

**DOMESTIC ASYLUM***A study of 11 local authority hostels for mentally handicapped people.*

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**Justin De Syllas**

Avanti Architects Limited, London, United Kingdom

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**0 ABSTRACT.**

This paper describes a study, undertaken by Justin De Syllas and Fiona Duggan of Avanti Architects Limited in 1993 (De Syllas and Duggan 1994). The study was modest, but raised some interesting problems and ideas and it is these theoretical ideas that I offer for discussion in this paper. The paper is divided into 5 parts.

**PART 1. SPATIAL INTEGRATION EQUALS SOCIAL INTEGRATION?** describes how policies concerned with the care of mentally handicapped people in Britain in recent decades have been profoundly influenced by a social/spatial theory. The theory proposes that by housing mentally handicapped people in their home communities, rather than isolating them in closed institutions, they will become integrated socially and will become more independent. These ideas led, in the 1960s and 70s, to a gradual transfer of mentally handicapped people from large mental hospitals into smaller, purpose designed, local authority residential hostels in the community. This process was slow and before its completion the hostels were judged to be failing to provide their residents with either social integration or individual independence. This supposed failure led to a reaction against the hostels in the 1980s and sets the context within which our case study of 11 hostel buildings was commissioned in the early 1990s.

**PART 2. THE STUDY AND THE STUDY SAMPLE** describes the sample, the approach taken in, and the main conclusions of the case study. The study provided suggestive evidence of a strong relationship between the spatial provision and spatial organisation of the hostel buildings and the potential for residents to achieve a degree of independence and choice in their domestic lives. Despite the widely held belief that the main reason for the failure of the hostels is their large size, the study led us to argue that size need not be a negative factor; indeed that large can be beautiful and that small has its own inherent dangers. So far as social integration is concerned, the study demonstrated that the hostels in the community undoubtedly provide their residents with better access to the everyday world of the community than the hospitals they replaced. At the same time the hostel communities were still quite isolated, in terms of social interaction, from their host communities, and this appeared to be the case almost regardless of size, spatial organisation and location. This lack of any compelling correspondence between spatial integration and social integration obliged me to look for an explanation of this failure.

**PART 3. SOCIAL SOLIDARITIES.** Looking into the toolbox of theories that guided our thinking on the nature of social relations and social solidarities, I reviewed the ideas of Hillier and Hanson, and through them, of Emile Durkheim. This review led

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*Justin De Syllas AA Dip. MSc (UCL)  
Director of Avanti Architects Limited  
Avanti Architects Limited  
Torriano Mews,  
London NW5 2RZ, England*

*Phone 171 284 1616*

*Fax 171 284 1555*

*e-mail justin@avanti.abel.co.uk*

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to an interpretation of these ideas that reconciled the description of how social interaction works with the failure of the hostels. It led me to conclude that although spatial integration may be a pre condition of social integration, it is not a sufficient condition.

PART 4. A DIAGRAM OF SOCIAL RELATIONS. Since completing the study I have continued to think about the problems posed by it and wondered if it might be possible to develop a more useful model of the syntax of social relations. These ideas have been developed further for this paper and are presented in the form of a diagram of social relations. This is work in progress and is offered for further discussion.

PART 5. CONCLUSIONS The paper ends with the conclusion that far from seeking to normalise mentally handicapped people, we must recognise that they are true, if unconscious, non conformists and that it is only by accepting and understanding their difference that we can hope to create a better quality of life for them in the community

**1 Spatial Integration equals Social Integration**

In Britain, up until the 1950s, and in the majority of cases until much later, mentally handicapped people were housed in large, enclosed communities, often in isolated locations in the countryside. The reforming spirit that led to the establishment of the National Health Service also produced a change in attitude towards the care and treatment of mentally handicapped people. By the middle of the century it was widely accepted that mentally handicapped people should be cared for by their own community and not incarcerated in custodial institutions and that they should be encouraged to lead fuller and more independent lives.

As a consequence a sustained effort has been made in the second half of this century to provide residential accommodation and day care facilities for mentally handicapped people within the residential areas of their home towns and cities. The policies and practices that have shaped this effort have been based on what we, as spatial researchers, would recognise as a social/spatial theory. This is the widely held belief that social integration can be achieved through spatial integration, i.e. that by locating residential homes in the community, residents will become socially integrated into 'normal' society. The most characteristic of new dwelling types provided by local authorities in the 1960s and 70s to meet this objective were residential hostels for 20 to 30 people. The hostels were developed in conjunction with day centres which provided education, leisure, work and occupational therapy, and this provision was justifiably seen as being a significant improvement on the that of the great, isolated asylums which offered few occupational facilities (see fig 1).

