ASSESSMENT AND FEEDBACK OF THE SOCIAL CLIMATE IN A GROUP HOME FOR THE INTELLECTUALLY DISABLED

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Abstract
While the number of group home for persons with intellectual disabilities has rapidly increased in recent decades, this has not been matched by adequate attempts to understand what makes them function best. One way of conceptualizing and evaluating residential settings is through assessment of the “social climate.” Social climate is a construct built on the perceptions that group home members have of their environment, and is theorized to mediate the outcomes that objective group home qualities and inputs are intended to have upon participants. Because social climate is guided by the perspective of group home members, it can also serve an empowering role for staff members and residents whose voices often go unheard. However, despite its merits, such an assessment has not been done with this population and setting. The purpose of this research was to examine the social climate of adult group homes for individuals with intellectual disabilities. To accomplish this, a measure of the social climate was adapted for use with this population, the relationship between satisfaction and a participant’s fit with their social environment was assessed, and both staff members and disabled residents were empowered with feedback from the researcher regarding the social environment. Thirteen staff members and five disabled residents residing in a single group home in the community were interviewed and given feedback based on structured interview questions, a satisfaction questionnaire, and Rudolph Moos’ Community Oriented Programs Environment Scale. Results indicated that residents’ satisfaction could be related to their fit with their social environment, and that this type of assessment was both feasible and useful for staff and residents in this context.
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Introduction

The History of Group Homes

Community-based residential services, often called “group homes,” have served increasing number of individuals with intellectual disabilities (ID) in recent decades. The number of individuals served by such homes in the United States increased ten-fold from 40,424 in 1977 to 429,752 in 2013 (Larson et. al., 2016). By 2013, an estimated 212,145 such homes were in operation. The driving forces for this increase in group home services have been two-fold. First, the number of individuals with disabilities receiving services has swelled over recent decades. Between 1977 and 2013, the total number of individuals with ID receiving residential services nearly doubled, from 247,780 to 478,654 (Larson et. al., 2016).

Second, there has been a trend towards deinstitutionalization of services—that is, transition of care from large-scale institutions to community-based homes—that began during the 1970’s (Willer & Intagliata, 1984). While the population moving to group homes increased, the number of individuals living within larger state-owned institutions (over 16 individuals within one setting) decreased from 207,356 in 1977 to just 48,903 in 2013 (Larson et. al., 2016). The reasons for this shift were multiple: there was increased concern about the poor quality of life of individuals in institutions (Willer & Intagliata, 1984); simultaneously, social changes led to prevailing societal values that emphasized human rights, “normalization,” and least restrictive practices (Jacobson, Burchard, & Carling, 1992; Willer & Intagliata, 1984); finally, and perhaps in response to these former two factors, the political climate shifted to favor increased community care for individuals with ID such that federal funding would be available to only community-based services (Stancliffe & Lakin, 2005; Willer & Intagliata, 1984).
The Identity of Group Homes

The current study is a response to some of the issues that have arisen in the field of community services during the last few decades of deinstitutionalization. Altogether, the rise of group homes has been rapid—but their function and identity has been harder to clarify. The mission of group homes is generally that they be safe and “normalized” environments for individuals with ID to live. Willer and Intagliata (1984) note that this concept of normalization was a significant philosophical underpinning of the push for creating new group homes. The point was to provide individuals with ID an environment that afforded them the same rights as the general population, and in the least restrictive manner possible. The home was not to look any different from others homes; it needed to provide access to the same opportunities and activities that anyone else would have; and it needed to have staff and administration that would advocate for these rights (Willer & Intagliata, 1984). Today, this mission remains much the same within agencies that provide these services. In their statement on the basic housing rights of persons with ID, the ARC and the American Association of persons with Intellectual and Developmental Disabilities (AAIDD) state that individuals with ID should have “access to typical public resources” like transportation, be able to “interact with people without disabilities to the fullest extent possible,” and have the “freedom, authority, and support to exercise control over their housing.” They also state the homes should be “scattered within typical neighborhoods,” accessible, and be “small, typical living situations” (“Housing: Joint Position Statement of AAIDD and The Arc,” 2012). Throughout these messages is the clear underlying goal of normalization (perhaps most evident in the frequent use of the word “typical”). In this sense, the philosophy and ambition of the group home model has changed little since their inception.
But as Willer and Intagliata (1984) point out, the aspirations of normalization offer more of a philosophy and less a clear programmatic plan. Identifying what makes a group home “ideal” has proven difficult, in large part because it has been difficult to find clear answer to some basic questions: What are the outcomes we are seeking? And what factors affect them? Beneath these questions lie inherent tensions between the values of the different stakeholders involved in the group home. For example, residents desire good quality of life; staff desire a good working environment and a living wage; agencies desire quality services, stability, resident safety, and a sustainable business model; and the state funders (and by extension tax-payers) desire the efficiency of good services at low cost. The motivations of each stakeholder are hardly this simple, but these general interests are always present in some shape or form, and each of these perspectives indicate different—and sometimes opposing—valued outcomes. Perhaps the best example of these tensions is the balance between quality services (and quality of life) and cost. When costs are reduced, it is rare that quality is not, as well.

The issue of finding balance between stakeholder values is prominent in research in this field. Research always carries its own inherent values, reflected by what outcomes are measured to assess what is considered a “good” result. This is never more evident than in history of outcome research for individuals with ID. Once deinstitutionalization took off, most early studies focused on rates of readmission to institutions after discharge as a measured outcome for the success of moving into community environments (Johnson, Burchard, & Carling, 1992; Willer & Intagliata, 1984). This was because the institutions had come to be seen as inherently bad, and deinstitutionalization was seen as the goal in and of itself (Johnson, Burchard, & Carling, 1992). As community services became more established, the focus of research transitioned to identifying improvement in QOL and reduction of costs for care after moving to community
supports from institutional settings (Johnson, Burchard, & Carling, 1992; Stancliffe & Lakin, 2005). This was meant to support the continuation of the movement towards community services, by providing harder evidence that institutions provided poorer care at higher costs, and therefore had no need to exist anymore at all. Presently, as there is no longer any voice that argues for a return to institutional care, the focus of research has transitioned to focusing on what variables affect quality of care within community settings (Jacobson, 2007; Stancliffe & Lakin, 2005).

**The Dominance of the State as a Stakeholder**

While the trend in research values has happily been towards improvement of present services, the assessed outcomes can still be narrow-minded with regard to the interests that they serve. Most significantly, the majority of studies has focused on outcomes such as costs to the tax-payer and the quality of life of service recipients (Stancliffe & Lakin, 2005). These are important variables for understanding which programs are potentially most cost-effective, but their frequency reflects an overemphasis on the values of the state funder stakeholder. This is perhaps unsurprising, considering research needs funding, funding comes from the state, and therefore naturally research will follow interests of the state bodies that fund it. However, the emphasis on these values has given other stakeholders’ perspectives relatively less attention.

The pattern of focus on state perspectives continues with a closer analysis of the quality of life (QOL) construct that has been increasingly popular for use in outcome research with this population (Reinders & Schaclok, 2014; Verdugo et. al., 2005). QOL has typically been conceptualized a multidimensional construct including eight differentiated domains: emotional well-being, interpersonal relationships, material well-being, personal development, physical
wellbeing, self-determination, social inclusion, and rights (Schalock, 2004). In order to compare and assess settings using QOL as a “benchmark” (Reinders & Schalock, 2014), it has also been necessary to view QOL as a universal and measureable construct; that is, each of these domains must be seen inherently significant to all individuals, and they must be measureable in valid, reliable, and quantitative way. Without these assumptions, there can be no basis for getting a summative QOL score for an individual upon which judgments calls can be made regarding the quality of services.

This standardized approach to QOL poses a number of difficulties. First, the need for a common measure of QOL naturally pushes for a common set of values, and this is simply not the reality with a diverse population of persons with ID. Often the decisions of what is important to QOL is left to researchers and experts, whose opinions will naturally differ from those of some individuals receiving supports (Jacobson, Burchard, & Carling, 1992). When decisions of what is optimal service are made on the basis of a QOL construct devised by researchers, recipients are left out of the process of determining their own outcomes. This can make them observers of the process of understanding and improving group homes, rather than participants.

Second, the need for sensitive measures that provide meaningful results has led to exclusion of some important variables—like subjective satisfaction—on the basis of their being too unreliable. Schalock (2004) notes from previous research that subjective satisfaction has been shown to be “a trait like entity which correlates little with objective indicators” and remains consistently high, “around the 70-75% mark.” He concludes that “if one wants to evaluate environmental design or service programs in a sensitive way, one should use objective indicators of personal experience and circumstances.” By setting aside satisfaction in the interest of finding
sensitive measures, focus on objective variables has further reduced recipients to an observer role in the process of service evaluation.

Third, the need for quantifiable measures has favored assessment of easily measurable outcomes over more complex, albeit informative, observational understandings of the process by which those outcomes are achieved (Jacobson, 2007; Reinders & Schalock, 2014). As Reinders and Schalock (2014) point out, traditional outcome-driven research focuses on “time-slice” methods that measure QOL at two different time points with a presumed relationships between those measurements and interventions that occurred in between. However, this is a significant assumption, and the method often forgoes any direct observation of the context and daily interactions that define the environment. Again, this reflects a de-emphasis in outcome research of the reality of what residents actually experience. It also presents a significant missed opportunity to understand the functioning of group homes better, and develop hypotheses regarding the initial question of what factors affect outcomes.

Finally, Hatton (1999) notes that the very pursuit of a thorough and comprehensive measure of QOL for the sake of improving outcomes for individuals with ID may also paradoxically hurt their true quality of life by adding to the culture of control over their lives. The danger of this already very real in group homes today. Staff members have much of their interactions with residents prescribed by basic needs (dinner, medications, etc.) or behavior plans or goals stated in their IHP, leaving time and energy for relatively few spontaneous and purely social interactions. Further identification of other interventions considered to be globally “effective” across homes may only add to the degree of structure in the group home, and may become overwhelming.
Each of these four critiques does not necessarily mean that such outcome research is misguided, but simply that it assesses the question of what makes a group home function well from limited point of view. Often left out of the equation are the perceptions of not just service recipients with ID, but also staff members and agencies. Agencies receive a great amount of pressure to accomplish more with fewer and fewer resources, and that pressure often carries over to the staff in the form of low wages, few benefits, and little opportunity for advancement (Skirrow & Hatton, 2007). In turn, this pressure on staff contributes to high turnover rates, burnout, and low job satisfaction (Skirrow & Hatton, 2007). Last in line, residents feel the brunt of disgruntled staff members exhaustion and lack of motivation. However, as other have noted, outcome research tends not to turn to the views of staff and residents when trying to understand how to improve this situation (Johnson, Burchard, & Carling, 1992). The result is the disempowerment of those stakeholders that often hold the most wisdom and inside knowledge of this environment.

**The Present Study**

This study aimed to respond to concerns that staff and residents are becoming disempowered as a result of the prevailing methods of evaluating group home services by giving a voice to these two generally disempowered stakeholders. It accomplished this by eliciting their perceptions regarding their own group home environment by using a “social climate” scale, which assesses the “personality” of a setting as defined by the views and preferences of its participants (Moos, 1997). This assessment has the ability to assess group homes from an alternative perspective that provides more opportunities for incorporating the views and values of staff and residents; and such an approach has greater potential for empowering these disempowered groups. Finally, focusing on a single group home environment allows for an
ecological approach to evaluation that takes into account the context of an individual home, along with its unique traits and resources.

**An Ecological Approach to Empowerment and Understanding the Group Home**

An ecological approach has been highlighted as a means of understanding not only the individuals in a setting, but also the setting itself, and the way that individuals interact and relate with that setting (Levine, Perkins, & Perkins, 2005). The ecological paradigm conceptualizes a setting in terms of “populations”—defined as a groups of individuals with similar interests—and their combination and interaction within larger “communities.” These communities have an environmental context called the “ecosystem,” which includes physical surroundings and social norms and laws. Within a social context such as a group home, staff and consumers would be regarded as their own populations because of their differing roles and interests within the group home; in turn, together these two groups make up the community of the group home, which operates with the ecosystem of the environment itself.

The ecological paradigm values understanding populations (staff and residents) as they adapt to their environment (“adaptation”), the way the history of an setting impacts its culture at present (“succession”), the way that individuals’ strengths can contribute to their environment (“cycling of resources”), and the way that affecting one aspect of an environment affects the rest of it (“interdependence”) (Levine, Perkins, & Perkins, 2005). The current study is guided by these principles of ecology as it seeks to understand resident satisfaction with their environment based on their reported perceptions. Individuals’ perceptions of that context can themselves be viewed as adaptations to the opportunities that that home environment offers given the history of that home and history of their relationship to it. By eliciting perspectives from staff and
residents, and then allowing them to use results through feedback, it also incorporates the knowledge and resources of the participants in the home, and regards them as strengths can be built upon for positive change. Using resources already existing within the environment also increases the chance of sustainability of such a process of growth. Finally, the basis for anticipating positive results from feedback is the principle that feedback to individuals can impact their way of relating to their environment in such a way that it will affect others’ perceptions of, and ways of interacting with, the environment.

