Investigating the Activity Preferences and Activity Performances of Individuals Who Live at a Residential Home

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Öz
Çalışmaya 48 kişi (erkek = 30 (%62,5), kadın = 18 (%37,5)) dahil edildi. Kanada Rol Performans Ölçümü (COPM) ve Ev Çevresi Etki Anketi-Mohost) (Sürüm 2.0, 2008) ile aktivite tercihleri ve katılım, bireylerin yaşadığı evler değerlendirilir. Bireylerin en az katılımın üretici aktiviteler olduğu belirlendi. Ev ortamının kalitesi, işe ve günlük aktivitelere katılım, aktivite rol geliştirme, boş zaman/ rekreasyon faaliyetlerine katılım, evde yaşayan diğer kişiler, aile ve arkadaşlar ile etkileşimler, güçlendirme, dışarıdaki iletişim boyutlarında "Biraz İyileştirmeye İhtiyaç Duydukları" belirlendi. Kurumsal bakım merkezindeki serbest zaman ve üretici aktivitelere katılımın kişi merkezli bir yaklaşımla yapılandırılması gerektiği düşünülmektedir.

Anahtar Kelimeler: model; aktivite; katılım; performans

Abstract
It was planned to determine the activity preferences and performance levels of the individuals living in the Institutional Care Center. Forty eight individuals (male = 30 (62.5%); female = 18 (37.5%) were included in study. Activity preferences and participation with the Canadian Role Performance Measurement (COPM) and The Residential Environment Impact Survey-Mohost) (Version 2.0, 2008), the houses where individuals live are evaluated. It was determined that the least participation in individuals was in productivity activities. It was

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determined that they "Need some Improvement" in terms of quality of the home environment, participation in work and daily activities, participation in free time/recreation activities, interactions with others living at home, family and friends, empowerment, communication outside the home, activated role and role development. It is thought that participation in free time and productivity activities in the institutional care center should be structured with a person-centered approach.

Keywords: Model; occupational; participation; performance

Introduction

Mental disability is a chronic condition that occurs before, during, or after birth, affecting the central nervous system (Kara, 2017). For some reason, it is a situation that slows down the development and functions of the mind, as a result, prevents the formation of effective adaptive behaviors and makes them insufficient in social and academic behaviors (Sucuoğlu, 2010)**.** When Turkey is examined across species barriers, constitute intellectual disabilities, up 0.48% of Turkey's population (Turkish Statistical Institute, 2002). What is expected in all definitions is that individuals with disabilities do not have normal living conditions and continue their lives with the support of others (Genç and Barış 2015).

ADL; is divided into two categories: basic daily life activities (ADL) and auxiliary daily life activities (IADL). Self-care activities such as nutrition, bathing, dressing, toilet are, ADL shopping, transportation, money management, travel, cooking, household chores are ADL. The level of independence in ADL and IADL plays a role in one's social participation (Brown and Stoffel, 2011)**.**

Activity-Role Participation; It is the engagement of activities-roles such as daily life activities, work, or games that are part of the socio-cultural context of the individual and are desired and/or necessary for the person to be happy. Participation evaluates the social dimension rather than the individual dimension. Effective role performance in social settings, is divided into three areas: home participation (active participation of the person in-home activities); social participation (interpersonal relationships and participation in various activities outside the home), and participation in productive activities (work, education, and volunteer activities that the person deals with)**.** Participation occurs in many places, including work, school, play, sports, entertainment, learning, civil life, and religious activity environments (Whiteford, et.al., 2018; Fisher, and Kayhan, 2012; Suarez-Balcazar, and Hammel, 2015; Farias, Laliberte-Rudman, and Magalhaes, 2016; Social Services and Child Protection Agency, 2011; Ravanera

and Fernando, 2014; Agyar, 2014).

In our country, if the need for care of individuals with mental disabilities is not possible with the family, care service is provided in the institution. Care Services are carried out under the Provincial Directorate of Family and Social Policies (MoFSP) supervision. "Care and Rehabilitation Centers"; are social service organizations established to eliminate functional losses and provide skills that enable them to be self-sufficient in society or to constantly look after those who cannot acquire these skills because of their physical, mental, and mental disabilities (Ministry of Family and Social Policies, 2014).

Institutional Houses

3 of the 5 houses evaluated in the institution houses are male individuals, and 2 of them are female individuals. Male and female individuals live in separate houses. The house areas they live in consist of 4 rooms, living room, dining room, kitchen, and bathroom. At home, 12 individuals, 1 specialist and/or 1 private educator, and 3 staff members are involved. There are 3 individuals in each room.