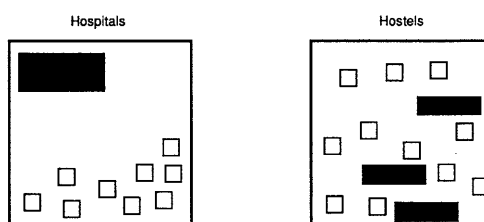


Figure 1. The move from hospitals to hostels

Implementation of this policy was so slow, however, that by the time it was having a noticeable impact attitudes had changed and the hostels were being criticised as having failed to promote the integration of residents into the local community and having failed to promote resident independence. This attack came from two different quarters. One was the social work and caring professions who advocated the right of handicapped people to lead a “normal” life in the community. This outlook was well represented in “An Ordinary Life”, a paper published by The King’s Fund in 1980, which stated “Our goal is to see mentally handicapped people in the mainstream of life, living in ordinary houses in ordinary streets, with the same range of choices as any citizen, and mixing as equals with other, and mostly not handicapped members of their own community” (King’s Fund, 1980). Accordingly the hostel was regarded as a specialised, and therefore an ‘abnormal’ form of residential provision that promotes institutional patterns of behaviour in staff and undermines the independence of residents. The other attack came from the conservative government in Britain as part of its critique of the “culture of dependency”. They believed that by assuming responsibilities traditionally born by the family, the welfare state encouraged dependency, undermined self sufficiency and increased the burden of welfare costs on the tax payer.

Despite the obvious differences in their outlook, the idealists, as one might call the former, and the realists as the latter might call themselves, formed an unplanned and improbable, but extremely influential alliance. Both supported an alternative approach to the question of social integration. This was to intensify the spatial integration of mentally handicapped people into the community by closing down the large residential hostels and moving their residents into “ordinary houses in ordinary streets” where they would receive domestic support from a range of public, private and voluntary organisations as well as from family, friends and neighbours (see fig 2).

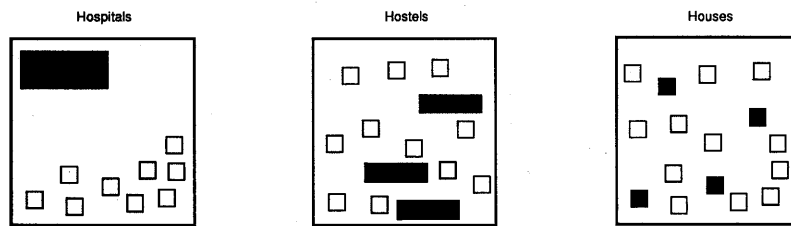


Figure 2. The move from hospitals to hostels to houses in the community

It was in this atmosphere of re evaluation and change that Avanti Architects were commissioned in 1993 to carry out a study of 11 homes for mentally handicapped adults. The homes are located across England and were converted or constructed in the 1960s and 70s (see fig 3). One of the principal aims of this study was to assess whether there was, indeed, something about the design and location of these buildings that inhibits social interaction between residents and their neighbouring communities and discourages the development of resident’s independence.

**2 The Study and the Study Sample**

The sample of 11 residential homes, included in the Avanti study, contains a surprising variety of buildings in terms of their size and organisation. They range from hostels for up to 28 residents, clusters of group homes, sheltered schemes of individual dwellings to a group home. The sample also contains a number of group homes and

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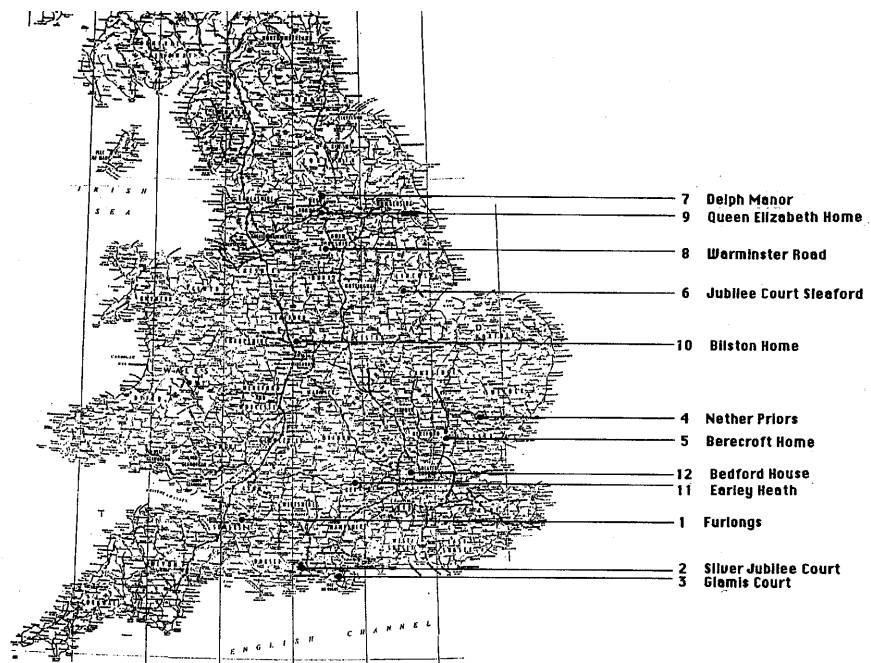


Figure 3. Location of schemes.