**Empowerment of Individuals with ID**

Historically, individuals with ID experienced segregation and discrimination from a society that regarded them as incapable of learning (Willer & Intagliata, 1984). While such perceptions have changed dramatically and treatment has improved (e.g. the deinstitutionalization movement), the lives of individuals with ID receiving group home services are still often greatly influenced by the caregivers who provide for them, and the agencies that employ those caregivers (Hatton, 1999; Hewitt & Larson, 2007). At times, this influence can lead to a reduced sense of control on the part of individuals with ID, who may not feel that their efforts can truly change their environment. By leaving individuals with ID susceptible to a state of “learned helplessness” in response to an unchanging environment, there is considerable risk that lack of control can negatively impact health (Abramson, Seligman, & Teasdale, 1978). In response to this vulnerability, some have posed that the process of empowerment of individuals—particularly those with disabilities—is a valuable outcome in itself, as it would balance the one-sided nature of control over their lives (Klein et al., 2000; Rapaport, 1981).
There is a significant history of attempts to empower individuals with ID through various programs that offer skill-building, knowledge, and support in various domains of life. For example, the Special Olympics program was designed to offer individuals with ID opportunities to “discover new strengths and abilities, skills and success” through sport with the aim of “instill[ing] confidence and improve[ing] health” (Special Olympics: “Mission,” 2016). In addition, with the support of legislation promoting the rights of college students and individuals with disabilities, a large number of college programs have been formed to provide post-secondary education that meets the additional needs of individuals with ID (Wolanin & Steele, 2004).

The present study aimed to provide another example of such empowerment by using an “action research” design, which goes beyond collecting data from staff and residents and also provides feedback to those participants regarding the interpretation of results. This design empowers participants not only by providing useable information to staff and residents, but also by communicating—through the process of discussing feedback in focus groups—that staff and residents offer a valuable contribution to interpreting and using results.

The Concept of “Social Climate”

A review of the literature focused on understanding group home outcomes and processes shows little effort to understand the nature of the group home environment itself in a structured way, as well as little effort to understand the effect that environment has on the perceptions, attitudes, and behavior of both staff and clients. This is surprising given there is a wealth of literature that does this in business organizations for the purpose of understanding how work environments affects productivity and job satisfaction (Ashkanasy, Wilderom, & Peterson,
One attempt to carry this type of assessment over to human services had been led by Rudolf Moos (1997) and his scales designed to assess treatment, educational, and program environments and their impact on individual satisfaction, self-confidence, and behavior.

Moos (1997) defines social climate as one part of the environmental system. Other aspects of this system include objective characteristics of a treatment program (e.g. location, policy, services) and patient characteristics (e.g. health, functioning); however, social climate is unique in that it is an emergent quality of a setting that is based on the interaction of the objective qualities with participants. Social climate is therefore not objective itself; rather it is a construct that captures a group of individuals’ perceptions of their environment.

Moos (1997) theorizes that social climate (i.e. perceptions) mediates the outcomes that objective program qualities are intended to have upon participants. From this perspective, the characteristics of a setting through the eyes of its participants are just as important as those characteristics it has “on paper.” Through interviews and test administrations, he identified three major dimensions that consistently described settings from participants’ perspectives: (1) relationships, the supportiveness, openness, and energy of relationships; (2) personal growth, the opportunities for autonomy, learning, self-discovery in the program; and (3) system maintenance, the level of organization, clarity of expectation, and imposed control within the environment (See Appendix A).

In other types of human service settings, assessing social climate has proven useful in predicting satisfaction (Middelboe, 2001; Schulte, 2006; Sikorska, 1999), program outcomes (Hansen & Slevin, 1996; Melle, 1996), individual motivation (Eklund & Hansson, 2001), and quality of life (Eklund & Hansson, 1997). In these contexts, feedback of the social climate to
those who play a part in it has also led to perceived improvements in that environment (James, Milne, & Firth, 1989; Moos & Otto, 1972), and in one case seemed to even increase motivation to make those improvements (Pierce, Trickett & Moos, 1972).

While a few studies have assessed social climate in group homes (Downs & Fox, 1993; Massey & Wu, 1993) and with an ID population within an inpatient setting (Langdon, 2006; Quinn, Thomas, & Chester, 2012), there appears to have been only one prior effort to assess something similar to the social climate of a group home for the intellectually disabled. Gillett and Stenfort-Kroese (2003) used a cross-sectional design to assess whether differences in organizational culture in two group homes for an ID population could predict outcomes for residents. To do this, they surveyed perceptions of culture among staff members in two residential units that differed in their overall performance, and found that the home performing more poorly showed a more “aggressive-defensive” culture than the other. While this promising study supports the theory that “culture” (similar to climate) may predict outcomes in this particular environment, there were various limitations to their design. First, only the staff were included in data collection, leaving residents’ perceptions out of analyses when they play a significant role in the broader social climate of a group home. Second, the assessment tool they used to measure culture looked at staff’s expectations from their coworkers rather than their perceptions of the environment. This made the author’s concept of culture essentially a construct representing staff’s styles of interacting with each other, which is narrower than describing the overall environment in organizational, interactional, and developmental terms. The proposed study would be the first to systematically make such an expanded assessment in this environment using one of Rudolf Moos’ social climate scale: the Community Oriented Programs Environment Scale (COPES).
Objectives of the Present Study

The objectives of the present study were 1) to empower staff and intellectually disabled residents in a group home by measuring and providing feedback on the nature of social environment of that group home; 2) to demonstrate the value of measuring social climate in such a setting by exploring whether it could predict a valued outcome such as satisfaction; 3) to demonstrate the value of providing feedback to staff and residents on that results of that assessment; and 4) to demonstrate that, with adaptations to measures, it is feasible to measure social climate with individuals with ID.

The hypotheses for the current study were:

1. The magnitude of the discrepancy between staff and clients’ actual and preferred (“real” and “ideal”) perceptions of social climate will be negatively correlated with satisfaction. In other words, as the fit between residents and staff and their environment increases, so will satisfaction.

2. The majority of staff and residents will report finding the feedback of social climate results helpful.

Methods

Participants and Setting

The group home was chosen with the assistance of the managing agency based on its perceived appropriateness. Appropriateness was determined by a higher level of intellectual functioning among the disabled residents, and subjective assessment of an adequate foundation for cooperation among staff and residents. The selected group home is a 5-floor apartment building located in an urban area, and has existed for over thirty years. It is the home for thirteen
intellectually disabled individuals, a significant proportion of whom are visually impaired. The home employs approximately thirty full and part time staff members during the week for 24-hour direct care, nursing, and cooking. Residents generally have their rooms on the lower floors and administrative offices and recreational area are on the upper floors. Generally speaking, it can be considered representative of group homes for this population.

All thirteen residents were not their own legal guardian, which meant that consent for participating the current study needed to be obtained from both them and their legal guardian. Nearly all residents and staff members were invited to participate in the study, with the exception that about half of residents were not invited to participate when consent was not able to be obtained from their guardian.

In total, five intellectually disabled residents and thirteen staff members provided informed consent and participated in the study. Staff members included at least one person involved in direct care for each shift during the week (morning, evening, and overnight shifts of both weekdays and weekends).

Background information on staff and residents who did not participate in the study was not available, but based on the investigator’s informal observation, residents and staff who were not participants did not differ significantly in gender or race from those who did participate.

Adaptations for Individuals with ID

Involving individuals with ID in data collection poses specific obstacles that must be navigated to ensure validity of results. Because of limitations to the cognitive abilities, it can be difficult to ethically obtain informed consent, ensure accuracy of data collection, and ensure comprehension of feedback of results difficult. Individuals with ID can have difficulty
understanding tasks and questions, matching them to their own experience, and then articulating their thoughts and reactions. Another challenge to working with group home clients is that they often develop a pattern of reporting what they believe others want to hear—a pattern previously coined in the literature as an “acquiescence bias” (Sigelman, 1981). Rapley and Antaki (1996) note that while this may play a role in interviews, perhaps some of this bias is confused with the effects of the style of the interviewer. They point out that an interviewer can unintentionally challenge the responses of the individual when they repeat back a response in a questioning form in an attempt to clarify the response, or the questions themselves can be phrased in such a way that gives the impression of a testing situation in which there are correct answers. It is important to heed these warnings in order to gain accurate reports from individuals with ID. The present study attempted to remedy these challenges with specific adaptations for assent procedures and interviews with residents.

**Mixed Methods**

The present study used a mixed methods approach, including both quantitative and qualitative data, to obtain a balanced and thorough understanding the social environment of the current group home. A mixed methods approach has been supported as a means of bridging the gap between objective and context-independent evaluation of a research question, and more subjective and context-dependent evaluation (Cresswell et.al, 2010; Dattilio, Edwards, & Fishman, 2010). In the case of this study, a mixed methods approach offers the unique opportunity of accomplishing multiple goals: first, quantitative analyses can assess the relationship between satisfaction and the social environment from an objective point of view; second, combining quantitative and qualitative data provides complimentary ways of understanding social environment of the specific subject group home, such that both the nature
of the environment and the factors that influence it can be conceptualized; third, both forms of data allows feedback to staff and residents to contain both objective and subjective elements, such that it might be perceived as fair and maximally informative.

**Action Research**

An action research model has been identified as a means of allowing the scientific process to both contribute to the literature and also directly benefit the participants in the research (Adelman, 1993). This model has been seen as a way to bridge the gap between science and practice; it is also aligned with an ecological approach because the results of the research become direct resources for the group home, which then strengthens its members and makes them more likely to support further self-examination in the future. This study used an action research model by accomplishing two goals simultaneously: investigating the hypothesized connection between social climate and satisfaction, and providing feedback of results to the group home that is actionable.

**Measures and Structured Interview Questions**

**Community Oriented Programs Environment Scale (COPES) .**

The scales used to measure real and ideal perceptions of the social climate was the short form of the COPES (for staff and resident version, see appendices B and C). This short form is a 40-item version of the standard 100-item long form of the COPES which assesses a social climate profile along the same three dimensions (relationships, personal growth, and systems maintenance) and 10 subscales (Involvement, Support, Spontaneity, Autonomy, Practical Orientation, Personal Problem Orientation, Anger and Aggression, Organization, Program Clarity, and Staff Control). Items are phrased as statements about the environment that are
endorsed as true or false by respondents. From responses, a profile of the environment can be developed that represents an individual’s perceptions of the social climate. Multiple individuals’ profiles can then be averaged to develop a system-level profile of social climate meant to represent the climate of the home. The COPES comes in two forms: the “real” (COPES-R) and “ideal” (COPES-I). The “real” form assesses an individual’s perception of the environment as it is now; the “ideal” form assesses an individual’s preference for how that environment should be. On an individual level, the difference between these two is conceptualized as a discrepancy that reflects how well the individual fits with their environment—the smaller the discrepancy, the greater the fit. On a system level, the difference is conceptualized as how well participants as an entire group (or a subgroup like staff or residents) fit with their environment.

The COPES is designed for use in community care homes like the one at hand, and has been shown to have adequate psychometric properties (Moos, 2009). Internal consistency for each subscale on the COPES-R among clients is .78 (Involvement), .68 (Support), .62 (Spontaneity), .60 (Autonomy), .68 (Practical Orientation), .77 (Personal Problem Orientation), .66 (Anger and Aggression), .72 (Order and Organization), .61 (Program Clarity), and .58 (Staff Control). Internal consistency for each subscale on the COPES-R among staff is .78 (Involvement), .61 (Support), .60 (Spontaneity), .77 (Autonomy), .69 (Practical Orientation), .79 (Personal Problem Orientation), .72 (Anger and Aggression), .75 (Order and Organization), .65 (Program Clarity), and .70 (Staff Control). The internal consistency of subscales on the COPES-I range from .70 (Program Clarity) to .88 (Personal Problem Orientation). The test-retest reliability of the COPES is .81 at 4 – 6 months for both staff and clients, suggesting that profiles remain largely stable over time. The COPES has shown good concurrent validity by distinguishing between different types of programs. While these psychometric properties were established for
the long form of the COPES, the short form of the COPES has shown good correlation to the long form (Moos, 2009). This study uses the short form in order to minimize the demands of assessment on staff members and residents.

Different adjustments were made to items on the versions of the real and ideal COPES administered to staff and residents to match the exact nature of the group home, the population served, and the individual being interviewed. First, for both staff and residents, items pertaining to visual cleanliness in the environment were changed to ask about noise levels and calmness because—for individuals with visual impairments—these auditory qualities were considered to be better representation of construct of order and organization that these items were meant to represent. Second, for residents, the language of items was simplified to and shortened to increase the likelihood of understanding. Third, for residents, some items that were originally phrased as complex negative statements, such as “There is relatively little discussion about exactly what residents will be doing each day,” were transformed to simpler positive phrasings, such as “Staff talk to you about exactly what you will be doing each day.” These adjustments were meant to prevent residents from needing to conceptualize complex double negative responses when responding “false” to such items (i.e. “I think it’s false that there is relatively little discussion about exactly what residents will be doing each day”). Such double negatives would be potentially confusing to cognitively challenged individuals. Scoring procedures for the COPES were adapted accordingly when the valence of items was reversed.

