

Accomplishments in Residential Services

Improving the Effectiveness of Residential Service Workers
in Washington's Developmental Services System

Prepared for

The Residential Services Committee,
Developmental Disabilities Planning Council

By

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INTRODUCTION

The State of Washington is implementing a complex set of policies in an effort to establish necessary residential services for people with developmental special needs. This report looks at the Division of Developmental Disabilities' (DDD) residential services policy at the point of service delivery by examining its effects on the jobs of direct service workers.

Direct service workers are the people whose primary job is to structure and share the daily lives of residents. Their titles vary from place to place, depending on how their role is seen by program administrators. They may be called "Attendant Counselors," or "Houseparents," or "Facilitators," or "Living Skills Instructors," or "Resident Counselors." But whatever the variation in title or job description, these people are the service representatives who spend the most time with residents.

Direct service workers typically have less formal education and lower status than human service workers with other job titles -- and their pay scale reflects their status. But from the perspective of the residents they serve, there is an important sense in which they are the program the state purchases. No matter how carefully an individual program is designed by a well-trained professional, its actual effect usually depends on how direct service workers go about doing their jobs.

The job of a direct service worker may be seen as an entry level position, or as an interlude, rather than a career. The job may be something to be done because nothing else is available, or until one can get back to school, or until a better human service position becomes vacant. But more than any other paid service job, direct service workers offer residents the best opportunity to develop a personal relationship based on sharing the circumstances of everyday life. (It is sobering to think that many human service workers see a "better" job as one which requires less time spent in direct contact with people who are handicapped and that this view is encouraged by pay scales and personnel policies.)

Based on intensive study of direct service workers' jobs in five different residential settings, we believe that there are substantial opportunities for improved productivity (and job satisfaction) in Washington's residential services. This report describes our view of these opportunities and the steps we recommend toward realizing them.

APPROACH TOWARD THE ANALYSIS OF "POLICY HARMONY" AND JOB PERFORMANCE

The study of the job performance of direct service workers and the complex environment in which that work takes place requires a comprehensive set of conceptual, analytic, and descriptive tools. We chose the work of Thomas Gilbert (1978) to serve as the frame of reference for our study.¹ Gilbert's analysis of human performance provides a balanced appreciation of the interactions of human values, goals, and behavior -- and a method for discerning when those interactions are in harmony or disharmony. Although broadly applicable, Gilbert's approach has been worked out for the most part in the world of business. In that world, the "bottom line" for organizational performance is often more clear and consensual than it is in the world of human services. We judged, however, that the outcome of applying Gilbert's approach to guide the conduct of this study would be worth the cost of adaptation.

Because so much of this study relies on Gilbert's work as a frame of reference, we summarize below his approach with respect to what we will call "policy harmony" and to what Gilbert refers to as the analysis of "worthy performance."

Policy Harmony

Policy harmony exists when (1) the stated programmatic missions of organizations (in the present case, agencies of national and state government) conform to the cultural goals and human ideals with which they are associated, and, (2) when the strategies, tactics, and logistics created to accomplish the missions are similarly consistent with the policy from which they flow. Table 1 on the following page illustrates the relationship among these various levels of concern and the pivotal role "policy" occupies in the assessment of harmony.

Table 1 suggests that an exclusive focus on the "duties" and respective behavior of direct service staff in various residential models -- neglecting a consideration of how that behavior contributes to policy missions, and how those missions comport with cultural goals and ideals -- would be akin to studying the behavior of a right fielder by watching him or her

¹ Prior to the study, two of the three team members had participated in an intensive workshop on performance analysis/-engineering provided through Gilbert's company, Praxis Corporation; all three had previously applied the approach to policy and performance analysis.

through a spyglass and ignoring all other factors pertaining to teammates and opponents, coaches, game rules, and climate. A "spyglass" description would be a deficient exercise, and very likely misleading. The observer could report the player's style, but not his or her contribution to the game or the season. Similarly, a report on the comparative behavior of direct service workers would be deficient if it did not include a description of the intended purpose of that behavior and how that purpose "harmonizes" with accomplishments called for by public policy, cultural goals, and human ideals -- factors that are every bit as much a part of those workers' "environment" as their facilities, clients, and job descriptions.

TABLE 1 LEVELS OF CONCERN FOR ANALYSIS OF POLICY HARMONY*

<u>LEVEL</u>	<u>EXPRESSION</u>	<u>METHODS</u>
PHILOSOPHICAL	Ideals	Judeo-Christian ethic
CULTURAL	Goals	Constitution Bill of Rights Special class civil rights laws
POLICY	Missions	National/State programs
STRATEGIC	Roles/ Responsibilities	Programmatic strategies (e.g., regulations, contracts)
TACTICAL	Duties	Tools (e.g., job objectives, skills, environmental supports)
LOGISTIC	Schedules	Training, supplies, performance evaluations, pay, etc.

*Adapted from Gilbert (1978, p. 124)

The study of human service worker performance within the context of their policy environment is considerably more complex than a comparable study of baseball player performance. Furthermore, the level of that complexity skyrocketed in the United States during the decade of the seventies. Prior to that period, the dominant, long-established cultural goals vis a vis

people with developmental disabilities can be accurately described as separation from the community-at-large (in "their" best interests or our own), reduction of numbers (through sexual segregation, marriage laws, and sterilization), and austere maintenance in closed, congregate living arrangements (Wolfensberger, 1975). Rarely was the public's money invested in different goals.

The prevailing "harmony" was disrupted by a number of powerful waves which converged toward the late sixties and early seventies, among them the expanding embrace of the "civil rights movement," the application of the scientific study of "retarded" learning, media exposes of institutional atrocities, the elaboration of the "principle of normalization," and the rapid escalation of the monetary costs of custodial care. A new set of cultural goals was asserted -- characterized best as a call for a maximum community presence and participation of people joined under a new label, "developmental disabilities." The call for repatriation resulted in radically new federal statutes and the breaking of new ground in constitutional law (e.g., Burgdorf, 1980; Thrasher, 1980).

The house was not swept clean, however. The fundamentally new laws and court interpretations still co-exist with contradictory policies, strategies, and tactics which evolved during an earlier era. Our present reality is a one of incomplete conversion. The predicament today for direct service workers -- as our study mirrors -- is analagous to coming to bat with three umpires behind the plate, each with a different rule book, each using a body of similar words requiring different glossaries if one is to approach understanding what each umpire expects of the "batter."

The dynamics which produce this predicament become more clear as we explore further the basis for assessing "worthy performance."

Overview of the Analysis of "Worthy Performance"

As a useful frame of reference, we adopted for this study Gilbert's distinctions among the terms behavior, performance, accomplishment, and, worthy performance. These distinctions -- though by no means obscure -- require brief discussion here to assure that we share a common definition of terms with the reader.

● **PERFORMANCE** equals behavior that results in specifiable consequences. The distinction between "behavior" and "performance" is crucial. As Gilbert puts it, "In performance, behavior is a means, and its consequences is the end" (1978, p. 16). The failure to appreciate this distinction has produced an abundance of "performance" studies in which reliance on "time and motion" methodologies creates voluminous descriptions of what

workers do and how long it takes them to do it, with very little revealed about the outcomes of all that behavior. Such studies are behavior-istic, but not performance-istic.

The failure to distinguish between behavior and performance is frequently carried into the construction of job descriptions in which one commonly sees -- regardless of the field of endeavor -- a listing of expected behaviors (activities) without a corresponding description of outcomes expected as a result of the employee's behavior. Because we were studying the extent to which expectations for direct service workers' performance contribute to "policy harmony," the job descriptions associated with their work proved of little value; we had to rely instead on probing interviews of workers and their supervisors in order to uncover the expected consequences of employee behavior.

● **Valued performance is behavior that results in an ACCOMPLISHMENT, a valued consequence.** As Gilbert points out, not all consequences of human behavior matter. A plant employee whose contribution to the suggestion-box results in a cost-savings to his or her employer (and a greater return on investment) can rightfully claim an "accomplishment"; conversely, an employee whose suggestion results in a clerk's moving a slip of paper to a file folder cannot make that claim. The potential for accomplishment -- within this frame of reference -- depends entirely on the social value placed on the consequences of one's behavior.

It's precisely at this point that the analysis of human service worker performance becomes dicey. Who are the voting members of the jury which decides whether the effects of worker behavior are "valuable" or not? Is there, in fact, more than one "jury"? Are certain outcomes considered accomplishments (i.e., valued) in some settings but not in others? Hard questions such as these plague any student of performance who looks into areas of employment in which the "bottom line" for the organization's effort is unclear or is in dispute.

We chose the "policy harmony" analysis as a potential avenue of escape from this dilemma. A fundamental assumption of this study is that **direct service workers deliver accomplishments when the outcomes they effect advance the national and state policies which legitimize their employment.** At best, this approach limits, rather than eliminates, the potential for dispute over the attribution of worker accomplishment; there remains considerable room for differences of interpretation and debate over which work outcomes are consistent with policy and which are not. Appealing to policy harmony as an arbiter of accomplishment does, however, exclude a large number of potential outcomes from being so designated -- outcomes which in the past might have been warmly applauded.

● **WORTHY PERFORMANCE** -- when the value of the accomplishment exceeds the cost of the behavior. Not all accomplishments (potential or demonstrated) are judged "worth it." The calculation of worth is a "simple" matter of comparing the value of the consequence against the cost of the behavior. A negative balance is often translated into a statement that "It's important, but we can't afford it."

It's essential to keep in mind that the assessment of the cost of behavior -- whether we're discussing the behavior of individuals or the "behavior" of programs -- extends beyond the scrutiny of a budget. Especially in the human service arena, there are political costs which must be factored in and which often carry more weight than fiscal impact. A third cost factor, particularly true in bureaucratic environments, is the "cost" of altering the course and momentum of the status quo. Perhaps creativity is a rare commodity in part because humans -- individually and collectively -- value familiar routine more than they care to admit. In any case, when a significant change in familiar patterns of behavior is proposed in order to create or enhance accomplishment, the cost of the effort required to effect that change must be taken into consideration in addition to (but often irrespective of) fiscal and political factors.

How do we assign a "weight" to the value of an accomplishment in order to balance that accomplishment against its costs -- that is, to determine the worth of the performance? If we were engaged in making "hard business decisions," the calculation of value would boil down to the dollar contribution to the return on investment, or profits per share. But we're not. And we lack a broadly accepted standard for calculating the relative value of human service accomplishments; consequently, the assessment of value becomes a matter of the relative power of each "jury member" and the skill with which that power is asserted. To modify the definition a bit: for both employees and organizations in the arena of human services, **worthy performance obtains when sufficiently powerful "voters" assert that the value of the accomplishment exceeds the cost of the behavior.**

To summarize, the approach we adopted as a frame of reference for the study took us far beyond a description of behaviors associated with worker "duties," the settings in which those duties are (or are not) carried out, and the relative salaries provided similar workers employed in different settings. Rather, the approach required us to look first at intended employee accomplishment and the way in which those accomplishments might contribute to an overall flow of "policy harmony."

But are the present or potential accomplishments of direct service workers -- even when they are harmonious with policy -- really worth it? The answer to that question is beyond the scope of the present study and can only be found in the increasingly turbulent political arena. A study of this nature can bring evidence before the "jury" and possibly help clarify the issues before it; but the only meaningful measure of "worthy performance" is the vote of the jury in the State of Washington which decides which human service accomplishments are worth the costs, and which are not.

CASE STUDIES

METHOD

In order to focus attention more on policy issues than on local administrative problems, we asked the Residential Services Committee of the Developmental Disabilities Planning Council (DDPC) -- a committee which includes service providers, consumers, and DDD representatives -- to identify an exemplary program to represent each of five types of residential services for adults. They selected a state institution, a non-state operated IMR, a group home with more than 15 residents, a group home with eight or fewer residents, and a tenant support program. (Each of these programs is described in Appendices A - F.)

We contacted each program's administrator (see Appendix F for a sample letter) and requested his or her cooperation in the study. We asked each administrator to select at least one direct service worker whom she or he considered an exemplary worker. Each administrator we contacted agreed to participate.

All three members of the study team visited each program for two days. We interviewed the administrator, direct service workers, and their supervisors; met residents and at least briefly observed the daily routine; reviewed the format and sample contents of resident records used by direct service staff, policy manuals, and program descriptions; and asked available staff to describe their work place using the Work Environment Scale (see Appendix H). We also interviewed the Director and the Assistant Director of DDD, a DDD Regional Administrator, two County DD Coordinators, and the Executive Director of the Developmental Disabilities Residential Services Association (DDRSA).

Most of our time was spent working with program staff to construct clear descriptions or what they see as valuable performance for their programs ("program accomplishments") and for direct service workers ("job accomplishments"). These descriptions were constructed by using Performance Analysis, a job engineering technology which has been widely used in the private sector (Gilbert, 1978).

Direct service workers, supervisors, and administrators reviewed and edited each set of descriptions with us before we left the program site and agreed that the descriptions adequately presented their view of valuable program and job accomplishments.

FINDINGS

Our findings are presented in two forms. One is a set of narrative program descriptions which are found in Appendices A through F. The second is a set of descriptions of state policy models, program administrator-generated policy models, program function models, and staff job models. The second set is condensed in tabular form and appears immediately following the description of "how to read the models" below.

How to Read the Models

We collaborated with program staff to construct models which describe program and job accomplishments. Each model set specifies three different levels of accomplishment.

A POLICY MODEL describes the missions which define the basic purpose of each residential service agency. It describes the values which the program contributes to its community. The values are the basis for judgments about the quality of program performance and define the meaning of all staff work. This basic purpose generates a set of program actions. In addition to the policy models which describe each program, we constructed three state policy models by studying laws, contracts, standards, and evaluation reports associated with each of the three state-level programs that govern the five residences we studied.

A FUNCTION MODEL states the program actions which determine the extent to which the program fulfills its basic purpose. These program accomplishments are the basis for defining responsibilities and evaluating the quality of staff work.

JOB MODELS describe the job accomplishments which contribute to the value of program accomplishments. These duties specify the content of a job and describe the way in which each program expends its human resources. Necessary supplies of personal skills, materials, and other resources are defined in terms of job accomplishments. When a program had more than one level of direct service workers, there is more than one job model reported.

Each model format is broken into three columns:

- The first column of the policy model states the overall cultural value to which the program contributes. For the program function and job models, the first column summarizes the accomplishments which define competent performance.
- The second column of the policy model shows the missions whose accomplishment increases the program's contribution to community life. The second column on the program function and job models describes the "requirements" used to define the acceptable performance for each accomplishment. In our study, three classes of "requirements" were used:
 - QUALITY, which includes -
 - Accuracy...the degree to which an accomplishment matches a defined model without errors.
 - Class...beyond accuracy, a judgment of comparative superiority.
 - Novelty...innovation along a significant dimension of accomplishment.
 - QUANTITY, which includes -
 - Rate...the number of accomplishments per unit of time.
 - Timeliness...accomplishments completed on schedule.
 - Volume...total number of accomplishments, when the accomplishment is not sensitive to time.
 - COST, which includes -
 - Staff time.
 - Materials (e.g., supplies, space, transportation).
 - Management (e.g., supervision time and other administrative overhead).
- The third column describes the way in which each dimension of quality can be measured. Note that measures listed in this column are not necessarily the measures which the programs we visited regularly apply. Neither are they necessarily the measures we would recommend. Rather, they are measures administrators and staff suggested during interviews would accurately gauge the accomplishments they defined.

TENANT SUPPORT--STATE POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Self-sufficiency	Training & support provided, adjusted to individual needs.	Fit with needs in staff judgement.
Community participation.	Housing located to provide opportunities for community involvement.	Housing located in conformity to contract & draft standards.
	Training & support provided to allow maximum independent participation in community activities.	Number & variety of settings/services utilized.
Self-determination	People assisted to locate & assume tenancy of own dwelling	Conformity to contract.
Safety	Training, support activities, & housing selection aimed to insure resident safety.	Conformity to contract requirements.
Economy	Number of hours of service required reduced.	Intensity of service as reported on Tenant Support Quarterly Report.
		(Source: Standard Contract; Draft Standards.)

TENANT SUPPORT--POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Equality	People with developmental special needs find their own homes in locations valued by the community.	Number of people who find homes in locations which staff judge to be valued by community.
Freedom/Responsibility	Skills contributing to self-sufficiency acquired in ultimate environments.	Reliance on staff to manage tasks of daily life decreases.
	Community resources utilized.	Level & variety of community resources used by tenants.
	Social relationships/support networks formed with other community members.	Extent to which tenants form positive relationships with community members outside the tenant support program.
	Community members' knowledge & acceptance of people with developmental special needs increased.	Level of community acceptance of tenants and potential tenants.
		(Source: Administrator Interview; Policy and Procedure Manual. 10/16/80.)

TENANT SUPPORT--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Homes located	Quality (Class)	Number of homes located in neighborhoods judged by staff to provide: a positively valued setting; a variety of relevant community resources; easy access to programs and other community resources; expression of individual choice.
Homes personalized	Quality (Class)	Staff judgement of level of personalization of homes based on: --Tenants using the living room. --Tenants inviting people to visit. --Tenants purchasing own plants, pets, pictures, furniture, etc. --Tenants caring for and cleaning residence. --Tenants express desire for privacy and maintain the boundary of their home.
People established in neighborhood: --Neighborhood resources used. --Relationships developed with neighbors. --Transportation used. --Community resources utilized.	Quality	Staff judgement of extent of tenant: --Talking about neighbors. --Using neighborhood and community resources. --Asking favors from neighbors. --Assisting neighbors.
Health and safety maintained. --Assistance called as necessary. --First Aid procedures used by tenant. --Household and personal security procedures observed.	Quantity (Volume) Quality (Class) Quality (Accuracy)	Number of accidents and incidents. Health status of residents judged by staff and tenants personal physician and dentist. Tenant use of safety, security procedures including use of emergency number, judged appropriate by staff.
Skills taught, practiced, monitored: --Telephone used. --Personal hygiene maintained. --Clothing maintained. --Money managed/bills paid. --Meals prepared. --Shopping done. --House kept.	Quantity (Timeliness)	Number of tasks completed by tenants on schedule.
Problems identified & solved.	Quality (Novel)	Number of surprises about the problems residents discover and solve.
Relationships with non-handicapped people created.	Quality (Class)	Staff judgement of relationship development based on: --Extent of tenant interaction with landlords/neighbors/store clerks. --Instances of staff/others getting together with tenants outside of work. --Extent of contact with roommates families.
Tenants' status & reputation improved: --Positive personal appearance maintained. --Positive locations maintained. --Positive language & style of address used by staff.	Quality (Class)	Parents perceptions change positively. Positive comments from neighbors. Staff complaints about the nice homes which residents have. Positive apartment managers--direct any complaints to tenants.
Tenant autonomy established: --Balance of social supports devised. --New activities/experiences chosen. --Self-control of routines exercised. --Staff decisions/judgements influenced.	Quality (Class) Cost (Staff time)	Staff judgements of autonomy, based on: --Tenants' independent use of public transportation. --Tenants' increased use of informal supports. --Events tenants plan on their activity calendars. --Tenants pick own "labels." Decreased staff time spent in meeting people's daily needs.