Houses have accessible toilets, bathrooms, and kitchens that are open to everyday use. There is a shared laundry in the institution center where the laundry is washed and a refectory where meals are prepared. Meals are prepared in the refectory and served to the houses. There are no stairs inside the house, and outside of a house, there are stairs and handrails for access to the garden due to its location. In all the houses, sufficient lighting, door width, ease of use of door knockers or handles, and light switches were at an extensible distance. In the bathroom accessible location, the toilet height was suitable. There were 2 holding bars for the sink and toilet. There is a garden outside the houses, and it is accessible.

Individual autonomy and control are quite weak in individuals living here. Problems are experienced due to the adverse effects of long-term institutional care on individuals (social isolation, physical deprivation, depression, loneliness, emotional emptiness, alienation, etc.) and staff not being qualified (Kılıç and Yılmaz, 2018; Mansell, et.al., 2008*).* In the related researches, although the problems faced by individuals with mental disabilities, institutional care, and home care issues were studied, no research was found on the activity participation of mentally disabled individuals under institutional care. This research aims to determine the activity preferences and performance levels of mentally disabled individuals under care and protection in the Care and Rehabilitation Center affiliated with the Ministry of Family Social Services and Labor and evaluate how different aspects of institutional nursing homes affect individuals. For this purpose, evaluations and analyses related to daily life activities, leisure time

participation, and productivity of individuals with mental disabilities were made in our study. Activity priority and activities in which they are restricted participation were determined according to the COPM, and their performance and performance satisfaction were evaluated. The information obtained from the study is expected to contribute to research and policy development for individuals with intellectual disabilities.

Methods

The study with decided number 2015 GO/15/199-09 has been approved by the Ethical Committee of the Non-Interventional Clinical Research Ethics Committee of Haceptepe University.

A total of 48 people were admitted to the Saray Barrier-Free Life Care and Rehabilitation Center.

The study was carried out according to the Helsinki Declaration. A voluntary consent form was obtained from individuals. In addition, diagnosis of individuals, age, gender, education level, employment status, intelligence levels, family information, information received from experts responsible for Institution Houses, and the file information of individuals of the social service department of the institution were recorded.

Study group

The individuals enrolled in the study are individuals with mental disabilities living in 5 houses in Ankara Saray Barrier-Free Life Care and Rehabilitation Center, the Institutional Care Center.

Inclusion criteria: Volunteer individuals between the ages of 20-40, who could be communicated, diagnosed with an intellectual disability according to the DSM-V-TR standards by the psychiatrist, and who agreed to participate in the study were included in the study. In addition, individuals with mild to moderate mental retardation were included.

Evaluation

By using the test materials, activity preferences and performance levels of individuals were determined.

The study's evaluations were made by applying the Canadian Occupational Performance Measure (COPM) and Housing Environmental Impact Survey (Law, et.al., 1990; Zakarneh, 2015; Law et.al., 1998).

Evaluation of Participation

In our study, the Canadian Occupational Performance Measure (COPM) was used to evaluate the participation of individuals. COPM is a valid and reliable measurement tool that is a semi-structured interview that aims to identify the problems faced by the person in the activity performance areas.

copm; is a measurement that evaluates the activity performance and satisfaction with the perception of the person in the areas of self-care, productivity, and leisure time (Farias, et.al., 2016).

It is a crucial evaluation method for guiding occupational therapy interventions and measuring person-centered results. COPM's reliability study was conducted by Law and Stewart in 1996 on children. In the next stage, the patient was asked to choose the 5 most important activities for him and evaluate his own performance for each activity and his satisfaction with this performance by giving him a value between 0 and 10. Finally, performance and satisfaction scores were collected and divided by the number of activities that the patient stated to be important. Performance and satisfaction scores were obtained (Zakarneh, 2015; Carswell, et.al.,2004).

The Residential Environment Impact Survey-Mohost (Version 2.0, 2008); The Residential Environment Impact Survey (REIS) based on the Model of Human Occupation, are non-standardized, semi-structured assessments aimed at evaluating how a home influences the quality of life of the resident(s). Occupational therapy practitioners have used these instruments as consulting tools to formulate and implement recommendations to improve residents' occupational functioning. It is designed to study the environmental impacts of living houses in the community. The Residential Environment Impact Survey (REIS) (MOHOST) is designed to assess how different aspects of residential group homes affect residents with mental/developmental disabilities. It is a consulting tool based on the Human Activity-Role Model (MOHOST-MOHO) (Fisher, and Kayhan, 2012). In particular, REIS measures the degree to which the home environment improves optimal functioning and activity-role development. REIS which is the first observation of the home environment, consists of four components, including observation of at least three activities (such as mealtime, morning and evening routine, and Leisure time or social activity), residents' semi-structured group interview, and interview with the supervisor and/or house staff (Fisher, et.al., 2012; Richards et.al., 2015).