Satisfaction questionnaire.

The assessment of satisfaction for residents and staff was based on a 15-item scale already used for program evaluation efforts by the parent agency of the selected group home. For
assessment of resident satisfaction, this survey was amended to better fit the construct of satisfaction relevant to the study. This construct of satisfaction was based on that proposed by Gregory, Robertson, Kessissoglou, Emerson, and Hatton (2001) for individuals with ID, which includes seven domains: (1) the home, (2) daytime activities, (3) social and recreational activities, (4) friendships and relationships, (5) support, (6) choices, and (7) level of risk in the environment. While similar to the domains of QOL, the primary difference in this assessment of satisfaction was the wording of items, which did not presuppose preferences within each of these domains. For example, instead of assuming community time was preferred by asking “Do you get to go into the community?” and rating satisfaction accordingly, questions would be phrased as “Do you get to go into the community as much as you would like?” Based on these seven domains, four additional questions were added and five original questions were not included in the original agency survey. However, these questions removed from the analysis were still included in the form to maintain the ecological integrity of the agency’s native survey, bringing the total items to nineteen (See Appendix D).

For assessment of staff satisfaction, the satisfaction survey for residents served as a model for an entirely new set of questions (See Appendix E). A new form was created because there is no equivalent staff satisfaction survey used by the parent agency; still, the content of the items reflects similar aspects of satisfaction to the residents’ survey. For example, whereas a resident might be asked “Are you learning the things you want to learn?” to assess satisfaction with services, staff were asked “Are you supporting your [residents] the way you’d like to be able to?” In this way, staff satisfaction surveys assessed options just as resident questionnaires would, just from the perspective of how they provide services to the residents. The five items not
relevant to analyses for residents (but still included in the resident survey) were not included in the staff survey, meaning the total items was fourteen.

Satisfaction questionnaires for both staff and residents used a 3-point likert scale (typically “yes,” “sometimes,” and “no”) for responses to items. A 3-point likert scale was used to allow for some middle option between a “yes” and “no,” but not so large a range of possible responses that the assessment became confusing to residents. Scores were calculated by adding up the values associated with each response; this was a score for 2 for “yes,” 1 for “sometimes,” and 0 for “no.” A higher total score represented higher satisfaction.

**Structured interview questions.**

In addition to these measures, during initial assessment interviews, residents and staff were asked what race, ethnicity, and gender they identify with to understand the demographics of the staff and resident participants. To build rapport and ease the perception of an examination feel for residents—and thereby reduce risk of acquiescence bias—residents were also asked what their preferred food and activity was.

The following questions were asked within the initial assessment to qualitatively evaluate perceived strengths and weaknesses of the environment:

For residents:

1. What things do you like most about daily life in this home? (strengths of the climate)
2. What things do you like least about daily life in this home? (weaknesses of the climate)

For staff:

1. What aspects of this group home are working well? (strengths of the climate)
2. What aspects of this group home are not working well? (weaknesses of the climate).

Within the context of exit interviews, perceptions of the assessment and feedback process itself were collected from residents and staff through semi-structured interviews that included the following questions:

1. Did the results of the social climate scales cause you to view the group home differently? Did you find them helpful in thinking of ways to make the group home a better environment? If so, how?

2. Do you have any other comments or observations about the scales or problem solving process?

Responses to all interview questions were recorded by the investigator conducting the interview. These notes were used to develop qualitative results.

Procedure

**Stage 1: entry into the group home and pre-consent procedure for guardians.**

Prior to entering the group home, the investigator met with agency representatives to discussed study objectives and pick a group home for participation. Once the group home was picked, the investigator reached out to the group home manager and to describe the study process and discuss how the study would be accommodated within the regular schedule. With the group home manager’s input, appropriate days and times for visits were decided upon for initial visits to the group home to meet staff and residents. Within the context of the group home, the study’s assessment and feedback components were labeled the “Franklin Survey,” with “Franklin” being a pseudonym for the name of the group home. The investigator began visiting the group home during different shift times, distributed flyers, and engaged staff and residents in conversations
that involved both rapport-building and explanation of the survey’s purpose and goals. For visually-impaired residents, flyers written in Braille were made and distributed as well. During this period, the investigator met with most staff and residents individually at times when they had availability to talk about the survey while completing their regular routines. This method of introducing the study was chosen to minimize interruptions of the group home’s regular functioning. In addition to visits intended for describing the study, the investigator also led a recreational activity for the residents to build rapport and trust. This activity involved modeling and painting clay figures that the residents were able to keep.

Also during this time, the investigator began reaching out to the guardians of all the residents at the group home to begin obtaining informed consent. For nine residents, these guardians were family members, the majority of whom did not have regular contact with their family member in the group home. For four residents, these guardians were state-appointed representatives. Letters were sent out to the nine guardians of residents with an introductory letter, a copy of the informed consent form, and an invitation to contact the investigator with questions. When only one resident’s guardian initially responded to this method of contact, follow-up calls were made and consent was obtained from six more guardians. Two other guardians never responded to calls or letters. For the four residents who had state-appointed guardians, contact was made with the state representative (the same person for all four) and request was made for a meeting to discuss consent. While the representative acknowledged receipt of the request, she was never able to process it and provide approval within the time frame of the study, and therefore no consent was obtained for these residents. As a result, consent from guardians was obtained for a total of seven residents.
Stage 2: consent/assent procedures and initial interviews with staff and residents.

Participation in the study was offered to twenty-two staff members and seven residents (for whom consent had been obtained from guardians). The details of study procedures and confidentiality were discussed with willing staff members and residents. Of the twenty-two staff members, thirteen provided consent to participate and completed the initial interview. Of the seven residents, five provided assent (witnessed by a staff member) to participate and complete the initial interview.

The initial interview included gathering demographic information, administration of the real and ideal short forms of the COPES, the satisfaction questionnaire, and questions regarding the strengths and weaknesses of the group home. For staff members, these interviews were done one-on-one with the investigator in privacy. For residents, interviews were done by the investigator with a staff member present to witness. The presence of a staff member was requested by the agency to ensure resident safety. All interviews with residents were completed with a staff member present.

Stage 3: feedback and exit interviews.

Once data from the initial interview was collected and analyzed, feedback sessions were provided to the group home agency and the group home supervisor. These sessions led to development of some follow-up questions to be brought up during feedback sessions with staff and residents. Six feedback meetings were scheduled across shifts to allow staff to hear and discuss results, and one similar meeting was scheduled for residents. Of the six meetings scheduled, there was participation in five. Each of these meetings included one or two staff
members, for a total of eight staff members who joined feedback groups. Four residents joined the resident feedback group.

Staff feedback groups involved the investigator presenting five main observations derived from a synthesis of quantitative and qualitative data in the initial interview. These observations included common perceptions among staff and residents about the group home environment, and at times a comparison of these two. From these observations, various questions for discussion were posed to staff to facilitate processing of findings and gather further feedback from staff to develop a clearer picture of the significance of findings. Resident feedback groups had a similar format to staff feedback groups; however, the feedback was reduced in scope and simplified to allow better opportunity for understanding. In addition, certain aspects of feedback related to conflict among staff were removed from discussion to avoid providing residents with potentially disruptive or upsetting information.

Following feedback and discussion, but still in the context of the same feedback groups, staff and residents were asked exit interview questions regarding the helpfulness and impact of feedback. At this point contact with participants related to the study was complete.

**Consent/Assent Procedures**

Consent was obtained during individual meetings with each staff member and resident. For residents’ guardians, consent was obtained by mail and phone. For both staff, residents, and residents’ guardians, the study was explained by the Principal Investigator and any questions were answered. After acknowledging that they understood the study, the staff member or guardian was asked if they wanted to participate (or to allow their loved one to participate). If
they agreed, a dated and signed copy of the consent from was given to the staff member or guardian.

Although no resident was their own guardian, and therefore no resident was able to give legal consent independently, a separate process for obtaining informed assent was used for those residents who had permission given by their guardians. This process involved a simplified explanation of the study with the essential information about purpose, nature of participation, confidentiality, benefits and risks, and right to deny participation. Because of the potential for cognitive limitations that make understanding the study difficult, the following questions were asked at specific times during the assent process to ensure understanding:

1. Is this program part of your routine care, or are we asking you do something new? (after “Purpose” section)
2. Will people be able to find out what you say during the assessment? (after “Confidentiality” section)
3. If you were part of this program, what would you be doing? (after “Participation” section)
4. Are you allowed to talk about what people say in the groups with other people? (after “Participation” section)
5. Are there benefits to participating? (after “Benefits and Risks” section)
6. Will this program mainly help you or others? (after “Benefits and Risks” section)
7. Are there risks to participating? (after “Benefits and Risks” section)
8. Do you have any questions about the program? (at end of form)
9. Do you have to take part in this program? Or is it OK to say no? (at end of form)
10. If you agree to being in the program, would you be allowed to stop participating at any time? (at end of form)

11. Considering all I have told you about this program, would you like to participate? Why? (at end of form)

In the event that all of these questions were answered appropriately and the resident agreed to participate, the resident was considered eligible to participate. In the event that one of these questions was not answered appropriately, the appropriate answer was given and explained, and the question was be repeated. If the question was not answered appropriately once again, then it was assumed that that participant did not have the cognitive capability to understand the study, the assent process ceased, and the resident was considered not eligible to participate. If the check-in question was answered correctly on the second attempt, the resident was considered to have understood that portion of the study description, and the assent process continued. If, by the end of the assent process, the resident was able to answer each question within two attempts, then the resident was considered to have understood the study and could participate if he or she desired.

Results

Overview of Approach to Analyses

In the first phase of analyses, results were compiled for two purposes. First, results were meant to present meaningful findings regarding this specific group home that would be valuable for feedback to group home staff, residents, and the agency. Second, results were meant to test the hypothesized relationship between satisfaction and magnitude of real-ideal discrepancies for the overall profile and each individual subscale.
For the purposes of presenting findings to the group home and agency, individual scores on the COPES and satisfaction questionnaire were aggregated into residents and staff groups and averaged to find the mean scores for each subscale that would develop real and ideal profiles for both residents and staff (totaling 4 profiles: real perceptions of residents, ideal preferences of residents, real perceptions of staff, and ideal preferences of staff). Two-tailed t-tests were run to test for significant differences between real and ideal perceptions for all ten subscales for staff and residents. In addition, responses to interview questions regarding strengths and weaknesses of the group home environment were analyzed for common themes using a constant comparison and classical content approach (Onuegbuzie et. al., 2009). Altogether, the key findings developed from comparison of these four profiles and themes from interview questions were the basis of feedback to the group home.

For the purposes of testing the hypothesized correlation between satisfaction and magnitude of discrepancies in the real-ideal profile, data was split into resident and staff groups. For each group, total satisfaction scores were regressed onto total discrepancy scores across all ten subscales. This was done using a Pearson’s $r$ correlation at the < .05 significance level. A significant negative relationship would indicate that smaller discrepancies do predict greater satisfaction. Finally, to determine which subscales may predict satisfaction best, a stepwise analysis was used. This analysis involved fitting different combinations to subscales to a model to predict satisfaction until the best possible predictive model was identified. The number of variables in this model was cut off at the point that adding additional subscales no longer increased predictive ability of the model, leaving only the critical subscales. This process was completed with real profile subscales to predict which subscales were most correlated with satisfaction, and for discrepancies in subscales to determine in which subscales the discrepancy
between real and ideal had the greatest bearing on satisfaction. These analyses were completed for only staff members, as there were insufficient participants in the resident sample to be able to run such an analysis with 10 subscale variables. Therefore, to determine which subscales were most relevant to predict resident satisfaction, simple correlations between satisfaction and each subscale were assessed. For the assessment of themes in the exit interview data, a constant comparison approach was used once more.

**Approach to Scoring the COPES**

Responses to the real and ideal COPES scales were added up and converted to numbers based on the system used by its author (Moos, 2009). This was done by comparing each response to a fixed answer sheet that came with the scale. When the responses matched, “1” was added to the raw score for the appropriate subscale; when they did not match, nothing was added. When all items for each subscale were considered this way, the final potential scores for a subscale ranged from 0 – 4. For items that were unanswerable by the participants (e.g. if a resident did not understand the question), the item was left unanswered, and the scores for the remaining responses in the same subscale were averaged to create a score to fill this gap in the data. This process of scoring was completed with both real and ideal forms of the COPES. A higher raw score in a subscale on the real form represented greater presence to the construct represented by that subscale (e.g. support) according the perceptions of the participant; in the case of the ideal form, higher raw value of that subscale represented greater desire for the construct represented by the subscale. To determine the discrepancies between real and ideal forms, the raw score of the real form was subtracted from the raw score of the ideal form. The resulting discrepancy data included negative numbers (if the person desired less of specific subscale in their environment) and positive numbers (if the person desired more). Negative discrepancy values were treated as
positive values for the purposes of addition since they both represent discrepancies, and whether an individual wanted more or less of something was less significant to the analyses than the fact that they simply preferred something different. For the purposes of statistical testing, an individual’s discrepancies across all subscales were added up to come up with an individual total discrepancy score.