(continued on next page)

TENANT SUPPORT--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
<p>(continued from preceding page)</p> <p>IPP's written and implemented</p> <p>Innovative teaching/support methods created.</p> <p>Funds managed to implement objectives.</p> <p>Contractual obligations fulfilled.</p> <p>Records maintained & reports filed.</p> <p>Support for program by tenants' parents maintained.</p> <p>Agency credibility established & maintained.</p>	<p>Quality (Accuracy)</p> <p>Cost (Supervisor time)</p> <p>Quality (Novelty)</p> <p>Quality (Accuracy)</p> <p>Quality (Accuracy)</p> <p>Quality (Accuracy)</p> <p>Quality (Class)</p> <p>Quality (Class)</p> <p>Quality (Class)</p>	<p>Conformity with individual plan requirements.</p> <p>Decrease in supervision time to complete.</p> <p>Judgement by service staff members and other residential programs of potential effectiveness of innovative methods.</p> <p>Within budget.</p> <p>Expenditures on meeting tenants' needs documented.</p> <p>Compliance with obligations and standards.</p> <p>Compliance with agency policy for tracking tenants.</p> <p>Judgement by tenants' parents of program quality.</p> <p>Star judgement of parental support offered to tenants.</p> <p>Judgements by business community, apartment renters' Association on desirability of agency clients as tenants.</p> <p>Number of instances of other human service agencies requesting cooperation vs. making complaints.</p> <p>(Source: Administrator Interview; Supervisor Interviews; Policy and Procedure Manual. 10/16/80.)</p>

TENANT SUPPORT--FACILITATOR--JOB MODEL

ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
<p>Homes located</p> <p>Homes personalized</p> <p>People established in neighborhood:</p> <ul style="list-style-type: none"> --Neighborhood resources used. --Relationships developed with neighbors. --Transportation used. --Community resources utilized. <p>Health and safety maintained.</p> <ul style="list-style-type: none"> --First Aid procedures used by tenant. --Household and personal security procedures observed. 	<p>Quality (Class)</p> <p>Quality (Class)</p> <p>Quantity (Volume)</p> <p>Quality (Class)</p> <p>Quality (Accuracy)</p>	<p>Number of homes located in neighborhoods judged by staff to provide a positively valued setting; a variety of relevant community resources; easy access to programs and other community resources; expression of individual choice.</p> <p>Staff judgement of level of personalization of homes based on:</p> <ul style="list-style-type: none"> --Tenants using the living room. --Tenants inviting people to visit. --Tenants purchasing own plants, pets, pictures, furniture, etc. --Tenants caring for and cleaning residence. --Tenants express desire for privacy and maintain the boundary of their home. <p>Staff judgement of extent of tenant:</p> <ul style="list-style-type: none"> --Talking about neighborhood and community resources. --Using neighborhood and community resources. --Asking favors from neighbors. --Assisting neighbors. <p>Number of accidents and incidents.</p> <p>Health status of residents judged by staff and tenants personal physician and dentist.</p> <p>Tenant use of safety, security procedures including use of emergency number, judged appropriate by staff.</p> <p>(Continued on next page)</p>

TENANT SUPPORT--FACILITATOR--JOB MODEL

ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
(continued from preceding page)		
Skills taught, practiced, monitored: --Telephone used. --Personal hygiene maintained. --Clothing maintained. --Money managed/bills paid. --Meals prepared. --Shopping done. --House kept.	Quantity (Timeliness)	Number of tasks completed by tenants on schedule.
Problems identified & solved.	Quality (Novel)	Number of surprises about the problems residents discover and solve.
Relationships with non-handicapped people created.	Quality (Class)	Staff judgement of relationship development based on: --Extent of tenant interaction with landlords/neighbors/store clerks. --Instances of staff/others getting together with tenants outside of work. --Extent of contact with roommates families.
Tenants' status & reputation improved: --Positive personal appearance maintained. --Positive locations maintained. --Positive language & style of address used by staff.	Quality (Class)	Parents perceptions change positively. Positive comments from neighbors. Staff complaints about the nice homes which residents have. Positive apartment managers--direct any complaints to tenants.
Tenant autonomy established: --Balance of social supports devised. --New activities/experiences chosen --Self-control of routines exercised. --Staff decisions/judgements influenced.	Quality (Class)	Staff judgements of autonomy, based on: --Tenants' independent use of public transportation. --Tenants' increased use of informal supports. --Events tenants plan on their activity calendars. --Tenants pick own "labels."
	Cost (Staff time)	Decreased staff time spent in meeting people's daily needs.
IPP's written and implemented	Quality (Accuracy)	Conformity with individual plan requirements.
	Cost (Supervisor time)	Decrease in supervision time to complete.
Innovative teaching/support methods created.	Quality (Novelty)	Judgement by service staff members and other residential programs of potential effectiveness of innovative methods.
Funds managed to implement objectives.	Quality (Accuracy)	Within budget. Expenditures on meeting tenants' needs documented.
Contractual obligations fulfilled.	Quality (Accuracy)	Compliance with obligations and standards.
Records maintained & reports filed.	Quality (Accuracy)	Compliance with contract obligations and standards. Compliance with agency policy for tracking tenants.
Support for program by tenants' parents maintained.	Quality (Class)	Judgement by tenants' parents of program quality. Staff judgement of parental support offered to tenants.
Agency credibility established & maintained.	Quality (Class)	Judgements by business community, Apartment Renters' Association on desirability of agency clients as tenants. Number of instances of other human service agencies requesting cooperation vs. making complaints.
		(Source: Administrator Interview; Supervisor Interviews; Facilitator Interviews; Policy and Procedure Manual. 10/16/80.)

GROUP HOME--STATE POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Health	Medical & dental care provided.	Records in conformity to standards judged by DDD surveyor.
Comfort	"Clean, uncluttered, home-like environment provided."	Conformity to standards judged by DDD surveyor.
Leisure	"Social Care" provided.	Compliance with contract requirements.
Growth	Written individual training plans implemented. Transportation to day program provided.	Consistency with IPP. Conformity to standards judged by DDD surveyor.
Rights	Abuse avoided. Residents paid for work performed.	Compliance with Administrative Policy #1. Compliance with contract requirements.
(Source: Standard Group Home contract, FY '81; DDD Group Home Standards; Evaluation reports on file with Group Home.)		

SMALL GROUP HOME--POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Personal Freedom	Age-appropriate environment which supports personal choice provided.	Level of resident involvement in decision-making. Extent to which residents experience natural consequences of their decisions. Extent to which residents are able to make mistakes and learn from them. Extent to which residents use community services & facilities in the same way as non-disabled citizens.
Independence	Skills developed. Residents moved to less restrictive living environments.	Number of residents who move appropriately to less restrictive living arrangements.
Positive relationships.	Family involved. Friendships formed.	Extent to which residents maintain and form appropriate relationships with others.
(Source: Administrator Interview; Group Home Policy Manual. 8/13/80.)		

SMALL GROUP HOME--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Residents appear age-appropriate and have age-appropriate possessions.	Quality (Class)	Number of residents who present an age-appropriate appearance reflecting individual preferences as judged by group home staff.
Residents engage in age-appropriate activities.	Quality (Class)	Number of residents who choose to engage in activities which are age-appropriate as judged by group home staff.
Residents relate age-appropriately to: --others of the opposite sex. --parents. --staff in residence and other services.	Quality (Class)	Number of residents who relate appropriately to others--especially in asserting their own choices and seeking or giving personal support--as judged by group home staff.
Residents learn and practice skills.	Quantity (Volume) Cost (Staff time)	Number of new skills acquired. Amount of staff assistance required in skill performance.
Residents move out to their own place.	Quality (Class)	Number of people who move to places that fit their needs as judged by group home staff, especially in terms of exercise of choice, individualization, available resources particularly personal support, and positive image of location.
Residents maintain positive relationships with neighbors.	Quality (Volume)	Number of complaints from neighbors.
License and contract maintained.	Quality (Accuracy)	Conformity to standards and contract as judged by surveyors.
		(Source: Administrator Interview; Policy Manual. 8/13/80.)

SMALL GROUP HOME--RESIDENT COUNSELOR--JOB MODEL

JOB ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
House cleaned & maintained with resident help.	Quantity (Timeliness) Cost (Staff time)	Number of tasks performed on schedule Amount of staff time required to perform tasks assigned to residents. Amount of staff time required to assist residents in performing assigned tasks.
Personal hygiene/grooming skills practiced.	Quantity (Timeliness) Quality (Class)	Number of hygiene/grooming tasks performed on time. Age-appropriate appearance judged by resident counselor.
Cooking Skills learned.	Quantity (Volume) Cost (Staff time)	Number of items residents can prepare. Amount of staff assistance required to prepare meals.
Behavior change programs implemented.	Quality (Accuracy)	Number of instances of problem behavior charted correctly. Consequences provided correctly.
Residents' medical needs met --Annual medical/dental check-ups completed. --Physician's & dentists instructions followed. --Residents' medications supervised.	Quantity (Timeliness)	Number of residents who have check-ups on time. Medical instructions implemented on schedule. Correct dose of medications taken on time.
Residents transported to work and other activities	Quantity (Timeliness)	Number of arrivals on time.
Volunteers involved with residents.	Quantity (Volume) Quality (Class)	Number of volunteers. Quality of volunteer--Resident interactions as judged by staff.
Resident interests represented in changing IPP's prepared by Case Services.	Quality (Class)	Number of IPP's changed to better fit resident interests as judged by group home staff.
Community housing arranged for residents who are seen by group home staff as ready to move.	Quality (Class)	Number of housing arrangements that fit resident needs as judged by group home staff.
Records maintained.	Quality (Accuracy)	Entries made correctly.

(Source: Administrator Interview; Resident Counselor Interview; Policy Manual. 8/13/80.)

GROUP HOME--STATE POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Health	Medical & dental care provided.	Records in conformity to standards judged by DDD surveyor.
Comfort	"Clean, uncluttered, home-like environment provided."	Conformity to standards judged by DDD surveyor.
Leisure	"Social Care" provided.	Compliance with contract requirements.
Growth	Written individual training plans implemented. Transportation to day program provided.	Consistency with IPP. Conformity to standards judged by DDD surveyor.
Rights	Abuse avoided. Residents paid for work performed.	Compliance with Administrative Policy #1. Compliance with contract requirements.
(Source: Standard Group Home contract, FY '81; DDD Group Home Standards; Evaluation reports on file with Group Home.)		

LARGE GROUP HOME--POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Self-sufficiency	Home provided. Self-esteem developed.	Extent to which a positive home environment is maintained. Extent to which residents maintain inter-dependent relationships.
Independent living	Skills developed & practiced. Residents integrated into local community. People moved to Tenant Support.	Decreased staff time in "doing for" people. Extent to which residents choose and are able to use community settings. Extent to which residents form friendships with community members. Number of people appropriately moved into Tenant Support system.
(Source: Policy Manual; Administrator Interview. 10/13/80.)		

LARGE GROUP HOME--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Residents try new things.	Quantity (Volume)	Number of resident initiated activities.
Residents solve problems arising from increased autonomy.	Quality (Class)	Number of stories of problems encountered by residents in exercising increased autonomy which staff judge to have a positive resolution.
Residents depend less on staff for: --Personal hygiene. --Money management. --Cooking. --Laundry. --Community use.	Cost (Staff time)	Amount of staff time in assisting people.
Inappropriate behaviors decreased.	Quality (Class)	Climate of house is positive as judged by staff.
	Cost (Staff time)	Amount of staff time devoted to managing problem behavior.
Residents work out conflicts among themselves.	Quality (Class)	Increase in direct communication between residents as judged by staff.
Residents use community settings.	Quantity (Volume)	Number of complaints from community about resident behavior.
Residents seek more privacy.	Quality (Class)	Amount of resident time spent away from staff and group in activities seen as positive by staff (especially the development of intimate 1-1 relationships.). Increasing maintenance of personal boundaries in use of own room as judged by staff.
Residents question staff decisions.	Quantity (Volume)	Number of changes in staff decisions & group home policies at resident initiative.
Residents feel someone cares for them as individuals.	Quality (Class)	Number of residents who seek out staff to discuss personally important concerns and needs (judged by staff).
Residents' interests represented to other agencies.	Quantity (Volume)	Number of changes in other agencies' practice made either through resident self-representation or through representation by group home staff.
Staff solve problems and make decisions collaboratively.	Quality (Class)	Consistency of implementation as judged by administrator. Extent to which staff listen to and support one another, judged by administrator and staff. Extent to which differences of opinion are identified and discussed by all staff as judged by administrator and staff. Extent to which staff discuss problems and failures as judged by administrator and staff.
Expenditures controlled.	Quality (Accuracy)	Within budget.
State contract fulfilled.	Quality (Accuracy)	Conformity with standards and contract terms as judged by surveyors.
(Source: Policy Manual. Interviews with administrator and staff. 10/13/80).		

LARGE GROUP HOME--LIVING SKILLS INSTRUCTOR--JOB MODEL

JOB ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Resident strengths & needs identified.	Quality (Class)	Staff judgements of how well identified needs fit resident needs for functional learning.
Skills developed and maintained.	Quality (Accuracy)	Correctness of resident performance judged by reference to teaching data sheets and annual PAC.
	Cost (Staff time)	Number of skills performed independently.
Undesirable behaviors decreased.	Quality (Class)	Staff judgement of decrease in problem behavior.
Resident initiative encouraged.	Quality (Class)	Increase in resident requests. Increase in doing for oneself; decreased appeal for reassurance from staff, as judged by staff.
Residents personal problems solved.	Quality (Class)	Resident judgement of problem resolved. Amount of staff time spent in problem discussion with residents decreased.
House routines implemented.	Quantity (Timeliness)	Resident tasks performed on schedule.
Resident safety maintained.	Quantity (Volume)	Number of accidents or incidents.
	Quality (Accuracy)	Safety procedures implemented.
Team process maintained.	Quality (Class)	Staff judgement of team effectiveness in identifying and solving problems and staff willingness to approach one another with problems.
House maintained.	Quantity (Timeliness)	Supplies and equipment available on schedule.
	Quality (Class)	Appearance of physical environment as judged by staff.
Records kept.	Quality (Accuracy)	Conformity of records to standards as judged by surveyors.
(Source: Staff interviews; Policy manual. 10/13/80)		

STATE IMR PROGRAM--STATE POLICY MODEL

INR FACILITY--POLICY MODEL

IMR FACILITY--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Residents accepted as local community members.	Quantity (Volume)	Number of residents using community setting. Number of community settings used. Number of complaints from community members. Number of compliments from community member. Number of community initiatives on behalf of residents.
Residents moved toward independent life in society. --Improved communication skills. --Money management skills improved. --Community survival skills improved. --Personal hygiene/grooming skills improved. --Leisure skills improved.	Quantity (Volume) Quality (Accuracy) Cost (Staff time)	Number of IHP task requirements met. Progress on facility assessment scale. Level of assistance required.
Resident health status improved.	Quantity (Volume) Quality (Class)	Number of reported medical problems. Medical judgement.
Resident sense of personal identity built.	Quality (Class)	Judgement of family/sponsor. Staff judgement of self-assurance & positive interactions with others.
Family relationships maintained	Quantity (Volume)	Amount of communication with family members. Number of residents included in family vacations & holidays.
People from local community served.	Quantity (Volume)	Number of county citizens in residence.
Interagency projects developed	Quantity (Volume)	Number of projects developed.
License maintained	Quality (Accuracy)	Conformity with standards judged by various authorities.

(Source: Administrator Interview; Policy Manual. 8/15/80.)

IMR FACILITY--ATTENDANT COUNSELOR III--JOB MODEL

JOB ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
IHP programs implemented. --Resident Life Staff (RLS) informed. --RLS monitored. --RLS change in behavior toward residents.	Quantity(Timeliness) Quality (Class)	Number of programs in IHP implemented on schedule. AC III judgement of quality of staff interaction. --Personal involvement. --Avoidance of threat/punishment. --RLS development of innovative ways to keep resident attention on task.
IHP review meetings completed. --PAC's done. --Facility behavior checklist done. --Reports collected from team members. --Written copies disseminated.	Quantity(Timeliness)	Number of reviews complete within time limits set by IMR guidelines. Team composition, records in conformity with IMR guidelines.
Programs to implement IHP's written: (Shared accomplishment with QMRP).	Quantity (Volume) Quality (Accuracy)	Number of programs implemented by staff as written or revised. Programs address important resident needs as judged by IHP team.
RLS hired, oriented, scheduled, and evaluated.	Quantity(Timeliness) Quality (Accuracy)	Staff available on time to provide coverage consistent with IMR requirements. Staff implement routines & procedures consistent with facility policy as judged by QMRP.
Resident clothing needs met	Quality (Class) Cost (Money)	Clothing looks appropriate as judged by AC III. Resident budget limits observed.
(Source: Administrator Interview; AC III Interview; Job description. 8/15/80.)		

IMR FACILITY--ATTENDANT COUNSELOR II* & ATTENDANT COUNSELOR I **--JOB MODEL

JOB ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Resident routines observed. --Grooming/hygiene. --Mealtimes & snacks. --Exercise programs. --Bedtimes. --Socialization. --Pedestrian skills.	Quantity(Timeliness) Quality (Accuracy)	Number of residents who observe schedule. Number of residents who perform routines correctly in judgement of AC II or AC I.
IHP programs implemented.	Quantity (Volume) Quality (Accuracy)	Number of programs implemented per schedule. Programs implemented in conformity to IHP.
Craft projects completed.	Quantity (Volume)	Number of projects completed.
Unacceptable behavior controlled.	Quality (Accuracy)	Number of incidents of unacceptable behavior as judged by AC II, AC I.
Records kept.	Quantity (Timeliness)	Required records completed on time.
Resident problems identified.	Quality (Accuracy)	Potential problems documented correctly in judgement of QMRP.
AC I observes schedule* (AC II only).	Quantity (Timeliness)	Number of tasks performed on time judged by AC II; AC III; QMRP.
Medications & supplies delivered to facility** (AC I only).	Quantity (Timeliness)	Number of orders delivered on time.
(Source: Administrator Interview; ACII, AC I Interview; Policy Manual. 8/15/80.)		

