives," (Knoll & Wheeler, 2000, p. 507) and gave rise to the independent living movement. All this was to make life "normal" for individuals with intellectual disabilities: "It seemed simple, yet, the implementation was quite complex" (Knoll & Wheeler, 2000, p. 506).

The principle of normalization gave rise to the "Independent Living Movement." This framework considered that "people with disabilities should not be seen as recipients of "care" or "patients,"but, rather, as self-directed individuals making the decisions that are needed to manage their own lives" (Knoll & Wheeler, 2000, p. 507). As the network extended, thousands of people with a disability got a variety and choice of staying independently in a community (Lakin, Hill, White, & Write, 1988).

An important thing to note at this point of time is that living in the community and participating in the community are not necessarily related. Wolfensberger (1972) and authors like Kregel, Wehman, Seyfarth, and Marshall (1986) have emphasized that living in the community did not mean that individuals with intellectual disabilities actually participated in community life. Programs and residences can easily be located in the community without being socially integrated (Bersani & Salon, 1988; Biklen & Knoll, 1987; Nirje, 1993; Wolfensberger, 1972). For example, the preliminary results of a consumer survey mandated as the part of the 1990 report requirements in the 1987 amendments to the Developmental Disabilities Assistance and Bill of Rights Act in the U.S. suggest that real integration and real relationships and participation are still

limited to very few people (Juskulski, Metzler, & Ames-Zierman, 1990). In the 37 state surveys analyzed to date, 60% of the people with developmental disabilities who responded said that they felt lonely in the recent past.

There are serious questions being raised about the continuing viability of community residential programs. These programs are still considered as "facilities and not homes" (Knoll & Wheeler, 2000). The present system of facilities still needs to be rejuvenated in the field of intellectual disabilities. This new way of thinking in the late 1980s and 1990s gave rise to model of "Supported Living" (Bradley, Ashbaugh, & Blaney, 1994) or community membership.

In the 1980s, some models such as Will's Bridges Model focused on employment and bridges to employment while others such as Halpern's Revised Transition Model added residential and interpersonal domains to the employment challenge. Also in the 1980s, quality of life became a critical component of transition because individuals with disabilities have a high likelihood of living in poverty, being victims of crime, and having health and medical care concerns (West, 1991).

The term "quality of life"(QOL) is a simple term but has a complex composition; surprisingly "there is neither an agreed definition nor a standard form of measurement" (Cummins, 1997, p. 6). In the first half of this century, QOL was largely measured by the "material level of living" (Veenhoven, 1996), but in the later half the perception changed that QOL should not be measured by the quantity of goods but with the quality of one's lives (Noll, 2000).

Noll (2002) in his study describes two contrary conceptualizations of quality of life, first the Scandinavian view based on the works of Drenowski (1974), Erikson and Uusitalo (1987) and Erikson (1993), for which the "good society" and social well-being as a welfare issue are key. The term "welfare" is related with the access to resources by which people can control and direct their "level of living" and, in the provision of which, public policy may have leverage.

These resources are defined in terms of "money, property, knowledge, psychic and physical energy, social relations, security and so on" (Erikson &

Uusitalo, 1987, p. 189). As a result Scandinavian thinking focuses solely on "objective indicators" of the level of living, or quality of life, of society as a whole (Rapley, 2003). The second concept termed by Noll (2000) is "the American quality of life" and has more influence in the "Western" world. In this model the term "well-being" or "satisfaction" is weighted by the assessment of "subjective indicators" at the level of individual citizens (Rapley, 2003). Noll (2000) suggests that good living conditions and positive well-being is the preferred combination and is called here "well-being." "Deprivation" represents bad living conditions which co-vary with negative well-being. "Dissonance" is the term used to describe the inconsistent combination of good living conditions and dissatisfaction, and is sometimes also called the "dissatisfaction dilemma". And finally "adaptation" is the combination of bad living conditions and satisfaction, and is also referred to as the "satisfaction paradox".

A complete picture of quality of life is fulfilled

> when an individual, with or without disabilities, is able to meet important needs in major life settings (work, school, home, community) while also satisfying the normative expectations that others hold for him or her in those settings, he or she is more likely to experience a high quality of life. (Goode, 1990, p. 46)

The process of transition in the community with a specific focus on housing and from the vantage points of key dimensions of quality of life such as social interactions, community involvment, and mental health is presently highlighted.

