

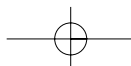
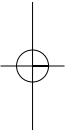
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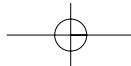
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Maurice et al. 2004

Schalock 2001

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ARTICLE

Community-based day-care services for people with intellectual disabilities in Georgia: a step towards their social integration

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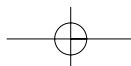
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Abstract The main aim of this article is to discuss the role of community-based day-care services in the lives of adults with intellectual disabilities in the Republic of Georgia. This study explores the impact of this service on users' social-adaptive skills, social life and sense of happiness, comparing service users and a matched comparison group. A mixed-methods approach was used to assess the influence of day-care-centre services on social adaptation and integration. Results indicated that the level of social-adaptive skills was higher for day-care-centre participants than for the comparison group along several key dimensions. Similarly, the level of social integration was higher for the day-care-centre group, although the two groups did not differ significantly on reported happiness. The findings from this study revealed that day-care-centre participants with intellectual disabilities enjoyed a greater degree of social interaction and socializing opportunities than their non-participant peers.

Keywords day-care centres; happiness; social adaptation; social integration

Introduction

Examining interventions and programmes to enhance the social integration of people with intellectual disabilities has been central to research



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on this population since the process of deinstitutionalization that took place in the US and Western Europe in the 1970s (Lamb and Bachrach, 2001). Partly as a consequence of the deinstitutionalization process, people with intellectual disabilities have moved towards being considered full members of society, possessing equal civic and social-economic rights (United Nations, 1993). This approach is strongly supported by a broad range of different international declarations and organizations. In particular, the UN Convention on the Rights of Persons with Disabilities notes a 'paradigm shift' in attitudes and approaches to persons with disabilities. This new self-determination-focused approach represents a new high water mark in the movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards respecting them as capable, active agents of their own rights, free and competent to give informed consent in every domain of societal participation (United Nations, 2006). With their ratification of the UN Convention many countries have declared a commitment to implement this document at home. However the level of social inclusion of people with intellectual disabilities varies considerably among countries, even those with a high level of human, social or economic development. Access to social services for people with intellectual disabilities significantly influences their social integration. A person with intellectual disabilities will have a rather different life depending on whether he or she is born in Sweden, Norway, New Zealand, Australia, Canada or the United States. Indeed, even within the same country, considerable variation is possible. For example, in the United States access to social and other services for people with intellectual disabilities differs significantly depending upon the jurisdiction, both state and local (Race, 2007).

The development of social services for people with intellectual disabilities is influenced by a variety of factors operating in the national or even international sphere. External economic, social and value forces, overall societal values, the political ideology of government, governmental funding, laws, and the culture of services have a significant impact on the nature and development of services (Race, 2007). In developing countries it is often the case that a combination of these factors is pivotal for the development of social services for people with disabilities. Factors such as poor economics, dependence on international financial assistance, low societal awareness towards disability issues, lack of laws and clear policy create substantial challenges for national governments to make a positive change in the lives of people with disabilities.

The Republic of Georgia signed the UN Convention in 2008. At the time of writing, the document is in the process of ratification. By signing the UN convention Georgia has committed to improve the living standards

of people with disabilities by ensuring their equal access to education, employment and all social services. Nonetheless, an acute shortage of financial and human resources, a dearth of adequate legislation and governmental policy, as well as extremely low levels of societal awareness, still pose a great challenge for the country to fulfil the UN Convention's promise.

The recent development of formal day-care services for people with disabilities has been a critical first step towards supporting their social integration. In 2005 government-funded day-care centres began operations (MoLSHA, 2005). Improving social-adaptive skills and supporting social inclusion of people with disabilities are main aims of these services. The centres are required to offer 8 hours service including two meals (lunch and hot meal) and individualized work with service users aimed towards improving their social-adaptive skills and providing them with different leisure activities (visiting city sights, exhibitions, etc.). It is expected that day-care centres work with the beneficiaries individually, according to their individual development plans. The individual development plan captures the beneficiaries' main needs and gives step-by-step guidance for improving their social-adaptive skills. The day-care centres vary according to the content of their activities: day-care centres for children are more focused on educational purposes, helping children with disabilities to participate in inclusive education; adult day-care centres emphasize the development of different elementary vocational skills among the beneficiaries.