REIS is a new tool released in 2008 compared to others. And therefore, no published studies are describing its reliability and validity (Fisher, and Kayhan,

2012; Lichtenberg, 2011). In the master thesis study by Zakarneh, a Turkish version study was applied on 24 individuals (Zakarneh, 2015).

In addition, the reliability coefficient of the scale (Cronbach Alfa) was found to be 0.75. The assessment consists of 24 different regions, each rated on a 4-point scale. The first part of the Preliminary Observation Guide focuses on what attracts attention when the evaluator enters the house. For example, Access to space; Cognitive and Physical Supports; Physical Environment; Natural Environment is examined as Sensory Environment. The second part of the Survey on the Impact of the Accommodation Environment is the Activities / Tasks Observation Guide.

The third part is Group Meeting with Residents. As the first subsection, Site Evaluation, physical spaces; storage space for the bedroom, kitchen, laundry room, living room, bathroom, storage area for personal items (clothes, money, care items) such as closets, drawers or containers, the place to be alone, its natural surroundings and the garden are evaluated. The second subchapter is the Assessment of Objects. Grooming supplies/Makeup equipment (shampoo, soap, deodorant, feminine products), care tools (shaver, toothbrush, nail clipper), clothes, adaptation device, free time/relaxation activities, own television, own video player, own music own materials (paints, felt-tip pens, paper, scissors, glue, thread, craft material, garden tools, camera/if relevant), own training materials (notebooks, pens, books) for hobbies such as instrument or radio, arts and crafts, his own money, his books, his photos, and his " storage area for personal items. " The third sub-section is the Assessment of Tasks; nutrition, dressing, bathing/ showering, using the toilet on their own, personal care (shaving, toothbrush, nail care, makeup) are examined. The fourth subdivision is Social groups/Social environment. Personal Preferences in this section; Schedule/Routine; Social policies are evaluated Socially. The fourth part of the Survey on the Impact of the Accommodation Environment is the supervisor /personnel meeting. There are 11 questions to learn their perspective.

Statistical Analysis

In descriptive statistics related to continuous data, Average Standard Deviation, Median, minimum, maximum values, and percent values in discrete data are given. SPPP 11.5 program was used in evaluations, and $p<0.05$ was accepted as the limit of statistical significance.

Results

Findings Related to the Evaluation of Participation

Forty-eight individuals, 30 (62.5%) men and 18 (37.5%) women, living in the Saray Barrier-Free Life Care and Rehabilitation Center, participated in our study. The youngest person was 19 years old, and the oldest was 41 years old. In our study, the mean age of the individuals was 33.75 ± 9.46 years.

The sociodemographic characteristics of the individuals staying in the institutional care center are shown in Table 1.

Table 1. Distribution of Participants' Demographic Features

Age(Ort ± SS)	33.75	9.46
Sex (n %)		
Famela	18	37.5
Male	30	62.5
Cigarette		
Uses	2	4.2
not use	46	95.8
Income status		
Yes	10	20.8
No	38	79.2
Chronic illness		
Yes	9	18.8
No	39	81.3
Education		
Not literate	26	54.2
Primary education	12	25
Middle School	9	18.8
High school	1	2.1
Intelligence		
Mild	31	64.6
Moderate	17	35.5

In the study, the activity of women who had problems in self-care was determined by making up with 6.3% (performance score (pp): 6,667). This was followed by dressing (30%), bathing (30%), shopping (30%) activities. They stated that they had difficulty in cooking (18.8%) in productivity and in gardening activities (6.3%) in free times (Table 2).

Table 2. Distribution of self-care productivity and leisure time activities by individuals according to COPM

	n	%
Self Care	48	93.8
Taking a shower	45	93.8
Toilet	46	95.8
Wear	46	95.8
Shopping	29	60.4
feed	46	95.8
Makeup	3	6.3
Going to the hairdresser	2	4.2
Productivity	46	95.8
Doing household cleaning	44	91.7
Working	3	6.3
cooking	9	18.8
Free Time	48	100
Gardening	3	6.3
Prayer	48	100
Visit	37	77.1
Craft	7	14.6
TV watching	48	100
Reading books	13	27.1
Making jewelry	6	12.5
Müsic listening	43	89.6
sporting	22	45.8
Walking	30	62.5
Reeds playing	1	2.1
Animal Feeding	2	4.2
Going to coffee	3	6.3
Going on a picnic	17	35.4
Painting	4	8.3
Table Making	28	58.3
Using the telephone	29	60.4
Chard do	10	20.8
Computer Course	10	20.8
Gymnastics Course	15	31.3
Aircraft model course	10	20.8
Wood painting	3	6.3
Bike riding	5	10.4
Playing drums	1	2.1
Going to the movies	4	8.3
Trainee in galosh workshop	7	14.6
Playing backgammon	7	14.6
Playing on the basketball team	3	6.3
Trainee at soap workshop	3	6.3
Trainee in ceramic workshop	8	16.7
Joining the swimming group	12	25
At the woodwork workshop	4	8.3
Futball	8	16.7
Bowling	2	4.2
Computer game	2	4.2
Athleticism	3	6.3
At the carpet weaving workshop	2	4.2
Dog feeding	1	2.1
Dance	10	20.8
Greenhouse	2	4.2
Making imitations	2	4.2
At the ribbon embroidery workshop	1	2.1
Playing on the Cannonball team	1	2.1