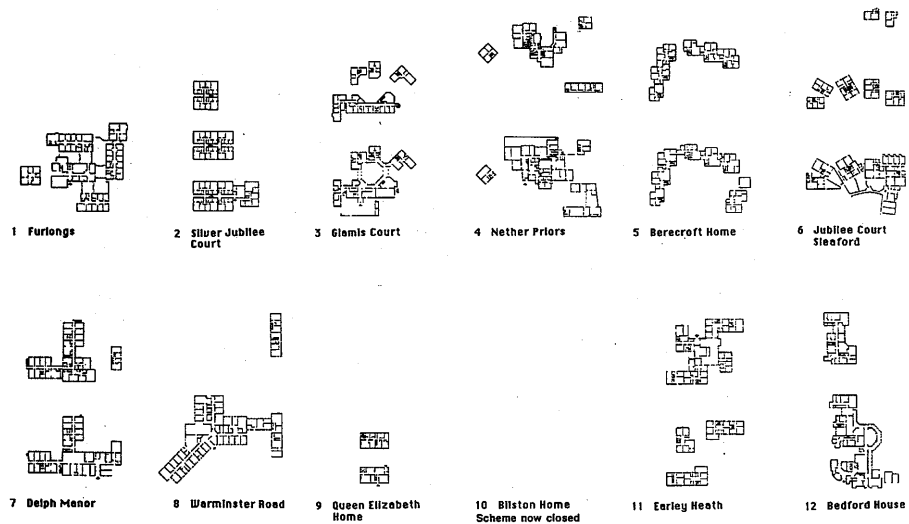


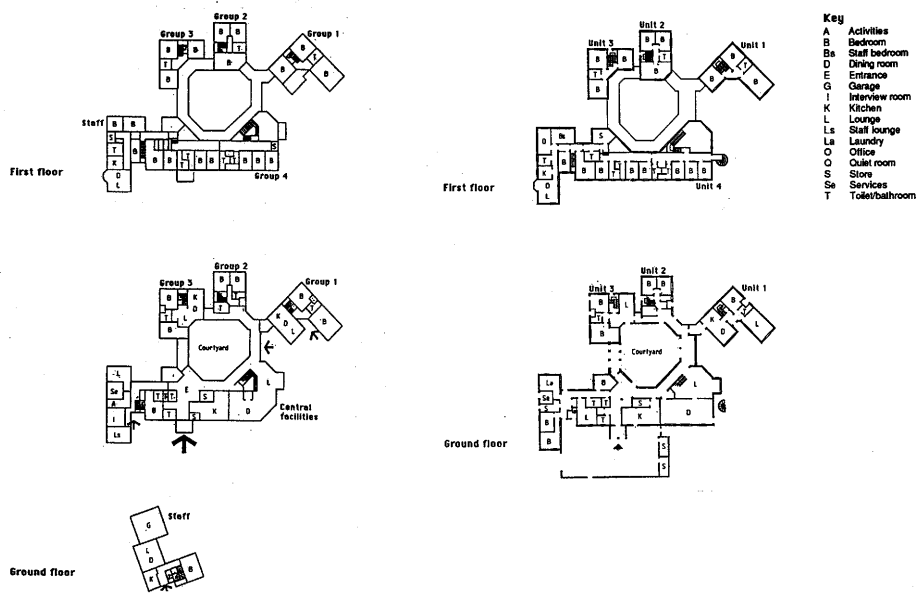
Figure 4. Schemes comprising the sample.

figure 3. Locations of schemes

figure 4. Schemes comprising the sample

individual dwellings attached to, but distinct from, the main hostel building most of which occupy flats or houses designed as staff accommodation. Figure 4 shows the plans of all of the buildings drawn to the same scale.

The spatial provision in each building and the allocation of spaces to staff, to individual residents, to groups of residents and to all the occupants was analysed and represented in the form of plans (see fig. 5) and spatial provision diagrams (see fig 6). The spatial organisation of each building was also mapped, using space syntax techniques, in the form of a gamma map (see fig. 7) and a plan coloured with integration contours (see fig. 8). At the same time staff completed a questionnaire on the management of the home and each building was observed in use by the researchers. In observing the homes our chief objective was to assess the prevalence of three kinds of social relationship; the interaction of residents with other residents, the interaction of residents with staff and carers and the interaction of residents with people in the local community.