The combined effort of staff of LWP, young adults, and doctoral students to engage in a systematic and critically oriented process of inquiry in order to undertand and improve some commonly agreed-upon dimensions of practice was our focus (Catelli, 1995). The primary researcher and the 7 doctoral students involved served as resource persons and facilitators "to assist stakeholders in defining their problems clearly and to support them as they work toward effective solutions to the isues that concern them" (Stringer, 1999, p. 25). All are viewed as co-researchers pursuing knowledge and actions directly useful. Thus the positionality of the researchers is that of "outsiders", and that of the participants is

"insiders". In the research described in this study the insiders collaborated with the outsiders.

Methodology

Philosophy of the Research

Our worldview is holistic, pluralist and egalitarian. We see "human beings as co-creating their reality through participation" (Reason, 1994, p. 324). Reality for us is a process and concrete reality is "the connection between subjectivity and objectivity, never objectivity isolated from subjectivity" (Freire, 1982, p. 30). We believe that we learn by doing. Change in the lived experience, that is, doing, is our epistemological foundation. This study is a value-laden activity. The explicit set of values that we pursue are democracy, equity, liberation and life enhancement. As formulated by Stringer, (1999) this community-based study "seeks to develop and maintain social and personal interactions that are nonexploitable and enhance the social and emotional lives of all people who participate. It is organized and conducted in ways that are conducive to the formation of community… and that strengthen the democratic, equitable, liberating, and life–enhancing qualities of social life" (p. 28). We care about what happens with and to our participants (Merriam, 1991).

This study is both collaborative and aims for positive social change (Lewin, 1946). A collaborative inquiry "involves explicitly shared reflection about a collective dream and mission, open rather than masked interpersonal relations, systematic evaluation and feedback of collective and individual performance, and direct facing and creative resolutions of those paradoxes that otherwise become polarized conflicts" (Torbert, 1987, p. 128).

This study is also "a disciplined inquiry which seeks focused efforts to improve the quality of people's organizational, community and family lives" (Calhoun, 1993, p. 62). Its source stems from an interest in the problems of a group, a community, an organization. An action orientation examines the practical concerns of people in immediate problematic situations. Four specific issues or questions, the everyday problem solving, the morning routine, telephone use, and television viewing, were chosen by the

researchers from the list of issues expressed by the participants in an informal meeting one month before the project started. As a method of action research we followed the basic action research routine proposed by Stringer (1999), that is, look, think, and act. Look is the process of gathering information and describing the situation. Think is, on the one hand, the activity of exploring and analyzing through investigating what is happening here and interpreting and explaining through theorizing how and why are things as they are, on the other hand. Act is the activity of reporting and evaluating the experience.

Ethical Aspects

This research study has received ethical approval from the University of Ottawa human ethics review board. The names of the participants are pseudonames.

Participants

These included 14 individuals, 7 women and 7 men with intellectual disability, between the ages of 19 and 27. All 14 participants had received support from LWP for the past 3 to 5 years. These individuals had had the opportunity to achieve a significant level of independence, but required intensive support to accomplish that goal.

The presence of intellectual disability is based on the criteria presented in DSM-IV. Participants must provide documentation from a Psychologist or Psychological Associate demonstrating the following criteria: Criterion A: The person is at a subaverage general intellectual functioning level; Criterion B: The person has significant limitations in adaptive functioning in at least 2 of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure and health and safety; Criterion C: The onset must occur before the age of 18 years.

Researchers

The doctoral students involved in this study were registered in an advanced qualitative research methodology course. Field work was comprised of a minimum of 40 hours.

Project Financing

The 14 participants and their families paid a portion of the expenses incurred ($500 per month) but all other expenses were covered by a grant from the Trillium Foundation.

Site of the Summer Project

This took place in a university residence. The facilities consisted of 2 four-person participant suites, 1 two-person participant suite, and 1 two-person staff suite. Each four-person suite offered four private furnished bedrooms, including phone and voice mail, Internet service, and air conditioning. There were two bathrooms, and a common living area as well as a kitchen area with fridge and sink (the stovetop was turned off for summer rentals). House cleaning (a mandatory service) was provided every 5 days. As well, there was a meal plan providing 2 meals per day from the cafeteria in the Residence Commons building. The laundry facility was on the lower level of the residence, and functioned on a card system (money is deposited on the card and used up via a card swipe system).