It was determined that the participants attached importance to watching TV as a free time activity, performing prayers, cleaning as a productivity activity, working at a job, toilet, bathing, dressing activities in self-care activities (Table 3).

Table 3. Self care rankings from large to small according to the largest copm_p value

SELF-CARE	COPM_P		COPM_T	
	Ort±SS	Median (Min-maks)	Ort±SS	Median (Min-maks)
Shopping	8,576 ± 1.46	8.6 (4-10)	9.645 ± 0.86	10 (6.4-10)
Taking a shower	8,471 ± 1.49	8.6 (4-10)	9.293 ± 1.24	10 (5-10)
Toilet	8,465 ± 1.48	8.6 (4-10)	9.269 ± 1.25	10 (5-10)
Wear	8,465 ± 1.48	8.6 (4-10)	9.269 ± 1.24	10 (5-10)
Transfer	8,446 ± 1.46	8.6 (4-10)	9.300 ± 1.23	10 (5-10)
Feeding	8,404 ± 1.48	8.5 (4-10)	9.269 ± 1.25	10 (5-10)
Makeup	6,667 ± 2.31	8 (4-8)	7.467 ± 0.92	8 (6.4-8)
Going to the hairdresser	6,000± 2.82	6 (4-8)	7.200 ± 1.13	7.2 (6.4-8)

They gave COPM scale and performance and satisfaction points to the activity performance problems determined by the individuals included in the study (Table 4,5,6).

Table 4. Productivity ranking from large to small by maximum copm_p value

Productivity	COPM_P		COPM_T	
	Ort±SS	Median (Min-maks)	Ort±SS	Median (Min-maks)
Cleaning	8,432 ± 1.51	8.5 (4-10)	9.254 ± 1.27	10 (5-10)
Ging to Work	8,424 ± 1.31	8.4 (4-10)	9.528 ±0.97	10 (6.4-10)
Cooking	8,289 ± 2.030	8.8 (4-10)	8.867 ± 1.28	9.2 (6.4-10)

Table 5. Large to small leisure ranking by maximum copm_p value

Free Time	**COPM_P**		**COPM_T**	
	Ort±SS	Median (Min-maks)	Ort±SS	Median (Min-maks)
Going to coffee (n=3)	10,00 ± 0.0	10 (10-10)	10,00 ± 0.0	10 (10-10)
At the carpet weaving workshop (n=2)	10,00 ± 0.0	10 (10-10)	10,00 ± 0.0	10 (10-10)
Basketball (n=3)	9,867± 0.2	10 (9.6-10)	10,00 ± 0.0	10 (10-10)
Computer game	9,400±0.8	9.4 (8.8-10)	9.60 ± 0.5	9.6 (9.2-10)
Making imitations (n=2)	9,400± 0.5	9.4 (9-9.8)	10.00 ±0.0	10 (10-10)
craft (n=7)	9,229± 0.9	9.8 (8-10)	9.28 ± 0.9	9.8 (8-10)
Playing backgammon (7)	9,114± 1.8	10 (5.2-10)	9.80 ±0.4	10 (8.8-10)
Greenhouse (n=2)	9,100± 0.9	9.1 (8.4-9.8)	10.00 ±0.0	10 (10-10)
Going to cinema (n=4)	8,900± 1.4	9.3 (7-10)	10.00 ± 0.0	10 (10-10)
Soap doing(n=3)	8,867± 1.6	9.6 (7-10)	10.00 ±0.0	10 (10-10)
Ribbon embroidery (n=1)	8,800±1.3	8.8	9.20 ±	9.2
Ceramic (n=8)	8,725± 1.6	9 (5.2-10)	9.85 ± 0.4	10 (8.8-10)
Visiting(n=37)	8,689± 1.4	8.8 (4-10)	9.61 ± 0.8	10 (6.4-10)
Chard do (10)	8,670± 1.9	9.5 (4-10)	9.15 ± 1.1	9.5 (6.4-10)
jewelry design (n=6)	8,650± 1.9	9.5 (5-10)	8.65 ±1.9	9.5 (5-10)
Reeds playing (n=1)	8,600±1.1	8.6	10.00 ±0	10
battery (n=1)	8,600±1.2	8.6	10.00±0	10
Football (n=8)	8,600± 1.7	9.2 (5.2-10)	9.85 ± 0.4	10 (8.8-10)
Gardening (n=3)	8,567± 1.8	9.5 (6.4-9.8)	9.77 ± 0.2	9.8 (9.5-10)
travel (n=42)	8,552± 1.4	8.6 (4-10)	9.37 ± 1.1	10 (5-10)
Trainee in galosh workshop (n=7)	8,543± 1.0	8.4 (7-10)	9.91 ± 0.1	10 (9.6-10)
Swimming(n=12)	8,517± 1.4	8.5 (5.2-10)	9.68 ±0.6	10 (7.8-10)