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Figure 5.  
A: floor plans 1977  
B: floor plans 1993

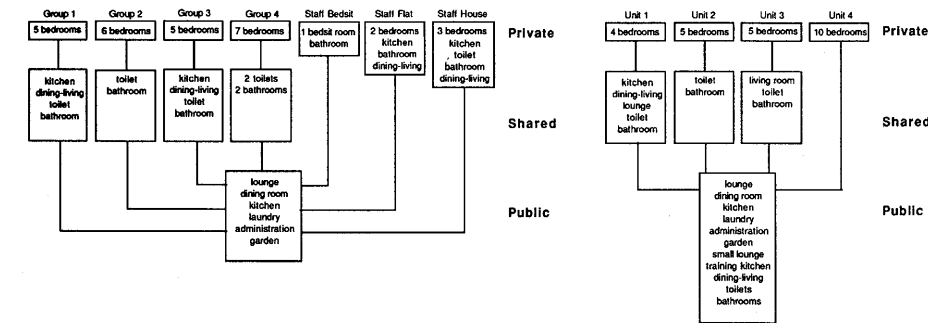


Figure 6.  
A: Spatial provision diagram of original allocation  
B: Spatial provision diagram of current allocation

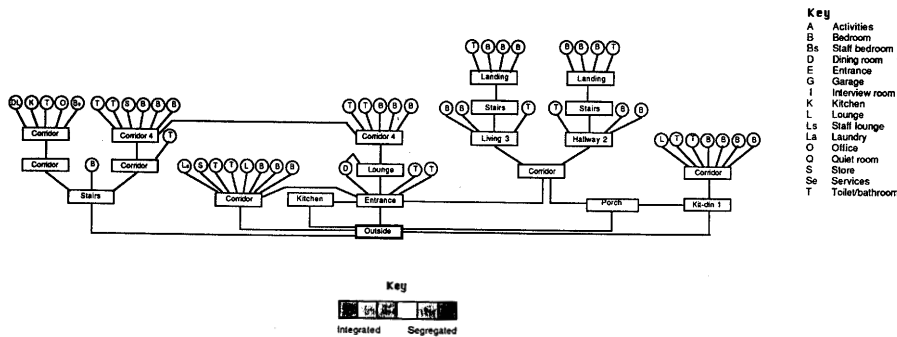


Figure 7. Spatial relations diagram

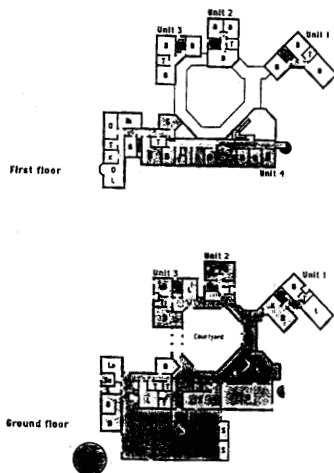


Figure 8. Spatial integration diagram.

Figure 8. Spatial Integration diagram

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The Avanti study was too limited in scale to provide any more than a tentative evaluation of these issues. It did, nonetheless, produce some suggestive correlations between differences in social practice and differences in the organisation of buildings. Perhaps the most important observation to emerge in this regard was that the ability of a person to control the details of their domestic life seems to be profoundly affected by the level of spatial provision over which they have personal control. Thus for example, a person living in a sheltered flat who has a choice between sitting in their own living room or sitting in a communal living room and eating in their own kitchen or eating in a communal dining room has more choices, and therefore greater personal control and independence than someone who has only a single bedroom in a hostel in which nearly all daytime activity is communal.

This observation may seem so obvious as to be banal, but it throws a new light on another social/spatial theory that is well established in the minds of policy makers, providers and care workers, which is the assumption that small is beautiful and big is institutional in residential care. Our observations led us to the conclusion that, regardless of the size of the residential home in which you live, if you lack sufficient personal space to facilitate a range of domestic activities such as entertaining, cooking, eating and bathing, you lack choice and opportunity in your domestic affairs. It is therefore worth noting that the larger homes and hostels all provided individuals with a minimum of personal space and relied instead on the use of communal space. At the level of spatial provision alone these buildings were therefore always going to fail to provide residents with the possibility of choice and independence and to create an atmosphere of enforced communal living in which large numbers of people sit together in communal spaces through necessity rather than choice.