**Approach to Analysis of Qualitative Data**

To identify and understand the frequency of relevant themes in qualitative data for initial and exit interviews, a combination of a constant comparison analysis and a classical content analysis was used (Onuegbuzie et al., 2009). Within “constant comparison analysis,” initial analysis of data was exploratory (i.e., no hypotheses were brought to analysis *a priori*). From initial analysis, codes were developed to represent each unique response from all participants. In a second review of interview data, these codes were assessed for similarity and grouped into themes. These themes were organized in a model that illustrated their part in broader themes and sub-themes. Using “classical content analysis” as a guide, the frequency with which certain codes and themes appeared was assessed by counting their appearance in responses. This was meant to demonstrate which themes were more common in responses, and therefore more salient and potentially more important to the group home. Within the context of initial interviews, each individual was treated as a separate subject since these interviews were held individually. Within the context of feedback groups and exit interviews, each group was treated as a separate subject. This method was used for exit interviews since the nature of what each individual stated in feedback groups was heavily influenced by what others in that group were saying, and therefore themes emerged from consensus within groups rather than individuals.
Results of Stage 2: Initial Interview

Relationship between the COPES and satisfaction.

The demographics of both staff and residents are presented in Table 1. The mean satisfaction for staff members was 21.3 out of a maximum of 28 (SD=3.64); the mean satisfaction for residents was 23.6 out of a maximum of 28 (SD=1.52). These suggest high satisfaction rates for both staff and residents. The real and ideal profile of staff and residents are presented in Figures 1 and 2. Among staff members, five subscales showed significant discrepancies between real perceptions and ideal preferences. Staff reported that they preferred greater Autonomy on the part of residents (t=-2.85, p<.05), greater Personal Problem Orientation in interactions with residents (t=-2.41, p<.05), greater Order and Organization in the environment (t=-3.36, p<.05), greater Practical Orientation in interactions with residents (t=-4.42, p<.05), and less Anger and Aggression in the environment (t=2.14, p<.05). It is important to note that the Anger and Aggression scale is a somewhat misleading name, and really refers to the presence of arguments or verbal conflicts in the environment. No subscales showed significant discrepancies among residents; however, two subscales showed tendencies towards significance. These suggested that residents may have preferred less conflict in the environment (t=-2.06, p=.11) and greater order and organization in the environment (t=-2.06, p=.11).

There was no significant correlation between staff satisfaction and the total magnitude of discrepancies across all 10 subscales. On the other hand, there was a significant negative correlation between resident satisfaction and the total magnitude of discrepancies, suggesting that as discrepancies increased, satisfaction decreased (r=-.87, p<.05).
Table 1

*Participant demographics*

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>15% (2)</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>38% (5)</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>15% (2)</td>
<td>20% (1)</td>
</tr>
<tr>
<td>50-59</td>
<td>23% (3)</td>
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</tr>
<tr>
<td>60-69</td>
<td>8% (1)</td>
<td>60% (3)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>8% (1)</td>
<td>60% (3)</td>
</tr>
<tr>
<td>Female</td>
<td>92% (12)</td>
<td>40% (2)</td>
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<tr>
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<td>Caucasian</td>
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<td>60% (3)</td>
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<td>20% (1)</td>
</tr>
<tr>
<td>African-Caribbean</td>
<td>38% (5)</td>
<td></td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
</tr>
<tr>
<td>Black</td>
<td>92% (12)</td>
<td>20% (1)</td>
</tr>
<tr>
<td>White</td>
<td>8% (1)</td>
<td>80% (4)</td>
</tr>
</tbody>
</table>
Figure 1. Staff real and ideal profiles from COPES
Appendix F shows the individual simple correlations between each subscale and satisfaction for both staff and residents. A stepwise multiple regression was conducted to evaluate what combination of COPES subscales, according to staff members’ real perceptions, could predict staff satisfaction. To reduce the chance of including subscales that show minimal individual correlation with satisfaction, six subscales that demonstrated a correlation of less than \( r=0.33 \) were removed from analyses. The four subscales that remained in the analyses because of their greater chance of correlation with satisfaction were Involvement, Anger and Aggression,
Order and Organization, and Program Clarity. None of these variables showed signs of collinearity in an inter-correlational analysis, suggesting they were measuring discrete constructs. Variance in staff satisfaction was best accounted for by a 2-factor model including the subscales for Involvement and Program Clarity. This suggests that staff perceptions of greater energy levels (Involvement) and clearer expectations (Program Clarity) best predicted staff satisfaction (multiple $R^2=.37$, $p=.10$).

A stepwise multiple regression was also conducted to evaluate whether the magnitude of real-ideal discrepancies in staff perceptions on certain subscales could predict staff satisfaction. Once again, six subscales were removed showing a correlation between discrepancy and satisfaction that was less than $r=.25$. The four subscales that remained in the analyses were Involvement, Support, Order and Organization, and Program Clarity. Among these variables, only Order and Organization and Program Clarity showed signs of collinearity ($r=.73$), suggesting that they were potentially measuring very similar constructs. Therefore, alternative models were tested that examines the particular contribution of each of these two variables. Variance in staff satisfaction was best accounted for by a 3-factor model including discrepancies on the subscales for Involvement, Support, and Order and Organization. The model suggested that staff satisfaction was higher when a staff member’s perceptions and preferences were more in line with regards to energy levels (Involvement), levels of support (Support) and degree of order in the environment (Order and Organization) (multiple $R^2=.48$, $p=.10$). Since Order and Organization was collinear with Program Clarity, the model also tested with Program Clarity in place of Order and Organization. This analysis resulted in a higher $p$ value and decreased multiple $R^2$, suggesting worse fit and lower reliability (multiple $R^2=.41$, $p=.18$); for this reason, this alternative model was discarded. It is important to note that in both these cases, resulting
predictive resulting models did not reach significance at the .05 level, not unexpected due to lower number of participants.

To understand what combination of COPES subscales best predicted resident satisfaction according to residents’ real perceptions, a table of simple correlations was assessed. A cutoff of \( r = .75 \) was chosen to separate which variables were most likely to be relevant to satisfaction. This left two subscales with potentially strong relationships to satisfaction: Anger and Aggression and Order and Organization. The results tentatively showed that greater perceived conflict in the environment could be associated with lower satisfaction \( (r = -.87, p = .06) \), and that greater levels of perceived order in the environment could be associated with greater satisfaction \( (r = .84, p = .08) \).

To understand what combination of COPES subscales best predicted resident satisfaction according to discrepancies between real and ideal perceptions, a similar method was used. Again, a cutoff of \( r = .75 \) was chosen to separate which variables were most likely to be relevant to satisfaction. This left one subscale with a potentially strong relationship to satisfaction: Anger and Aggression. The results tentatively showed that greater discrepancy between perceived and preferred levels of conflict in the environment could be associated with lower satisfaction \( (r = -.78, p = .12) \). Again, it is important to note that none of these relationships reached significance at the .05 level.

**Responses to interview questions regarding strengths and weaknesses.**

Staff responses to questions about the strengths of the environment totaled 36 discrete comments that included themes such as positive qualities of the residents, staff, social environment, physical environment, and services provided (these are listed in Appendix G). The
most frequent strength noted was some type of positive quality of the residents; such qualities made up 39% (14/36) of discrete comments, and were mentioned by 54% (7/13) of staff members. These included comments that residents were participative, worked well together, listened well, were open to new things, fun, insightful, and independent. The next most frequent themes were, respectively, 8 comments by 5 staff regarding positive aspects of the social environment (e.g., good program structure, and a positive and dynamic work environment); 6 comments by 4 staff regarding services themselves (e.g., basic needs provided well, healthy habits encouraged, and freedom of options for residents); 4 comments by 4 staff regarding the physical environment (e.g., house well equipped and in a good location); and 4 comments by 3 staff regarding positive qualities of staff members (e.g., teamwork and consistency).

Staff responses to questions about the weaknesses of the environment totaled to 31 discrete comments that included themes such as issues between staff members, between staff and residents, and between staff and management, and negative aspects of the social environment, physical environment, services provided, and staffing issues (these are listed in Appendix H). The most frequent weakness noted was difficulties between staff; such qualities made up 29% (9/31) of discrete comments, and were mentioned by 69% (9/13) of staff members. These included comments that some staff did not put in enough effort, had negative attitudes, engaged in gossip, communicated poorly, or were rigid in their ways. The next most frequent themes were, respectively, 7 comments by 5 staff regarding negative aspects of the services (e.g. need more variety and improved resident activities, options and skill building for residents, and less focus on problem behavior); 5 comments by 3 staff regarding staffing issues (e.g. turnover, need for training, low pay); 3 comments by 3 staff regarding issues between staff and management (e.g. not enough accountability for staff, need more communication, staff ideas underutilized); 3
comments by 2 staff regarding the physical environment (e.g. not clean, not home-like, not well suited to older population); 2 comments by 2 staff regarding issues between staff and residents (e.g. residents can be abusive to staff, not enough interaction); and 2 comments by 1 staff member regarding the social environment (e.g. e.g. poor program organization, too much paperwork).

Resident responses to questions about the strengths of the environment totaled to 8 discrete comments regarding the social environment, other residents and staff, and individual freedom and autonomy. 4 comments were made by 4 residents regarding having freedom and autonomy (e.g. having choices, can do what I want to do, have my own space); 3 comments by 2 residents regarding positive aspects of the social environment (e.g. it’s safe, peaceful, and comfortable); and 1 comment by 1 resident stating that he or she liked the other staff and residents.

Resident responses to questions about the weaknesses of the environment totaled to 7 discrete comments regarding the social environment, interactions with staff, and relationships with peers. 3 comments were made by 3 residents regarding negative aspects of the social environment (e.g. things are too rushed, I want more privacy); 3 comments by 2 residents regarding relationships with peers (e.g. wanting more friends, being bothered by a roommate); and 1 comment by 1 resident stating that he or she did not like when staff disagreed with him or her.
Feedback to Staff and Residents

Staff feedback.

Feedback to staff members was organized into a summary of strengths, weaknesses, and notable discrepancies in the social environment based on a synthesis of both qualitative and quantitative data from the initial interviews. Handouts were provided that delivered the following main points:

1. Overall, there was good fit between staff and residents and the social environment. This was especially true in terms of levels of support (support), levels of openness to emotion (spontaneity), how personal problems are addressed (personal problem orientation), clear expectations (program clarity), and absence of punishment by staff (staff control). Satisfaction scores suggest that residents are generally happy in the home.

2. Key strengths identified by staff included positive qualities of the residents, the services delivered, the resources in the home, and the structure and consistency maintained by staff. Strength identified by residents included freedom, having options, feeling safe and peaceful, and liking the people.

3. Key weaknesses identified by staff included turnover, negative attitudes and lower effort among some staff, and not enough options and effort to develop activities. Weaknesses identified by residents included feeling rushed, limited in social network, bothered by a roommate, and not feeling enough privacy.

4. Profile analysis suggests that residents feel like they are learning skills and acting as independently as they would like, but is also suggests that staff perceive that residents are doing things less independently and could still be doing more.
5. Both staff and residents are in agreement that they would like there to be less verbal conflict and fewer arguments in the environment.

6. Resident responses seem to suggest they might want more calmness and quiet, while staff responses suggest they might prefer more energy levels.

In addition to presenting these points, certain relevant topics for discussion were brought up to better understand the most salient findings from the initial interviews. These included the following questions posed during staff feedback groups:

1. Do you agree with these results regarding difficulties with staff attitudes and effort levels? What factors do you think cause or maintain these difficulties? Do you think further training can help?

2. Do you think you’ve seen examples of this discrepancy in perceived autonomy of residents, and do you have any ideas that you think might help bring these into line?

3. What do you think about the possibility that residents might like more calmness than staff?

**Resident feedback.**

Feedback to residents was organized similarly but simplified into the following key points with discussion added on that built on some specific ideas brought up during staff feedback groups:

1. Your staff reported finding your positive qualities as a real strength of the home.

2. You tended to say that you felt pretty happy with your autonomy in the home, while some staff said that they thought you could benefit from being even more independent. What do you think?
3. Your staff suggested you might like more variety of activities, what do you think? They even mentioned having you guys cook more, would you like something like that?

4. You tended to say that you preferred more calmness around the house, and some staff suggested you guys might like more energy and activity, what do you think?

Results of Stage 3: Feedback Groups and Exit Interview

Results of discussion of feedback among staff.

In general, the discussion within feedback groups tended to focus on areas of discrepancy and weaknesses in the environment. This appeared to be for two main reasons: first, while staff appeared to appreciate positive feedback about strengths, they had less to say to elaborate on these points; second, feedback presented more discussion points that focused on areas of discrepancy. This latter aspect of feedback is a natural consequence of the nature of this assessment, which is meant to identify areas of discrepancy for the purpose of program improvement; however, the disproportionate emphasis on areas of discrepancy and identified weaknesses is not a reflection of greater dysfunction of the group home (on the contrary, the group home’s assessment results suggested relatively strong functioning).