Look Phase (Gather Data, Define and Describe)

In order to help the participants in becoming better aware of their daily functions, a tracking sheet and a personal goal sheet were used. The tracking sheet was discussed with each participant individually every day by staff by inquiring whether the participant completed it on their own, with help from a peer, with help from staff, or with another person. Examples of tasks are listed below:

• Morning tasks (7 to 10 a.m.): got up, showered, shaved, did other personal grooming…a total of 14 tasks
• During the day (10 a.m. to 4 p.m.): went to work or volunteered, did meal planning, shopped for groceries, did laundry…a total of 13 tasks.
• Late afternoon (4 p.m. to 7 p.m.): took the bus, took the O-train, learned a new bus or train route, washed their lunch kit...a total of 21 tasks.
• Dinner (5:30 p.m. -7 p.m.): got dinner at the

cafeteria…a total of 5 tasks.
• After dinner (7 to 10): washed dishes or lunch kit, watched TV in their suite, read a book…a total of 22 tasks.
• Getting ready for bed (10 p.m. to midnight): took medication, showered, shaved... a total of 10 tasks

A "PERSONAL GOALS FOR THE DAY" sheet was also used daily in order to help the participant in his endeavor to plan each day and encourage him or her to apply a problem solving strategy. The sheet is worded as follows:

• TODAY I ORGANIZED AN ACTIVITY TO DO WITH A PEER. WHO WAS IT?
• TODAY I WORKED ON MY PERSONAL GOAL. WHAT WAS IT?
• TOMORROW I'M PLANNING TO DO THIS IN ORDER TO WORK ON MY PERSONAL GOAL.
TODAY I USED THE 4 STEPS (SELF, THEN PEER, THEN STAFF, THEN PARENTS) TO SOLVE A PROBLEM. WHAT WAS THE PROBLEM?
• I ACCESSED STAFF SUPPORT OVERNIGHT LAST NIGHT BY CALLING THE CELL PHONE NUMBER: YES OR NO
• THE ANSWER THAT BEST FITS YOUR DAY: NEGATIVE OR POSITIVE

Findings (Think Phase: Analyze and Theorize)

At the outset we would like to quote what one of the participants expressed to one of the facilitators, "If ever you need anything or want help, just ask for help." This quote exemplifies the positive climate of sharing that pervaded the summer experience. Another incident that was revealing in this regard occurred when a participant noticed that a researcher was disturbed by the coldness of a room. This participant spontaneously offered her sweater. Between the participants and the researchers, trust and openness coloured the relationships.

Everyday Problem Solving

With regards to the first issue, everyday problem solving, the participants had been shown prior to the summer project a simple model of levels of resolution, either by themselves, asking others

for help, or finally asking the staff. Every day during the summer project, a time was set aside for each participant to review a problem they had solved.

First, we have observed, that if participants couldn't solve a problem by themselves, they had a tendency to live with it, to tolerate it. A very revealing example of this behavior occurred early on in the summer project. A participant's wristwatch beeped at regular intervals and we questioned the owner as to why she needed such a frequent signal. The participant answered that she did not know how to stop the noise. It had been ringing for almost a day and the participant endured the problem and every 5 minutes had to press a pin to stop the noise. We attempted to correct the situation but it didn't work. We suggested that she ask others for help and she did. No one was able to solve the problem. We suggested that she ask a staff member for help and she did. The staff member was familiar with the functioning of this type of watch and easily stopped the alarm signal. Thus, when a minor problem arose that this participant couldn't solve by herself, a possible alternative was to ask others for help.

Another example of passive acceptance of minor hassles occurred one day when a participant arrived with his laundry bag loose because the string that tightens the bag was detached from the bag. We asked the participant if he had tried to repair the bag and he replied "Yes, but I was unsuccessful." We pursued, "Did you ask your peer for help," and he replied, "No, but I will now." He immediately asked, but, the partner was unsuccessful and suggested to throw away the bag. We followed up, "Would you know someone who could repair the bag," "For sure," he replied, "My mom could." The researcher replied: "Let me show you how to proceed," and he began the task and proceeded until he felt that the participant understood how to complete the task and invited him to take over. We left it at that. One day later we met the participant in the common room and asked if the bag was now satisfactorily repaired. He replied that he lost the string. He had not completed the task. In our opinion this incident is indicative of a weak commitment and perseverance to a minor problem situation. Another typical example arose when a participant attempting to complete a puzzle kept repeating the same patterns but could not insert a

certain number of pieces. Again, this participant did not ask for help from others present in the common room.