We also observed that strong personal friendships between individuals in the larger homes were common. Like all strong relationships these were based on a special rapport between two individuals. Logically, therefore, the chances of finding such friendships must be greater in a home with twenty residents than in one with only five. In this respect, I believe, being a member of a large community has an advantage over being a member of a small one. But this will only be the case, of course, where the planning, spatial provision and management of the larger community does not cancel out this potential advantage. I remember, for example, seeing two elderly residents of a hostel sitting in a dreary corridor together because there was nowhere else for them to go. This was something they did every evening in order to escape the noise and clamour of the single communal living and dining room. The failure of this hostel building to provide these friends with the privacy they needed was a failure of design and the fact that they were not allowed to entertain each other in their bedrooms might be seen as a failure of management. This does not mean, however, that it was an inevitable consequence of the size of the home. In a community where there is inadequate privacy for individuals the negative effect of enforced communality will always outweigh the positive effect of social choice.

We found much in these highly experimental buildings that demonstrated a strong relationship between their spatial provision and organisation and their formal and social organisation. There was, however, one area of investigation which seemed not to produce an observable pattern of correlation and this was the extent to which

different building types facilitate or inhibit interaction between residents and the surrounding community. Since this relationship might be taken as an indication of the degree of social integration, the absence of a correlation was disturbing. I suspect that, had we been more rigorous in our observations, we would have found evidence that variables such as the integration of the buildings in the locality, the permeability of their boundaries and the rules and practices of each establishment do influence social integration. But having completed our data collection and found ourselves unable to clearly demonstrate that social integration is related to the design and location of residential buildings, I was obliged to consider the possibility that the assumption that spatial integration equals social integration is, if not wholly incorrect, at the very least inadequate.

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I therefore attempted, in the conclusions to the report, to develop a description of how social interaction between people works which could be reconciled with our findings. This model was based on concepts set out in Hillier and Hanson's "The Social Logic of Space" (Hillier and Hanson 1984). My conclusion was that spatial integration is, indeed, a pre requisite of social integration, but that it is not the only condition that is necessary to its realisation. The proposition was argued as follows:

### 3 Social Solidarities

People are social animals and participate in social life for both practical and emotional ends. A primary need of the individual is, therefore, to belong to a group and to act as part of that group. But this reliance on others is not a helpless dependency. People do not seek relationships in which they are viewed as being beholden to others for their welfare; as being parasites. Dependence tends to be balanced, in both practical affairs and emotional and symbolic life, by reciprocity and this reciprocity is essential to the individual's sense of independence, honour and self worth.

But how do people come to participate in social life and to construct a social identity? Hillier and Hanson suggest that there is an underlying pattern to the way in which individuals develop and maintain a set of social relationships and this pattern is a consequence of 'who you are' and 'where you are'. Who you are concerns the social categories to which you belong; sex, age, kinship, nationality and profession. People who belong to the same category have something in common, regardless of where they are and in that respect have an identity that transcends time and place. This relationship is therefore called a 'trans-spatial solidarity'. The same people belong, however, to another community which consists of the people who live in the same house, street or neighbourhood. This is a relationship defined by where you are and is therefore called a 'spatial solidarity'.

The actual community with which an individual interacts on a regular basis does not, of course, consist of everybody with whom they share a trans-spatial or a spatial identity. It is impossible to meet every member of a trans-spatial category because they are too dispersed and not everybody who is physically close is necessarily accessible. How accessible other people are in a community depends, in part, on the spatial environment inhabited by that community. If this is densely populated with many meeting places then the probability of random encounters taking place is much greater than if it is sparsely populated with few meeting places. As the inhabitants of

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both a social and a physical environment we are all, therefore, members of a vast potential spatial and trans-spatial community, only a small part of which we will ever actually encounter. If these social encounters are to develop into more than chance meetings the people involved must offer each other the possibility of some tangible rapport. The character of this rapport will depend on the function of the relationship on which the rapport is based which, in turn, will depend on the nature of the benefit that people offer to each other in a relationship.

The French sociologist, Emile Durkheim, was of the opinion that human social relations are based on two fundamental forms of rapport which he called mechanical solidarity and organic solidarity (Durkheim, 1933). Mechanical solidarity is the bond that exists between people who share a common role and ideology in society, that is, in Hillier and Hanson's terms, those who belong to the same trans-spatial identity. A doctor, for instance, as a member of the medical profession forms part of a mechanical solidarity of medics and acts together with other doctors in the pursuit and protection of their professional interests. The doctor does not however mix only with other doctors, for the value in being a doctor is also in belonging to a group whose specialised knowledge and skill is in demand by non-medics. The encounters that are a product of the relationship between doctor and patient create an organic solidarity which is the bond that develops between people who have different but mutually beneficial roles.

Nor does the doctor have only one role. He or she may also be husband or wife, a parent, a churchgoer, a magistrate or a gardener. Each of these roles extends his or her mechanical and organic horizons and, in defining their status, to some extent determines their social network. Access to specific roles or categories is, in part, a matter of the circumstances of a person's birth, education and status. It is also a matter of their innate abilities and their capacity to develop new skills and through this to join new social categories. Status is also a matter of wealth, of course, for such is the importance of money in expanding social opportunity that wealth is a form of social status in its own right. Intelligence, literacy, status and wealth all help the individual to overcome the limitations of the social and physical place they occupy and to select and control the nature and pattern of their social encounters.