In response to the discussion about staff attitudes and effort levels, feedback groups offered numerous rationales as to why they believed staff might behave this way. Notably, all feedback groups (5/5) reported that staff might not put in as much effort because of having low motivation to do so and low morale. In addition, almost all groups (4/5) reported that staff might have low morale because of feeling undervalued and replaceable. All groups (5/5) reported that low pay and lack of potential for pay increases played a role in this low morale and feeling undervalued. Most groups (3/5) reported that improved training—in particular staff shadowing
and for client-specific strategies—would help with improving morale, while the remaining
groups (2/5) reported that motivation to work could not be affected by training. Most groups
(3/5) also reported that perceived lack of opportunity for advancement in the agency hurt morale.
Other explanations for low morale offered by some groups included the house not being clean
enough (1/5), perceiving little community across the agency (1/5), difficulties in communication
across shifts (1/5), insufficient oversight by management (2/5), veteran staff taking on too many
duties (2/5), insufficient staff per shift (1/5), and misunderstanding the abilities of the residents
(1/5).

In response to the discussion about resident autonomy, almost all groups (4/5) reported
that they believed residents had a lot of skills and the ability to be autonomous already; however,
they offered varying explanations for why residents still did not do as much independently as
they could. Most groups (3/5) reported that staff complete tasks for residents when they do not
have to, with some (2/5) stating that this was because of lack of training in how to guide
residents to completing these tasks, and another (1/5) stating that this was because residents take
too long to do things independently. One group (1/5) discussed that residents were more limited
in their autonomy because of a natural consequence of aging and more limited ability to be
independent; however, this group also noted that they believed that some residents had had their
autonomy limited more than was necessary for safety. Almost all groups (4/5) reported that they
believed residents desired more variety of activities, but that these activities were not offered for
a variety of reasons. Some (2/5) reported that there was insufficient time and effort put into
planning more significant outings, some (2/5) reported that staff ideas for activities were
underutilized, and another (1/5) reported that there were concerns about resident safety with
some activities.
In response to the discussion about calmness and energy levels in the environment, all groups (5/5) reported that they believed it was possible that residents might prefer more calmness, and most groups (4/5) cited examples of times when they believed that daily routines were rushed or they heard a resident comment that things were too rushed. One group (1/5) noted that the environment became more hectic around shift changes when departing staff members were rushing to finish obligations and entering staff members were hurrying to get a start on theirs. Another group (1/5) reported that they saw most disturbance of calmness resulting from conflicts between residents.

**Results of discussion of feedback among residents.**

As resident feedback with all interested residents occurred in one group session, analysis consisted of identifying themes in the responses of that one group. In response to hearing about staff members’ appreciation for residents’ positive qualities, residents reacted positively. One resident stated “Staff really do care about us. It’s a good house.” In response to discussion about their autonomy, all residents present reported being happy with many of the activities that they engaged in; in addition, most identified something different they wanted to do in the future: one reported wanting to learn to administer his or her own medications, another reported wanting to learn to do his or her own laundry, and another reported concern about whether he or she would be able to go on a vacation in the coming month. All residents present reported that they would be interested in cooking more often. One reported that staff would not want them to do this because of risk to safety around stoves, while another stated that this should not be an obstacle because it was “not good to live in fear” and it was “important to take risks in life.” In response to discussion about calmness in the environment, all residents present reported that they believed that the house could get too noisy sometimes and one stated that staff could be demanding and
push to hurry things too much. All residents reported that they felt that the house was generally quiet and that they “liked things the way they are.”

**Results of exit interviews.**

Exit interviews regarding impressions of the whole survey process were completed as part of the feedback groups. Most groups (3/5) reported appreciating the objectivity of the survey and the fairness of the results. One group (1/5) reported that seeing the fit between staff and residents on the COPES profile was “interesting and helpful.” Another group (1/5) reported appreciating the survey itself was simple and to the point. Some groups (2/5) reported that seeing the resident perspective through the survey made them think about aspects of care that they had not before. One group (1/5) reported that they liked that they were able to speak their mind. Another group (1/5) expressed hope that more teamwork would arise among staff as a result of feedback. On the other hand, one group (1/5) reported that they were pessimistic that the survey would lead to any change on the part of management or the agency. Within the resident feedback group, all residents noted that they appreciated hearing about staff members’ appreciation for their positive qualities. One resident reported that he or she liked the survey because it was “good to speak your mind.” Another resident reported that some of the questions on the COPES were difficult to answer.

**Discussion**

**The Relationship Between Satisfaction and Fit with the Social Environment**

Due to very small participant pools, results must be interpreted with caution. The results suggest that staff satisfaction is not related to the differences between a staff member’s perception and preference for that environment. On the other hand, despite including only five
resident participants, the results suggested that resident satisfaction may indeed be related to discrepancy between their perceptions and preferences. This latter finding is an encouraging sign that understanding the fit between residents and their social environment may be a more nuanced and alternative way of understanding what affects resident satisfaction in the group home environment. In addition, feedback from staff and residents regarding the entire survey and feedback process suggest that participants in a group home may find understanding the social environment to be helpful in looking at the group home in a new light.

Because of very limited research assessing the relationship between satisfaction and social climate in a group home for individuals with ID, it is difficult to compare the current findings to past research in this area. Most of the research assessing the relationship between social climate and satisfaction has been in other settings and used scales other than the COPES. Still, because of examples in the literature in which staff or resident satisfaction was correlated with a version of social climate, a similar relationship was anticipated from the current study. The results of this study supported this notion with regard to resident satisfaction, but did not for staff satisfaction.

The results suggest that resident fit with the social environment may be a significant factor that impacts resident satisfaction in this environment. This would make conceptual sense, as residents are constantly and directly affected by the aspects of the environment that are included in the concept of social climate (for example, the structure of the environment would have a significant impact on the daily routines of residents). Residents’ attitudes and behavior would likely be affected by their perception of these qualities of the environment, and these would feed directly into satisfaction levels. Another insight is that the ID population is capable of
both perceiving and expressing these relationships. This opens the door to more ecological approaches to group home evaluation.

If social climate does offer insight into satisfaction, it would be valuable to assess for a variety of reasons: First, it would allow agencies to better understand the reasons why residents are more or less satisfied with services. Second, it would also offer a means of affecting satisfaction that may not necessitate changing the objective characteristics of the home (e.g. requirements for certain activities and services) since the target for assessment and intervention would be perceptions of services rather than the services themselves. While changing objective characteristics may still be an important step to changing perceptions, clarifying social climate as the target for change would open up additional options for interventions that require fewer resources (e.g., group problem solving with participants). Finally, if social climate can be conceptualized as a mediator between objective characteristics and satisfaction, then addressing it specifically may allow agencies to address satisfaction more directly—and perhaps with more impact.

The results also suggest that fit with social climate may not be as significant to staff satisfaction. It is possible that this is because the aspects of the environment measured by social climate are more relevant to the needs of residents rather than those of staff members. For example, levels of support for residents would logically impact resident satisfaction, but may not as important to staff members’ satisfaction levels with their work environment.

Because no model for predicting satisfaction reached statistical significance, it is difficult to assess which COPES subscales are most relevant to staff or resident satisfaction. Results suggested a tendency towards higher staff satisfaction when levels of energy (Involvement) and
Clarity of expectations for residents (Program Clarity) in the environment were greater. Conceptually, this could be because energy makes the staff role more appealing and interesting, and clarity of expectations makes the staff role smoother and less prone to stress and confusion. Results also suggested a trend towards higher staff satisfaction as fit increased between staff preferences and perceptions regarding energy levels (Involvement), amount of social support for residents (Support), and degree of order and structure in the environment (Order and Organization). These three aspects of social environment may be most important to staff: energy levels may be most salient to staff on a daily basis and have large impact on morale; levels of support may be relevant to an important sense of connection with residents that maintains morale; and order and organization may have a strong bearing on staff stress levels and burnout over time. Results also hinted that resident satisfaction could be best with low levels of conflict (Anger and Aggression) and high levels of order and structure (Order and Organization) in the environment. This could make logical sense as conflict may be upsetting to residents within the context of a setting which is meant to be their place of rest, and increased structure could increase the sense of security and safety in that home environment.

Finally, results hinted that resident satisfaction could be most impacted by the fit between preferences and perceptions of conflict (Anger and Aggression) in the environment. Residents clearly preferred lower levels of conflict than they saw, and it would also be logical for residents to be greatly impacted by seeing more conflict than desired at home. The extent to which this finding might reflect unique sensitivities to conflict on the part of the ID population cannot be determined with certainty, but it should not be precluded, based on the relevant clinical literature.
Caveats and Limitations

However, because all of these findings regarding the great relevance of certain subscales are tendencies in the data, it is too soon to declare that these subscales are most relevant to these staff and residents at this particular group home, let alone across all group homes in general. It is also important to note that while comparing the relative significance of certain subscales across group home would be interesting, one would not necessarily expect there to be a certain preferred profile, or certain set of most relevant subscales, that would apply with equal weight across all homes. The essence of social climate is that it is unique to the perceptions and preferences of the participants in a setting, and therefore its utility as a means of understanding environments is more useful in a longitudinal assessment of one setting rather than a comparison across settings. This may make it less useful for comparing the effectiveness of group homes from a state perspective, but would make it useful for helping a setting and its participants to understand areas of internal growth and development of fit.

Because of challenges with this study’s design, there are various limitations to any conclusions drawn regarding the relationship between social climate and satisfaction. The most significant of these limitations is the small sample size for both staff and residents, but particularly residents. This small sample size increases the chance that random error influences findings regarding the correlation between satisfaction and social climate discrepancies. In the case of the lack of a relationship found for staff members, small sample size significantly reduces the chance of finding a statistically significant relationship that may actually exist. It would therefore be premature to conclude that such a relationship between staff satisfaction and resident fit with the social environment does not exist.
Another challenge to the validity of the results is the presence of staff members during resident interviews. While staff members agreed to maintain confidentiality, the direct influence that staff members have on resident wellbeing might understandably influence residents to report less negative qualities of the social environment. Numerous items on the COPES ask directly about ways that staff interact with residents, and these types of items would be most likely to be affected. If resident were affected by this factor, their responses would most likely be skewed toward the positive, and in fact, satisfaction scores were generally high (mean of 23.6 out of 28 maximum). However, this trend towards high satisfaction with the ID population has already been established in the literature with individuals who conducted interviews without staff members present (Ruggeri, 1994), and therefore may simply reflect a pattern that exists for other reasons unrelated to the limitations of this study. It is also a strength of the COPES that items are phrased in a non-evaluative way, and they therefore might be less threatening to respond to honestly.

Finally, a challenge to validity is posed by the complexity of the items on the COPES. For both staff and residents with ID, understanding some items was difficult at times despite adaptations made to simplify language. Many items required repetition and elaboration for comprehension. While such additional explanation is appropriate in administration of the COPES, it increases the risk of residents of staff understanding items differently and responding accordingly to those different understandings. When such a difference occurs, it decreases the validity of combining data for all residents or staff to create a systems level profile, and increases the chance of measurement error entering into the analysis of the relationship between climate and satisfaction. This challenge was likely most relevant for residents, for whom comprehension of items was particularly difficult. Residents often were unable to understand at least one item on
the COPES, and this left gaps in data that made final scores less reliable. In addition, it is notable that one resident gave direct feedback regarding the challenging nature of some items on the COPES.

**Implications for Practice and Research**

**Overview of the Group Home Social Climate**

One of the objectives of this study was to pilot the feasibility of an ecological and empowerment oriented approach to group home evaluation. The mixed methods assessment process developed a nuanced picture of the environment at the participating group home. It becomes important to consider ways in which such an evaluation approach illuminates aspects of group home functioning, more than looking for generality in the specific results found in this particular study. Overall, results cast the group home in a positive light. The generally close fit between perceptions and preferences for residents and staff (as shown in Figures 1 and 2), the strong positive views of residents on the part of staff, as well as the generally high satisfaction among residents, all suggest that residents both appreciate and are appreciated by their staff and environment. Considering the size of the group home—both in number of participants and the number of floors—and the greater challenges of working with older, sight-impaired, and intellectually disabled residents, it is especially impressive that such a positive community environment has been created around residents. Specific strengths of that environment appear to be the strong relationships developed between staff and residents, the positive work environment, and the resources and layout of the home itself (well-designed for individuals with visual impairments).
While the relationship between staff and residents appears to be a strength, the data were able to point out that relationships among staff appear to be an area of greater difficulty. It is important to note that staff satisfaction was still generally high, and that some staff noted strengths in staff members’ teamwork; however, a larger proportion still identified negative perceptions of the attitudes and work ethic of certain other staff. These perceptions also appeared to lead to some conflict among staff when one staff member perceived the other as not fulfilling their obligations, which may have been reflected in the greater (than desired) levels of Anger and Aggression in the environment for both staff and residents. In fact, one of the items on the COPES that measures this subscale asks about observed conflict between staff, and indeed this items was endorsed as “true” by multiple staff and residents while it was universally preferred to be “false.” Using such feedback, this approach to evaluation allows for data to be gathered in the spirit of continuous improvement.