Most participants vocally expressed problems encountered and often many times without asking explicitly for help. Staff and other participants had to read between the lines that a call for help was warranted. No explicit request for help was made. One such example happened the first evening the researchers were present. During the evening meal at the cafeteria, a participant who walked dogs on a part-time basis shared that one of her clients had moved and that she was saddened by this misfortune. This story was not a call for help or for ideas but a simple sharing of a sad event. She seemed to be waiting for others to offer support.

Another interesting incident occurred about telephone use. In a conversation with a researcher one participant, Jean, (all names are false ones) mentioned that it was important to always have on hand the telephone numbers of your friends. On asking Jean if she knew the telephone numbers of her friends, she said no. We then suggested that she write down the numbers of her friends. This seemed to be a new idea for this participant.

Another participant, Julie, asked if Jean would share her telephone number. We replied that she could agree to disclose or refuse. When another participant. Marsha, with her phone address book in hand asked a roommate, Rhonda, for her number she replied that she was busy. This refusal disturbed Marsha. Again we repeated that a person can accept or refuse to give out his phone number. There were no more requests for numbers from Marsha as if they were afraid that a roommate might refuse to give his or her number. Later on, what Marsha did was to write the number on a piece of paper for another participant and reminded her not to forget the piece of paper on leaving the room.

Only a few participants asked a collegue or a counsellor directly for help. One evening a participant had a problem with her voice mail. She went to a member of staff for help and with minimal intervention the problem was solved.

The Morning Routine

A facilitating tool to document the morning

routine was a checklist of actions charted in a problem solving format. A copy of the checklist developed by staff of LWP is shown in Table 1 below.

Table 1. Checklist of morning routine

	on my own	with help form peer	with help from staff	who with?	other
got up					
showered					
shaved					
other personal grooming					
took medication					
prepared my lunch					
ate breakfast in suite					
at breakfast in caf					
took the bus					
took the o-train					
learned a new bus or train route					
another form of transportation					
stayed at residence					
accessed staff support					

The checklist had a dual purpose: to help the participants self-monitor the routine tasks of the morning and also served as a verification tool to review with staff every night. The majority of participants reported that they successfully completed the actions by themselves. Almost always the women participants prepared their breakfast meal themselves while the male participants usually went to the cafetaria. A certain number of tasks were not done routinely such as shaving, showering or other personal grooming. Those taking medication never forgot. The next step in working towards autonomous behavior in the morning routine will be to complete the morning routine without a support tool.

Telephone Use

This was a delicate subject to monitor because the participants often isolated themselves in their rooms to make calls. Most participants called family and friends daily (some twice a day) and most often at night in their room. The purpose of the calls seems to have been related to things they missed at home such as news about their pets. For one of the participants who expected a call from her mother every day, he was most surprised that she skipped a day. One parent was pleased to convey that her son only phoned her every other day compared to last summer when he would phone every day.

The use of the cellphone for some of the participants was also a daily affair. In the case of the cellphones, the initial purpose was to render the participants more independent and ensure security in case of an emergency. The risk now was that it could become for some a crutch in that some participants would phone staff whenever a minor problem arose that we surmised they could solve on their own. One participant often walked with her cellphone in her hand. This participant often called her mother for her clothing needs. A member of staff standing near her when she called told her, "Let me guess, your mom is coming to bring you stuff, but she's not staying".

Television Viewing

Like telephone use, television viewing had been a favorite pastime at home. Parents reported that they were worried about the placement of a limited number of televisions, one in the common room and one per suite, might upset their children because television viewing was an important activity in their lives. The participants seemed to watch quite a lot of television at home because there was nothing else to do. One participant conveyed that she tuned in to the "Much Music" channel every day at home but rarely during the project. When she did listen to music during the project, she simultaneously talked about her day. "Too many things to do," she said, or "I'd rather play outside".