What is clear, however, as has been convincingly argued by Hillier and Hanson, is that the more selective social encounters become, the more exclusive must be the places in which they take place, for the planned and controlled encounter requires the opposite conditions to the market place. Instead of an open and freely accessible environment, a generator of unplanned interactions, the exclusive encounter requires a place that is enclosed and accessible only to specific classes of people, a generator of programmed interactions. Buildings are the characteristic spatial form of such places. Indeed one of the principle functions of buildings is to enable specific categories of people to selectively separate themselves out from the community at large and to reintegrate themselves spatially around a particular set of activities. Thus the whole of the spatial environment that society builds for itself, with its complex multiplication and division of public and private places, each with their own conventions regarding rights of access, behaviour, dress and deportment, may be seen as being a device for structuring social relations. Every individual in society therefore belongs



to a set of social categories, lives in a specific place and uses a range of other places for different forms of social activity and encounter. Out of these circumstances each develops a unique network of contacts and a unique identity. This of course includes the mentally handicapped who occupy a recognised social position or category within society, a category that is periodically renamed in Britain in an attempt to remove the stigma that seems to attach itself to each new name. Recognised though it may be, it is nonetheless a category for which there are no volunteers and one that places its members outside the sphere of what many regard as 'normal' social relations. Mentally handicapped people, as well as belonging to a category that has a low, or even a negative status, are by definition constrained by their own mental limitations in developing new skills and acquiring new roles. They therefore find it difficult to form and sustain many of the kinds of personal relationships and to participate in many of the activities which form the springboard for most people's social life.

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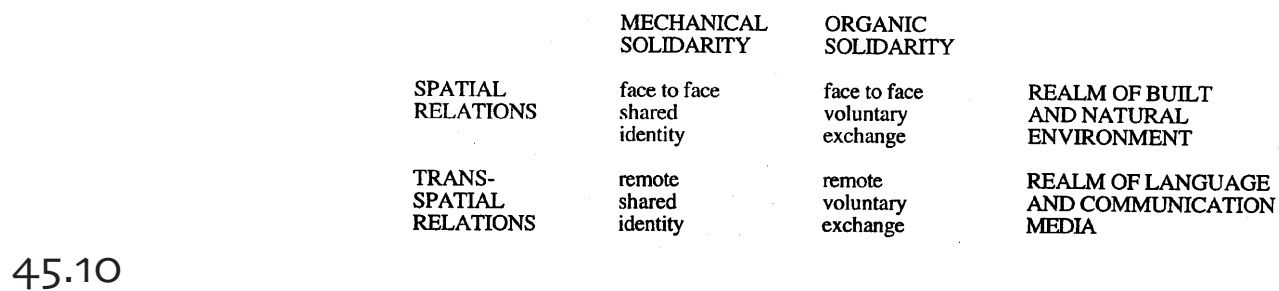
Mentally handicapped people therefore have a restricted social horizon and, as a consequence, often lack wealth, mobility and strongly developed trans-spatial solidarities. It therefore follows that they must rely on their immediate spatial environment for opportunities to engage in social intercourse, whether this takes place inside or outside their home. But as we have seen, even a dense physical environment, or perhaps one should say especially a dense physical environment, will be highly structured spatially to control social interaction. Locating people in a dense environment will not, therefore, necessarily increase the number of meaningful social encounters they experience. This means that without the other social skills that facilitate social participation, spatial integration will not, of necessity, produce social integration. The problem, in other words, is as much social as it is spatial.

#### 4 A Diagram of Social relations

This was the theoretical explanation I offered in my study report as to why the different buildings in the study do not produce significant differences in the level of integration between the occupants of the buildings and the communities in which they are located. Since writing the report in 1993 I have returned to this subject from time to time because I feel there is more to be discovered and having developed my thoughts a little further I shall take the opportunity of this conference to present my conclusions to date.

My starting point is that I have always found Hillier and Hanson's and Durkheim's ideas on solidarities to be very persuasive, but have been unable to see the exact relationship between them. Because these concepts are so closely related, but clearly not the same, I have sought to distinguish between them in order to see how they might be used to complement rather than overlap each other. In order to do this I have found it helpful to distinguish between the spatial/trans-spatial context and the mechanical/organic function of social relations. This distinction can be usefully represented in diagrammatic form as shown in figure 9.