In attempts to explain why staff attitudes might be as they are, staff were split into two camps: some believed that some staff were simply some “bad eggs” and were never going to perform well; others believed that these staff performed this way because of external administrative factors. The most significant of these suggested factors were lack of relevant training, lack of incentive due to low pay and limited career advancement opportunities (for many staff in this field, the pay is not sufficient to be a sole source of income, so they work at the group home as a “side” job only), and not enough oversight or attention from management. It is the opinion of the investigator that this last issue was complicated by the layout of the house, since administrative staff were on a separate floor from the rest of the social milieu. This meant that the manager could not both be present around direct services and simultaneously be working on other paperwork in her office. Instead, she had to dedicate specific time on the floor to
supervise and balance this with other numerous other necessary obligations for a big household. This likely would have contributed to the perception of lack of oversight or inaccessibility of management. In fact, given the circumstances, it was notable that there were not more comments regarding difficulties with management in this respect—and this perhaps suggests that the manager was handling the position well overall.

**Staff and Resident Reactions to the Survey Process**

Another question of concern to this project was the acceptability of the survey process among staff and residents. Exit interviews suggested a largely positive response to the interview process and the subsequent feedback groups. Staff appeared to appreciate the objectivity and the alternative perspective offered by the COPES results, and the opportunity to talk about their views within the survey process. Some staff also appeared to see the group home differently than they had, in particular due to learning about how residents see the group home environment. This latter point appeared the be the most relevant and helpful to staff; staff generally felt they got more out of hearing about the resident perspective than they did from hearing about the staff perspective. This is perhaps unsurprising given the tendency of staff members to express more negative views of other staff; because of this, it is possible that this openness to resident feedback was clearer because of its contrast with a more negative attitude towards other staff and the staff perspective. For their part, those residents who participated also expressed mostly positive views of the survey and feedback.

The main exception to staff members’ positive views of the study process was the comment expressing little hope for change as a result of the survey. In this particular case, the staff member was concerned that the agency would not be motivated to make changes on the
basis of staff feedback because of little incentive to do so. These types of concerns could affect participation in surveys such as this one, and it would ideal for future surveys to address them. Ultimately, staff views would be shaped by what happens after surveys are administered and feedback provided. Because this was the first time an ecological empowerment approach was used in this setting, beliefs about change would not be a function of this particular process. It is also important to note that since not all residents and staff who participated in surveys also participated in the feedback sessions, the generally positive feedback could be misleading. Those who did not choose to participate in feedback may have opted out because they did not find the survey as valuable; and because they did not engage in follow-up, their views were not able to be factored in. Still, the investigator did not perceive any reason to suspect that these individuals had negative views of the process itself, and some noted other specific reasons they could not join feedback sessions (e.g., being on vacation for an extended period or leaving the job entirely at the time of feedback).

Finally, the investigator observed that staff feedback groups tended to spend more time discussing negative aspects of the environment than positive aspects. As indicated before, to some degree this is a natural consequence of a measure that is intended to identify areas of discrepancy for the purpose of program improvement. However, an ecological perspective must take into consideration the impact that feedback groups have on staff attitudes and perceptions; and although staff did not state anything to this effect, it is possible that staff left feedback groups with more attention drawn to the weaknesses of their environment than the strengths. This could have unintentionally left staff feeling discouraged or even disempowered. For feedback to be optimally empowering, in the future it would be best to give strengths of the environment at least equal weight and discussion time within feedback groups.
Challenges and Recommendations for Future Research in a Group Home

The investigator encountered several challenges regarding the survey and feedback process with the group home, and each informs certain adjustments that could be taken within future research and application of the paradigm to the evaluation of other group homes. First, the study encountered logistical difficulties due to not involving the supervisor in survey development. Prior to entry into the group home, efforts had been made to negotiate and incorporate agency values into the survey process prior to entering the group home, but this same process was not done to nearly the same degree with the supervisor. Instead, the supervisor was initially involved in helping to obtain consent from guardians, arrange times to interview staff and residents, set up feedback sessions, and other handle other logistical matters. As time went on, the supervisor began to voice that the additional effort required for that planning became burdensome. It is likely that this process would have felt less burdensome for the supervisor if she had perceived the opportunity for more direct benefit from the study. Instead, it was only assumed that the supervisor would find value in hearing feedback from the survey as designed by the investigator and the agency.

Even if this assumption was true, by not engaging the supervisor collaboratively in the development of the survey, the supervisor was essentially made a disempowered stakeholder in the process. This may have made her understandably more susceptible to perceiving the study negatively, and hesitant to invest her time and resources. Such a dynamic also risks developing tension between the supervisor and the agency because the supervisor felt pressure from the agency to help the investigator, but perhaps felt little intrinsic motivation to do so. This issue was ameliorated to some degree during the feedback sessions. Learning from this early error, the investigator consulted the supervisor with the feedback of the survey, and inquired as to what
kinds of questions she felt would be helpful to follow up with during feedback; and this led to significantly more buy in and positive regard for the study on the part of the supervisor. In future research and applications of this paradigm, involving the supervisor in survey development or refinement would be very important, as the supervisor’s role is a difficult one that balances agency values with staff values, and their role in the successful navigation of any evaluation process is essential. It would also be interesting to provide the supervisor with a chance to be interviewed and provide feedback in the same way as staff and residents; given the strong influence of effective leadership in this type of setting, those perceptions would have an important impact on the environment as well. However, it would be difficult to protect the confidentiality of the responses.

Another missed opportunity in this study was to involve staff and residents more in the survey development process. The study focused on exploring staff and resident perceptions of the group home as means of empowering them, but similarly to the supervisor, staff and residents might have also had more buy-in to the study process if they had guided what questions were asked more clearly from the start. Such a step would have been in line with a “participatory action research” model, which conceptualizes participant involvement in development of evaluation as an essential element to empowerment and an ecological approach (Brown & Tandon, 1983). It also could be a priming influence in causing change in perceptions as a result of a survey and feedback. One factor that may influence one’s perceptions of a setting is the way an individual desires to see their environment; that is, if one is motivated to see change, he or she may be more likely to end up seeing a change that then causes a substantive change in perceptions. If staff were more invested in the survey process, they may be more likely to want,
and therefore actually see, change as a result of their efforts. This could have a substantial impact on satisfaction, and potentially other outcomes influenced by perceptions of climate.

A practical obstacle to this study process was the difficulty encountered in obtaining consent from guardians. Mostly because of lack of response from guardians who were not as easily available, about half of residents did not have the opportunity to participate at all. This was a potentially an unintended disempowering force for those residents (with one resident in particular who was motivated to participate but for whom consent could not be obtained, it was almost certainly so). In particular, the investigator was left powerless to advocate for resident participation when interfacing with state-appointed guardians. Because of the long process required to evaluate the ethics of research with a vulnerable population, state representatives tend to take longer to vet research prior to providing consent. They also required much more wait time in order to schedule meetings to discuss study details. During this study, when there was a limited window of time for initial interviews before moving on to feedback, and a state guardian was not able to provide a time to discuss the study within a realistic time frame, it left four residents unable to participate. Future research with this population should be careful to leave sufficient time (in this case, potentially multiple months) to obtain consents to ensure that such situations do not occur. It should be noted, however, that when procedures such as those used in the study are employed by a group home as part of its own evaluations process, many of the administrative obstacles—present because this was a research project—would disappear.

**Challenges and Recommendations for Interviewing Individuals with ID**

Another significant goal of this project was to assess the viability of using this survey process with individuals with ID. Various challenges arose during interviews with residents with
ID that inform changes to simplify and enhance the validity of measures and the interview process. First, residents appeared to find the initial interview a bit long and tiring, as evidence by some showing fatigue towards the end. Given the interview tended to take over an hour with residents, this is unsurprising. It can be difficult for anyone to sit and answer questions for over an hour, let alone an individual with cognitive difficulties. If fatigue set in, it could potentially compromise results as residents may be less likely to understand items properly and more likely to provide shortened responses towards the end of the survey. The primary reasons that surveys took longer with residents was because of the sheer number of items on the COPES scale (forty), even in its shortened form. Combined with the satisfaction survey, this totaled to 59 items, and then two interview questions about strengths and weaknesses on top of that. It is advisable that any survey completed in one sitting be significantly shorter in length. Since the COPES is standardized with so many items, and this number of items is necessary to have reliable measures for ten different subscales, it may be best to use a shorter and simpler measure for social climate that attempts to measure fewer facets of social climate all at once. Alternatively, the COPES could still be completed if it was split up into two different sittings; however, this latter option introduces some difficulties since residents may be in a different mood from one setting to the next, and this may affect consistency of responses.

Another difficulty with the COPES scale was that the wording of some items was confusing to some residents. Some items that had been predicted to be troublesome were already changed in advance, but the investigator did this sparingly to avoid changing items too much to the point where their meaning was altered and the validity of the scales was undermined. Still, the changes made were insufficient to avoid difficulties with comprehension for some residents. This was particularly true for items that were longer (“Staff usually give you a detailed
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explanation for what the plan for the day will be”), or compound sentences (“Once a scheduled is arranged for you and your housemates, you have to follow it”), or required comprehension of double negatives if the desired response was “false” (“You and your housemates don’t usually help each other”). Occasionally, when residents had difficulty understanding an item and required it to be repeated, it even caused irritation. To avoid this issue, items should generally be short, simple, and phrased positively (e.g. “Your activities are carefully planned”). While positively phrased items could potentially lead to greater risk of “acquiescence bias,” validity of responses could still be evaluated by comparing positively phrased items that are contradictory (e.g. “Your activities are carefully planned” and “Your activities are unpredictable”). If such items were both answered “true,” then this could still serve as an indication of acquiescence bias and poor validity without requiring complex, negatively-worded items. This speaks to the tension of wanting to use a standardized assessment with some track record for comparability and the benefits of optimally tailoring an assessment for one’s own population.

In general, residents appeared most comfortable answering closed questions (requiring a yes or no response) rather than open-ended questions (prompting them to conceive of the content of their response). Residents even tended to elaborate more during responses to the closed questions on the COPES than they did to the open ended questions about strengths and weaknesses. This was interesting to note, since the objective of the feedback survey was to give residents with ID a voice, and previously one might have thought that open-ended questions provided a greater venue for personal, in-depth responses. However, it appeared that even simple open-ended questions were still challenging for residents. A potential reason for this was because of fears of consequences for their responses with a staff member present; however, this reason seems less likely since residents were still able to give responses to closed questions that cast
staff members in a negative light. Instead, it seems more likely that open-ended questions were simply too challenging because they required generation of novel ideas not presented by the interviewer. If this was the case, it may be necessary to change the style of the interview to gain optimal responses from residents. One alternative is that the interviewer use a closed question to elicit a response, and then asks follow-up closed or limited-response questions to gain a better picture of the resident’s perceptions. For example, the exploration of strengths in the environment could begin with a question like “Do you like your group home?” and then be followed by limited-response questions such as “Can you tell me one thing you like about your group home?” or more pointed questions such as “Do you like the people here?” Often, when residents responded to such questions they were more likely to elaborate independently. Once they had, the investigator was able to catch hold of an idea the resident generated and ask them follow-up questions relevant to that idea. This style of interview also allowed for a more conversational feel, which residents seemed to prefer since it put less direct pressure on them to answer novel questions without context. A conversational style, with relevant questions worked in at appropriate times, seemed to make residents more comfortable and confident, and led to richer information.

Summary of Recommendations

Despite areas for improvement, several aspects of the current study’s design worked well for achieving its objectives. First, interviewing both staff and residents led to the most valuable information for both groups, since staff appreciated seeing the resident perspective most, and residents appreciated the staff perspective as well. Second, interviewing residents in person rather than using self-report measures was essential, since residents clearly would not have been able to complete the survey questions validly if the investigator was not present to elaborate and
explain items. Third, including a feedback session ended up being one of the most important aspects of the study, since it led to processing and development of the initial survey results. House-specific explanations for results were developed through the feedback discussion, and this provided a richer understanding of the challenges and triumphs in this group home for both participants and the agency. Finally, while the measure itself requires further adaptation, the concept of social climate proved relevant and informative to this group home environment—and perhaps most importantly, it proved a new way of assessing services for individuals with ID that is not covered by any other form of program evaluation to date. These factors suggest that this type of assessment and basic procedure is recommendable for other group homes.

Still, as discussed previously, certain difficulties encountered during the study process and interpretations of results inform recommendations to changes to the procedure. These are:

1. Generalizable conclusion require a larger sample size of group homes for the sake of validity and reliability of results.

2. Consideration should be given including the group home supervisor in the interviews for understanding social climate since his or her perspective is very relevant and it may increase supervisor buy in, keeping in mind confidentiality issues.

3. As a form of empowerment and gaining buy-in, it would be ideal to include the supervisor, staff, and residents in development or refinement of the survey questions that they would then answer.