Picnic (n=17)	8,506± 1.2	8.4 (5.2-10)	9.88 ± 0.3	10 (8.8-10)
Animal Feeding	8,500±1.3			
Bowling (n=2)	8,500± 0.7	8.5 (8-9)	10.00 ±0.0	10 (10-10)
Listening to music (n=43)	8,484± 1.4	8.6 (4-10)	9.288 ± 1.2	10 (5-10)
Prayer (n=48)	8,446± 1.4	8.6 (4-10)	9.30 ± 1.2	10 (5-10)
TV wathing (n=48)	8,446± 1.4	8.6 (4-10)	9.30 ± 1.2	10 (5-10)
Reading Newspapers (n=48)	8,445± 1.4	8.6 (4-10)	9.3 ±1.2	10 (5-10)
Sport(n=22)	8,441± 1.6	8.6 (5-10)	9.33± 1.3	10 (5-10)
Bicycling (n=5)	8,400± 0.2	8.4 (8.2-8.6)	9.92 ± 0.1	10 (9.8-10)
Board game (n=28)	8,379± 1.7	8.7 (4-10)	8.98 ± 1.4	9.7 (5-10)
Walking (n=30)	8,307± 1.4	8.4 (5-10)	9.30± 1.2	10 (5-10)
Telephone with talking(n=29)	8,307± 1.4	8.4 (4-10)	9.44 ± 0.9	10 (6.4-10)
Reading books (n=13)	8,285± 1.8	8.8 (4-10)	8.730 ± 1.5	9.5 (6-10)
Gymnastics Course (n=15)	8,273± 2.1	9.6 (4-10)	8.873 ±1.5	9.6 (5-10)
ball (n=1)	8,000±	8	8.00±0	8
Dancing(n=10)	7,980± 1.6	8 (4-9.6)	8.64 ± 1.3	8.8 (6.4-10)
Wood work (n=4)	7,850± 1.9	8.1 (5.2-10)	9.700±0.6	10 (8.8-10)
Atletizm (n=3)	7,800± 0.7	8.0 (7-8.4)	9.33 ± 1.1	10 (8-10)
Painting (n=4)	7,750± 0.9	7.6 (6.8-9)	7.85± 0.7	7.8 (7-8.8)
Computer Course (n=10)	7,650± 1.4	8.0 (5-9.8)	8.31 ± 1.7	8.4 (5-10)
Aircraft model (n=10)	7,650± 1.4	8.0 (5-9.8)	8.31± 1.7	8.4 (5-10)
Wood paint (n=3)	7,600± 2.5	7.8 (5-10)	8.33 ± 2.8	10 (5-10)
Dog feeding (n=1)	7,000±	7	10.00 ±0	10

Table 6. Residential Environment Impact Survey of institution houses individuals

	Ort±SS	TEST Median(Min-maks)
1. Access To Space	4±0.00	4 (4-4)
2. The natural environment	4±0.00	4 (4-4)
3. Physical environment	4±0.00	4 (4-4)
4. Sensory environment	1.8±1.30	1 (1-4)
5.Homelike Qualities	2.4±0.89	2 (2-4)
6.ADL objects	3.0±0.0	3 (3-3)
7. Leisure objects	3.4±0.89	4 (2-4)
8. Adaptive equipment	3.2±1.09	4 (2-4)
9. Participation in ADL participation	2.8±1.09	2 (2-4)
10. Participation in **Work and Chores**	2.0±0.0	2 (2-2)
11. Participation in IADL	1.4±0.54	1 (1-2)
12. Participation in Leisure/ Recreational Activities	2.0±0.0	2 (2-2)
13. Participation in Community Activities	1.2±0.44	1 (1-2)
14. Self expression	1.4±0.54	1 (1-2)
15. Schedule / routine	1.0±0.0	1 (1-1)
16. Interactions with others Living in the Home, family and friends	2.2±0.44	2 (2-3)
17. Interactions with staff	3.6±0.54	4 (3-4)
18. Decision-making	1.2±0.44	1 (1-2)
19. Level of assistance provided	1.6±0.54	2 (1-2)
20. Autonomy	1.4±0.54	1 (1-2)
21.Empowerment	2.0±0.0	2 (2-2)
22.The Goal Process	1.4±0.54	1 (1-2)
23. Outside Communication	2.2±0.44	2 (2-3)
24. Occupational identity and Role Development	2.4±0.54	2(2-3)
Total REIS score	56±5.14	53 (52-63)