What the diagram suggests is that mechanical and organic solidarities can each be manifested in both a spatial and trans-spatial form. If we look at the combinations that are generated we find four characteristic forms. The first is a mechanical solidarity which is the product of face to face spatial encounters. This is the solidarity



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figure 9. A diagram of social relations

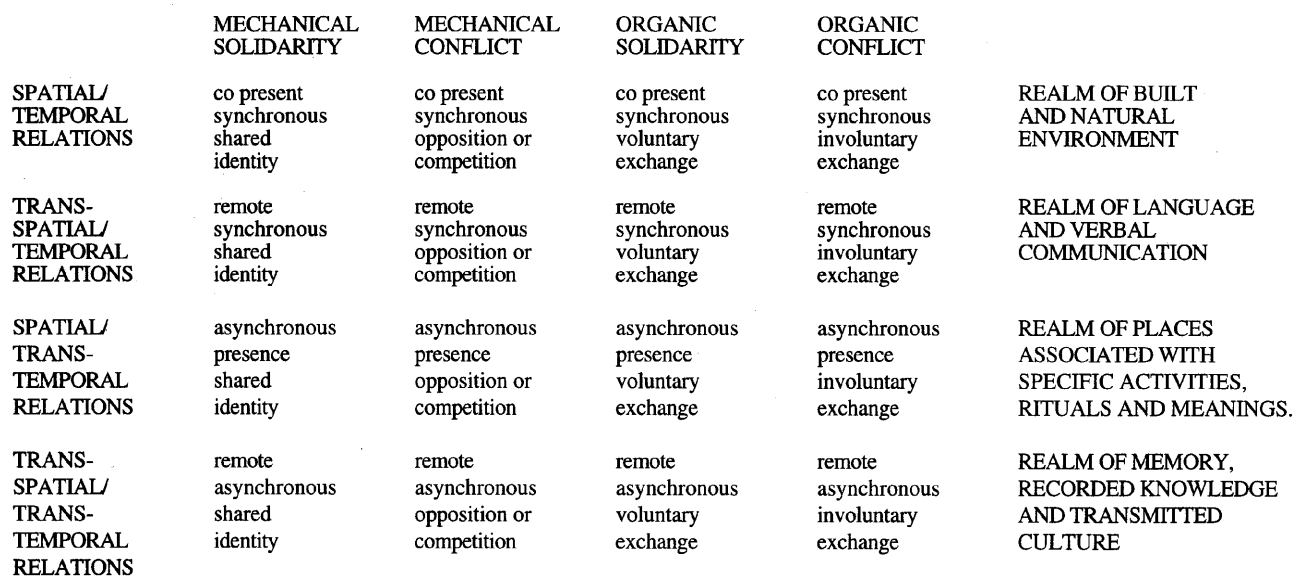


figure 10. An expanded diagram of social relations

that is expressed when a person greets a neighbour, a simple affirmation of their shared identity as inhabitants of the same street. It is a mechanical solidarity because it is based on a shared geographic identity, not on exchange. The second form of social relation is a mechanical solidarity which is trans-spatial. An example would be the members of an aristocratic class that are distributed over the length and breadth of a country or the members of a profession such as astro-physicists, distributed across the world.

I am aware, of course, that in order to reinforce their solidarity, members of a mechanical solidarity will meet up from time to time. Thus we find the social season, in the case of the aristocracy, and the conference in the case of the scientists. These are typical mechanisms for the spatialisation of part of an social category and on such occasions trans-spatial/mechanical relations move into the spatial/mechanical quadrant. The third form of social relation is an organic solidarity which occurs through face to face meetings. This is the relationship between buyers and sellers, between teachers and pupils, and as we have already observed, between doctors and patients. The fourth is an organic solidarity that takes place across space. An example of this would be traders on international markets who buy and sell goods from remote sources, purchases made by mail order, telephone banking, internet romance and the purchase of media information and entertainment by consumers.

This is, then, the beginnings of a taxonomy of social relationships which gives us four distinct classes to work with. But what does it tell us that is of relevance to this paper? If nothing else it shows us that two of the four quadrants do not entail face to face spatial relations. This suggests that however important face to face encounters may be, a significant proportion of social, communication, social contact and social solidarity can be established and maintained across space. This is still, however, a very limited taxonomy and the diagram seems to lack dimensions that, logically, one would expect it to include. The first of these is the dimension of time to complement that of space, temporal and trans-temporal relations being relations that take place at the same time or across time. The second is the function of conflict to complement that of solidarity. It seems to me that the idea of conflict is implicit in the idea of solidarity, and that conflict must arise from the same sources as solidarity, that is from mechanical and organic relationships.