4. To ensure maximum participation in a research study, it is critical to leave time for the consent process when working with guardians.

5. It is ideal to interview residents alone if possible to enhance validity of responses.
6. It is better to use a simpler version of social climate assessment than the version of COPES used in this study, particularly one with fewer and shorter questions, simpler language, and positively-phrased questions. This is an important area for future research because such a measure does not now currently exist.

7. It would be ideal to use a conversational style when interviewing residents, using a series of closed or limited-response questions to explore residents’ perspectives rather than open-ended ones.

8. Within feedback groups, provide more intentional balance to discussing both strengths and weaknesses of the environment equally.

While incorporating these recommendations, it would be interesting for future research to take this study a step further, and explore what impact such feedback can have on a group home with regards to outcomes such as changes in perceptions, satisfaction, or objective characteristics of the program itself. This could be done with a follow-up interviews and measurement of social climate and satisfaction some months after the feedback survey. Such a study would be valuable for showing the effectiveness of a social climate survey and feedback in empowering group home participants and causing change. In addition, it is possible that feedback alone would not be enough to cause change without some concrete problem solving and intervention based on it. For this reason, it would also be interesting to see such guided problem solving added on to feedback, with assessment of relevant outcomes afterwards.

Conclusions

Given observations that indicated that all involved in this present study perceived it as valuable and helpful by the end (agency, staff, residents, and even the supervisor by the end), it
appears that social climate research can, and perhaps should, have a place in evaluating and understanding group homes for individuals with ID. Since such a way to looking at group homes is currently lacking in current typical program evaluation efforts, which have their own struggles with including the values and perspectives of all stakeholders, recognizing this new form of assessment stands to be even more valuable since it may fill an important void. This study can be seen as a first step in suggesting that use of such a survey is possible in this context. Future research may go on to show that it is not only possible, but also essential to a thorough ecological and empowerment-oriented evaluation that includes the valued outcomes for all stakeholders—residents, staff, agencies, and the state.
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Appendix A

COPES Subscale and Dimension Descriptions (adapted from Moos, 2009)

Relationship Dimensions

1. Involvement (I): how active and energetic residents are in the program.

2. Support (S): how much residents help and support each other and how supportive the staff is toward residents.

3. Spontaneity (Sp): how much the program encourages the open expression of feelings by residents and staff.

Personal Growth Dimensions

4. Autonomy (A): how self-sufficient and independent residents are in making decisions and how much they are encouraged to take leadership in the program.

5. Practical Orientation (PO): the extent to which residents learn social and work skills and are prepared for discharge from the program.

6. Personal Problems Orientation (PPO): the extent to which residents seek to understand their feelings and personal problems.

7. Anger and Aggression (AA): how much residents argue with other residents and staff.

System Maintenance Dimensions

8. Order and Organization (OO): how important order and organization are in the program.

9. Program Clarity (PC): the extent to which residents know what to expect in their day-to-day routine and the explicitness of program rules and procedures.

10. Staff Control (SC): the extent to which the staff use measures to keep residents under necessary controls.
SOCIAL CLIMATE IN GROUP HOME FOR INTELLECTUALLY DISABLED

Appendix B

Short 40-item forms of Community Oriented Programs Environment Scale (COPES) measuring real and ideal perceptions for residents.

Real form

“Do you think…”

1. You and your housemates have a lot of energy ................................................................. T F
2. You and your housemates help take care of each other .................................................... T F
3. You and your housemates often hide your feelings from each other ............................ T F
4. The opinions of you and your housemates are heard by staff ..................................... T F
5. Your staff try to teach you and your housemates new kinds of skills ..................... T F
6. You and your housemates hardly ever talk about your private lives ....................... T F
7. It is hard to get people to argue around here ................................................................. T F
8. Your daily activities are carefully planned ................................................................. T F
9. When you or your housemates break rules, you know what the consequences will be  T F
10. Once a schedule is arranged for you or your housemates, you have to follow it .......... T F
11. This is a lively program ................................................................................................. T F
12. Your staff have time to encourage you and your housemates ..................................... T F
13. You and your housemates say anything you want to the staff .................................... T F
14. You and your housemates have a say in making rules .............................................. T F
15. Your staff teach you and your housemates to solve problems ................................... T F
16. Your personal problems are openly talked about ..................................................... T F
17. You and your housemates often criticize or joke about your staff ............................. T F
18. This is a very well organized home ............................................................................. T F
19. If your plan for the day is changed, staff always explain why .................................... T F
20. The staff very rarely punish you and your housemates by taking away your privileges .... T F
21. You and your housemates are proud of this program ............................................. T F
22. You and your housemates don’t usually help each other .......................................... T F
23. It is hard to tell how your housemates are feeling here ............................................. T F
24. You and your housemates are expected to be leaders here ..................................... T F
25. You and your housemates are expected to make detailed, specific plans for the future..... T F
26. The staff rarely ask you and your housemates personal questions............................ T F
27. You and your housemates rarely argue........................................................................... T F
28. The staff make sure that this place is always calm ....................................................... T F
29. Staff usually give you a detailed explanation of what the plan for the day will be......... T F
30. When you and your housemates break rules, there are negative consequences from staff.. T F
31. There is very little group spirit in this home................................................................. T F
32. Staff try to keep in touch with you when you’re away..................................................... T F
33. You and your housemates are careful about what they say when staff are around........ T F
34. Your staff discourage criticism....................................................................................... T F
35. Staff talk to you about exactly what you will be doing each day.................................... T F
36. You and your housemates are expected to share their personal problems with each other . T F
37. Staff sometimes argue openly with each other .............................................................. T F
38. This place is usually a little noisy.................................................................................... T F
39. You and your housemates clearly understand house rules.............................................. T F
40. When you and your housemates fight, there will be negative consequences from the staff T F
Ideal form

“Would you prefer that…”

1. You and your housemates have a lot of energy................................................................. T F
2. You and your housemates help take care of each other..................................................... T F
3. You and your housemates often hide your feelings from each other................................. T F
4. The opinions of you and your housemates are heard by staff............................................ T F
5. Your staff try to teach you and your housemates new kinds of skills............................... T F
6. You and your housemates hardly ever talk about your private lives................................... T F
7. It is hard to get people to argue around here ..................................................................... T F
8. Your daily activities are carefully planned ......................................................................... T F
9. When you or your housemates break rules, you know what the consequences will be........ T F
10. Once a schedule is arranged for you or your housemates, you have to follow it................. T F
11. This is a lively program .................................................................................................... T F
12. Your staff have time to encourage you and your housemates ........................................... T F
13. You and your housemates say anything you want to the staff ........................................... T F
14. You and your housemates have a say in making rules ...................................................... T F
15. Your staff teach you and your housemates to solve problems......................................... T F
16. Your personal problems are openly talked about............................................................. T F
17. You and your housemates often criticize or joke about your staff .................................... T F
18. This is a very well organized home .................................................................................. T F
19. If your plan for the day is changed, staff always explain why ............................................ T F
20. The staff very rarely punish you and your housemates by taking away your privileges .... T F
21. You and your housemates are proud of this program ...................................................... T F
22. You and your housemates don’t usually help each other ................................................. T F
23. It is hard to tell how your housemates are feeling here .................................................... T F
24. You and your housemates are expected to be leaders here ............................................. T F
25. You and your housemates are expected to make detailed, specific plans for the future ..... T F
26. The staff rarely ask you and your housemates personal questions ..................................... T F
27. You and your housemates rarely argue ............................................................................. T F
28. The staff make sure that this place is always calm .............................................................. T F
29. Staff usually give you a detailed explanation of what the plan for the day will be............ T F
30. When you and your housemates break rules, there are negative consequences from staff. T F
31. There is very little group spirit in this home ......................................................................... T F
32. Staff try to keep in touch with you when you’re away ......................................................... T F
33. You and your housemates are careful about what they say when staff are around............ T F
34. Your staff discourage criticism ............................................................................................ T F
35. Staff talk to you about exactly what you will be doing each day ........................................ T F
36. You and your housemates are expected to share their personal problems with each other . T F
37. Staff sometimes argue openly with each other .................................................................... T F
38. This place is usually a little noisy ........................................................................................ T F
39. You and your housemates clearly understand house rules ............................................... T F
40. When you and your housemates fight, there will be negative consequences from the staff T F
Appendix C

Short 40-item forms of Community Oriented Programs Environment Scale (COPES) measuring real and ideal perceptions for staff.

Real form

“Do you think…”

1. Residents put a lot of energy into what they do around here .................................................. T F
2. The healthier residents here help take care of the less healthy ones ....................................... T F
3. Residents tend to hide their feelings from one another ............................................................. T F
4. There is no resident-led government in this house .................................................................... T F
5. This program emphasizes training for new kinds of jobs or life skills .................................... T F
6. Residents hardly ever discuss their sex life .............................................................................. T F
7. It is hard to get people to argue around here ............................................................................ T F
8. Residents' activities are carefully planned ............................................................................... T F
9. Residents who break the rules, know what the consequences will be .................................... T F
10. Once a schedule is arranged for a resident, the resident must follow it ................................. T F
11. This is a lively program .......................................................................................................... T F
12. Staff have very little time to encourage residents ..................................................................... T F
13. Residents say anything they want to the staff ......................................................................... T F
14. Residents have a say in making rules ..................................................................................... T F
15. There is relatively little emphasis on teaching residents solutions to practical problems .... T F
16. Personal problems are openly talked about ............................................................................. T F
17. Residents often criticize or joke about the staff ..................................................................... T F
18. This is a very well organized program ..................................................................................... T F
19. If a resident's plan for the day is changed, staff always explain why ....................................... T F
20. The staff very rarely punish residents by taking away their privileges ................................... T F
21. The residents are proud of this program ............................................................................... T F
22. Residents seldom help each other .......................................................................................... T F
23. It is hard to tell how residents are feeling here ........................................................................ T F
24. Residents are expected to take leadership here ...................................................................... T F
25. Residents are expected to make detailed, specific plans for the future ................................. T F
26. The staff rarely ask residents personal questions.................................................... T F
27. Residents here rarely argue....................................................................................... T F
28. The staff make sure that this place is always calm .................................................. T F
29. Staff rarely give residents a detailed explanation of what the plan for the day will be.... T F
30. Residents who break the rules are punished for it ..................................................... T F
31. There is very little group spirit in this home............................................................... T F
32. Staff are very interested in following up residents once they leave the home.............. T F
33. Residents are careful about what they say when staff are around............................. T F
34. The staff discourage criticism................................................................................... T F
35. There is relatively little discussion about exactly what residents will be doing each day... T F
36. Residents are expected to share their personal problems with each other............... T F
37. Staff sometimes argue openly with each other ......................................................... T F
38. This place is usually a little noisy............................................................................... T F
39. The residents clearly understand the house rules...................................................... T F
40. Residents who fight with other residents will get into trouble with the staff............. T F
Ideal form

“Would you prefer that…”

1. Residents put a lot of energy into what they do around here.................................................. T F
2. The healthier residents here help take care of the less healthy ones........................................... T F
3. Residents tend to hide their feelings from one another ............................................................. T F
4. There is no resident-led government in this house................................................................. T F
5. This program emphasizes training for new kinds of jobs or life skills........................................ T F
6. Residents hardly ever discuss their sex life............................................................................. T F
7. It is hard to get people to argue around here ........................................................................... T F
8. Residents' activities are carefully planned ............................................................................. T F
9. Residents who break the rules, know what the consequences will be..................................... T F
10. Once a schedule is arranged for a resident, the resident must follow it ................................. T F
11. This is a lively program ....................................................................................................... T F
12. Staff have very little time to encourage residents .................................................................... T F
13. Residents say anything they want to the staff....................................................................... T F
14. Residents have a say in making rules .................................................................................... T F
15. There is relatively little emphasis on teaching residents solutions to practical problems.... T F
16. Personal problems are openly talked about .......................................................................... T F
17. Residents often criticize or joke about the staff.................................................................... T F
18. This is a very well organized program .................................................................................. T F
19. If a resident's plan for the day is changed, staff always explain why ...................................... T F
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21. The residents are proud of this program ............................................................................... T F
22. Residents seldom help each other ......................................................................................... T F
23. It is hard to tell how residents are feeling here ...................................................................... T F
24. Residents are expected to take leadership here ..................................................................... T F
25. Residents are expected to make detailed, specific plans for the future ................................ T F
26. The staff rarely ask residents personal questions................................................................. T F
27. Residents here rarely argue.................................................................................................... T F
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29. Staff rarely give residents a detailed explanation of what the plan for the day will be........ T F
30. Residents who break the rules are punished for it ............................................................. T F
31. There is very little group spirit in this home ....................................................................... T F
32. Staff are very interested in following up residents once they leave the home ................. T F
33. Residents are careful about what they say when staff are around ..................................... T F
34. The staff discourage criticism ............................................................................................ T F
35. There is relatively little discussion about exactly what residents will be doing each day … T F
36. Residents are expected to share their personal problems with each other ...................... T F
37. Staff sometimes argue openly with each other ................................................................. T F
38. This place is usually a little noisy ....................................................................................... T F
39. The residents clearly understand the house rules ............................................................. T F
40. Residents who fight with other residents will get into trouble with the staff .................. T F
Appendix D

Satisfaction questionnaire for residents (items not included in analyses are in gray).