STATE IMR PROGRAM--STATE POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Health	People provided a protected, institutional environment.	Number of residents whose health & other needs require an institutional setting.
Growth	People attain or maintain maximum functioning.	Number of residents actively participating in an individual program specified by an IHP developed & written by an interdisciplinary team.
Rights protected	Environment does not violate people's rights.	Written policies & procedures insuring resident rights. Written documentation of appropriate professional judgements restricting individual residents exercise of rights.
Economy	Federal funding participation in residential services maintained.	Amount of Federal funds expended.
(Source: Washington IMR Program Guidelines DDD: 1979)		

STATE INSTITUTION UNIT--POLICY MODEL

CULTURAL VALUE	MISSIONS	MEASURES
Health	Make residents healthy, calm participants in the total community of (the institution).	Staff judgement of resident performance.
Dignity		
Happiness	Home-like atmosphere provided.	Staff judgement of quality of setting.
	Health status maintained.	Medical judgement of health status.
Growth	IMR program implemented.	Conformity with IMR standards judged by internal & external survey.
	Residents habilitated.	Progress judged by periodic interdisciplinary team review.
(Source: Interviews with 24-hour Charge, Area Supervisor, Residential Life Supervisor; Policy Manual. 10/20/80.)		

STATE INSTITUTION UNIT--FUNCTION MODEL

PROGRAM ACCOMPLISHMENTS	REQUIREMENTS	MEASURES
Home-like atmosphere provided.	Quantity (Volume)	Number of disruptions of calm atmosphere (eg. temper tantrums, excessive complaining).
	Quality (Class)	Relationships between residents; residents and staff (eg. Expressions of humor from residents; expressions of caring from residents; staff avoid talking down to residents.).
Resident skills developed.	Cost (Staff time)	Number of things residents can do without staff assistance.
Resident health maintained.	Quantity (Volume)	Number of pharmacy orders required.
Resident happiness & contentedness maintained.	Quality (Class)	Residents appear to staff to be happy to see staff & other people. Feeling tone in residence is positive in judgement of staff. Residents eat better. People with spasticity are more relaxed.
Behavioral disruptions decreased	Quantity (Volume)	Number of disruptive incidents charted by staff. Amount of medication ordered for behavior control. Number of incident reports filed. Number of time-out's used.
	Cost (Staff morale)	Level of staff satisfaction with unit atmosphere.
IHP: Developed Implemented Documented Monitored	Quantity (Timeliness)	Number of plans & plan specified activities (flow charts of tasks) implemented on schedule
	Quality (Accuracy)	Plans implemented correctly in supervisor's judgement.
Parental involvement increased.	Quality (Class)	Staff judgement of parent involvement in IHP.
	Quantity (Volume)	Number of parent visits & calls (especially unscheduled visits). Number of times residents have off-grounds activities & home visits.
Relationship with other departments maintained for resident benefit.		Number of referrals & requests followed thru by other departments (eg. special equipment acquired).

(Source: Supervisor, 24-hour Charge Interviews. 10/20/80.)

CONCLUSIONS

Based on our site visits, interviews, and review of documents, we see seven important issues constraining the quality of the state of Washington's residential services.

- (1) There is no policy level consensus regarding the accomplishments of the overall residential system.**

Study of the models shows that each program defines its missions differently. (For example, the five programs vary the emphasis they place on people moving on to other, "less restrictive" settings. They also differ in the degree to which they value community participation for the people they serve.) Variability at the policy level suggests a lack of consensus on what the residential service system as a whole should accomplish. We believe that this state of affairs represents the outcomes of costly compromises among the many different interests whose support is important to maintaining the service system, and we well recommend a process for developing consensus on future direction.

We believe this lack of consensus is undesirable for four reasons.

- Without a clear overall direction, the service system can't develop in a way that is consistent with the needs of people with developmental special needs described in contemporary social policy. (See Appendix item G for our view of the accomplishments which define a consistent direction.)
- Failure to negotiate consistent program missions reduces the adaptiveness of the whole system. The most powerful and flexible tool in a turbulent environment is constant reference to desired accomplishments (Drucker, 1980; Gerhard, in press; Peters, 1980). Without a focus on accomplishments, system managers are likely to neglect positive control over program accomplishments in favor of concern over the details of program behavior, thus reinforcing "activity traps."
- Lack of consensus undermines the confidence that managers at different levels of the system have in one another. All of the program level staff we interviewed see state level managers as preoccupied with cost reductions at the expense of accomplishment. They are quick to note requirements which seem to them to demonstrate that "the State" doesn't know what it wants. For example, one program administrator told us, "We're here to de-emphasize the medical end. Nobody here is sick and all of them self-medicate, but the regs say we have to have a nurse in the facility all day. The people are gone the whole time she's here. We could use

the money we pay her for lots of other things people really need -- like speech therapy." On the other hand, state managers told us that they were uncertain of the extent to which program administrators are managing their programs to contribute to achievement of objectives vital to the statewide program.

- Lack of consensus can encourage a habit of misdirected control. When things seem not to be working, there is a tendency to try to exert more external, top-down control over program behavior. Many people note that federal level concern with insuring the quality of institutional services is expressed in a set of ICF-MR regulations which greatly reduce the options of managers at all levels and undermines accomplishment of the programs' stated purposes.

(2) There is a weak connection between described program accomplishments and described job accomplishments.

In four of the five programs we studied, direct service workers' jobs are described in terms different from those used to describe program missions and program functions. (Compare Function Models with Job Models.) These discrepancies suggest weakness in a critical translation from ideals to reality and affects the extent to which the program as delivered contributes to fulfilling the program's missions.

One major area of activity that appears on direct service workers' job models which is not adequately guided from the policy and function level relates to staff control of resident behavior. Two types of control are identified:

- Insuring that residents observe routines set by the program (such as, waking up on time, making beds, changing clothes after returning home, doing assigned chores, meal-time routines, bathing, going to bed on time).

- Controlling what they describe as "behavior problems." What constitutes a "behavior problem" for a direct service worker varies from program to program. In three programs, staff described "getting angry with other residents," bothering other residents, and taking things from other residents as behavior problems. In another program, a resident was on a behavior modification program to decrease the number of phone calls she makes to a man she dates. Another program defines "making noise" as a behavior problem. In all of the programs, non-compliance with staff instructions was identified as a behavior problem although there were differences among programs as to when staff give instructions.

We believe that service workers identify control as a job accomplishment for three reasons.

The requirements of group living. "Keeping to assigned bath times makes sure everyone gets a turn." "Residents have to stop fighting and learn to ignore each other because there are so many people living together."

Program reputation. "If our residents don't behave themselves when they go downtown, it reflects badly on us." "This is a new program and we can't afford to have any public incidents."

Resident need. "He needs to learn to take care of his own room, but he's fighting us every step of the way." "If she can't learn to do something besides scream and hit people when she's upset with them, she won't be able to continue living here."

Some workers feel that a structured routine and strong external control is exactly what residents need. Others told us that they were confused by what seems to them a tension between the residence as people's own home and program requirements. "Home" suggests to them a place where people are accepted for themselves and where they have substantial room for individual expression. As one staff member put it, "Who am I to tell these people when to do their laundry and how they can behave in their own backyard? If this is really their home, can't they leave their beds unmade without getting hassled for it?"

There appears to be a built-in tension between a person being at home and being in a program (Katz, 1979). The way in which this tension is managed makes a substantial difference in the quality of life people with developmental special needs experience. If staff gravitate toward either pole of the tension, they sacrifice what we believe are valued outcomes. If they impose too much control, the residence becomes age-inappropriate, regimented, and even de-humanizing -- and residents lose the chance to learn how to exercise their freedom. If staff retreat from developing a structure, residents who are less than competent will miss opportunities to learn, and residents who are undersocialized may hurt themselves or others.

We don't see the exercise of control of residents as an accomplishment, however. For us it is a cost. It takes time and energy away from the pursuit of valued accomplishments. Several job accomplishments can work together toward minimizing this cost:

- The better staff are at analyzing performance (as opposed to "behavior") problems, the more options they have for responding without direct control. Performance analysis provides a systematic way of asking questions about many of the control problems that come up in residential life. For example...

What accomplishment is at stake in this situation? What values will be sacrificed if the person doesn't perform?

Is this person performing poorly because of a lack of information, a problem with necessary resources, a problem with incentives, a lack of knowledge, or a problem with personal capacity?

What is the most efficient way to insure that the person performs competently? Should we change the routine, provide modifications to the environment, develop a new technique for the person to use, provide more systematic feedback, etc.?

- The more staff can accomplish meaningful resident involvement in day-to-day decision making -- and establish a collaborative way to set personal change goals -- the greater will be the legitimacy for intervening in a person's life. For people who are incapable of participating in goal decisions, staff can work to accomplish adequate personal representation, perhaps even guardianship, for the individual.
- The more staff can accomplish a living environment that reinforces people's sense of personal ownership and investment in their home, the greater will be the motivation to develop self-control.
- If supervisors treat control as a necessary cost which should be minimized rather than as a positive accomplishment, staff will have incentives to develop effective ways to manage the environment, and not the resident.

If job accomplishments are not harmonized with program accomplishments on this basic issue, or if stated accomplishments are unrealistic because they deny the unavoidable tension between "home" and "program," direct service staff will lack direction and support. They will experience a significant part of their job as moment-to-moment surveillance of a potentially eruptive situation. This disharmony adds to job stress and increases the chances of self-fulfilling prophecies.

(3) Measures of accomplishment are not fully functional.

Many of the direct service workers we talked with told us that it was hard for them to know whether they are really accomplishing anything in their jobs or not. This lack of feedback can contribute to a staff morale problem which in turn affects the intensity of the program experienced by residents. If staff don't have clear evidence that they are contributing to the program's accomplishments, they are likely to underestimate themselves as contributors to residents' growth, as well as the residents' possibilities for development. We think there are two parts to this problem:

- The accomplishments specified in program missions are either attained very slowly or they seem unrelated to staff outcomes. For example, some staff thought of job success in terms of residents moving on to more independent living arrangements. But, in the programs we visited, there has been little positive movement that can be directly related to staff effort as a part of their regular jobs. Most of the movement is accounted for in one of three ways (see program descriptions for detail).

- A substantial number of people moved to another setting (frequently a Congregate Care Facility or state institution, or sometimes a family home) soon after moving in because of a poor "fit" between the program and the clients' needs. Most of this "regressive" movement seems to happen early in the program's history as part of the "shake-down" of screening procedures. While staff see these movements as necessary, they don't count them as accomplishments.

- Most movement that staff counted as positive happened because of the creation of a new resource rather than because their program "worked." (In one instance, six people moved at once into a small group home that opened nearby; in another case six out of seven people moved because of the opening of a tenant support program.)

- In three of the programs one or two residents moved out into their own apartments at the initiative of staff who helped them find a more suitable living arrangement outside the program and then arranged necessary support and follow-up without extra compensation to the program. Though this is a point of pride for the staff involved, they say that there is a limit to the number of people they can assist in this way and still comply with their "legitimate" job descriptions.

- There are no consistent ways to track the positive changes that do happen for people.

●● The staff we interviewed were unanimous in their view that the resident's official program plan (IPP) and their occasional completion of the Progress Assessment Chart (PAC) were tasks performed primarily to comply with external requirements. The sense that these instruments are employed for the benefit of external others leaves the staff with little alternative information by which to gauge their own performance.

●● Program staff state the requirements for many important accomplishments in terms of "class" -- i.e., a personal judgment of quality. While this is an appropriate measure of some values, staff are more likely to be able to judge their effects when as many measures as possible can be stated in terms of "quantity" (e.g., number of new skills demonstrated) or in terms of "accuracy" (a judgment of quality that refers to a clear picture of what is correct). "Class" measures are most often effective when there are clearly stated criteria and open discussions of judgments.

●● Each program had its own variety of local data gathering systems. Some are related to behavior management programs; others are intended as records of the implementation of training programs; and still others relate to staff behavior (e.g., monitoring and prompting resident behavior). Except for the Tenant Support staff-time accounting system, which is directly linked to program funding, entries into these systems were incomplete and staff reported frequent revisions and new starts. None of the systems provided clear displays of accomplishments and all of them were described by direct service staff as for the benefit of someone else (usually the administrator, a program expert, or "the state"). Rarely did direct service staff we interviewed report using any of the data they collect for making on-the-job decisions. As far as we can see, virtually all existing data collection mechanisms constitute a set of activity traps contributing nothing to program or job accomplishments.

We believe that the creation of meaningful accomplishment measures offers the greatest immediate potential for improving real productivity. Measures which arise from careful negotiation of program and job accomplishments would make the entire residential service system far more manageable and accountable.

To really affect staff performance, accomplishments and measures need to be negotiated at each level of the system (state manager with program, program manager with direct service staff, and staff with residents). Experience with implementing Management-by-Objectives shows that objectives and measures which are imposed unilaterally have limited effectiveness and incur substantial supervision costs (Odiorne, 1979).

Direct service workers have an important role in these negotiations. While helping us construct job models, many staff were creative in identifying potential measures. For example, one staff member had the delightful idea of recording the number and ways in which residents "suprised" staff by engaging in unexpected initiative, adaptiveness, and exploration of the community.

Not all measures of program and job accomplishment need to meet the tests of behavioral research. The following are four examples of measurement techniques which we believe would prove useful:

- Staff and residents jointly keep a map showing the community settings each resident is learning to use. The map could show settings the person uses alone, with one or two others, or in a larger group (see Katz, 1979, for further examples).
- Staff assist residents to keep a personal log of new experiences. People we visited were pleased and excited to share their photo albums with us. With a bit of extra effort, such photographic records could be converted to useful measures.
- Staff assist residents to write and revise their autobiographies. Existing client records rehearse sterile and deviance-focused "histories" which seem to have been compiled mostly by copying parts of past records. Biography (for those who are unable presently to participate) and autobiography provide a changing sense of the meaning of one's life. (See Bogdan and Taylor, 1975; in addition, Turner, 1980, traces the way in which a person's autobiography changes as his or her life circumstances improve.)

(4) Direct service staff need to learn more about how to teach.

Although a number of stated program accomplishments relate to residents acquiring new skills, direct service staff spend suprisingly little time teaching new skills. Much of what they label "training" seems to be better described as prompting people to use skills they already have.

Staff point out that many noticeable changes happen with a minimum of organized teaching as residents respond to new opportunities offered by their participation in community life. However, most people who are called "mentally retarded" are limited in their ability to learn "incidentally." That is, if not confronted with competent teachers, there is an artificially low ceiling on what people with that label will learn.

We asked direct service staff to demonstrate or describe in detail the way in which they would approach teaching a resident a new skill. Based on their responses we believe that, if skill development is a valued consequence of their work, direct service staff need extensive, systematic instruction and supervision to acquire training competence.

(5) Program design has a powerful effect on staff roles.

Four of the programs we visited share one basic characteristic: they use a specialized facility which groups a number of people with developmental special needs together to provide housing and other services. One program -- Tenant Support -- is substantially different. The contrast can be described in terms of two different strategies.

- The landlord strategy involves an agency acquiring and managing housing which it offers people with special needs along with other services. People are "residents," "clients," or "patients" who receive "residential services," or "milieu therapy," or "residential treatment." Places (usually called "beds") are seldom funded by residents' paying cash rent. Staff are employed by the agency. Landlord strategy programs can be of any size, though most house a number of people and many are very large, housing 20 or more people under the same "roof." Any kind of building may be used, but most are either special-purpose buildings or modified large family homes. The defining feature is that someone besides the person with special needs holds tenancy or ownership.

- The housing agent strategy involves an agency assisting people to rent (or even own) their own homes or apartments. The agency joins with other community groups to influence the local housing market to provide suitable housing. The agency helps people only as much as they need in negotiations for payment, insures necessary modifications to buildings, and makes sure that people learn what they need to know to enjoy their homes. Under this strategy, people may benefit from many services in their homes; but the home is their own, not the agency's. The tenant support program we visited is moving toward implementation of this "housing agent strategy."

The role of tenant support staff is substantially different from the role of workers in other programs, although their responsibilities are similar. The tenant support staff role seems to us to offer real benefits to people with developmental special needs. But it clearly puts more strain on staff: direct service workers have to make more independent judgments about when and how much to help; back-up support from other staff is

farther away; staff have to assume more responsibility for setting up and following their own schedules; there is more travel; hours are less predictable; there is far more responsibility for paperwork; and, there is less sense of security about what the residents are doing in the absence of the staff.

Services based on the housing agent strategy require a significant investment in supervision and management. To make this investment effective, and to safeguard the quality of life for tenants, we believe it is essential that this new service "model" implement a useful set of program accomplishment measures.

The housing agent strategy provides a different learning context for people with developmental special needs. The function and job models we prepared with tenant support staff describe several job accomplishments in terms of involving neighbors and other community members in support and learning activities for "the people." The staff we interviewed said that many of these relationships form naturally -- "It's suprising how many people find the help they need for themselves." Sadly, the program does not systematically measure these significant accomplishments.

In the tenant support program all teaching occurs in the ultimate environment in which people are expected to use their skills, and in which people more often experience the natural consequences of their actions. People learn to cook in their own kitchens and at their own appliances; they learn to find their way around their "own" neighborhood; and, they form relationships with people who are their own neighbors (not "the program's"). Individual goals are defined more by the tenants' responses to their real community experiences than by service worker judgments of need based on tests or checklists. This strategy should improve service effectiveness by making goals more meaningful and realistic -- and by reducing the amount of transfer of skill from one "learning" setting to the ultimate "doing" setting (Brown, et al., 1976). But, as staff told us repeatedly, this strategy also makes service workers even more responsible for good judgments about the nature and extent of support each tenant needs to safeguard them from potential harm.

While the tenant support program we studied invests extraordinary amounts of staff time in record keeping to generate the quarterly reports required by the state's contract, they only report information relating to program costs in order to document the effect of the tenant support program on the amount of staff time expended per client. This relationship is a reasonable measure as far as it goes, but it provides no information about the benefits purchased by the state other than cost reduction.

(6) There is a fuzzy relationship between resident characteristics and program "model."

We visited three different residential "models" (two IMRs, two group homes, and one tenant support program). By regulation and contract, IMR and tenant support programs can only serve people who are certified as requiring the level of restrictiveness offered by the programs. In the five programs we visited, the basis for this judgment in the reality of residential services did not come clear to us.

As the program descriptions demonstrate, labels attached to clients don't seem to form a clear "continuum of ability" to match the purported "continuum of services." In other words, we saw "functional twins" scattered across the five program types. For example, the tenant support program (which in terms of housing is the least physically restrictive and least congregative residential model) serves people whose labels and problem descriptions overlap with clients being served in the IMR facilities -- which by program definition are places for people who require an institution. In the tenant support program we visited, clients' attributed levels of mental retardation range from mild to profound; several people have identified medical problems; and, a number of tenants are described as having substantial behavior problems (the last group is presently being served by live-in staff).

This degree of "diagnostic overlap" may be no more than a comment on the unreliability of the judgment of the professional staff who applied the labels long ago and the poor judgment of those who have transmitted the labels along with the people as they moved from place-to-place.

It may well be that the residents in the programs we visited are also similar in terms of their level of skills as measured by a behavior checklist, such as the Progress Assessment Chart (PAC) -- Washington's official measure of adaptive behavior. Considerable overlap in measures of "adaptive behavior" might not be so; but, if it isn't, the information required to decide the question is not available on the basis of a program-by-program review.