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I suggest that mechanical conflict takes two different forms; a relationship between people with a common identity who are rivals or competitors such as the supporters of different football teams or tenderers for the same contract on the one hand and the relationship between people who have different and incompatible identities such as those who believe in the innate superiority of their race, nation, philosophy or religion and pose a threat to those who belong to a different set of identities on the other. Organic conflict, I suggest, is a consequence of a relationship of exchange that is not entered into voluntarily by both parties, or is entered into, but is not felt to be just and equitable. This occurs where a transaction is asymmetric because it is based on some form of coercion such as the use of illegal force or of a breach of contract or on the exploitation of a legal advantage in the form of the superior power and influence of one party in relation to the other.

If the diagram is redrawn to include these additional dimension its richness is significantly increased as shown in figure 10. This diagram generates 16 types of relationship, 8 of solidarity and 8 of conflict. Sadly there isn't time to explore all of these relations on this occasion, but the point I wish to make in the context of this paper is that most educated people exploit all of the possibilities given in the diagram in order to promote their social life. This is unlikely to be the case, however, for mentally handicapped people who can often only exploit a small proportion of these possibilities; generally those in the top row, of which two will generate and two will undermine solidarity between mentally handicapped people living in the community and their neighbours.

## 5 Conclusions

I am aware that the development of this model of social relationships does not add anything significant to or change the conclusions of the study of 11 hostel buildings. It is presented here because I believe that the models we use to discuss social relations are, as yet, insufficiently precise. If we are to persuade policy makers to look beyond a simple model in which there is a direct correspondence between social integration and spatial integration we must develop a more sophisticated model for them to use. What I hope to have done is to point the way towards the development of such a model; a syntax of social, spatial, temporal relations. As well as helping us to understand what, in social life, is dependent on spatial variables and what is not I

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hope that research along these lines could lead to a better understanding of the nature of social identity and social difference.

Creating the diagram has helped me to understand that mentally handicapped people are true non conformists and, as such, they pose a serious problem for society in terms of our tolerance, acceptance and understanding. I now see more clearly how, in order to reap the benefits of participating in a social and spatial culture individuals are obliged to conform to the conventions that distinguish their social solidarities. Every member of society is by definition a conformist, for if they did not conform they would not be counted as its members. Nonetheless, in a complex society there are many ways to conform. What therefore distinguishes one individual from another is not that some are conformists and some are non-conformists so much as that each of us conforms differently. Few individuals are true non-conformists and even those who claim to be often occupy what is, in fact, a socially recognised and institutionalised non-conformist function: the artist, the mystic and the radical intellectual for example.

Despite the cult of individualism, the true outsider poses a threat to society that is unlikely to be tolerated. Indeed rejection might be said to be the best way of identifying the genuine non conformist. If we look at those who are traditionally removed from society they include those we destroy, the enemy, the traitor and the murderer, those who are incarcerated to protect society, the criminal, the infectious and the insane, and those who are considered to be vulnerable and in need of care and protection, the old, the young and the handicapped, including the mentally handicapped. Even amongst outsiders defined in this way it will be noted that few place themselves outside society by choice. It is more obviously the case that society banishes or distances those who do not conform.

How, then, can we integrate the non conformist? Far from attempting to normalise mentally handicapped people, by requiring them to live ordinary lives in ordinary houses in ordinary streets we should attempt to accept and understand their difference. If we are serious about improving their quality life, we must move on from the simple belief that people can be integrated through co presence. This takes no account of the fear and resentment that even unconscious non-conformists inspire. Indeed I suspect that this policy will often produce the opposite of its intended result. By integrating mentally handicapped people we are often only succeeding in isolating them and putting them at risk of loneliness, neglect and exploitation by a potentially hostile community. Through our research for the Avanti study we heard of several instances of mentally handicapped people living independently in the community suffering from depression, attempting suicide, being robbed and being sexually exploited.

This is not to say that the current policy is wholly misguided. There is no doubt of the validity of much of the critique of the hostels and plenty of evidence that smaller group homes and even individual dwellings suit many individuals and the hostels we saw were dull and institutional in character. Nonetheless, I question whether the critics of the hostel have arrived at the correct explanation of their poor quality. Is their institutional character the inevitable consequence of their size and 'abnormal-

ity' or is it a product of under-resourcing, poor spatial organisation, inappropriate location and under-investment in care staff? I believe that the latter is the case and that both the positive potential of larger residential communities and the dangers of small group homes and isolated individual dwellings are being underestimated. I see the possibility that a residential community of 20 to 30 people that is properly resourced and managed, in the right building, could provide a level of opportunity and choice that is out of the reach of most mentally handicapped people living on their own in the community. But this, like so much of the debate on this subject, is speculation.

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Meanwhile the view that the integrated group home and individual dwelling are the answer prevails. Like the hostel policy, this is a piece of social experimentation the success of which should not be taken for granted. My prediction is that its success will be as uneven as that of the hostels. Meanwhile not enough is being done to monitor and challenge the social experiments to which dependent people, who are unable to speak for themselves, are subjected on our behalf.

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