

CHAPTER VIII

CREATING COMMUNITY HOMES

by Nathan Newman

The right to live within one's own community and in facilities which offer access to good programs as well as adequate care is essential to growth and dignity. Adequate community residential services can allow a person to remain within his own community. The concept of the handicapped individual's living in the community as close to his natural home as possible implies the concept of the community as the focal point for the delivery of care, treatment, education, and recreation services. The first concept cannot easily be achieved without the second.

The overriding goal of all residential programs should be to allow the greatest possible flexibility so that the citizens, retarded or not, can make the greatest developmental gains. A variety of residential options must be available to fit the individual requirements of each child or adult. The retarded person should not be forced into programs which fail to meet his needs, and if an individual can no longer profit from the residential program, he must be provided with a route out of the system.

THE FACILITIES

For this chapter, a community residential service can be defined as a community-based housing facility, other than the individual's natural home, which affords living experiences appropriate to the current functioning level of the individual. It also offers needed supportive programs to maintain his placement within the facility and to assist him in achieving his potential. Many types of residential facilities are possible, ranging from the single apartment not tied to any service or supervisory pattern to specialized facilities providing a program of intensive rehabilitation or behavior modification. Some of these facilities may be group homes; others may combine

overnight care and daytime programs attended by other residents within the community. Still others may be apartment complexes for those individuals who require little or no supervision.

The philosophy that normal patterns and conditions should be available to retarded persons should govern the establishment of the facilities. One means to achieve this is through the strategic location of residential facilities. The area should provide opportunities to use a variety of other public centers for shopping, entertainment, recreation, and other growth-stimulating experiences. In this manner, a person can learn the daily tasks essential to his increasing independence. As the person expands his world of interaction he needs to learn how to move throughout the larger community, gaining greater autonomy and testing his abilities by increasing independence within specialized facilities for the same reason that the less handicapped person requires it. He should be able to wear appropriate clothing of the correct size and some semblance of style, maintained in the same manner that other persons keep their clothes. He should be allowed to participate in self-feeding and toilet training programs which will add to their dignity and independence. He should receive social experiences outside of the facility to help their growth and development. He can go on shopping trips, field trips to the beach, mountains, park, drives to visit family or friends, and so on. A severe handicap should not mean isolation. By helping the individual in these and similar ways, we create new perceptions for ourselves and others regarding the potential of all persons, while continuing to make available every opportunity for individual development.

PROTECTIVE LAWS

Each citizen within the community has a right to protection from harm. Whether retarded or non-retarded, handicapped or non-handicapped, every individual must be assured that his safety and security is considered a high priority. In safeguarding the community's well-being, the provisions within protective laws that relate to fire, safety, and health standards are important.

The appearance of the facility should conform with other homes in the neighborhood. The physical structure should in no way isolate the residence from others in the neighborhood. A community is more likely to respond favorably to residential

facilities which do not contrast dramatically with other residential structures. Architectural design must help the facility blend into the neighborhood.

For retarded persons to fit into society, we must expose them to a "normal" life style. Any living facility should establish a setting which allows a normal rhythm of the day: awakening, eating meals, working, and sleeping at the same times as other members in our society. A facility should establish a normal rhythm for the week: leaving the place of residence to go to work, to school, to recreational activities, and so on, the same as the rest of society. This implies a separation of functions, because it is *not* normal in our society for people to live and work in the same setting or to spend all of their leisure time in their residences.

Only a carefully considered program can prevent a residential facility from becoming a large, impersonal quasi-institution with restrictions and fixed patterns of services. A facility must give persons with severe handicaps a sense of being persons. Respect for their feelings must be developed.

Many groups who have developed community residential facilities in the past have encountered their greatest problems around licensing requirements, zoning regulations, and safety codes. Restrictions which run counter to normalized living should be challenged. Retarded persons must not be singled out as a special group requiring stricter enforcement of these regulations. Unfortunately, communities often misuse zoning regulations to exclude persons seen as detrimental to the community's way of life or its property values; these regulations are often enforced only at the pleasure of the neighborhood residents.

The public must be properly prepared to support residential programs, so that the chances of arbitrary enforcement of restrictive standards may be reduced. To do this, a concerned group may distribute clearly worded educational material that spells out facts about retarded persons and the residential program. Informal "town hall" meetings can allow the public to ask questions and receive responsible answers.

STAFFING

The number and types of staff necessary in residential facilities will vary, depending upon the particular program and the individual needs of the residents. In some cases, a

houseparent or housecouple might suffice, while in other cases, a social worker or educator may be involved as well. Some cases may require no houseparents or staff on a 24-hour basis (such as in cooperative apartment complexes).

Retarded citizens living away from their own homes need the experience of personal relationships, but the emphasis and significance of these relationships will differ for each person according to his or her needs. The staff must possess the human qualities necessary to engage each resident in a personal relationship which brings a sense of worth, dignity, and self-confidence, thus helping him toward emotional maturity. In the course of their homemaking duties, the staff members must be aware of and respond to the resident's emotional development and his physical, recreational, and educational needs. They must also recognize the resident's need to form relationships outside the facility, and they should encourage the resident to do so whenever the occasion arises. Furthermore, the staff must understand that the retarded person has the right to *choose* the person with whom he wishes to develop a relationship. Programs should select staff members who are responsive to the needs of the residents and the goals of their home. Their attitudes must stress the goals of integration, social acceptance, integrity, and dignity. They should be well-motivated and trained, adequately paid, and sympathetic. Some of the criteria which might be used in selecting staff include:

Persons active in community affairs. They provide an ongoing contact and informal communication network with the larger community. This type of social interaction represents a powerful and constructive public education technique. A well-informed and socially responsive community will often guarantee the autonomy and stability so necessary to the long-term success of the residential services program.