The client overlap we observed may be no more than an accident which has resulted in the occasional person being "misplaced" in unnecessarily restrictive settings. If so, there does not seem to be a functioning mechanism for locating these people and moving them to more appropriate settings.

We believe that the history of Washington's residential service development provides one important explanation of this confusion of people and settings.

- Different ideas about what constitutes the most effective design for residential services have emerged rapidly as the present system developed. For example...

- The private IMR we studied was previously a nursing home which served only a few people with developmental special needs before the owners decided that the state's policy of reducing the size of state institutions created a need which they are suited to meet. This interest brought them into participation with the state IMR program.

- The state institution unit we visited is housed in a recently constructed duplex which was built as part of the facility's master plan for Title XIX compliance.

- The small group home was founded by a group of parents who believed that community living was possible for people with multiple handicaps. The extra staffing for some residents is provided by the state's contracting for the program as if it were a home for children.

- The large group home was purpose-built at a time designers believed that it was desirable to house 20 people together. Program operators found this level of congregation unworkable and have negotiated a reduction to 16 residents. They have also begun to operate a tenant support program.

- The tenant support program was founded by a large group home operator. Following a decision to re-define the organization's mission, most of the people who previously "needed" a group home environment "needed" an apartment-based variety of supportive services the next month.

The rapid development of different, competing models for residential service places a great strain on program management. It seems to us that managers have imposed order on this situation by trying to see it as a rational continuum of residential "models," differentiated according to a continuum of human "needs." We think that this rationalization creates a false certainty about the nature of the situation they manage. One of the worst possible futures we can imagine for Washington is a determined attempt by a competent manager to make the present system behave like a rational continuum.

- The most powerful system pressures influencing the services we studied result from the state level objective of insuring continuing federal financial participation in meeting the operating costs of state institutions. The decisions embodied in the current Plan of Compliance with Title XIX Requirements provide the context for all other

decisions by state managers. This priority makes it relatively more important that a person targeted to move from a state institution (or a person at risk of return) has a minimally acceptable placement than that he or she has an appropriate place to live.

(7) Staffing issues.

Our study provides a perspective on several important staffing issues.

Career Futures. If residents are to benefit from continuing relationships with staff who have learned from on-the-job experience, careful consideration should be given to developing promotion opportunities that do not necessarily require giving up direct relationships in favor of administrative roles.

Staff in the two group homes reported that there is "no place to go but out" in terms of their careers. Several staff told us of plans to go back to school to seek training in special education or nursing. Staff in the two IMR programs and the tenant support program have at least a short career ladder because of the larger scale, diversity, and job specialization which characterize their programs.

The Director of DDD told us that the Department's expectation is that those direct service staff who want careers in residential services will themselves become program providers. This strategy seems to us to best fit circumstances in which there are resources to permit sufficient expansion of demand to provide opportunities for staff who want to become entrepreneurs. This position also seems to assume that people with developmental special needs and the state will continue to be served best by a collection of small scale residences, each under different corporate auspices, rather than by an organized system of residential services. The tenant support program we studied offers an interesting challenge to this notion, because it uses an inter-mediate organizational scale to provide and oversee a great variety of very small scale and personalized residences. (For purposes of comparison: the tenant support program examined during our study serves 85% more people than the small group home, 40% more than the private IMR facility, and about 90% fewer people than the state institution as a whole.)

We believe that the issue of a residential services career ladder should only be discussed in terms of an explicit set of policy and function models which specify the accomplishments expected of the residential services system. In this context, we recommend that DDD and DDRSA collaborate in a study of the Canadian National Manpower Model (NIMR, 1972; Roeher, 1979) as a framework for developing a career ladder for service workers in Washington State.

Wages and Benefits for Direct Service Workers. Pay and benefits are an important morale factor for all of the direct service workers we interviewed, regardless of program setting. Table two summarizes their situation at the time of the interviews.

TABLE 2

COMPARISON OF DIRECT SERVICE STAFF SALARIES & BENEFITS

Program Type	Salaries	Benefits
Small Group Home	<p>Range: \$3.25-\$5.00/ hour (Program has chosen to pay all resident counselors \$4.30/hr. which is maximum average allowable.)</p> <p>Approximate yearly= \$8256.00 (No salary increments possible for staff unless state contract changes.)</p>	<ul style="list-style-type: none"> • 1 vacation day/month • 1 sick day/month • Medical insurance: Total cost/employee of \$25.00/month with \$10.85 paid by employee and \$14.15 paid by group home. Dental or opthamology services not included.
Large Group Home	<p>Starting annual salaries:</p> <p>Living Skills Instructor- \$8466.00 Food Management- \$8643.00 Live-in staff \$8859.00</p> <p>(Any salary increments based on contract negotiations.)</p>	<ul style="list-style-type: none"> • 1 vacation day/month • 1 sick day/month • Health insurance including dental and opthamology • Retirement
IMR	<p>AC I- \$3.70/hour Approximate yearly=\$7104.00</p> <p>AC II- \$3.95-\$4.00/hour Approximate yearly=\$7584.00</p> <p>AC III- \$4.75/hour Approximate yearly=\$8640.00</p>	<ul style="list-style-type: none"> • Vacation: 1 wk. for 1-2 yrs. work 2 wks. for 3-5 yrs. work 3 wks. for 5-8 yrs. work • sick leave • Health insurance: Blue Cross Medical and Dental. Total cost/employee = \$43.70/month with \$11.00 paid by employee and \$32.70 paid by IMR
Institution	<p>AC I- \$794.00/month Approximate yearly= \$9258.00</p> <p>AC II- \$834.00/month Approximate yearly= \$10,008.00</p> <p>AC III- \$921.00/month Approximate yearly= \$11,052.00</p> <p>(Salary increments at 6 months and yearly thereafter.)</p>	
Tenant Support	<p>Range: \$4.25-\$5.37/hour (Salary increments possible at three month intervals based on performance of job.)</p>	<ul style="list-style-type: none"> • 11 paid holidays • 1 sick day/month • Major medical policy including dental services • \$10,000.00 Life Insurance

There are two issues with respect to service worker compensation which were frequently confounded in the debates we heard during our study: equity, and the relationship of pay to program accomplishment. These two issues are framed below as questions.

1. **Are direct service workers paid a fair and competitive wage for their work, and -- for community service workers -- is the disparity in rates of pay between state employees and all other residential service workers justified?**

- Comparing base entry level salary for the lowest level residential job classifications, private IMR workers make approximately 76% of state institution worker wages -- the widest disparity among the programs we studied. Workers in community services are paid approximately 90% of state worker wages. Benefits vary widely and also favor state and county employees (the large group home workers are county employees). This comparison excludes shift differentials and overtime available to state employees.

- The greatest incentives for remaining on the job also go to the state employees, in the form of regular salary increments, security of program funding, and opportunities for promotion. A state employee who remains an Attendent Counselor I for four years (which we were told is a rare situation since most people either leave or are promoted within that period) can look forward to a 32% salary increase. Future earnings of non-state employees are less straightforward. These workers depend on the total amount of staff pay negotiated annually in their program's contract and the maximum average hourly wage set by the contract. Managers differ in the way they deal with these constraints. The small group home pays all direct service staff the same wage (the maximum average hourly rate). The tenant support program has a range which would permit a worker to earn 26% above the base rate contingent on the managers' judgment of the person's productivity; but, the range and flexibility of this incentive/merit system is constrained by the rate set by the state contract -- a rate which is unpredictable from one year to the next.

- Inspection of the program function and job models does not seem to us to justify the disparity in pay among workers employed in the different programs. State direct service jobs, especially at the entry level, don't seem to require any more specialized skills than those of community workers. State employees at the entry level seem to have substantially less responsibility for independent functioning and judgment than do community service workers at comparable organizational levels. It seems unlikely to us that the work of state staff is more demanding on employee stamina -- and we doubt that their jobs are necessarily more dangerous.

- Nine of the 11 community direct service workers we talked with said that their level of potential earnings made it unlikely that "could afford" to remain very much longer on their jobs.

- The pay disparity is a much greater irritant to community service staff than the absolute amount of money involved for any individual worker might suggest. The people we interviewed see the disparity as evidence that the state "doesn't really care about handicapped people...they just want to get off cheap."

- We believe that the good will of direct service workers is a valuable asset and that the existing disparity cannot be justified on grounds other than accident. Based on the data from our study alone, we cannot argue for or against the proposition that the trade-off between reduced morale and longevity among non-state employees and the additional cost of achieving wage parity is "worth it." But we noticed that this issue is confounded by the paradox that puts DDD managers in far better control of community services expenditures than it has over the expenditures of the facilities it operates directly. This paradox arises because of the way the legislature draws the state budget, because most community programs are free of Title XIX ICF-MR compliance requirements, and because of the flexibility offered by the vendorization (i.e., the purchase of service contract) mechanism.

- We do see a substantial opportunity, however, for state level management to participate in bringing about consensus with regard to "worthy" staff performance and program accomplishment throughout the residential system, and for them to develop incentives to enhance and maintain such performance on the part of both state and non-state employees.

2. Would increased pay and benefits for direct service staff result in increased productivity (i.e., accomplishment) from the state's residential system?

- Without more clarity and consensus with respect to what "productivity" means for the state system, this question can only be answered speculatively.

- We believe that it is essential that the state system attract and keep employees who have the judgment and skill to establish and maintain a positive living environment for the people who depend on them. On the basis of our visits to exemplary programs, it appears that it is possible to attract such people within the present pay scale. It does seem likely, therefore, that a career ladder, systematic development of staff competence, and equitable wages and benefits would make it possible to keep valuable employees for a much longer duration.

● In thinking about pay as an incentive for accomplishment, it is useful to distinguish between "motivators" and "hygiene factors" (Herzberg, 1976). Motivators provide the incentive for improved performance; hygiene factors refer to irritants which may get in the way of improved performance. Research on job satisfaction (Herzberg, 1976; Trist, 1979) suggests that for most people who earn more than subsistence wages, pay is not an important motivator. Reducing dissatisfaction with pay takes away an irritant, but it does not necessarily add a motivator, even in the presence of elaborate incentive schemes tied, for example, to rate of production.

● Even if greater pay were an incentive for greater productivity -- and even if service workers had clear direction on what constitutes "accomplishments" for their jobs -- lack of training skills would still depress measures of program productivity involving the acquisition of new competences on the part of clients. Although we would argue strongly for an expanded investment in staff training, we don't want to leave the impression that training is the solution to the system's problems. Gilbert (1978) points out that training is the most costly way to achieve performance improvement. Aside from its significant impact on staff morale, training can only be justified when it can be clearly tied to improved performance. We suggest, therefore, that present and future training efforts be carefully examined to reveal their impact on program accomplishment.

● If, as we believe, movement of people into a status that involves less dependency and offers greater opportunities for community participation depends more on program and system design than on the efforts of any one worker, it is unlikely that more pay will improve productivity in programs which are not designed to maximize independence and community participation. The relative number of such programs depends in large part on state level management decisions about the shape of the system to be developed. This in turn depends on the degree of consensus that can be achieved regarding the overall system's direction.

We believe that wage parity between state and non-state workers is justifiable solely on the basis of fairness. Whether or not increased pay would result in increased productivity depends on several other system characteristics which are within the province of state managers and program administrators.

THE STUDY'S STRENGTHS AND LIMITATIONS

Readers should be aware of certain strengths and limitations associated with our study method as they think about our findings, conclusions, and recommendations.

Strengths

- We were able to examine a cross section of the out-of-home residential models funded by DDD for people with developmental special needs.
- We studied the programs which DDPC members and DDD staff -- not the study team -- identified as among the best of "what is." This focus on outstanding programs reduced the chances that the issues we identified arose solely from poor local management.
- Given the frame of reference of the study, most of the time spent interviewing program administrators and direct service staff centered on how they described their job and/or program accomplishments and how those outcomes are (or might be) measured. Informal, face-to-face interviews -- as opposed to more formal or structured data gathering tools, such as questionnaires -- were essential because we were there to learn about people's jobs and aspirations, not to "evaluate" their performance. In addition, most people are more accustomed to being asked to describe what they do, rather than what they expect to accomplish; interview questions often had to be re-phrased for staff in order to hone in better on the discussion of accomplishment rather than activity alone.
- The study's interview method allowed us to uncover (1) staff and program aspirations, (2) the extent to which achievement of those aspirations is "tracked," (3) frustrations and constraints which limit accomplishment, and, (4) variance or perceived accomplishment across five residential programs.
- As called for by the study method, a considerable amount of time was devoted to the analysis of state and federal laws, regulations, and purchase of service contracts to extract the service accomplishments which are identified (explicitly or implicitly) in human service policies and strategies. By applying a consistent approach, we were able to estimate the degree of "harmony" among expectations for accomplishment contained in policy and the expectations for accomplishment identified by exemplary program staff and their administrators.

Limitations

- Because we wanted to study exemplary programs, we did not select a representative sample of residential services. Therefore, we do not claim that our findings are a true description of all the state's residential services. We do believe that

the issues identified by studying "best performers" are of general concern and that the suggestions for improving productivity based on those performers' experience are worth careful consideration.

- Performance Analysis includes very useful techniques for identifying "best performers" objectively. However, these techniques depend on a common set of measures of valued performance which are applied to all performers. Since such measures do not exist for Washington State's residential services, we relied on nominations of "best performers" from Residential Services Committee members.

- Performance Analysis provided a new vocabulary for all the people we interviewed. However, all the service workers who participated in helping to create the job models reported enjoying and learning from the experience.

- Some of the direct service workers we interviewed had at least an initial difficulty understanding that we were interviewing them to learn more about their jobs rather than to evaluate them. This initial misunderstanding arose for a few staff because they identified John O'Brien and Connie Poole with PASS, the rigorous service evaluation method based on the principle of normalization. We saw no evidence that this association had a significant impact on descriptions of job and program accomplishments, thought it may have influenced answers to other questions.

- In generating specifications of job accomplishments, Performance Analysis depends more on analysis of policy and workers' and supervisors' verbal responses than on detailed observation of people at work. This step provides a basis for deciding who and what to observe in order to derive ideas for affecting performance. Therefore, we didn't report the same level of description of worker behavior as would result from participant observation or a time and motion study.

RECOMMENDATIONS FOR IMPROVING PRODUCTIVITY

We believe that substantial improvements are possible in Washington State's residential services if the system can combine a clear, positive direction with an effective method of managing performance. The performance analysis model we tested in our study could offer DDD a flexible and useful management tool. However, we caution against implementing this or any other management system without taking time for building a stronger consensus on the system's direction and without an opportunity for involving all levels of the system in a pilot effort toward management for accomplishment.

We recommend two complementary strategies which we think will be beneficial whether or not the decision is ultimately made to modify DDD's control system.

- First, the DDPC should cooperate with DDD to fund the selective development of a small number of local work improvement projects aimed at improving the quality of residential life.
- Second, DDPC should organize a forum which will permit each of the constituencies concerned with the quality of residential services an opportunity to develop consensus on a clear statement of program accomplishments for residential services and a feasible set of measures which will permit comparison among residences.

Either strategy might be pursued independently, but the outcomes for each will be enhanced if they are joined in a common effort. The remainder of this section is devoted to a discussion of each of the two strategies we recommend.

Strategy 1: Improving the Quality of Residential Life

What is a Work Improvement Project?

During the past 20 years the private sector has been involved in an increasing number of work innovations. These include a variety of different projects aimed at improving productivity and worker satisfaction (Stein and Kanter, 1980; Trist, 1979; Walton, 1979). We believe that selective development of work improvement projects by the administrators and staff of a small number of residential services would begin a process which would greatly improve the overall quality of residential services.

Work improvement projects influence the work culture of a program. They depend on collaboration across all organizational levels rather than on the pronouncements of authority or distant committees. They affect organizations by providing opportunities for higher level managers to increase their power by empowering others (Kantor, 1979).

Work improvement is not a particular technique or management system or policy. It is an organized structure concerned with improving the quality and productivity of working life. It is not a single answer, but a way of looking for answers.

Work improvement projects aim at improving both productivity and satisfaction. Workers participate directly in the process of designing and assessing improvements, and project success appears to be related to the extent to which workers increase their power to make job-related decisions. Projects are not simply a process for helping workers feel better about each other; projects are judged in terms of their effect on service accomplishments.

What effects will work improvement projects have?

Walton (1979) states that "To assess the potential of work improvements, one should ask, 'How much difference would it make if workers cared more and knew more about this work?'" Because we see direct service staff as having a major impact on the quality of residents' lives through their influence on the living environment and through their role as teachers and everyday guides, we think that an investment in their examining and improving their own jobs could make a substantial difference to the quality of life for people with developmental special needs.

Our observations suggest that even among identified "best performers" there is great potential for improved performance toward achievement of the accomplishments we all value for residential services. Taken together, the following accomplishments define the quality of residential life:

- The comfort, security, and respect for individuality associated with the notion of "home."
- Opportunities for personal involvement with nonhandicapped people as neighbors and community members.
- Opportunities for customized and personally interesting leisure time activities.
- Opportunities to learn functional skills related to taking care of oneself, making decisions, living with others, and being a community member.

- Guidance in making personal decisions.
- A positive status and reputation as a community member.

How can work improvement projects be set up?

There are three phases to the strategy we are recommending:

1. Selection of project sites. Participation in this project should be voluntary and volunteering agencies need to understand the basic requirements for collaborative design of improvements as well as the resources that will be available to support their effort. We recommend at least three sites and suggest that they be programs which are already judged within the system to be effective. Work improvement projects will not substitute for the lack of effective management in a failing agency.

2. Design and implementation of work improvement projects.
This phase would have five steps:

2.1. Orientation to work improvement. All participants need to learn about three things: how to do a work improvement project; performance analysis; and, the application of the principle of normalization in residential services. This information can be acquired by reading, by attending Kepner-Tregoe Inc.'s training programs on performance analysis for managers, and by calling on the instate network of people trained in applying the principle of normalization.

2.2. Collaborative definition of policy, function, and job models. As we think about it, collaboration should include all interested program staff and their administrators and would probably be strengthened by including others, such as interested program residents, family members, and state officials. We recommend that each candidate project be required to submit a complete set of performance models as a condition of further project participation.

2.3. Collaborative review of the program to identify opportunities for improved performance. This step would follow the approach to work improvement outlined by Trist (1979).

2.4. Design of work improvement projects. Designs can include changes in goals, procedures, feedback systems, job layout and scheduling, physical environment arrangements, employment policies, incentive systems, training, communication patterns, the role of supervisors, responses to regulations and other requirements.

2.5. Implementation and evaluation of projects.

3. Dissemination of work improvement projects to other settings and adjustment of state level policy where required.

What resources are needed?