Currently 36 day-care centres are functioning in the Republic of Georgia (MoLSHA, 2009). Most of them operate in the capital city of Tbilisi. Although the development of day-care centres for people with disabilities in Georgia represents a step forward, there remain many questions about the quality of the services. In the absence of previous empirical studies these questions have found no answer until now. Despite the fact that day-care services have been operating since 2005, no evaluations have been conducted to date. More fundamentally, there are no agreed standards for the evaluation and assessment of users' progress. Thus, nothing is known about how successful the centres have been in achieving their chief aims as a government programme: namely, fostering the development of better social-adaptive skills, and enhancing the social networks of people with disabilities. This means that there are no evaluative data for assessing whether this type of programme, the first governmental programme supporting the social integration of people with disabilities, has been successful in terms of treatment outcomes and efficacy.

Evaluating the quality of day-care services is beyond the scope of this article owing to the absence of records for archival analysis, or new beneficiaries that would enable a prospective study to be conducted.

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Accordingly, it is impossible to assess the progress towards quality of service to date. Rather, this study focuses on the meaning of day-care centres for people with intellectual disabilities and their family members. It employs a questionnaire, a projective test and a semi-structured interview to assess the impact of the service on clients' lives. The study explores day-centre clients' social inclusion, guided by the following research questions. Does having day-care services make adults with intellectual disabilities more independent and better adjusted socially than those who have not had this service? Do they have more friends and report increased happiness? Do they have a more active social life?

By addressing these questions we can investigate the impacts of social services for people with intellectual disabilities. More broadly, we can provide some preliminary findings as the basis for countries with limited financial and social resources, like the Republic of Georgia, to start thinking about the key ingredients to advance the standard of living and quality of life for people with intellectual disabilities.

Method

Participants

Participants were 80 adults (52 male and 28 female) with mild intellectual disabilities, and of middle socio-economic status. The participants were recruited from the following two groups: (1) the users of community-based day-care service centres (40 persons), and (2) those who had never received any social services (40 persons). The first, service-receiving, group is referred to as group 1, and the second, comparison, group as group 2. Participants from group 2 live at their homes with their family members. They live in the same location (the capital city) as the day-centre group members. All of the participants from group 2 are unemployed; they spend all their time at home, with their family members shadowing their daily activities. Family members who know the subject best were asked to participate in the study. In the majority of cases this person was the mother. Using proxy respondents such as staff or family members is common practice in research involving people with intellectual disabilities to help reduce bias (Brown et al., 2009; Tenneij and Koot, 2007).

The age of participants ranged from 18 to 45 years with mean 25.53 (SD 6.65); for group 1, mean 23.55 years (SD 6.70); for group 2, mean 27.50 years (SD 6.07). Respondents from group 1 have spent on average 4.85 years (SD 3.0) at a day centre (minimum 1 and maximum 15 years).

The participants were required to demonstrate clear understanding of a consent form and respond to the brief questionnaire on social inclusion.

In addition, they were required to respond to a projective measure on happiness. The family members were asked to participate in a structured interview on the subject’s social-adaptive skills.

Measures

Three different assessment tools were used in the study to measure facets of social functioning and inclusion.

Participants’ social-adaptive skills were measured by the Adaptive Behaviour Scale, Residential and Community, Second Edition (ABS–RC:2). ABS–RC:2 is the 1993 revision of the 1969 and 1974 American Association on Mental Retardation’s (AAMD) Adaptive Behaviour Scale. This instrument has been frequently used to plan and adjust training and educational programmes for people with intellectual disabilities (Nihira et al., 1993). The scale is divided into two parts. Part one focuses on personal independence, and part two is concerned with social behaviour. The behaviours within part one are grouped into 10 behaviour domains and the behaviours within part two are grouped into eight behaviour domains (Nihira et al., 1993). Grouped behaviour domains are listed in Table 1.