REIS (Residential Environment Impact Survey),*Wilcoxon Test

According to the evaluation results of the accommodation environment, the scores of the individuals living in the Saray Disabled Life Care and Rehabilitation Center were found low. It has been determined to be "strong" in Field Access, Natural Environment, Physical Environment in Institution Houses. ADL involvement was "appropriate" in terms of IADL objects, leisure time objects, Adaptation equipment, Interactions with staff. It was determined that they needed "Needs Some Improvement" in terms of quality of the home environment, participation in work and daily activities, participation in free time/recreation activities, interactions with others living at home, family and friends, empowerment, communication outside the home, activated role and role development. It was determined that they needed "Needs major improvement" in terms of sensory environment, participation in IADL, participation in social activities, self-expression, program/routine, decision making, level of assistance provided, autonomy, goal process.

Discussion

In our study, evaluations and analyzes related to daily life activities, leisure time participation, and productivity activities of individuals with mental disabilities were made. According to the COPM, the activities that were restricted in their participation and activity priority were determined. Their performances and performance satisfaction in these activities were evaluated. According to the COPM, it has been determined that there are no activities restricted in activity priority and participation. It is determined that their performance and performance satisfaction in these activities are at a good level. In our study, when the individuals were examined one by one, it was found that the activity balance was insufficient, and they spent most of their time with passive activities such as watching television and listening to music. Other activities most frequently performed in our study are praying, eating, bathing, going to the toilet, dressing, visiting, walking, shopping, playing sports, using the phone, gardening, reading books, doing handicrafts, playing instruments, animal feeding. Going to coffee has been found. The most preferred other activities by individuals are self-care and cleaning activities. In our study, the activities in which mentally disabled individuals give satisfaction and performance scores are seen mostly in the leisure time performance area. When the activities with the highest performance score are listed, they are determined as free time activities, going to coffee, weaving carpets, playing basketball, playing computer games, imitating, handicraft, playing backgammon, greenhouse. The productivity activities were followed by cleaning, self-care activity, bathing, toilet, dressing, eating, and shopping activity.

A study on the involvement of young people with disabilities found that these children participated in a wide range of structured activities (such as games, work, sports, artistic and ritual activities) and leisure activities (e.g., reading books, hanging out with friends, playing games) (SHÇEK, 2011).

In our study, watching tv, listening to music, chatting with friends, visiting, walking, and using the phone are similar to the literature study as they participate in the most.

According to the results of the study and literature study, we think that adults with disabilities have limited social participation (Ministry of Family and Social Policies, 2014; Kılıç, Yılmaz, 2018) and they participate mostly in other activities due to their social isolation.

According to the results of the assessment of The Residential Environment Impact Survey- Mohost) (Version 2.0, 2008), when examined in terms of the environment that meets the needs and wishes of the individuals living in the Institution House, participation in work and daily work and auxiliary daily life activities, leisure time/recreation activities and social activities, program and routines, indoor and outdoor communication and interactions (Fisher, and Kayhan, 2012). It has been determined that there is a need for improvement in decision making, target process creation, autonomy, empowerment and decision making, level of assistance provided, and role creation. In the studies conducted, it has been observed that the physical arrangements for the conditions and unique needs of the disabled are generally ignored (Kaya and Yıkmış, 2014). It is stated that disabled people face problems related to bathroom, closet, and sink equipment.

Regarding the problems of individuals regarding their self-care, it was stated that disabled people have difficulty sitting on the toilet, bathroom, and toilet floors are slippery and sometimes cause accidents. This finding is not consistent with our research results (Köksal, 2008; Gül, 2003; Kalınkara, 2010). In our study, although there is no problem regarding the physical structure of the institution, and there is no problem in the accessibility of the physical area of the house, it can be interpreted that the rules require some improvements in the use and use of physical space in accordance with the institution's policies. A study stated that the appropriate design would provide a connection between the inner and outer environment. And it has been stated that supportive approaches to participation in daily life activities are important (Kalınkara, 2010).