Experience in the private sector shows that every strategy for performance improvement is costly, and work improvement projects are no exception. To be successful, this strategy requires three kinds of resources:

- Money for participating programs to purchase the time they need to devote to work improvement. No direct service worker we talked with presently has free work time to devote to work improvement (indeed, this is a basic, system-wide problem) and we consider it directly contradictory to the spirit of work improvement projects to require workers to give up their own free time without compensation.
- Money to support work improvement projects through the purchase of information media, consultation, staff trainers, or to fund incentive systems. As much as possible, these funds should be under the direct control of the work improvement project groups.
- Flexibility on the part of state and local management to negotiate necessary exceptions to regulations, contracts, and other external requirements.

Strategy 2: Building Consensus on Residential Service Accomplishment

We think it is important to begin any attempt to improve productivity by deciding clearly and publically what the accomplishments of residential services should be. We need to know what value residential services add to community life. As long as desired accomplishments continue to be fuzzy, the whole system, and each of its parts, will suffer from the following drains on productive performance:

- Control mechanisms will be inefficient. Depending on managerial style and the ebb and flow of crises, there will either be too little investment in control ("I don't care what they do as long as it's quiet") or a counterproductive effort to control too much ("Whatever could go wrong, or lead to criticism...we'll have a rule about it"). Personnel evaluation is either avoided or becomes a measure of conformity with details of the "right" way to behave.
- People will continue to confuse service accomplishment with service delivery. Questions of service quality are reduced to questions of capacity. Service evaluation is trivialized ("We have 88 more beds this year," or "We increased the number of hours of cooking skill instruction by 34.5% over last quarter"). "Trying hard" or "working long hours" becomes the basis for evaluating workers.
- It will be impossible to target what resources are available for improving performance. Managers become vulnerable to fads and all sorts of "good ideas" without knowing whether or not effective adoption improves performance. ("We're thinking of hiring a consultant to do a Transactional Analysis group with the staff," or "We're going to combine precision teaching with the problem oriented record," or "We're offering a 15% raise in pay.")
- Managers will withdraw their attention from efforts to improve productivity. ("There's too much conflict about what we are expected to accomplish. I'm just going to do my job.") Productivity improvement becomes someone else's responsibility despite the fact that management attention is a precondition for its success.
- Confidence will erode. When there is no public agreement on what is to be accomplished, everyone can freely assert his or her own expectations and assume they should be met. And everyone stands a good chance of being disappointed.
- As a product of these five tendencies, it will be even more difficult than necessary to make important decisions because there will be no useful way to pattern the data that are available -- and there will be no clear criteria to apply to suggested alternatives.

The clear definition of desired accomplishments in residential services for people with developmental special needs is critical, but it isn't easy. It requires a process for clarifying the way people with special needs are seen in relationship to their communities, a process for openly managing the conflicting interests which are at stake, and a process for managing transition toward more productive services.

Because the tenant support program we studied appears to be making strides along each of these fronts, we recommend that DDD collaborate with the tenant support providers to develop the potential for meaningful research on program benefits. Since this research is potentially of value to the entire residential services programs, it's methodology should not impose undue "costs" on the programs under study. We also recommend that the present tenant support contract be carefully examined to devise more efficient measures of program financial impact.

Managing the organization versus managing the environment.

Today, organizational accomplishment depends on resources which are controlled from outside the organizational boundaries. (As one state administrator said, "Everyone has a say in what we do. Sometimes I think if we were just left alone, we could get the job done and satisfy most everyone.") More and more, the measure of management effectiveness is the capacity to manage the external environment.

But most management tools are suited to planning, managing, and controlling an organization's internal environment. Managers have a variety of choices about how to manage by objectives, but, until recently, there have been few tools for dealing with a turbulent external environment (Emshoff, 1980). Table 3 on the following page describes the differences between methods suited for internal management (here called Management by Objectives -- MBO) and an approach useful for managing the relevant external environment (here called Management by Interests -- MBI). The two approaches are complementary. But without a substantial investment in an MBI strategy to negotiate system direction, MBO becomes the generator of activity traps.

TABLE 3 TWO MANAGEMENT APPROACHES

MANAGEMENT BY OBJECTIVE	MANAGEMENT BY INTEREST
<ul style="list-style-type: none">● Decision-making within a structured hierarchy of responsibility and authority.● Integration achieved by vertical lines of communication and/or centralization of key decision-making.● Well suited to more clearly defined problems for which solutions are assumed to exist.● Policies derived from comprehensive analysis and aimed at "optimal" solution.● Working relations determined by position in bureaucratic hierarchy.● Communications and feedback according to standardized procedures and defined measures of performance.	<ul style="list-style-type: none">● Decision-making within a flexible network of inter-personal and inter-organizational linkages.● Integration achieved by intensive communication and feedback through multiple network linkages.● Well suited to "fuzzy", partially defined problems for which solutions must be invented.● Policies derived from partial analysis and aimed at "best possible" solution acceptable to interests involved.● Working relations determined by expertise and interest in problem to be solved.● Communications and feedback in open, evolving pattern, with few defined measures of performance.

Basic assumptions in conflict.

One major issue in building consensus arises because people have very different basic assumptions about the relationship between people with developmental special needs and their communities. Consequently, they draw very different conclusions about how to value different possible service outcomes. The consensus building process needs to help the different parties confront and deal with basic differences in perspective. Failure to deal with and come to some resolution of these differences will make the process hollow and useless. The following are five examples of conflicting assumptions:

- In recent history, most decision makers agreed that people with developmental special needs were a threat to the good order of community life. Residential services, under this assumption, added value to community life by keeping "them" securely out of sight and "paroling" only those certain to be non-disruptive. This view also served to provide a stable source of employment for nonhandicapped community members. Improved productivity was measured by keeping more people at less cost. Administrators were concerned with facility designs and procedures that made direct service staff more efficient "keepers."
- For the last 25 years there has been a growing recognition that all people can grow and learn functional skills, and that people with developmental special needs can contribute productively to community life if they are allocated adequate services. Residential services, under this view, add value to community life by providing habilitation programs which increase people's independence. Productivity is measured by decreasing need for public support. Administrators are concerned with making direct service workers effective teachers and with maintaining a client group which has the potential to benefit maximally from their efforts.
- The last view above is frequently connected to the notion of a "continuum" of different residences, each suited to people with different abilities or different demands for medical and behavioral management. Though this idea has been in wide currency since at least 1963, no region we know of has fully implemented it. The concept is important, however, if only because so many people use the word "continuum" to express their sense of an effective residential system. Under this concept, a collection of residences would add value to a community in two ways: first, taken together, the residences would increase the number of people who become independent of services, as residents acquire what each different setting has to teach and move on to the next; second, every community member who needs residential support would have an appropriate place to go. The productivity of each residence is judged, therefore, by the rate at which it processes people toward independence. Direct

service workers contribute to productivity by efficiently delivering services which will help people meet the residence's exit criteria and by not "holding on" to people who should move.

● Today there are a number of concerned people -- many of them parents of people with substantial handicaps -- who believe that community life could be dangerous to people with developmental special needs. For them, residential services add value to the community by providing a safe and comfortable setting with specialized technical services and a reasonably low level of expectation for individual change. Measures of productivity dwell first on improved living conditions within the residence and second on improvements in individual ability. Administrators are concerned with acquiring and keeping the resources necessary to maintain a safe, comfortable environment and with recruiting staff whom they see as "caring."

● As administrative changes in state government led to a state level bureaucracy accountable for managing a large collection of residential services, people with developmental special needs are seen by some key policy makers as an aggregate which poses thorny administrative problems. The people are "known" primarily on paper as a set of distributions of descriptive characteristics. Residential services, from this vantage, add value to community life by contributing to the solution of large scale problems -- such as meeting targeted population levels which will insure federal financial participation in meeting the cost of system operations. Productivity increases as the available collection of residences comes to satisfy the minimum (and often conflicting) expectations of constituencies vital to maintaining the flow of resources. The contribution of direct service workers is immaterial until they collectively become one of the constituent groups to be satisfied.

The Management by Interest (MBI) process.

We recommend that the DPDC collaborate with DDD to implement a consensus building process based on the "management by interests" approach. The aim of this approach is to define clearly the accomplishments of the residential service system and to render agreement on meaningful measures of performance that would allow comparison of different program types and different individual programs. This consensus would form a necessary foundation for any attempt to improve system planning, management, and control. The management by interests approach we recommend would have seven steps:

1. Identification of constituencies who have a stake in the accomplishments of residential services ("stakeholders") and the selection of spokespersons for each interest

group. This step is problematic because those with the greatest stake, people with developmental special needs, are generally unaccustomed or unable to participate actively in planning efforts. Much thought should be given to making meaningful accommodations to permit direct participation by those people with special needs who can speak for their own interests -- or could learn to participate through interaction with the process.

2. Creation of a forum for discussion. Because this process deals with people's basic values, significant conflict is to be expected. We recommend that the Council retain a person or group seen by all parties as neutral (or at least fair) with respect to the basic issues which must be confronted. This person or group should also be skilled and experienced in conflict management and should begin the task by helping all interest groups negotiate the ground rules for participation in the overall forum.
3. Successive definition of interests and clear statement of areas of disagreement.
4. Linking of interests among the different stakeholders.
5. Open negotiation of necessary compromises and statement of consensus on valued system accomplishments.
6. Agreement on meaningful measures of accomplishment.
7. Planning for change based on the achieved consensus.

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related to behavior modification, they can attend these on paid time, but most educational pursuits must be done during non-working hours. The administrator says he has a real disincentive toward staff training because for most of it you would have to let people off from work which means you have to have more staff employed in order to ensure adequate coverage in the facility.

The administrator says that all staff receive training in Basic First Aid, Medical Needs of residents, and Infection Control. He also says that the state has not identified requirements for training especially in IMR's where each program area has different standards and training needs. He feels that there needs to be training developed especially for people who work in IMR'S as well as training in specific teaching technologies. Staff who were interviewed indicated that they would like to learn more about behavior modification, speech therapy and signing. There is some opportunity for staff to get additional information at monthly staff meetings at which there are presentations on different ways of dealing with residents.

Staff concerns

As staff were interviewed they brought up a variety of concerns that they see as important. These include:

- The state has taken too long to interpret IMR regulations to programs. IMR's have to do what they think the regulations intend and wait to hear whether this is the same interpretation as the state has.
- "The state did not really want to take IMR funding, they had to take it because it was a quick source of money. That's not the way it was for us. This is what we wanted to do."
- The programs administrative staff disagree with the requirement that there be a nurse in the facility during the day when all residents are supposed to be attending a day program. They feel the money that goes for the nurse position during the day could be put to better use.
- Since many people in the facility have difficulty with verbal communication, the administrative staff

would like to increase their consulting hours of speech therapy to 50 hours per month rather than the current 15.

- Staff feel that it is wrong for people who are mentally retarded to have to leave their home community when they are ready to go to the "next step" on the continuum.

- Current working conditions do not help recruit good staff. If an employee is good, they move on. If you train them better, they just leave faster.

INSTITUTION UNIT

This study looked at a duplex where 12 people live. The duplex is a residential unit of a larger institution which houses 485 people. The people in this duplex were described by staff as functioning at a higher level than most other residents of the institution and having greater potential to form peer relationships. People here are able to express themselves verbally in contrast to most people in the overall facility, but most experience physical impairments in addition to mental retardation.

The duplex houses two six-bed living units. Each side has its own bathrooms, family room, living room, dining room, kitchen and entry way. Residents eat in their residence with meals provided from a central kitchen.

Resident Characteristics

Age Range: 8-48 (5 people 18 or younger)

Sex: Children (ages 8-11) 1 girl, 1 boy
Adolescents (ages 13-18) 1 young woman, 2 young men
Adults (ages 19-48) 1 woman, 6 men

Previous residences:

1 person from another institution
1 person from home
Some people from other buildings on grounds

Places to which people have moved: (in past 2 years)

3 people to another building on the grounds
1 person to group home on the grounds
1 person died

Identified needs/problems with:

(In other residences in this study, the study team surveyed at least a sample of resident records. This was not allowed in this program. Staff compiled a list of resident characteristics including age, sex, I.Q., medical conditions. The following was compiled from the information that the staff provided the study team.)

INSTITUTION UNIT

Physical health

foot problems
seizures
encephalopathy
hydrocephalus
uses osotmy bag
hypotomic
hemophilia

Physical handicaps

8 people described as non-ambulatory
hearing loss
hemiplegia
spasticity
spastic triplegia
cerebral palsy
scoliosis
deafness

Self-care

All people are being taught self-care skills

Communication

All people here are described as being verbal.

Maintaining acceptable behavior

Some people described as self-abusive and manic-depressive.

Identified level of retardation:

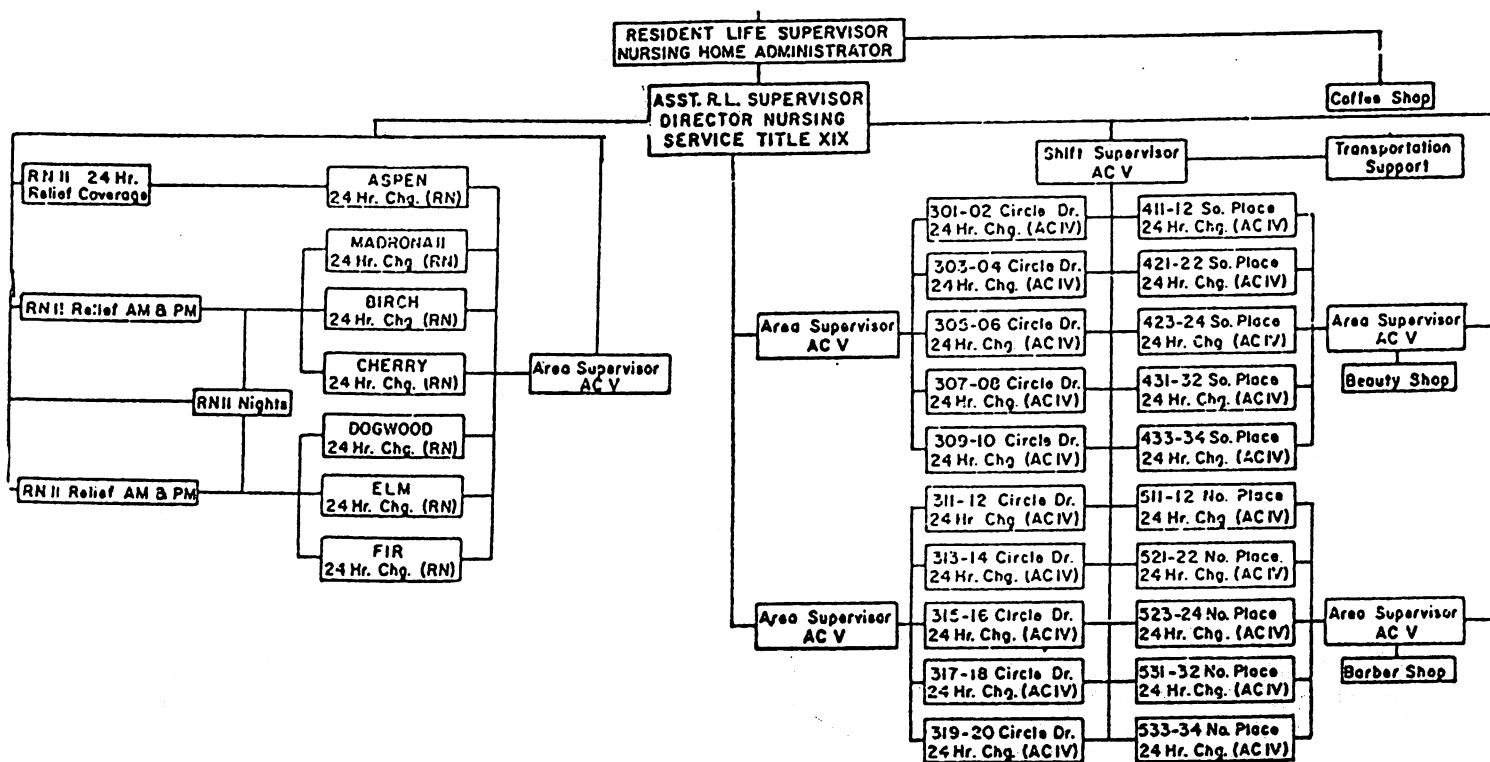
Mild to profound (I.Q. range <10-80)

Organization

The unit included here operates as one component of a state-operated institution. Since the primary focus of this study was to look at the role and responsibility of direct service staff, the organizational component of the overall institution of relevance here comes under the supervision of the Resident Life Supervisor (RLS) who is directly responsible to the Assistant Superintendent of the institution. The

INSTITUTION UNIT

following is an organization chart which shows the relationships among the various components of the overall institution for which the RLS is responsible.



INSTITUTION UNIT

Primary responsibility for the area which was the focus of this study rests with the Resident Life Supervisor, who is also an IMR administrator, and his assistant, who is also the Nursing Director. The RLS says that the institution has developed a structure compatible to direct service care. They have tried to get away from simple classification of staff and moved to defining staff roles in terms of responsibility. This means that job specifications are drawn according to job responsibility not on professional background. Staff positions in the area of resident life include Attendant Counselors (AC 's) who occupy the positions of AC V, AC IV, AC III, AC II and AC I.

Under the direct supervision of the Assistant Resident Life Supervisor are Area Supervisors and Shift Supervisors all who occupy the position called AC V. Area Supervisors (AC V's) supervise AC IV's who are directly responsible for specific units of the institution. There is also a position called Shift Supervisor (also an AC V) who makes sure minimum staffing requirements are met. Staff reporting to work or leaving work report directly to this person.

Each living area is under the direct responsibility of a staff person known as the 24-hour charge (AC IV). This person is responsible for the quality of life in each living area, supervises unit staff, and is responsible for fulfilling the charges of the interdisciplinary team in terms of the IHP. People in direct service roles occupy the positions of AC III, AC II, and AC I.

The RLS says that turn-over in AC I and AC II positions has been 2% per month. This represents 7.5 vacancies in these positions per month. Staff in positions above the AC II level tend to stay in their jobs for a longer period of time. Of the people interviewed for this study, the RLS has been employed for 14 years; the AC V has been employed for 20 years, and the AC IV (24-hour charge) has been employed for 16 years.

While the minimum requirement for employment in the AC positions is an eighth grade education, the RLS reports that 69% of employees have 2 years of college and 11% of employees have degrees. Because this institution is located in a large city, there are many of people who would like the income and experience that working in such a program provides. This means that filling staff vacancies with staff who have good educational qualifications is not as much of a problem for this facility as for many others.

SMALL GROUP HOME

of staff, overall and individual program development. He is looked to as the guiding influence in the program by all staff.