Semi-structured interviews for measuring subjects’ social inclusion were based on a standard pro forma elaborated by McConkey (2007). Data on the subjects’ social contacts (social networks) and leisure activities were collected during the interview. The participants were asked to identify the names of their friends, neighbours and close relatives and the salespersons at the nearest store. The respondents were also asked about their leisure activities. The interviewer listed the various leisure activities and asked the respondents to identify how frequently they participate in these activities and events.

The Faces Scale, developed by Andrews and Withey (1976), was used to measure the subject’s sense of happiness (wellbeing). The Faces Scale

Table 1 Behaviour domains for ABS–RC:2

<i>Part one</i>	<i>Part two</i>
1 Independent functioning	11 Social behaviour
2 Physical development	12 Conformity
3 Economic activity	13 Trustworthiness
4 Language development	14 Stereotyped and hyperactive behaviour
5 Numbers and time	15 Sexual behaviour
6 Domestic activity	16 Self-abusive behaviour
7 Prevocational/vocational activity	17 Social engagement
8 Self-direction	18 Disturbing interpersonal behaviour
9 Responsibility	
10 Socialization	

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consists of seven schematic faces that progress from a frowning face with downturned mouth (very negative) to a smiling face (very positive) with an upturned mouth (Joseph et al., 2004). Respondents circled the face that 'was most of all appearing alike to them'. That is, the participants were shown the Faces Scale and were asked to identify the visage that most nearly reflected their own perceived state.

Procedures

Prior to conducting the research, approval was received from the National Council on Bioethics of Georgia. Group 1 was composed from the beneficiaries of three randomly selected day-care centres serving adults with intellectual disabilities. In order to recruit the participants for group 2 we contacted the psycho-neurological dispenser located in Tbilisi. In Georgia a 'dispenser' is an outpatient mental health provider that functions as a 'poly-clinic', from which clients may receive first aid, prescriptions and physician consultations. Dispensers also maintain mental health and pharmacological patient data bases. Dispenser (group 2) and day-care-centre (group 1) clients share key demographic characteristics in common as noted previously, making them robust comparison groups; the random selection of day-care-centre clients adds an additional layer of control against possible threats to external validity. The day centres were also located in Tbilisi. In both cases, we contacted the participants only after receiving their approval to participate in the study.

As an incentive to participate in the study, each participant was provided with a telephone card of value US\$8. The data were analysed using SPSS version 17.

Results

The mean scores of the respondents from group 1 and group 2 on ABS-RC:2 are summarized in Table 2. As indicated in the table, there is significant variance among the groups in the following behaviour domains: language development (mean 4.55, SD 0.714; mean 4.35, SD 0.113), numbers and time (mean 4.33, SD 0.730; mean 4.80, SD 1.067), self-direction (mean 4.40, SD 0.778; mean 4.00, SD 0.392) and socialization (mean 4.50, SD 0.751; mean 4.00, SD 0.392). The respondents from group 1 have higher scores on all the above mentioned scales and accordingly have higher descriptive ratings except in the domain of socialization.

Group 1 participants have scores below the mean on the following domains: disturbing interpersonal behaviour (mean 3.85, SD 1.189), followed by trustworthiness (mean 3.88, SD 0.404) and sexual behaviour (mean 3.98, SD 0.276). Group 2 members have the lowest scores on the