We think that the houses in the Saray Rehabilitation Center are generally weak due to the lack of items for the accessibility of sensory input. This issue was not addressed in literature studies. In a study, it was revealed that disabled people

experience heat and ventilation problems. In our study, the home environment was comfortable, culturally appropriate, and pleasant as a quality (Gül, 2003). With the support provided by the Ministry in general, positive findings have emerged in all houses due to the quality of the houses. We think that positive results for all houses have occurred since daily life activities and leisure time objects are suitable in the houses examined in the Saray Rehabilitation Center. We think that it is effective to have workshops in the institution and individuals to participate in them. In a study of disabled and unimpeded youth, the first four interests were determined as listening to music, being with friends, watching television, and talking on the phone (SHÇEK, 2011). In a study, the opinion that individuals with intellectual disabilities stated that they spent their leisure time at the TV and could not evaluate them. It is stated that they are in the workshops, but they usually stand idle and watch television (Kaya and Yıkmış, 2014).

It was determined that suitable and necessary adaptation tools were provided as adaptation equipment, and when the use was examined, the tools were provided. One study reported that individuals with mental disabilities had problems in the building, such as UPS and downs, and problems in addressing their specific needs caused by the lack of special equipment for the disabled (Kaya and Yıkmış, 2014).

In the assessment of participation in daily living activities (ADL), it was found that individuals had some improvement needs in their opportunities and resources for participation (eating, dressing, bathing, grooming yourself). We think that there are different results in this issue due to the rules that are determined according to the expert in charge of the houses. In the studies carried out, the problems individuals face about self-care services provided in the institution are as follows; It has been examined as physical, educational, and aid problems (Köksal, 2008). It has been determined that individuals with intellectual disabilities are inadequate in self-care and cannot wear their clothes and underwear independently (Köksal, 2008). The findings obtained from our study are compatible with the literature studies. Generally, it was determined that individuals have educational problems for eating, dressing, bathing, personal care, and there are also problems related to the amount of aid given by the staff.

In terms of work and participation in daily work, it has been determined that there are "some improvement needs" in their opportunities and resources in participating in work and housework. We believe that this result has occurred as work life and daily work are done with the decisions made by the responsible experts of the houses and the administration. In a study, similar findings were revealed. Problems experienced by individuals with mental disability in the study; disability rights, vocational training, and institutional structures (Kaya

and Yıkmış, 2014). It will be appropriate to conduct assisted studies in by creating opportunities with vocational rehabilitation practices and occupational therapists' expertise by creating opportunities with vocational rehabilitation practices determined by the individual-centered, needs and wishes matched with the analysis of talents.

As an Instrumental Activities of Daily Living (IADL) participation, individuals' opportunities and resources (cooking, laundry, financial management, shopping, telephone, computer usage) for the performance of auxiliary daily life activities were examined. However, some improvements need to be made to the homes being assessed," it concluded.

When the individuals have opportunities and resources to participate in leisure activities, it was determined that they generally have "some improvement needs." In a study, it was mentioned that physical education activities are insufficient. The focus is on the areas where children can walk physically, play a game room or a hobby room where they can take care (Köksal, 2008). Having physical activity areas is presented as a solution proposal. Instead of directing individuals to workshops, it has been suggested that suggestions should be created for them to make their own choices about the activity they will do, and that travel and entertainment time should be increased (Kaya and Yıkmış, 2014).

It has been determined that participation in activities meaningful for the person improves the quality of life of the persons (Goldberg and Brintnell, 2002). Another finding of the research is to organize physical activities for individuals with intellectual disabilities and to provide more effective use of occupational workshops (Kaya and Yıkmış, 2014). The conclusions of Biçer and Savucu (2009) 's research on the importance of physical activities in individuals support our research findings (Biçer and Savucu, 2009).

As participation in social activities; The opportunities and resources of individuals to participate in events and excursions in society were found low. Implementing the institutional rules is thought to be prevented due to problems in allowing permission to participate in activities outside the home. A study stated that the participation of individuals was limited due to the cost of the programs, affordable housing, lack of information and physical assistance, the inclusion of disabled people in planning, and staff training and attitudes (LaPlante,1996). It has been stated that the social environment, social attitudes, and usability of social support, institutional environmental factors economic, political, attitudes) are important in facilitating participation (Pizarro et al. 2018; Rimmer, 2012). In the studies conducted, it was determined that there are difficulties in participation in social life due to a large number of disabled people, and the negativities brought

about by public life occur (Kılıç, Yılmaz, 2018; Mansell, et.al., 2008). Another study determined that there is an important relationship between disability severity and social isolation. Due to the presence of disability, it was found that individuals spend more time at home and have fewer social relationships, less diversity, and active participation in recreation (SHÇEK., 2011). We think that it is possible for people with intellectual disabilities to be more qualified in their daily lives and social participation through interdisciplinary teamwork. Within the interdisciplinary team, with the individual-centered activity-based occupational therapy programs planned and implemented by the occupational therapist, increasing the independence and social participation of individuals with intellectual disabilities in daily life activities is an important part of the rehabilitation process.