In general, staff of the group home are young adults with the exception of the part time staff person from the Senior Employment Program who is somewhat older. Of the 10 people on staff, 4 are men and six are women. Of the staff who were interviewed two have been with the group home since it opened in May of 1979: the other person, employed originally for 1 1/2 months on a CETA position, has been with the group home since January, 1980. Two of these people had no former human service experience before the group home, the other person had seven years of previous experience including work for Goodwill and United Cerebral Palsy. Two of the staff have thought about going back to school--one for a Master's degree and one for a Bachelor's. Since the program began the staff turn-over rate has been about 40% with most turn-over occurring on the evening shift. The director says this is less than other programs with which he is familiar. The director feels that low pay and low benefits contribute to the high rate of turn-over.

Staff positions, their working hours and salary levels are as follows:

Director- state position (7 a.m. - 5:30 p.m.)	\$935.00/month
Day staff (6:00 a.m. - 2:00 p.m.)	
1 state position	\$4.30/hour
1 CETA position	\$3.60/hour
1 part time position (Senior Employment Program- 20 hours per week)	\$3.10/hour
Evening staff (2:00 p.m. - 10:00 p.m.)	
1 state position	\$4.30/hour
1 state position	\$4.30/hour
1 CETA position	\$3.60/hour
Night staff (10:00 p.m. - 6:00 a.m.)	
1 state position	\$3.25/hour
Week-end staff	
1 state position (all week-end)	\$4.30/hour
1 part time position (10:00 a.m.- 6.00 p.m.)	\$4.30/hour

SMALL GROUP HOME

Self-care

All residents have at least minimal self-care skills, but most are not independent with these skills.

Communication

2 people with severe speech and language problems

Maintaining acceptable behavior

No major behavior problems (one person left as a result of hurting another resident) but administrator says all residents have "emotional needs" that often go unacknowledged by case services who translate this problem into a "need for recreation

Identified level of retardation

Range from mild to severe (Records, histories and testing date, were often conflicting and varied in different psychologicals on the same person.

Organization

The group home is operated by a non-profit organization under a contract with the Department of Health and Social Services, State of Washington and is licensed as a Boarding Home for the Aged. The program is funded through its contract by two sources (1) "267.50 per month per resident for non-staff costs (this comes from resident's SSI payments. Total monthly payments are \$301.00 per month, \$32.50 of which is specifically designated for resident's personal needs, the remaining amount for non-staff costs of group home operation) and (2) staffing costs reimbursed at \$1019.71 per full time equivalent (FTE) staff position. The group home has 6.4 FTE's. Staffing is supplemented through CETA (2 people) and the Senior Employment Program (1 person).

Staff consist of the director and resident counselors (State funded positions) who work on a shift basis. On each shift one resident counselor is in charge of supervising the work of other staff on duty. The director of the program exerts a powerful influence on the program and is responsible for hiring, training, supervision and dismissal

SMALL GROUP HOME

This small group home for eight persons opened in May, 1979. The house, purpose-built as a group home, is located in a residential area of a small community. The house was designed with four bedrooms (each shared by 2 residents), a living room, a kitchen-dining area combination (furnished with table large enough to accommodate ten people), and a recreation room.

Resident Characteristics

Age Range: 22-35

Sex: 4 women, 4 men

Previous Residences:

- Rainier School (3)
- Congregate Care Facility (2)
- Other group residences (1)
- Own homes (2)

Places to which people have moved:

- 6 people have moved from the group home since it opened.
- 1 person has own apt.
- 1 person shares apt with a friend
- 1 person returned to own home
- 1 person went to another group home

Identified needs/problems with:

Physical health:

- malignant lymphoma
- non-functioning kidney
- ileostomy
- seizures
- hydrocephalus

Physical handicaps

- 3 people described as "mobile non-ambulatory as a result of spina bifida, scoliosis and cerebral palsy"
- 1 person is blind
- 1 person is deaf
- 1 person has hearing problems

TENANT SUPPORT

with it. The director contrasts this with staff who work in institutions and who are able to specialize in their jobs.

Dispersed and multiple locations of people's apartments are good for tenants but hard on management and staff. The staff-consumer ratio should be lower in order to accommodate distances and tenants' needs without overwhelming staff. Supervision is more complicated because staff are working mostly away from the office in the community and in people's apartments.

Staff concerns

- The state's criteria for accomplishment seems to be moving people out of the system rather than at decreasing the number of hours of support that a person requires to live in the community. The staff of tenant support believe that there are some people who will always need the amount of assistance that tenant support can provide, and that neither the tenants nor the program should be seen as unsuccessful if some people stay in tenant support for an extended period of time.

- Written documentation for state records takes a lot of time and energy from direct interaction with tenants. (Example: Staff currently have to report their activities on a 10-minute interval basis.

- Incompatibility between where people live and where they spend their days is a problem. Tenant support staff say they know this is a problem of the system which is not comprehensive in its response to people's needs, but no work to do during the day has an effect on tenant support as well as the day program.

- Staff salaries are too low and do not compare with staff salaries in IMR's. This has an impact on current staff as well as for hiring when there is a vacancy.

- The necessity for the split shift for staff causes a strain on employees and makes recruitment difficult.

TENANT SUPPORT

Staff training

All new staff have the opportunity to review and discuss his/her job description and the staff manual prior to coming to work. Each new employee receives at least 5 days of on-the-job training provided by the supervisor and/or an alternating facilitator to clarify job expectations and responsibilities, to learn specific teaching techniques, and to provide guidance in understanding the documentation procedure. Following this week of 1 to 1 training, each new employee is supervised at least weekly.

The organization has also established required inservice education for all employees. This includes those courses that are required by the state, First Aid and Fire and Safety Regulations as well as the following that the state does not require: Agency Philosophy and Goals, Philosophy of Normalization, Behavior Modification, Task Analysis, Resident Skills Training/Cue and Correction, Rescue Triangle, Active Listening, Problem Identification and Solving, and IPP's and Behavioral Objectives, Teaching Plans and follow through. While this training is required, there is no specific timeline for completion because training in these areas is not always available. The organization provides money for tuitions and fees so that staff can attend those courses for which there is a charge.

Problems Encountered in Tenant Support

There are problems that the administrator and staff of tenant support think may be unique to this particular type of residential service. Some of the problems they see include:

- Scheduling staff time is extremely difficult. "We need to be there when people need us and out of the way when they don't. The determination of 'when' is the right time is difficult to make."

- Staff of tenant support have to be experts at everything. They have to be able to "think on their feet" and be a "jack of all trades" because everything is moving so fast and is so unpredictable that it's hard to keep up

TENANT SUPPORT

laundromat had cost and to bring their own detergent if she would let them use her washer and dryer. She agreed.)

Day programs:

All residents attend a day program that is separate from the tenant support program. Currently 7 people attend a special education program, 5 people attend a sheltered workshop, and 36 people attend a developmental center. The director reports that tenant support is in "peaceful co-existence" with other services. She says that the difficulties that the program has with other services in the area are primarily the result of differences in philosophy and perceptions. A major problem with day programs from the tenant support perspective is that the programs do not have anything for people to do. Staff report that more and more people are reluctant to go to their day programs because they say they are bored. One staff person comments about the day program that some tenants attend, "They've been down to having dances in the middle of the morning because there's no work to do."

Case Services:

There is one person from case services who is assigned to all tenants in the program. The director feels that the assigned person works well with the program like a member of the team. She feels, however, that the program has needs which probably should be addressed by case services but are not. As an example, she indicated the area of resource development. She says that her staff have had to educate case services about resource development rather than case services doing resource development for tenants. In the words of the director, "We get the basics from case services. They are no help in a crisis."

Another area involving case services deals with IPP's. The director says that when case services was responsible for developing the IPP, they were not getting done. Because of this, tenant support develops the areas they feel tenants need and report these at a joint meeting of their staff, the day program staff and the case services staff person. At these meetings a specific person is designated as being in charge (not the person from case services) of the session. The director characterizes the relationship of tenant support with case services as, "In spite of case services, things get done."

TENANT SUPPORT

supervision with getting up, getting dressed and preparing breakfast. In fact, the number of staff positions has been decreased from 16 to 13 because of the reduction in the amount of staff time needed for supervision and training.

The director and staff have observations about the nature of tenant support that add to the understanding of the program. The director feels that many of the accomplishments of people in the program are greatly influenced by environmental factors. She says, "Lots of natural changes occur because of changes in the environment where people live. Some changes are a result of our staff, but a lot aren't." She says that supporting people to live in apartments that are dispersed in the community has multiple benefits: "Being out there is what really counts. Some residents don't believe it's for real. They don't believe they really have freedom." "There's been a real change in the community's knowledge of and acceptance of people who've been here all along but have been invisible."

The job is not easy for staff. They have to develop daily plans for what they intend to do with each person for whom they are responsible. Things in the real world don't necessarily happen according to the plan, however. Staff report, "You plan your day, but no matter how good you do it, it doesn't go that way." Staff also say that one of the major problems to be managed is an attitude that many people in the program have that "This is not possible for me"(living in the community).

For some people the realization that they can live in the community comes slowly, but staff report that once people begin to learn that they really can make decisions some interesting things happen. The director, supervisors and direct service staff all said that one of the primary indicators that people are learning is surprises. (As an example: The laundromat in one apartment complex was closed. Staff spent a great deal of time worrying about where tenants who lived there could go to do their laundry, how to teach them to get there, and how to use different machines. When staff went to the apartment to discuss this problem with the tenants, the staff were surprised. The tenants knowing that their clothes needed to be washed, remembered that a downstairs neighbor had her own washer and dryer. The tenants went to the neighbor, explained their problem (even though the people do not speak plainly, the neighbor understood them because she had met them and gotten to know them as fellow tenants in the apartment), and offered to pay the neighbor the same amount that the

TENANT SUPPORT

transferred to the Alternative Living Program.

Each person in the program has an Individual Program Plan (IPP) which is developed in a participatory meeting between tenant support, case services, and the day program which the person attends. Tenant support has developed several diagnostic tools which it uses to determine what should be in any particular person's IPP because most already developed diagnostic procedures do not cover the areas that people in tenant support need. In fact, the state IPP format has been revised for use in tenant support so that it is more appropriate to the needs of the people being served.

Since individual people in tenant support have lived in very restrictive environments for much of their lives and often have had tasks done for them rather than being taught to do them for themselves, most people entered the program unable to do most of the tasks that are necessary to living on a day-to-day basis. Living in tenant support means that a person's household must be run at the same time that he/she is learning many new skills that go into living in the real world. Staff assigned to work with particular residents must ensure that necessary work gets done in the apartment while training the resident to do those tasks for him or herself. Training a person is not a separate function that happens outside of the context of learning to live in an apartment and learning how to manage getting around in the community. If a person has breakfast or dinner to eat, he/she must shop for the food and prepare it because there is no cook or food management person on the staff to do it for him/her. If the trash can gets emptied, the person must do it or be helped to do it because there is no housekeeping staff to do it for him/her. There are daily consequences that result from doing or not doing what it takes to maintain oneself in an apartment.

Since individuals cannot be expected to learn a whole lifetime of skills overnight, staff must assist people to do those things which they cannot yet do for themselves while simultaneously teaching specific skills so that people can take over more and more of the responsibility of living.

When tenant support began, many of the people required overnight supervision and assistance in getting ready for work in the mornings. Now all overnight supervision has been removed except in the house where five residents live together. Many people no longer require

TENANT SUPPORT

reward staff for their service, and to give recognition to staff for the work they are doing. Some of these incentives include: Staff can get a leave of absence for a month if they are feeling "burned out". Staff are awarded certificates of recognition. When people have been employed for two years, they are treated to a paid lunch by the board. Eligibility for salary increases has been established at six months instead of the usual year. These increases do not come automatically but are based on an evaluation of performance according to job description.

Program

The goal of the organization which operates the program is to provide a flexible system which enables persons with developmental disabilities to have as nearly normal and self-sufficient a life as each person is capable of leading. The organization started the tenant support program as an attempt to move away from the traditional approach of group homes as the primary living option for people who have mental retardation. Staff and the board feel that it is important that living arrangements for people with developmental disabilities be highly visible and valued by the community as a whole and are accessible to public transportation, shopping, and recreation areas. For these and other reasons the tenant support program where people are assisted in living in their own apartments was started. The first people to move into tenant support were adults who formerly had lived in one of the five group homes which the organization had been operating. People in the program have leases, telephones and utilities in their own names. (Six people currently pay their rent on their own, while most people have the organization as their payee). People have the choice of living alone or with one, two, or three roommates. They can also choose to have their own bedroom or share a bedroom.

Each living arrangement has a specific level of supervision and instruction based upon the individual tenant's needs and skill level. Intensity of supervision can range from full time with live-in staff to non-live-in staff who assist individuals for two to three hours per day. As long as a person needs between 30-120 hours per month supervision, he/she is eligible for tenant support services. If a person becomes so independent as to need less than 30 hours of supervision, he/she can be

TENANT SUPPORT

Staff of the organization is composed of:

Executive Director
Executive Secretary
Bookkeeper
Staff Supervisors (2)
Direct Service Staff (Facilitators) (13)

The director says that in the past turn-over of staff was a tremendous problem. Almost the entire staff would turn over every 3 months. This has changed. Of the current 13 facilitators, 60% have been employed for over a year. Of the direct service staff interviewed, one has been employed for 2 years 7 months, and one has been employed for 8 months.

Staff have a varied schedule depending on the tenants with whom they work, but a typical schedule might be from 6:00 a.m. - 8:00/9:00 a.m. and from 3:30/4:00 p.m. - 8:00/10:00 p.m. working with tenants in their apartments and the community. Depending on the amount of paperwork to be done, staff spend between 1-3 hours in the office. Staff work four days on and four days off allowing each staff person to experience the entire week of each tenant as well as providing a one day overlap of staff for consistency and to have meetings of the entire staff. Supervisors work on a close basis with the facilitators. In order to remain fully involved in what is going on and to have a real basis for supervision and training, both supervisors work in the place of each facilitator they supervise on a regular basis.

Base pay for direct service staff ranges from \$4.25 - \$5.37 per hour. The director says this is at least 30% less than what Attendant Counselor's (AC's) in more restrictive environments earn.

Employee benefits include:

- 11 paid holidays
- 1 sick day per month
- Major medical insurance which includes dental services.
- \$10,000.00 Life Insurance

(The director says that the program has added incentives to

TENANT SUPPORT

Identified needs/problems with:

Physical health

epilepsy
microcephaly

Physical handicaps

cerebral palsy

Self-care

All people in the program have some level of self-care skills. By the very nature of the program people are learning to do these skills with less supervision and to do them without being told

Communication

Some people have difficulty in being understood verbally

Maintaining acceptable behavior

Some people in the program have been labelled as having "emotional disturbances".

Identified level of retardation

Mild to profound

Organization

The tenant support program operates under a non-profit corporation and is under contract with the Department of Health and Social Services (DHSS). The contract specifies funding at \$23,641.00/month + \$503.00/month for each additional tenant over 48. The director says that the board of the corporation has become much more knowledgeable and involved since the start of tenant support. For a long time, it was difficult to recruit community citizens to be on the board. The director sees the increased interest in being on the board as an indication of a more credible organization that is involved in doing things that are appreciated by the community.

TENANT SUPPORT

This tenant support program which is contracted to serve 44-50 people opened in January, 1979. All people who are served by the program reside in their own apartments except for 5 people who live together in a house. There is an administrative office where staff meet and do their paperwork, but this is totally separate from the homes of people in the program.

Resident Characteristics

Age Range: 18-65

Sex: 50/50 men and women

Previous Residences:

- The majority of the people in this tenant support program came from one of the group homes formerly operated by the organization which now operates tenant support. 80% have been institutionalized at some time in the past.
- 4 people came directly from institutions
- 5% came directly from the community
- Some people from nursing homes
- Some people from other group homes

Places people to which people have moved:

(A total of 56 people have been in the program since it started)

- 1 person moved to a nursing home
- 1 person moved to a foster home
- 3 people have moved to other group homes
- 1 person now lives at the YMCA
- 5 people have been transferred to the Alternative Living Program (This does not necessarily require that a person move from his/her apt. When a person requires less than 30 hours per month of supervision, he/she is no longer eligible for tenant support and can be transferred to an Alternative Living Program which is funded differently than tenant support. This is an administrative move rather than a physical one.)

APPENDICES

could be used for a better purpose.

There is further evidence of a tension in the program that is possibly influenced by the IMR regulations under which this facility operates. Staff talk a lot about the non-medical needs that residents have and the study team saw evidence that these needs are being addressed. However, a review of some client records which included IHP'S showed that many of the long range goals established for residents focus more on medically-related problems such as: "To have a clean scalp free from seboria", "To be free of dental caries", "To have clean nails free from fungoid conditions". These needs are important ones, but as the staff have identified, the residents of the IMR have equally important needs in non-medical areas.

All residents attend a day-time program outside of the IMR. All 30 residents attend the same opportunity center in a neighboring community where 19 people are in pre-work and 11 people are in the sheltered workshop. No residents are currently in a DVR component. Staff said, "As soon as anyone gets into a DVR program, they get grabbed and moved to a group home."

The IMR administrator is involved in a bi-monthly lunch meeting with directors of other programs in the area. The purpose of the meeting is to increase communication between service programs. The people who participate in these regular meetings are attempting to get additional steps in the continuum so that there will be more options available in the region for people to move to without having to leave the area.

Staff Training

New staff are oriented to IMR policies, IHP's, and are assigned readings on behavior modification. To learn specific responsibilities of the job, a new staff person works with an experienced person. The administrator tries to have a new employee work with the best person who does the same job so that he/she can learn from a person who is considered a model worker by the IMR.

The administrator reported that there are not enough training opportunities available for staff. He says that when he sees something interesting for staff, he informs them and sees who wants to go. If staff attend seminars

environment, the IMR begins to train people to write checks. Additionally for all outings and for work, residents pay individually and buy their own refreshments such as coffee.

A major community survival skill is learning to use public transportation to get around in the community. Residents take public transportation to work. The closest bus stop is a mile from the residence. People who can walk, do so, some people are transported in the facility van to the bus stop. The staff teach people to use public transportation in small groups for safety reasons. A couple of residents use the bus alone to visit a nearby town or friends (about a 20 minute bus ride). Every Saturday people go shopping. This is a "walking experience" which usually occurs in a group of 4-5 people.

Most residents come to the IMR having basic self-care skills. The IMR staff works to decrease the amount of assistance that residents need to complete their self-care skills and to refine these skills. Staff report that a major problem is that residents lack the initiative to carry out the skills that they have. In the words of one staff person, "These people have always been told 'when' to do things. We are trying to teach people to know 'when'.

Each resident is required to maintain his/her own room and bathroom. Staff say that residents lack knowledge of knowing when clothes and linens are dirty and need to be washed because they have always been told or had these things done for them. Everyone came to the IMR knowing how to do these things except for washing the bed correctly. This is being taught to residents. There is also a program on bed-making because the staff feel that Rainier School's standards for bed-making are not as good as those of the housekeeping staff at the IMR.