Table 2 Mean scores of the respondents on the ABS-RC:2 by groups

<i>Behaviour domain</i>	<i>Group 1</i>	<i>Group 2</i>	<i>F</i>
1 Independent functioning	4.53	4.43	0.157
2 Physical development	4.70	5.08	0.145
3 Economic activity	4.08	3.78	0.856
4 Language development	4.55	4.35	5.931*
5 Numbers and time	4.33	4.80	13.967*
6 Domestic activity	4.5	4.22	0.002
7 Prevocational/vocational activity	4.20	4.03	0.172
8 Self-direction	4.40	4.00	23.892*
9 Responsibility	4.58	4.65	2.665
10 Socialization	4.50	4.00	35.908*
11 Social behaviour	4.20	4.13	3.584
12 Conformity	4.08	3.90	0.000
13 Trustworthiness	3.88	4.03	2.783
14 Stereotyped and hyperactive behaviour	4.40	4.40	0.167
15 Sexual behaviour	3.98	4.03	1.067
16 Self-abusive behaviour	4.28	4.22	0.668
17 Social engagement	4.13	3.60	0.591
18 Disturbing interpersonal behaviour	3.85	3.88	1.839

* Results significant at $p < 0.01$.

following domains: social engagement (mean 3.60, SD 0.545), economic activity (mean 3.78, SD 1.025), followed by disturbing interpersonal behaviour (mean 3.88, SD 0.648) and conformity (mean 3.90, SD 0.379).

Group 1 respondents have the highest scores on the following domains: physical development (mean 4.70, SD 0.911) and responsibility (mean 4.58, SD 1.010). Group 2 have the highest scores on the following domains: numbers and time (mean 4.80, SD 1.067) and (similar to group 1) responsibility (mean 4.65, SD 0.834).

The data obtained from the interviews concerning the inclusion of the respondents in leisure activities are summarized in Table 3. As the table shows, significant variance between groups exists in the following leisure activities: café, shopping, recreation facility, movie, theatre, concert, party at home and visiting a friend at his/her home. Respondents from group 1 have the experience of visiting these places more frequently than those in group 2; consequently, the respondents from group 2 more frequently report never having visited leisure places than group 1 respondents.

However, leisure activities are not regular and take place only occasionally. Thus, 71.8 percent of respondents from group 1 never visited or attended a recreation centre, followed by theatre (70.0%), movie (cinema) (65.0%) and concert (55.0%) venues. Even more markedly, 97.5 percent of respondents from group 2 never visited a recreation centre and cinema,

Table 3 Leisure activities by groups (%)

Variables	Groups	Once a week	Once a month	Once a year	Never	Chi-square
1 Café	Group 1	12.5	15.0	32.5	40.0	10.721
	Group 2	2.5	2.5	22.5	72.5	
2 Shopping	Group 1	20.0	25.0	10.0	45.0	10.463
	Group 2	5.0	20.0	37.5	37.5	
3 Recreation centre	Group 1	28.2	0	0	71.8	10.128
	Group 2	2.5	0	0	97.5	
4 Movie	Group 1	2.5	12.5	20.0	65.0	14.044
	Group 2	0	0	2.5	97.5	
5 Theatre	Group 1	0	7.5	22.5	70.0	9.701
	Group 2	2.5	0	5	92.5	
6 Concert	Group 1	0	5.0	40.0	55.0	10.727
	Group 2	0	0	12.5	87.5	
7 Party at someone's	Group 1	0	27.5	53.5	20.0	10.256
	Group 2	0	2.5	77.5	20.0	
8 Visiting a friend	Group 1	5.0	25.0	32.5	37.5	9.935
	Group 2	27.5	15.0	15.0	42.5	

All results are significant at $p < 0.01$ (d.f. = 3) except for variable 5 ($p = 0.021$).

followed by theatre (92.5%), concert (87.5%) and café (72.5%) venues. None of the respondents have ever visited libraries or discos.

The second part of the research indicates whether the participants are involved in the leisure activities alone, or with another person. As noted above, 16 domains were named. As the results demonstrate, more representatives of group 1 go with someone else than do representatives of group 2. More concretely, as Table 4 indicates, there are significant differences regarding seven places: café (100% and 83.35%), walk (93.6% and 58.8%), hairdresser (76.9% and 40.0%), church (90.3% and 68.6%), theatre (92.3% and 50.0%), party (96.9% and 81.3%) and friends (83.3% and 54.5%).