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you say that you are a happy person?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>2. How do you feel about your home where you live?</td>
<td>1. Happy</td>
</tr>
<tr>
<td></td>
<td>2. OK</td>
</tr>
<tr>
<td></td>
<td>3. Unhappy</td>
</tr>
<tr>
<td>3. Do you go to fun things in your community?</td>
<td>1. Lots of times</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>4. Do you know your neighborhood people/community members?</td>
<td>1. Lots of them</td>
</tr>
<tr>
<td></td>
<td>2. Some of them</td>
</tr>
<tr>
<td></td>
<td>3. None</td>
</tr>
<tr>
<td>5. Do people help you learn how to do things for yourself?</td>
<td>1. Lots of times</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>6. When you set goals, do people help you reach them?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>7. Do you feel that you can be who you want to be?</td>
<td>1. Most of the time</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>8. Are you learning things you want to learn?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>9. Do you get a chance to say what you think?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>10. When you are in the residence, do you choose what you do on most days?</td>
<td>1. Lots of times</td>
</tr>
<tr>
<td>Question</td>
<td>1. Most of the time</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>11. Can you get the sleep you need without being disturbed?</td>
<td></td>
</tr>
<tr>
<td>12. Do you have money each week to spend on what you want?</td>
<td></td>
</tr>
<tr>
<td>13. Do staff members ask before they come into your room?</td>
<td></td>
</tr>
<tr>
<td>14. When you have a complaint against staff, is it easy to say something?</td>
<td></td>
</tr>
<tr>
<td>15. When you want to go somewhere, what type of transportation do you mostly use?</td>
<td>1. Public (train)</td>
</tr>
<tr>
<td>16. Do you feel safe in your home?</td>
<td></td>
</tr>
<tr>
<td>17. Do you think your home is a healthy environment for you?</td>
<td></td>
</tr>
<tr>
<td>18. Do you get to go into the community as much as you would like?</td>
<td></td>
</tr>
<tr>
<td>19. Do you get to talk to people as much as you would like?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E

Satisfaction questionnaire for staff.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you say that you are happy with working in this home?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>2. Do you feel stressed while working here? (reverse scoring)</td>
<td>1. Most of the time</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>3. Do you feel safe in this home?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>4. Do you think this home is a healthy environment for you?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>5. Do you find your work rewarding?</td>
<td>1. Lots of times</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>6. Do you feel you get the chance to help your consumers grow?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>7. Do you feel that you can be yourself at work?</td>
<td>1. Most of the time</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. Never</td>
</tr>
<tr>
<td>8. Are you supporting your consumers the way you’d like to be able to?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
</tr>
<tr>
<td>9. Do you feel you can be honest with your agency?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. Sometimes</td>
</tr>
<tr>
<td></td>
<td>3. No</td>
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<tr>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10.</td>
<td>Do you feel you have a choice in what you do with consumers?</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>When you have an issue while working, do you feel you have support from</td>
</tr>
<tr>
<td></td>
<td>coworkers or from consumers?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Do you have the resources you need to be effective?</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>13.</td>
<td>Do you get to talk to the consumers as much as you would like?</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>When you have an issue while working, do you feel you have support from</td>
</tr>
<tr>
<td></td>
<td>your supervisors?</td>
</tr>
<tr>
<td></td>
<td></td>
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Appendix F

Intercorrelations between subscales and satisfaction for staff and residents.

### Staff real perceptions

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Staff Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>.44</td>
</tr>
<tr>
<td>Support</td>
<td>-.32</td>
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<tr>
<td>Spontaneity</td>
<td>-.25</td>
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<td>Autonomy</td>
<td>-.18</td>
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<tr>
<td>Practical Orientation</td>
<td>.01</td>
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<tr>
<td>Personal Problem Orientation</td>
<td>.19</td>
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<td>Anger and Aggression</td>
<td>-.37</td>
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<tr>
<td>Order and Organization</td>
<td>.44</td>
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<tr>
<td>Program Clarity</td>
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<td>Staff Control</td>
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### Staff real-ideal discrepancy

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Staff Satisfaction</th>
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<tbody>
<tr>
<td>Involvement</td>
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<tr>
<td>Support</td>
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<td>Spontaneity</td>
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<td>Autonomy</td>
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<td>Practical Orientation</td>
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<td>Program Clarity</td>
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<td>Staff Control</td>
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### Resident real perceptions

<table>
<thead>
<tr>
<th>Subscales</th>
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<tbody>
<tr>
<td>Involvement</td>
<td>.66</td>
</tr>
<tr>
<td>Support</td>
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<td>Spontaneity</td>
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<td>Autonomy</td>
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<td>Staff Control</td>
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### Resident real-ideal discrepancy

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<th>Subscales</th>
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<tbody>
<tr>
<td>Involvement</td>
<td>.22</td>
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<tr>
<td>Support</td>
<td>.24</td>
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<tr>
<td>Spontaneity</td>
<td>.66</td>
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<td>Autonomy</td>
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<td>Practical Orientation</td>
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<td>Personal Problem Orientation</td>
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<td>Anger and Aggression</td>
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<td>Order and Organization</td>
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<tr>
<td>Program Clarity</td>
<td>-.54</td>
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<td>Staff Control</td>
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</table>
Appendix G

Staff responses to question of strengths of the environment.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of staff</th>
<th>Discrete comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive qualities of residents</td>
<td>14</td>
<td>7</td>
<td>• They are open to new things.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents are very vocal and participate. They laugh, joke, you can get them engaged.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents are good to work with. There’s a lot of potential to have fun.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents are involved in the community a lot, like Special Olympics.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents are involved in activities like a normal person would be.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The living situation is good, they’ve lived together a long time, they are comfortable with each other.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents work well together.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents know each other really well, they are sensitive to each other.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents get along very well, they help each other.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents are comfortable, they have been here a long time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents pay a lot of attention to who is coming and going, know as much or more than staff about what’s going on for the day.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents are very independent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents listen well. They follow rules.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Residents are respectful to staff.</td>
</tr>
<tr>
<td>Strengths of the social environment</td>
<td>8</td>
<td>5</td>
<td>• It is a good environment to work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Staff have good teamwork, they fall in line, shift change is streamlined, things are fair for staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• You learn a lot as a staff member, become more conscious when working with people, more aware of yourself.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Environment is dynamic and changing, not static day to day.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Environment is kept positive.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• It has good structure. It has good management to keep it structured and consistent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Staff are consistent and keep a good reliable routine for daily life.</td>
</tr>
</tbody>
</table>
### SOCIAL CLIMATE IN GROUP HOME FOR INTELLECTUALLY DISABLED

<table>
<thead>
<tr>
<th>Strengths of the services</th>
<th>6</th>
<th>4</th>
<th>• The residents have a good structure and routine set up. • They have options, they get to go out. • Personal welfare is well taken care of, needs are met on a timely basis. • Resident’s get everything they need. • They have what they need materially, the basic essentials. • Residents are well taken care of. • They’re encouraged to eat healthily.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths of physical environment</td>
<td>4</td>
<td>4</td>
<td>• The house is in a great location. • It is a good house. • It is a good working house, well equipped for them. • It’s a safe environment.</td>
</tr>
<tr>
<td>Positive qualities of staff</td>
<td>4</td>
<td>3</td>
<td>• Staff help one another, especially veteran staff teaching new staff. • Older staff is often good at helping new staff. • Staff have good teamwork, they fall in line, shift change is streamlined, things are fair for staff. • Staff are consistent and keep a good reliable routine for daily life.</td>
</tr>
</tbody>
</table>
### Appendix H

Staff responses to question of weaknesses of the environment.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of staff</th>
<th>Discrete comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties between staff</td>
<td>9</td>
<td>9</td>
<td>• When staff have differing work ethics, it makes it hard to mesh as a unit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• When there are staff that don’t want to work, staff who aren’t team players.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Staff can be lazy, and not want to do what they need to for their shift –e.g. cleaning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Some staff are not team players and one person does all the work. Need to find qualified staff and observe them on the job.</td>
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<td></td>
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<td></td>
<td>• Younger staff feel stifled, threatened by pressure to do something a certain way.</td>
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<td></td>
<td></td>
<td></td>
<td>• Staff are OK, although sometimes gossip too much.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• When staff are negative or unhappy with personal matters and bring that to work. You don’t know what to expect from peoples’ attitudes, and it can ruin a day. We need staff that are more open to show energy, that give energy a chance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Some staff bring their personal business to work. If there’s drama at home, it shouldn’t be brought here.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Communication from staff to staff could improve.</td>
</tr>
<tr>
<td>Weaknesses of the services</td>
<td>7</td>
<td>5</td>
<td>• Manager may not be as conscious of variety of activities that residents can do</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• We need to ensure residents have the opportunities to do the same things as everyone else, maybe with skill training. We should encourage them to do more, give them more options. And communicate more among staff to find out other ideas for activities. Staff have ideas that go unused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• They need more activities, they like to go out and socialize, they would like more opportunity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents could get involved in more activities like watching movies or musicals. They could diversify what they listen to</td>
</tr>
</tbody>
</table>
### Social Climate in Group Home for Intellectually Disabled

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>3</td>
<td>• Residents don’t have enough active job assistance or skill building</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• We need to ensure they have the opportunities to do the same things as everyone else, maybe with skill training. We should encourage them to do more, give them more options.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Decision about what is a behavior seems arbitrary</td>
</tr>
<tr>
<td>Staffing issues</td>
<td></td>
<td></td>
<td>• Not enough pay.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Staff need access to education about medical needs, like recognizing when residents are sick and need tie to rest and stay home. They getting older and need more care.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Can’t keep staff, there is too much rotation, too much turnover.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• People leaving too quickly, the turnover of staff breaks continuity. It takes time to train, things aren’t smooth in the meantime.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Management changes too much.</td>
</tr>
<tr>
<td>Difficulties between staff and management</td>
<td></td>
<td></td>
<td>• There’s not a lot of accountability for staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Communication from management to staff could improve.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• We need to communicate more among staff to find out other ideas for activities. Staff have ideas that go unused.</td>
</tr>
<tr>
<td>Weaknesses of physical environment</td>
<td>3</td>
<td>2</td>
<td>• The house is not up to par, needs to be cleaner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The house needs to be decorated more nicely, like a home.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Some residents are more difficult to work with because of more difficult conditions. Sometimes the shower is not easy for a tougher client to get into and out of. In some ways the physical environment could be attuned to make it safer for clients. They need accommodations as they age.</td>
</tr>
<tr>
<td>Difficulties between staff and residents</td>
<td>2</td>
<td>2</td>
<td>• There needs to be more interaction with residents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The residents can sometimes be verbally abusive.</td>
</tr>
<tr>
<td>Weaknesses of the social environment</td>
<td>2</td>
<td>1</td>
<td>• There is a lack of organization and time management. There is too little warning and communication about trainings, you get late notice.</td>
</tr>
</tbody>
</table>
|                      |     |     | • There is too much paperwork, too much monitoring and attempts to control things that
aren’t controllable. Makes it feel like [the residents] are lab rats instead of people. It implies manipulation and it takes away from other things you could be doing with them. It also makes things unorganized.
Resident responses to question of strengths of the environment.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of staff</th>
<th>Discrete comments</th>
</tr>
</thead>
</table>
| Having freedom and autonomy        | 4                  | 4              | • It’s not like school. I can go on a lot of trips, there’s a lot of freedom to do things that I want to do. I get to watch TV and listen to the radio. I get to go out and eat.  
• I like to get around and make things, and I can do that here. I learned how to cook, but I don’t do that often, I’d like to do that more.  
• They don’t tell you you can’t have things, they give you something else if you don’t like something.  
• I have my own room and space. |
| Strengths of the social environment| 3                  | 2              | • It’s peaceful and quiet.  
• I feel happy here, it’s my own house, I feel safe.  
• It’s comfortable.                                                                                                     |
| Liking the people                  | 1                  | 1              | • I like the people here.                                                                                                                          |
Appendix J

Resident responses to question of weaknesses of the environment.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of comments</th>
<th>Number of staff</th>
<th>Discrete comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>weaknesses of the social environment</td>
<td>3</td>
<td>3</td>
<td>• I have no privacy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• I don’t like to be rushed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• I would like to live on my own, but I know it may not be safe.</td>
</tr>
<tr>
<td>Issues with other residents</td>
<td>3</td>
<td>2</td>
<td>• I’m not too comfortable with my roommate, they keep me awake at night.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• My sleep gets interrupted by my roommate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• I would like to meet more people.</td>
</tr>
<tr>
<td>Issues with staff</td>
<td>1</td>
<td>1</td>
<td>• Staff sometime make suggestions that I don’t like. They don’t agree with me.</td>
</tr>
</tbody>
</table>
References