As self-expression; It has been determined that opportunities and resources for individuals to express themselves to choose personal space decoration, clothing, and spend time generally have some improvement needs. It has been not easy to evaluate the houses in general for this area. We think that different results can be obtained according to the people who live at home. A study stated that individuals with mental disabilities could not express themselves and could not communicate with the personnel (Kaya and Yıkmış, 2014). The same findings are available in many studies in the literature (Güleryüz, 2009; Sümer, 2006; Ulutaşdemir, 2007). The results of this research support the findings of other researchers in the literature. In program/routine evaluation, facilitating maximum participation and independence was examined. In this area, we think that the institution implements the program at home and that people are not allowed to choose. Routines, such as the person being able to eat at any time, are not possible in the houses of the Saray Rehabilitation Center.

When interactions with others living at home, family, and friends were examined, it was determined that there were some improvement needs in terms of opportunities and resources for interacting with others. We think that these results are very different from home to home. We think that those who stay at home can be effected according to their family relationship. In one study, it was stated that individuals with mental disabilities cannot communicate with their families when they miss them very much. It is stated that families do not want to communicate with their children. Behavioral problems encountered in individuals with intellectual disabilities; Problem behaviors with other disabled people are covered in the themes of harming themselves and personnel and financial damage. It has been stated that visits by individuals' families will prevent behavioral problems that become aggressive. Solution suggestions for their communication problems; it was processed as providing communication with the family and the team (Kaya

and Yıkmış, 2014).

When the interactions with the staff are examined, the interaction between the individuals and the staff in the household is generally positive. The behaviors and emotions shown to the individuals by the staff are friendly and warm. However, the type of interaction is like motherhood /paternity/older sister, that is, a very protective approach. This approach does not support individuals in autonomy and empowerment. In a study, preservation of emotional distance between staff and individual, support for emotional sadness, and empathic approach were proposed (Byford et.al.2010; Johnson et.al.,2010).

In decision making, the results in all houses are low in general because of the lack of opportunities and resources (policies, rules, routines) for individuals to participate in decisions that impact life at home. It is thought that this is the issue that needs the most intervention in homes. We think that the general rules in the institution do not allow personal decision-making.

We suggest that the procedure should be changed in order for every individual staying at home to participate in decision making. In the level of assistance provided to the individuals by the staff, it is considered that the assistance provided by the staff is not appropriate as there are many residents.

As autonomy, it has been determined that there are "significant improvement needs" in the homes in providing opportunities for autonomy and independence that meet the needs and wishes of individuals. As a reason, we think that excessive protective approach is overused for girls.

In studies conducted, it has been stated that individual autonomy and control are quite weak in individuals (Kılıç and Yılmaz, 2018; Mansell, et.al., 2008). In this respect, our study gives results compatible with the literature.

In the empowerment assessment, all of the houses were rated as "need some improvement".

In general, we suggest that there should be occupational therapists and a proven intervention at home to empower individuals. For participation to be meaningful, one must have a sense of control over the choice of activity, a supportive environment that will facilitate concentration in the activity.

Conclusion and Suggestions

In institutional homes, there is some need for improvement, as the overprotective approach is considered an obstacle in providing opportunities and support for independence in autonomy, level of assistance, and empowerment. There is a need for a significant improvement in institutional homes with an environmental intervention that supports the development of residents' target processes.

With the intervention plans and practices, in creating social participation opportunities, to try to minimize the institutions and practices, laws, decision-making processes, methods, accessibility and policy, finance and education barriers for administrative staff, expert occupational groups, caregiver staff, responsible staff, It is crucial to change policies between institutions and to provide necessary support with other organizational practices.

Ethical Committee: The study with decided number 2015 GO/15/199-09 has been approved by the Ethical Committee of the Non-Interventional Clinical Research Ethics Committee of Hacettepe University.

Author Contribution

Ayşe Göktaş: Research design, literature review, data collection and article writing.

Demet Biçki:Critical review.

Limitations

The limitations of the study are that the number of individuals could be kept large and made in a small sample group.

Declaration of Interest Statement

The authors report no conflicts of interest.

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