The respondent's mother is most frequently named as the main accompanying person for group 1 members across all the places and place-based activities mentioned previously: café (33%), walk (34.5%), hairdresser (68.4%), church (50%), theatre (50%), party (48.4%) and friends (40%). Social workers or social services representatives are named as the second most frequently accompanying person after the mother in the following places and place-based activities: café (25%), walk (17.4%) and theatre (16.7%).

Table 4 Leisure activities with someone or alone by groups

Variables		Group 1 (%)	Group 2 (%)	Chi-square
1 Café	Alone	0.0	16.7	4.235*
	With someone	100.0	83.3	
2 Walk	Alone	6.3	41.2	11.603
	With someone	93.6	58.8	
3 Hairdresser	Alone	23.1	60.0	7.174
	With someone	76.9	40.0	
4 Church	Alone	9.7	31.4	4.654*
	With someone	90.3	68.6	
5 Theatre	Alone	7.7	50.0	3.767
	With someone	92.3	50.0	
6 Party	Alone	3.1	18.8	4.010*
	With someone	96.9	81.3	
7 Friends	Alone	16.7	45.5	4.493*
	With someone	83.3	54.5	

*Results are significant at $p < 0.05$. All other results are significant at $p < 0.01$.

There is no statistically significant variance between the two groups in terms of the subject's sense of happiness. However, the respondents from group 1 are a bit happier than the respondents from group 2 (mean 2.40, SD 1.336; mean 3.03, SD 1.593).

Participants from group 1 have more friends than participants from group 2. The first group has on average eight friends (SD 3.281), while in the second group the average is only two friends (SD 2.28) ($F = 14.425$, $p < 0.01$).

Discussion

The research data have shown that participants from group 1 and group 2 are different along several dimensions: they have different social skills, different social networks and different social lives. The participants from group 1 have better developed language skills, and orientation in numbers and time, and are better self-directed and socialized. A major caveat, related to a limitation of this study, is that differences in scores on social-adaptive skills cannot be explained exclusively by the effect of day-care services, particularly when the quality of these services has never been evaluated. Factors such as users' disability level and dependency in self-care (McConkey, 2005), families' socio-economic background, parents' educational level and wellbeing (Blacher et al., 2005; Maurice et al., 2004) play an important role in the development of social-adaptive skills in

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people with intellectual disabilities. In this study the effect of these factors has been minimized by selecting participants with similar intellectual disability level (mild) and socio-economic background (middle). However, the potential threat to external validity posed by the above mentioned factors should still be taken into consideration.

The number of friends is the other factor differentiating participants from groups 1 and 2. The participants from group 1 have more friends. However, the friendship networks of participants from group 1 are greatly restricted – mainly consisting of people with intellectual disabilities and those in the immediate treatment environment. Similarly, day-centre mates and staff are listed as friends. The role of community-based services in the formation of social networks of people with intellectual disabilities has particular relevance for Georgian contexts because for the majority of people with intellectual disabilities in Georgia the day-care centres are the only place where they can go out and meet other people. However, the further widening of this network and the inclusion of more peers without intellectual disabilities would necessitate the development of other services, for example, those focusing on vocational rehabilitation and employment of adults with intellectual disabilities. Such services could place people with intellectual disabilities in so-called ‘integrated’ workplaces with non-disabled co-workers.

According to the research data, participants from group 1 have more experience in attending public places and participate in a wider variety of social events. In the Republic of Georgia one rarely sees people with intellectual disabilities in public places. Because of the high degree of stigma associated with disability, family members try to keep them in their homes, isolated and invisible from their neighbours and from society in general (World Bank, 2007). The fact that participants from group 1 visit public places with their family members more often than participants from group 2 makes us think that attending the day-care services may help family members to overcome or better cope with the existing stigma. It may also encourage them to create a more active social life for their relatives with intellectual disabilities. Our study findings also suggest that the influence on community participation of factors such as parents’ educational level, wellbeing and attitudes towards disability should be taken into consideration. The impact of social services on parents’ attitudes is an important issue for further research, particularly for the Georgian context. In the Republic of Georgia the parents and family members of people with intellectual disabilities remain largely uneducated about intellectual disability issues. Moreover, they suffer greatly from existing stigma and societal intolerance towards people with intellectual disabilities (Institute for Policy Studies, 2008).