Persons with exposure to the social welfare community. They can assist the residents in using service systems within the community. They should be familiar with the requirements and processes necessary for the residents to receive services.

¹ *Persons who have practical experience working with handicapped individuals or who have had handicapped relatives or friends.* These persons are often equipped with a special understanding and sensitivity, difficult for professional persons with limited experience to grasp. *Persons with respectful attitudes toward retarded persons.* No individual can develop in an atmosphere which is

rejecting, stifling, or dehumanizing. The staff must be able to accept the retarded person as an individual and treat him with the respect due all persons and so essential to self-concept and dignity. Affording dignity means recognizing and respecting the individual's rights and his capacity for self-direction to the greatest extent possible. For example, young adults living in a community residence should be allowed privacy, use of the telephone, uncensored mail, personal possessions, freedom of movement, and freedom to practice or not to practice their religion. To the extent that an individual can manage the responsibilities involved, he should be able to come and go from his home, have friends visit, have appropriate contact with the opposite sex, and experience the normal role of an adult.

STAFF TRAINING

In many of the residential facilities the staff has continuous day-to-day contact with the residents over long periods; therefore their potential influence is second only to that of the parents. Thus, they must be given every opportunity to acquire understanding of handicapping conditions as well as the changing concepts of mental retardation so that they are better able to provide a helpful and understanding relationship. Whenever and wherever appropriate, specialized courses on children and adults with special needs should be provided, using a variety of professional consultants. During the training stages each staff member should learn to understand the emotional, intellectual, physical, and social needs of retarded persons, focusing first on their general human needs and only second on special needs related to the particular type and degree of their disability.

Since the staff and residents will have frequent contact with health and welfare agencies, the staff should know these agencies' roles within the community, as well as eligibility requirements, procedures, and types of services. Training should also be provided on the rights of retarded persons and on their eligibility for benefits. Qualifying for and receiving health and financial benefits requires many forms, and unless the staff or the resident is aware of this, many of the residents may lose out on their benefits.

One of the more important elements in a successful training program is the trainer. Usually this role includes such

professionals as public health nurses, physicians, psychologists, and so forth. Although they can contribute much to an effective training program, the staff also needs exposure to individuals who can recount real life situations. Many of the staff members themselves can relate incidents they have encountered with residents or agencies that can be beneficial learning experiences for others. The staff themselves should participate in organizing training sessions so they are relevant to their needs.

Retarded persons can be very effective trainers. Their perceptions of the world and assessments of the programs available can provide sharp insights into the areas where training is needed and service systems need altering. As an integral part of any training program, retarded persons should participate actively in planning the training content.

The accessibility and time of the staff should determine the location of training courses. Since the staff may not all be able to meet at one time, sessions may be staggered for both evening and day classes. Although the training program could use various locations, they should be under the auspices of an educational program. A feasible location might be an adult night school, where ongoing sessions can meet without interfering with other classes. This is also more economical, since attending a college campus usually entails parking problems and extensive costs.

Summarizing, the following are primary factors in implementing staff training:

- (1) Training structured around the goals of the program
- (2) Using a range of trainers from various health and welfare systems, community organizations, and other staffs; and the participation of retarded persons in the training program
- (3) Participation of the staff in the organization, structure, and content of the training sessions
- (4) Training conducted in a setting accessible to all participants with resources for ongoing sessions.

In addition to formal training sessions, the staff members should meet regularly with other staff in informal discussions, where they can speak candidly. As is the case with natural parents, the staff may need an opportunity to get out from under the routine of the facility and sound off about the problems they may be having with residents or agencies. This healthy exercise can vent frustrations and angers; and it can help one staff member learn from another how to handle specific problems.

RECOGNITION

If the staff members are to feel that they are contributing to the lives of retarded persons and if they are to continue within the program, they should receive recognition. Providing training sessions and consultants may partially accomplish this, but that alone does not provide explicit recognition of their status. At the completion of the training sessions, they should receive certificates or degrees which agencies and professional organizations would officially recognize.

The status of residential staff must also be recognized through just payment for their services. If they are expected to commit themselves to this program, they must receive salaries comparable to those of other staff within the care delivery system.

MONITORING

An active service program evolves according to the expressed needs of its clients. A monitoring process is necessary to assess whether the clients' needs are, in fact, met by the program. Individual progress can be monitored through the administration of an individual program plan. It should be designed around the residents' current functioning level and needs, with concrete objectives on which to focus. Such a plan should include short as well as long-range goals, but remain flexible enough to allow for change within the individual's situation.

Any system of monitoring should stipulate a periodic review of the progress of the residents and effectiveness of the program. Such a review should become a systematic part of the program and should be repeated frequently enough to insure that at every stage in development the resident meets the full range of opportunities necessary for continued functioning. Since this is the basis of the program, the retarded person, or his advocate, should participate in both the individual planning and review. He probably knows best what he needs and whether or not the program is meeting these needs.

SUPPORTIVE COMMUNITY ACTION

The planning of a community residential program should include a range of community leaders, especially those who can and will exert genuine effort to achieve the program goals. Official links should be established with community agencies which relate to the program. For example, the local chapter of the National Association of Real Estate Boards could help plan and locate a residence or other facility. The local ARC may know of pockets of resistance within the community that may need reassurance about the intent of the program. Opportunities should be sought out to speak with resisting groups and to present the entire picture of the residential program and how the community as a whole can benefit. A campaign should be outlined consisting of the elements necessary to educate the public in this regard. Active involvement of community persons as volunteers, visitors, and advocates can become an effective antidote to many of the problems that will be faced in implementing a program.