Nursing services are a requirement for people who have been certified as needing an IMR program. Staff feel that this is a problem. New requirements for IMR's specify that a nurse must be present in the facility all day. This is the time when all residents are away from the IMR in their day programs. All residents are on self medication, but the definition of this level of care requires that people cannot take their own meds. The nurse is primarily needed at 5:00p.m. and at bed time when residents are at home and taking their medicine. The administrator feels that the money that now goes to a nursing position during the day

is \$43.70 with \$11.00 paid by employee and \$32.00 paid by IMR. (Administrator says medical benefits are very important to the people employed by the IMR).

Program

The director of the IMR said that the purpose of the program is to offer an opportunity for mentally retarded people to gain self-help skills and confidence. This includes teaching people but also letting residents know that they are a vital resource to the community in which they live.

Admission of people into the IMR comes through the regional DDD office. Once a person has been admitted, the IMR develops an Individual Habilitation Plan (IHP). Development of the IHP is primarily the responsibility of the QMRP, the AC III, and AC II. Once an IHP has been developed, it is kept in a notebook along with the IHP's of nine other residents. As AC staff come on duty, a person is responsible for carrying out the requirements of the IHP's of all residents whose plans are in the same book. Staff do not necessarily work with the same 10 people every day so that staff get to know the programs for each resident in the IMR. Areas of need which most residents have include: communication skills, money management, community survival skills, self-care skills, and housekeeping skills. As a requirement of being an IMR, there are also nursing services.

Staff who were interviewed said that communication skills were vitally important for IMR residents. Many people in the IMR cannot verbally communicate, and most community citizens do not know how to sign. To increase communication, all 30 residents and all staff are learning sign language. The staff hope that many residents will learn to speak. There is a speech therapist on staff who works 15 hours/month. The staff feel that this is an inadequate amount of time devoted to an important area. Their efforts at increasing the contracted time of the speech therapist to 50 hours/month have not been approved by the state.

Money management is a skill that residents will need to live more independently. Each resident has his/her own checking account maintained by the IMR. As a person approached time to move to a lesser restrictive

jobs."

The Resident Life staff who occupy the positions of QMRP, AC I, AC II and AC III were the focus of this study since they are primarily responsible for implementation of the IHP'S for each resident. The AC III does planning and development of IHP's in conjunction with the QMRP and supervises the other AC I's and AC II's. AC II's help plan and implement IHP'S, have other assigned responsibilities and assist in supervising AC I's. AC I's implement IHP's and require more supervision in their work. The administrator is the QMRP and a Licensed Nursing Home Administrator. He has been in this position since 1972. The AC III, who started with the program as a part time bookkeeper, has been employed for 5 years. The AC I and AC II who were interviewed have been employed for 3 months and 16 months. One of these people had worked with the IMR as a volunteer during high school and was employed upon graduation, the second person is a high school graduate (a requirement of the job) who had worked in areas non-related to human services before her employment as an AC I.

Salaries for the AC staff interviewed were as follows:

AC I	\$3.70 per hour
AC II	\$3.95-4.00 per hour
AC III	\$4.75 per hour

(The administrator says these salaries do not compare with the institutions. He says that funding for these staff is equivalent to nurses aides in geriatric facilities, but he feels that his staff do much more with residents and have to be more competent even though their salaries are low.)

Benefits

Staff benefits (for staff working 24 hours or more per week) include:

- Vacation: 1 week for staff employed for 1-2 years
2 weeks for staff employed for 3-5 years
3 weeks for staff employed for 5-8 years
4 weeks for staff employed for 10+ years
- Sick leave
- Medical: Blue Cross medical and dental. Total cost

IMR

Staff for the IMR are separated into different areas which have different responsibilities. This study focussed on the Resident Life Staff who are directly responsible for working with residents to implement their IHP's. The IMR has a total of 21-26 staff who compose the 30.3 full time equivalent (FTE) staff positions allotted to the program. A lot of part-time positions are used. The program breaks its staff time into hours. The following represents the number of hours available in each of the program areas:

Direct care staff	243 hours
Nursing	86 hours
QMRP	40 hours
Driver time	35 hours
Special service aid	40 hours
Administrative support time	40 hours
Administration	40 hours
Maintenance	18 hours

Consultants

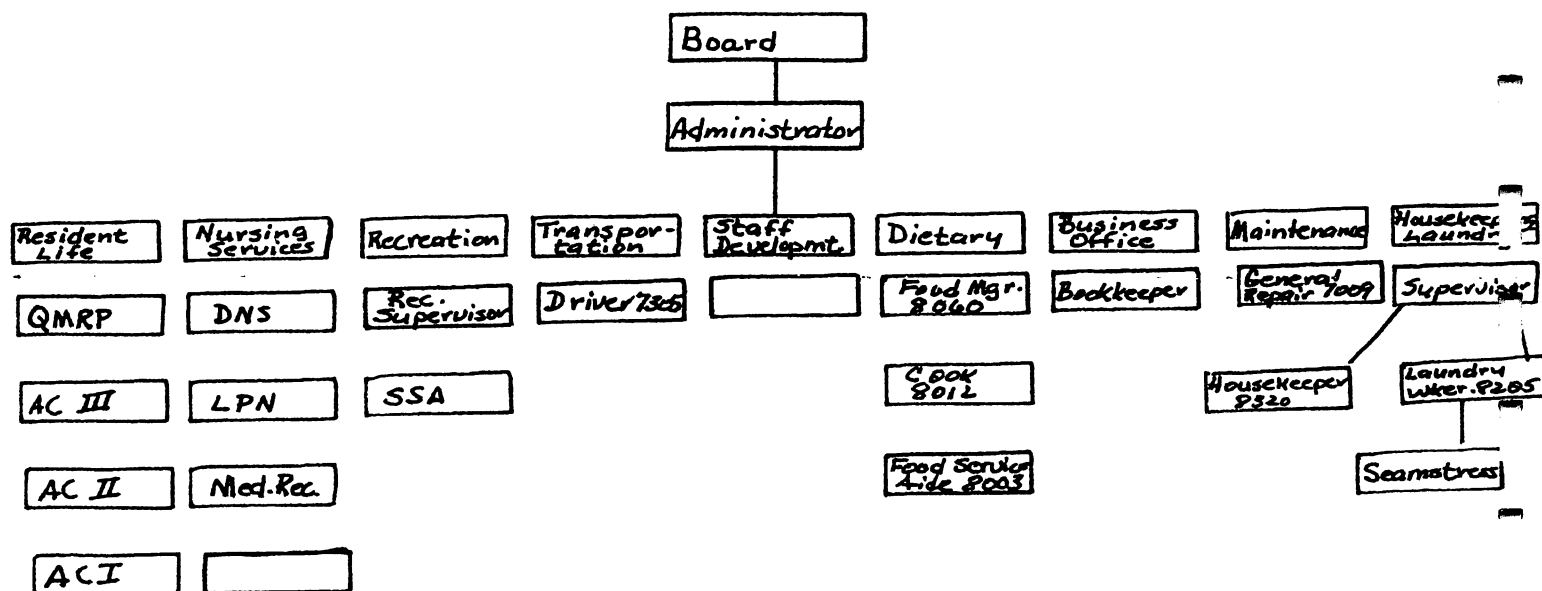
RN	4 hours/week
Speech Therapist	15 hours/mo.
OT	15 hours/mo.
PT	15 hours/mo.
Psy.	15 hours/mo.
Social Work	15 hours/mo.

(The above 5 positions could be divided into different hours per month because there is a total of 75 hours devoted to this part of programming. This is the way this IMR has chosen to delegate the time allotted.)

Dental Hygienist	.5 hours/mo.
Pharmacy	2 hours/mo.
Medical Records	4 hours/mo.
Dietary	4 hours/mo.
Medical	2 hours/mo.

Staff of the IMR represent a varied age range, from mature adults to young people who are still high school students or just graduated students. The administrator reported that there has been a 50% turn-over in staff in 2 1/2 years. Only 2 staff people have been with the IMR for 3 years. Staff were described by the administrator as "just people from the community who have to be taught to do their

The following is an organizational chart showing the structure of the IMR:



who are not familiar with them. Communication skills identified by staff as major draw-back to more community participation by residents.

Maintaining acceptable behavior

Many residents identified by staff as having behavior problems. These problems identified as one reason that residents are not living in group homes because staff say that group homes are not equipped to handle people with behavior problems.

Identified level of retardation

Range from mild to severe.

Organization

This IMR is one of eleven in the state of Washington. The sole source of funding for this program is that which comes from its contract as an IMR. According to the administrator, the per diem here is \$28.00 per resident per day.

The IMR employs a number of consultants who are paid on an hourly basis plus the regular employees who operate directly under the board through the administrator. The following are the consultants employed by the IMR:

Medical Records	Psychologist
Pharmacy	Social Worker
Physical Therapy	Dietition
Occupational Therapy	Accounting
Speech and Audio	Medical Director
Dental	

Previous Residences:

- 80% of people from Rainier School
- Some from other state schools
- Some from other IMR's
- Some from geriatric institutions
- No one from community since 1975

Places to which people have moved:

- 6 people to an 11-bed group home
- 2 people to a 30-bed group home
- 1 person to tenant support
- 2 people to own apartments
- 3 people to geriatric aging facilities
- 2 people back to Rainier School

Identified needs/problems with:

Physical health:

- encephalitis
- seizures
- hydrocephalus
- bi-lateral hernioraphy
- Prader Willie syndrome
- heart murmur
- acne
- chronic ulcerative colitis
- left hemi-paresis
- recurrent bilateral otitis media
- microcephaly
- skin disorders

Physical handicaps

- hearing loss
- partial paralysis

Self-care

All residents must have basic self-care skills to be eligible for program. IMR works with all residents to remove need for assistance and to refine skills.

Communication

Some residents are non-verbal. Staff indicated that at least 75% of residents cannot be understood by people

IMR

This residential program for 30 persons officially became an IMR in February, 1978. The facility which houses the program was originally built as a family home. Wings have been added to the original structure so that it can accommodate more people. The facility was in use as a human service prior to becoming an IMR. Until 1972, the building was used as a skilled nursing facility for older persons. In 1972 people with mental retardation were taken into the program, but it did not become an IMR until 1978. The program is located on the edge of a small community, one mile from the nearest public transportation. The IMR has a small sitting room at the entrance. Beyond this one approaches the nurses station where client records are kept. Along the halls extending in both directions from the nurses station are resident bedrooms, the common dining area, and the bathrooms. Administrative offices are located downstairs from the residents' area.

Resident Characteristics

Age Range: 21-51 (mean of 35)

Sex: 16 women, 14 men

Length of residence at IMR:

Range:	2 months- 8 years
2 months-	2 people
3 months-	2 people
4 months-	1 person
5 months-	1 person
6 months-	1 person
8 months-	1 person
1 year-	5 people
2 years-	1 person
3 years-	2 people
5 years-	1 person
7 years-	3 people
8 years-	8 people

LARGE GROUP HOME

Staff Concerns

As staff were interviewed they brought up a number of concerns that they see as important to the group home, the people who live there, and themselves. These include:

- Staff see some of the state requirements as not normalizing. They cite such examples as: requiring that medications be locked up even when residents are capable of taking them independently or of learning to do so and requiring that all rooms have numbers on them. Staff also asked "How can you maintain compliance with rules and regulations and really be a home for people.?"

- The director says that she has been battling with the state over the emphasis on taking only institutionalized people into the group homes. She says there are many people living in the community who also need another place to live and who the group home wants to serve, but these people have to wait until institutionalized people are placed.

- While the group home puts emphasis on training people, they report that it is very discouraging because there is no place for people to move once they have become more independent.

- Staff salaries are low. Staff are paid less than for other jobs that are available in the community. The example cited was that staff make less than people who work in the potato processing plant. Also staff have to take turns sleeping over and are not paid for this time.

- There are too few vocational options. The primary day time option for people is the Developmental Center where people are often idle. Even if the program were better, it is operated on a slot system which can only accommodate a limited number of people. The best part of the center's program is the Daily Living Skills which is inappropriate during the day and is a duplication of what the group home is doing.

LARGE GROUP HOME

Staff feel that the center suffers from a lack of work and a lack of placement capacity. The group home staff believe that 4 or 5 of the current residents could hold competitive jobs with support if someone would find the jobs. Due to the lack of work available to the center, staff feel that the work skills training is poor. They report that the daily living skills program at the center is good, but this duplicates what the group home is doing.

The director reports that their relationship with case services is good at this time primarily due to the individual who works with the group home. She feels that the case services worker is accessible, supportive, advocates for the residents, and has even developed personal relationships with them (for which he is criticized by his supervisor). There were problems with the IPP's before the current case services worker was employed, but now goals are specified more clearly.

Staff questioned the use that the state makes of the PAC's that are required for all residents. While the program uses the PAC to develop training needs for residents, the director said, "We do them; we send them in. We don't know what the state does with them."

Staff Training

When staff are employed, they are given an orientation checklist which includes the areas for which they will be responsible in their jobs. As staff complete the orientation, it is signed by the staff person and the supervisor and dated. An additional on-going training component occurs for each staff person in supervision meetings which are held every two weeks with each person.

Staff have attended a variety of training events such as the required First Aid course, normalization workshops, values workshops, assertiveness training, and PASS courses. Since all staff cannot attend every training event, each person is expected to share what she has learned with other staff and to implement changes in the program as a result of the training. This is exemplified by the Cue and Correction training that 2 people attended and which they now teach to others. Staff who attended a PASS course are now holding in-service sessions with other staff who are using the material to do a self-assessment of the residence.

LARGE GROUP HOME

All residents of the group home have an Individual Program Plan (IPP) that is developed by case services. Staff use the IPP and the PAC to develop a Strength/Needs list for each resident. From this strength/needs list, the staff work with each resident who chooses 3 skills on which he/she wants to work. Staff use the Cue and Correction Procedures developed in Oregon as the primary training technology. Two staff persons including the director attended training sessions on this procedure and have taught other staff to implement the programs.

The program director states that the purpose of the residence is to teach people to live with the least amount of dependency possible. To assist people in becoming more independent the residence focuses on training people. Staff feel, however, that it is important to learning that residents choose the areas in which they want to learn. The director's concentration on training is explained as "It's really easier in the short run to do things 'for' people. But in the long run, it's better for residents and easier for us to teach people so they can do things for themselves. Staff also have pride in seeing people grow. It makes staff feel like they are doing good things." Staff say they know residents are doing well when they are learning new skills. "Just maintenance" for residents is not acceptable. Staff believe that residents should always be doing something different. If residents are learning and are involved in new things, staff believe that residents are acquiring self-esteem and may even begin to question staff decisions. While this often makes staff work more difficult, they see this questioning and self-initiation as a real sign of increasing independence on the part of residents.

The director and other staff are intent on helping residents grow and develop, but all people interviewed emphasized their idea that they as staff are only the facilitators of the learning. They believe that the primary accomplishments are made by residents with help from staff.

All residents attend a day program that is separate from the group home. Three people attend a special education program. One person works as a dishwasher in a local restaurant (placement was made by the developmental center). Twelve people attend a Developmental Center where some people do contract work for the Department of Transportation. The director says that the relationship between the group home and the school system is very good, but there are concerns about the Developmental Center.

LARGE GROUP HOME

their sleep-over nights.

The director formerly worked in a group home for girls who were labelled as delinquents. One employee was in nursing school prior to employment. A couple of staff had volunteered while in high school and college prior to employment. Except for the director, staff had not worked in residential services before being hired by the group home.

Salaries for direct service staff are as follows:

	Start	6 months	18 months
Living Skills Instructors	\$8466.00	\$8974.00	\$10,051.00
Food Management	\$8643.00	\$9162.00	\$10,261.00
Live-in staff	\$8859.00	\$9391.00	\$10,518.00

(After first full year of employment salary increases depend on the contract that is negotiated with the state.)

Benefits:

(All staff are county employees and receive the same benefits as other county employees.)

- Health insurance which includes dental and opthamology services
- Retirement benefits
- Vacation days accrued at 1 day per month
- Sick leave accrued at 1 day per month

Program

All residents are referred to the group home by DDD. When a person is referred, he/she comes to the group home for a 2-3 day pre-placement visit. Once this is completed and a decision has been made that the person is appropriate for the residence and could live compatibly with other residents, the person is placed on the waiting list. There are currently 7 people waiting for admission.

LARGE GROUP HOME

meetings). The committee is composed of 2 parents, a county board member, a school psychologist, a businessman, an attorney, and a pharmacist. The advisory committee provides ideas about resources, specific problems that residents might have, and other issues related to programming.

Funding for the program comes by contract from the state. Funds for non-staff costs are \$286.60 per month per resident (this money comes from residents' SSI benefits. One of the reasons that the number of people served by the residence was reduced from 20 to 16 is that in any facility which has more than 16 people, the individual residents are ineligible to receive SSI.) Money for staff costs are specified in the contract as \$1019.00 per month per full time equivalent staff position.

The program is staffed by a director, 5 full time staff and 2 part time staff. The 5 full time positions are broken into 4 Living Skills Instructor positions and 1 Food Manager position. The director has been with the program since 5 months prior to the opening in September, 1976. Of the other staff persons, one has been employed since the program opened, one has been employed for 3 1/2 years, one for 1 1/2 years, one for 1 year and one for six months. The director attributes this very low turn over rate to the team approach she has taken as a management model. While the director is in charge, all decisions are reached as a team effort. This even applies to the hiring of new staff. The director interviews potential employees and has them spend time at the residence with residents and staff. She feels that the most important hiring decision is how well a person can relate to the other people who live and work at the group home. When the final decision is made to employ a new person, the team makes the choice. Interviews with other staff indicate that the team work is one of the most enjoyable and rewarding parts of working at the group home.

Living Skills Instructors work a split shift so that they are in the home when residents are there. Of the two Living Skills Instructors interviewed, one person works 7:00 a.m. - 10:00 a.m. and from 1:00 p.m. - 5 p.m. for 5 days per week (except Tuesdays when she works from 2:00 p.m. - 10:00 p.m.), the second person works from 2:00 p.m. - 10:00 p.m. on Mondays, Tuesdays, and Wednesdays and from 8:00 a.m. - 4:00 p.m. on Saturdays and Sundays. Every person in the residence stays overnight at the residence approximately 2 nights per month to relieve the regular night staff person who works for 5 nights per week. Staff, except for the regular night staff person, are not paid for

LARGE GROUP HOME

Identified needs/ problems with:

Physical health

microcephaly
seizures

Physical handicaps

scoliosis (has back brace)
cerebral palsy
athetotic spastic quadriplegia

Self-care

All residents have at least minimal self care skills, but most are not independent with these skills

Communication

Some people have speech problems

Maintaining acceptable behavior

Several people have been labelled as having "behavior problems". Staff indicate that this residence will accept residents that other group homes will not take because of behavior problems.