During the summer program, television viewing was minimal. It served generally as a background for conversations. One evening, the participants were quite excited that Canadian Idol, a favorite program, was on. At the start of the program all were riveted to the screen but as time went on most of them started doing other things such as talking, interrupting their present activity to make comments on the singing and on the judges' mark.

Only two participants remained concentrated on the program for the full hour. Participants never watched a program, even a favorite one such as 7th Heaven, from beginning to end. After a few minutes, all preferred a more active involvement either drawing together or going outside to play a game of bocce (or bocci or boccie) – a precision sport belonging to the boules (or bowling) sport family, closely related to pétanque in France. Some participants brought their favorite Video Home System cassettes to the summer project and would return to their suites to view one of their cassettes when the program chosen in the common room didn't suit them or no other activity piqued their curiosity.

Implications (The Act Stage)

The summer experience provided a rich opportunity to both practise autonomous behaviors and to learn to live together. The participants did their own laundry, bought their own groceries, decided on their own what do to in the evening, took the bus on their own, budgeted and managed a money allocation for their personal effects. We heard repeatedly, "I'm so busy, I don't have time for…" With regards to learning to live with others most participants would return to the residence in late afternoon and go to the common room to talk about their day. If one looked sad or quiet, a participant would ask if they wanted to talk about how they felt. If one wanted a partner for an outside activity one would volunteer spontaneously. If one wanted to change channels on the televison screen, the participant would ask if no one minded.

The summer experience highlighted a number of affordances and constraints that proved to be informative for planning of future life in a co-op housing perspective. Three additional issues will be discussed here: pets, social conventions and food preparation.

Many of the participants had pets and their pets played a comforting role in their lives. The owners of pets missed their presence during the summer experience. Others were disturbed by pets. It seems that many of the phone calls of participants to their family were motivated to ascertain if their pets were well. Judging from the importance of pets for some participants, it seems natural to recommend that when these pet lovers move into the co-op they can bring along their pets. The participants have discussed fully this issue and have come to the conclusion that pets would be allowed in their living space as long as they did not disturb constantly and were under the control of its owner.

On numerous occasions during the summer experience we observed that the participants were not familiar or not sensitive to social conventions and etiquette. These breaches of convention could be awkward and create a certain malaise in social interactions. To illustrate we will describe three occurrences of social breaches. A first one occured often and relates to entering into a conversation with a stranger. Some participants are very intrusive when they first encounter someone. They take control and assail you with a barrage of questions, some of which are very personal. On the other hand, others adopt an opposite role. They inundate you with their life history, what they like and dislike, what they do and don't do. Either way, it's too much and the stranger feels overwhelmed. A second event can probably be justified by a lack of direct experience and relates to how to welcome visitors to their quarters. On first meeting the participants in their suites we were not invited to sit down and spent quite a long time standing up while they were seated. A third incident pertains to a more public situation in a cafe. A participant became interested in a coffee machine and leaned over the counter, grabbed the coffee thermos and tried to open it. This really disturbed the attendant.

As a follow-up and to becoming more competent in social conventions, the participants have developed social scenarios that are regular occurrences in their lives and they have role played these scenarios. These practices have proven quite efficient in consolidating their social adaptation to events. Morever, we question how the meal routine will be organized in co-op living

arrangements. During the summer project, the participants had easy access to the university cafeteria. They decided if they wanted to prepare their breakfast in their suites, usually ate out for lunch and most often went to the cafeteria for supper. It probably would not be wise to expect that they prepare all of their meals in a co-op environment because meal preparation would be a time-consuming process. Rather, we would recommend a balance, with some meals prepared alone or with others, such as breakfast and lunch basket, and other meals such as supper prepared by a cook. Whatever the arrangement, it should be the participants who make the decisions of their meal preparation. As a follow-up the participants have discussed other options, for example having frozen prepared meals for some days and pot luck for other days. They have also entertained the idea of community meals where the responsibility for preparing the meal would be established on a rotation basis.

In summary, we feel that the participants are better informed and more prepared for what lies ahead in co-op living. Directions for further research should explore the collaborative inquiry more in depth and use collaborative techniques and tools that permit participants to voice their problems and strategies to solve their problems.

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