As the research data have shown, mothers are the most significant persons for the representatives of both groups 1 and 2. For the members of group 1, mothers are the main accompanying persons at all the public places they are visiting. Mothers of people with intellectual disabilities in Georgia share a common experience with mothers internationally, who are considered to be the most socially isolated of family members (Llewellyn et al., 1999). However, in contrast to mothers of persons with intellectual disabilities from developed countries, Georgian mothers have no supportive social services to help deal with the distress that they often experience. Given that the wellbeing of mothers and other caregivers contributes considerably to the wellbeing of people with intellectual disabilities, the development of support services for them would likely play a crucial role in the social integration of people with intellectual disabilities.

According to our findings there is no statistically significant difference between the groups in their sense of happiness. As noted previously, the participants from group 1 do however report feeling a bit happier. A number of studies reveal that friendship, social roles, leisure activities, hobbies and work have a positive effect on the quality of life of persons with intellectual disabilities (Hartnett et al., 2008; Schalock, 2001). In our research there are no significant differences in the sense of wellbeing among the participants from groups 1 and 2. This result suggests that participation in day-care services alone cannot influence the QOL of persons with intellectual disabilities, even if this service improves their social-adaptive skills and enlarges their social networks. There is no doubt that initiating the development of day-care services for people with disabilities in Georgia is a step towards their social integration; however, in the absence of other community integration services, day-care services cannot by themselves meet all the needs of persons with intellectual disabilities and their families. Indeed, for many of the adult beneficiaries of day-care centres, vocational rehabilitation or employment is a reasonable next step for further development. For attaining real, meaningful results in the social inclusion of persons with intellectual disabilities, day-care services should be part of a well developed social services system responding to individual needs over the life course, beginning in childhood. Only in coordination with other services can the day-care centres influence the quality of life of persons with disabilities and contribute to increasing their social inclusion.

Conclusion

Our study has revealed that day-care centres for people with intellectual disabilities in Georgia affect the lives of their service users in much the

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same way as is described in studies carried out in other countries. The community-based day-care centres afford users with opportunities to improve social-adaptive skills, meet other people with intellectual disabilities and enlarge their social networks. They also help their families and caregivers avoid burnout and decrease the level of dependence of individuals with intellectual disabilities on their relatives and its attendant burdens. However, the social inclusion of people with intellectual disabilities requires positive supports for social interactions and friendships in the general (non-disabled) population that exceed the capacity of day-care centres. Ensuring service users receive high quality social services, including integration-focused programming, is a necessary first step towards achieving robust social inclusion outcomes. For full inclusion to take place, however, programmatic approaches must be accompanied by a comprehensive awareness-raising campaign among the different societal stakeholders, including youth, employers and policy makers. In other words, a multi-dimensional social marketing and educational effort should aim at changing societal attitudes, policies and practices. One way to conceptualize this increased societal awareness is in terms of the larger community's receptivity, or willingness, knowledge and pro-inclusion values, towards the participation of people with disabilities in society (Bricout and Gray, 2006). By expanding societal awareness and receptivity it should be possible to see people with intellectual disabilities actively engaged and participating in schools, work and public places. Achieving such a profound change, which will require changes in beliefs, attitudes, institutions and social policies, will pose a great challenge, albeit in different forms and measures, for all nations, developing and developed alike. Although the specific form will necessarily vary according to national resources, customs and readiness to support social inclusion, cross-level societal efforts are the only way to achieve real, meaningful results in the social integration of people with intellectual disabilities.

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