Identified level of retardation

Mild to severe

Organization

The group home is operated by the county with the director being supervised by the county DD/MH Coordinator. There is, however, no county money that goes into the operation of the residence. The county is not very involved in the program except to see that they meet the budget. The director says, "They know we have all kinds of state WAC's and health codes to meet, so they mostly leave us alone." There is a Citizen Advisory Committee which meets 4 times per year (residents take turns attending these

LARGE GROUP HOME

This large residence, purpose-built as a group home with Referendum 29 funds, opened in September, 1976. The facility was built to house 20 residents. There were 20 people living in the home until April, 1978. At this time the number of residents was reduced to 16 which is the current number of people living here. As you enter the house there is a living room, dining area combination with the kitchen off the dining area. There are several small tables in the dining area where all residents can eat at the same time. Just to the right of the entry is the office where staff can complete paperwork and where resident records are kept. There is also a recreation room and a staff apartment. Resident rooms are built along two wings with men in one wing and women in the other.

Resident Characteristics

Age Range: 19-47

Sex: 7 women, 9 men

Length of residence:

- 8 people in residence since 1976
- 1 person in residence since 1978
- 1 person in residence since 1979
- 6 people in residence since 1980

Previous Residences of All Residents Since 1976:

- (There have been a total of 36 people in the program since it opened)
- Lakeland Village (18 total, 11 of current residents)
- Convalescent Home (1)
- CCF's (3)
- Other group homes (3 total, 2 of current residents)
- Community (11 total, 3 of current residents)

Places To Which People Have Moved Since 1976:

- Lakeland Village (2)
- CCF's (4 total, 1 in 1980)
- Tenant Support (6, all in 1980)
- Community (7)
- Deceased (1, in 1980)

SMALL GROUP HOME

The director indicated his support for a standardized process of certification for residential staff. The director thinks that certified staff could expect higher wages and that such a process would guarantee that staff have the skills necessary to do their jobs.

Staff Concerns

As staff were interviewed they brought up a variety of concerns that they see as important to the group home, its residents and themselves. These include:

- "The state is spreading residential dollars around so that everybody gets a little. We know residences that are the pits, but evaluators give them glowing reports, then they start other programs when existing programs need the money."
- Concerns about the quality of day programs.
- Concerns about role and responsibilities of case services.
- "Sometimes we have to advocate for clients at IPP meetings. These are my friends who are falling through the cracks. What can I do to help people without jeopardizing my own home and family?"
- The board of this group home disapproves of state policy requiring residents of group homes to be at least "mobile, non-ambulatory". They feel it is inappropriate for people who need assistance in transferring to and from their wheel-chairs to have to live in nursing homes when they could easily be accommodated in group homes.
- Low salaries, low benefits, no possibility for an upwardly mobile career in residential services unless you leave your job and become a director or vendor yourself are major concerns.

SMALL GROUP HOME

staff person said, "If I could, I'd like to just take the person and find them a job myself."

Staff also expressed concern over the role and responsibilities of case services. Staff feel that case services is forced into placing people out of institutions in large numbers which interferes with attention to individual people. Since they have more personal involvement with residents than case services, staff feel that they are in a better position than case services to identify resident's primary needs. Staff feel that the current process where case services, which operates at a distance from the person, develops the IPP and tells the group home what residents need is backwards. Staff also think that most of the IPP's are not useful except in some controversial situations where the IPP can be used as back-up support for what staff are trying to do. The administrator described the relationship with case services and the IPP as "It's not working with, but working around."

Staff Training

Potential staff are interviewed and hired by the director. Staff begin work with the three-month probationary period. Upon being hired, new staff are oriented to personnel policies, benefits, and expectations of employees by the director. Employees already employed orient new staff by acquainting them with the residents and specific job responsibilities. The primary method of learning the job is to observe and learn from other staff and to be helped by the director.

Staff are encouraged to attend workshops and training sessions when they are available. If staff attend a training session, they are paid for the time they are at the course. The group home may pay tuition for staff if the money is available. No specific staff training is required except that which the state mandates: First Aid and Intermediate Endorsement for Driver's License. Most outside training that staff have received comes through DDRSA training and the Ellensburg Conference. The home has used the DDRSA scholarships that are available for staff. Some training occurs internally at weekly staff meetings where staff discuss and brainstorm ways to improve services to residents of the home.

SMALL GROUP HOME

residents are independent in the use of these skills. The group home uses a "train, practice, maintain" approach to skill development. For tasks that residents are learning, the group home has a "Home Maintenance Training Form" which has seven phases to describe training. The phases are (1) Model Training, (2) Shape Training, (3) Cue Training, (4) Check up Training, (5) Reminder Training, (6) Maintenance Training, (7) Independence. Training occurs in the mornings as residents prepare to leave for day programs, in the evenings when they return home and on week-ends. Week-ends are much more informal than week-days, however. This is the time when residents with staff are able to participate in activities outside the home such as attending concerts, going fishing, and other recreational pursuits.

Staff at the group home are very concerned that residents feel like the group home is their real home. Since several residents had been "moved around a lot" prior to moving here, the director believes that the home should represent a place where residents can develop a sense of belonging and relationships that will last even after the person moves to another place. Staff also feel that it is important for each resident to participate in decisions about his/her life. Staff feel that residents must be seen and treated as adults, be challenged to higher levels of competence and be exposed to new experiences.

The group home sees one of its major responsibilities as preparing people to move to a lesser restrictive environment. Staff feel that where people move is important. They feel that residents should move to a "nice place, not skid row because that is the place people with handicaps have traditionally been dumped."

Some staff do not feel that training for residents is the major purpose of the group home. As one staff person describes this sentiment, "Getting through the activities of the day is what's important, not training a person to do things."

As required by DDD, all residents of the group home (except one resident who just moved in and was scheduled to begin a day program) attend a day program that is separate from the group home. Resident's day programs include 4 different work activities programs located nearby. Some staff are concerned about the day programs which residents attend. One staff person expressed this concern by the question, "Why is it that a person can work in a place for three years and still earn so little money?" This same

SMALL GROUP HOME

According to the state contract, salaries for staff can range from \$3.25- \$5.00 per hour. The average for all staff however can be no more than \$4.30/hour. This group home has chosen to pay all of its staff at this rate. The director says that salaries are so low that 2 of his current staff hold second jobs to supplement their incomes.

Staff benefits include:

- 1 vacation day/month for full time employees (1 1/2 for director, 1/2 for part time staff)
- 1 sick day / month

(There is a 3-month probationary period during which staff can accrue leave time, but this time cannot be taken until staff person is on permanent employment status.

- Medical plan: \$25.00 / month covers health insurance (dental or opthamology services not included). Each employee pays \$10.85/month and the group home pays the remaining \$14.15/month.

Program

Each person in the group home has an Individualized Program Plan (IPP) developed by case services and an Individual Development Plan (IDP) developed by the group home. To assist with the IDP, the group home completes the PAC, the Independent Living Checklist, and a Skills Checklist (developed by the group home) on each resident. Using the information obtained from these tools, the staff in consultation with the resident, determine what will be the focus of training for the resident over a 4-6 month period of time.

Once training needs have been identified, the director develops a training program and/or a task analysis which is implemented by staff. The director assigns each residential counselor to work with specific residents. These staff are primarily responsible for training and other needs that these residents might have. Primary areas of training include self-care, (personal hygiene, bathing, dressing, eating, etc.), laundry, cooking, cleaning and communication. Most residents come to the group home with a minimal level of self-care skills, but staff say that few

INSTITUTION UNIT

This institution offers many people the opportunity to start in an AC I position and advance into positions of more responsibility and increased pay. Many staff who now occupy AC V and AC IV positions began their career as AC I's. The person who is now the 24-hour-charge on the unit involved in this study spent 12 1/2 years in the institution infirmary where her primary responsibility was nursing care. She was recently promoted to her present position.

Staff salaries and increments are as follows:

	Start	6 mos.	1 yr.	2 yrs.	3 yrs.	4 yrs.
AC I	794.00	834.00	877.00	921.00	968.00	1,017.00
AC II	834.00	877.00	921.00	968.00	1,017.00	1,068.00
AC III	921.00	968.00	1,017.00	1,068.00	1,122.00	1,079.00
AC IV	1,017.00	1,068.00	1,022.00	1,079.00	1,239.00	1,301.00
AC V	1,111.00	1,179.00	1,239.00	1,301.00	1,367.00	1,436.00

Staff receive all benefits (medical, vacation, and sick leave) for which state employees are eligible.

Program

This program component, like some others on the grounds of this institution, operates on the concept of a "familial unit." Each familial unit has people living in it who represent a wide age range and a wide range of ability to function. In orienting the study team to the institution, the superintendent described the benefits of this approach as "Heterogeneity is better than homogeneity in living units...Staff have a spectrum to deal with. There are problems with this, but we think the problems we face are better this way..."

Each person in this unit has an Individual Habilitation Plan (IHP) which is developed on admission to the program and reviewed at least annually thereafter. There is a "unit team", usually chaired by a psychologist or social worker who is responsible for evaluating each resident for the development of an IHP for each

INSTITUTION UNIT

resident (residents may sit in on these meetings if they choose to). The team uses the Progress Assessment Chart (PAC) to determine the developmental level of each resident and to determine what each resident needs to learn. Once the IHP is formulated, it is signed by the parent or guardian within 30 days. Progress in implementing the IHP is documented in the residents' charts using the "Problem Oriented Record" format.

When asked to describe the contributions that this unit makes to the lives of the people who live there, the staff had several responses. They said the program "shows people how they fit into the world"; it "helps residents attain lots of skills, through the efforts of the staff"; resident mobility is increased; "residents have jobs here and can be a contributing member of this community"; and, people with medical problems can get a better quality of life here than in a nursing home. Staff say they are constantly working and building on what has been done for residents in the past so that residents gain pride in themselves. The quality of life here reflects back on the people. Staff indicate that their first priority is to provide a home-type atmosphere. They say they want to put everything into the unit that they put into their own homes.

People who live in this unit attend a day program in the community or on the grounds of the institution unless they have an acute medical problem that requires them to stay on the unit. Residents who attend a day program on the grounds return to the unit for their lunch time meal.

Programming and charting is the responsibility of direct service staff. Each staff person is assigned primary responsibility for two residents. The staff person should carry out the steps described in the IHP to assist residents to reach goals that have been established for them. Staff are also expected to record progress toward these goals and any incidents which occur during their shift.

Staff Training

All new employees are required to attend an Orientation Session which is held once per month. This session gives a general overview of the institution and what is required of employees. Additionally, each new

INSTITUTION UNIT

employee is oriented to his/her specific job area and job responsibilities by the person who is the supervisor of that area.

All AC 's and LPN's are enrolled in a program of sequential courses which prepare them for basic care of residents. This program runs for 5 weeks. This institution has the only career ladder for LPN's. There are 3 RN's employed here who began their careers as AC I's and have taken the opportunity to advance their own careers through the opportunities available here.

When staff have completed the basics, they are eligible for appropriate continuing education. Records are maintained on all inservice training in which staff participate

Staff Concerns

Staff who were interviewed had a number of issues that concerned them. These concerns were:

- The institutional policy of pulling staff from one unit to another to assure mandated staff coverage on each unit causes problems. There are many new staff and promoted staff. When you add to this discontinuity a policy which says that staff from any unit can be pulled to another unit which is short of staff, this creates a real problem.

- Staff feel that the amount of work they are required to do is excessive.

- Salaries are not adequate to cover the responsibilities outlined in employee job descriptions.

- The state sends contradictory messages about what the role of institutions is supposed to be.

- There seems to be constant battling between institutional programs and community programs. "We're all supposed to be working for the same thing. Why do we have to fight each other?"

APPENDIX F
RESPONSIVE SYSTEMS ASSOCIATES
1447 PEACHTREE ST., NE
SUITE 811
ATLANTA, GEORGIA 30309

September 2, 1980

Dear |

This letter is to confirm the dates of Wednesday, October 15 and Thursday, October 16 as the time that John O'Brien, Charles Galloway and I will visit you to get information from your Tenant Support Program. Our purpose is to look at the role of direct service staff in residential services in Washington. We appreciate your being patient with the confusion on dates that had previously been scheduled for August. I think that October will work out better for all of us. As we began this study in August, it appeared that the summer months may not have been best time to schedule such an activity.

As Steve told you, Responsive Systems Associates was awarded a grant from the Developmental Disabilities Planning Council (DDPC) to study the role and work experiences of direct service staff in five different residential settings across the state. We will be collecting information from 1) a tenant support program; 2) a group home with fewer than 15 residents; 3) a group home with more than 15 residents; 4) a community IMR; and 5) a state operated institution living unit. The DDPC Residential Services Committee selected your program as a positive example of a tenant support program in Washington.

In order for us to complete our work we will need to spend some time on both days with you. We will need an overview of the program and your ideas on what direct service staff are expected to accomplish in their jobs. We also would like to discuss with you what impact state and federal policies have on what you are able to accomplish in your program as a whole.

We ask that you nominate two experienced direct service workers from your group home whom you consider as good examples for others workers. We will spend some time with each of them on both days having them discuss their jobs with us. Before we leave, we will review the information with them and with you, using the format we have chosen for displaying the information.

In addition to personal interviews we need to review some written documentation, including: personnel policies, job descriptions, staff training experiences, client records and files, program descriptions, contracts, and any other material that you think would help us understand your program and how it operates. If you would like to send any of this documentation ahead of time, you can mail it to John or me at 8B Tree View Dr., Decatur, Georgia 30038.

We plan to arrive at 9:00 a.m. on the 15th to begin our interview with you. If you have questions, you can contact John or me at (404) 987-9785. We finally got an answering machine installed so we do get messages even if we are not here too answer the phone.

I look forward to seeing you in October.

Sincerely,

Connie Poole

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APPENDIX G

PERSPECTIVE ON SERVICE QUALITY

Five accomplishments define effective performance for service programs and service systems. Each is necessary if communities are to become competent to support the development of all of their citizens. Each is related to needs that people with mental retardation share because of their handicaps and because of the place they have been assigned by past social and human service practice.

- PROTECTION OF INDIVIDUAL INTERESTS. Because most people with mental retardation have limited power to look out for their own interests, they can be exploited or become victims of disrespectful or abusive treatment. An effective service not only treats people respectfully, it also assists them in defining and pursuing their interests. An effective system of services provides a variety of safeguards for people.

- COMMUNITY PRESENCE. In the past services were arranged to congregate people with mental retardation at a distance from the life of natural communities. By design, services moved many people away from their communities, or, at best, kept them restricted to undesirable or distant sections of their home communities. An effective service will keep people present to their community by the way it selects service settings, the way people are grouped, and the way activities are conducted. An effective service system disperses services across its service area and allocates scarce fiscal and professional resources in ways that will help people remain in natural communities instead of having to migrate to distant settings for necessary help.

- COMPETENCE BUILDING. People with mental retardation need especially well organized and capable technical help if they are to develop their abilities.

Disciplined, systematic application of environmental design, devices to improve functioning, and teaching aimed at meaningful goals are basic to a developmental service. An effective service system ensures the competency of its staff, the availability of capable technical back-up and consultation, and continuous, active search for more effective materials and methods.

• STATUS ENHANCEMENT. People with mental retardation frequently have an undeserved bad reputation. People may believe they are fated not to grow and develop, or to be always children, or to be disgusting or undesirable to other community members. These outdated beliefs shaped the last generation of services, and today those services themselves can be the most powerful transmitter of negative messages. Effective services do everything possible to promote a positive reputation for people with mental retardation. An effective service system helps program staff, consumers, and family members increase their consciousness of negative beliefs and take action to establish practices based on a more honest and realistic awareness of people with mental retardation as full citizens who are able to grow and develop.

• COMMUNITY PARTICIPATION. The product of physical distance from natural communities, failure to support competence, and negative beliefs has been isolation for people with mental retardation and even for their families. An effective service designs and delivers services with the aim that consumers will have the choice of being active participants with non-labelled people in a full range of natural community environments. An effective service system discourages segregation in its policies, plans, and evaluation procedures and allocates resources to support, not supplant, natural environments as much as possible.

These five necessary accomplishments provide a framework for planning, managing, and evaluating services. They are each valuable accomplishments in their own right, but the degree to which any one can be achieved depends on the level of achievement of the other four. It is more difficult to protect people from abuse when they are far from their home communities isolated from other citizens, when they are believed to be second class citizens, and when they have few opportunities to develop valued abilities. It is difficult to teach people to be more competent if they are learning in an

artificial environment without modeling and reinforcement from competent peers, and it is impossible to teach them if their teachers believe they cannot learn. People can't participate actively with others if they are isolated, treated disrespectfully, stigmatized by service arrangements, and deprived of environmental changes, devices, and teaching that will make them more able to participate.

Appendix H

Work Environment Scale Profiles

The Work Environment Scale (WES-R) (Moos and Insel, 1974) measures the social climate of a work place by asking workers and supervisors 90 true-false questions about relationships among employees, relationships between employees and supervisors, the directions of personal development emphasized in the work place, and the basic organizational structure. The WES permits comparison of the ways workers in different settings view their job environment.

We asked workers and their immediate supervisors in all five programs we visited to respond to the WES-R. In four of the five programs there were a sufficient number of useful responses to construct a program profile (Figure H-1). In one program, the IMR, direct service staff made very partial responses to the questionnaire and were unavailable to complete their answers.

The Profiles on Figure H-1 permit comparison among the four residential programs. The profiles are reported as "standard scores" --which means that the profiles can be compared with the responses of workers in a wide variety of other jobs (production, service, and human service). The typical response of workers in these other settings is expressed by a score of 50 (the dashed horizontal line on the figure).

WES profiles the work environment in terms of 10 different subscales:

Relationship Dimensions

1. INVOLVEMENT. Measures the extent to which workers are concerned and committed to their jobs; includes items designed to reflect enthusiasm and constructive activity.
2. PEER COHESION. Measures the extent to which workers are friendly and supportive of each other.
3. STAFF SUPPORT. Measures the extent to which management is supportive of workers and encourages workers to be supportive of each other.

Personal Growth Dimensions

4. AUTONOMY. Assesses the extent to which workers are encouraged to be self-sufficient and make their own decisions. Includes items related to personal development and growth.

5. TASK ORIENTATION. Assesses the extent to which the climate encourages good planning, efficiency, and encourages workers to "get the job done".

System Maintenance and System Change Dimensions

6. WORK PRESSURE. Measures the extent to which the press of work dominates the job milieu.

7. CLARITY. Measures the extent to which workers know what to expect in their daily routines and how explicitly rules and policies are communicated.

8. CONTROL. Measures the extent to which management uses rules and pressures to keep workers under control.

9. INNOVATION. Measures the extent to which variety, change, and new approaches are emphasized in the work environment.

10. PHYSICAL COMFORT. Assesses the extent to which the physical surroundings contribute to a pleasant environment.

Reference

Rudolf Moos and Paul Insel (1974). Work Environment Scale Manual. Palo Alto: Consulting Psychologists Press.

FIGURE H-1.

WES-R PROFILES FOR WORKERS IN RESIDENTIAL SERVICES

