

A Case Study of Group Home Development for Persons  
with Mental Retardation: Entry Approaches and  
Neighborhood Opposition

by

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## Abstract

Normalization of persons with mental retardation has been a national goal for the past twenty-five years, and deinstitutionalization is the driving force to the attainment of this goal. Small group homes, or community based facilities, are viewed as a viable alternative to institutionalization. The sponsors of group homes have encountered neighborhood opposition to such an extent that specialized approaches for neighborhood entry have been developed. However, the efficacy of these entry approaches has received little empirical attention.

The purpose of this study was to investigate entry approaches employed by sponsors of group homes in their attempts to locate in local communities. Structured personal interviews were conducted with sponsoring agency officials, managers of the group homes, area housing authorities, and persons residing in neighborhoods where group homes for persons with mental retardation were located during the months of May, June, and July, 1985.

Individual case studies regarding seven group homes established in a large county in the state of North Carolina have been presented. Grouped data have also been reported in the attempt to investigate the efficacy of entry approaches the literature is currently advocating.

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At this time, the writer would like to offer his deepest gratitude to his family, especially Mom and dad, thank you for bringing me into this world.

, my saving grace, "life is just a tire swing." To my fellow "rascals," thank you for making the voyage bearable. Lastly, to a very good friend and sometimes my sparring partner, thank you !

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## CHAPTER 1

### Introduction

During the past twenty-five years, normalization of persons with mental retardation, via deinstitutionalization, has received much attention (Bachrach, 1978; Baker, Seltzer, and Seltzer, 1977; Nirje, 1969; Sluyter, 1985; Wolfensberger, 1972). Recent litigation challenging human rights issues of the mentally retarded have served as a powerful driving force in the deinstitutionalization movement as well (Lilly, 1980; Turnbull and Turnbull, 1975; Willer, Scheerenberger, and Intagliata, 1980).

Presently, there is continuous debate regarding the actual need for public residential facilities (PRFs). Institutions of 500 persons or more, according to Roos' Delphi study (1978), "will no longer have a useful function." In Roos' study, a panel of 13 experts in the field of mental retardation predicted that large facilities "will have been phased out by the end of the century" (p. 355). Nevertheless, the growth of PRFs, although smaller in resident size, has experienced a 79% increase in the number of facilities over the past 15 years (Scheerenberger, 1982). Analogous to the growth of PRFs is the 900% growth rate of community based facilities (CBFs). O'Conner and Sitkie (1975) identified 611 CBFs during the period between 1972-1974, while Bruininks, Hauber, and Kudla (1980), less than 10 years later, located 4,427 CBFs. During this period, CBFs had a licensed bed capacity of 83,688. The most current data has identified between 6,000 (Janicki, Meyeda, and Epple, 1983) and 7,000 (Hauber, Bruininks, Hill, Laken, Scheerenberger, and White, 1982) CBFs, representing a 900% growth rate.

Currently, proposed legislation such as Senate Bill 873, the Community Family Living Arrangements, is under consideration as a possible vehicle for the re-direction of medicaid monies from PRFs to CBFs. The present emphasis on transitional programs by the Administration on Developmentally Disabilities is another driving force to the development of CBFs. If the proposed legislation is enacted an even larger growth in CBFs for the mentally retarded will be observed.

Historically, research on deinstitutionalization has investigated numerous variables. These studies range from the perceived competencies required of the mentally retarded in order to be successfully and safely deinstitutionalized (Edgerton and Bercovici, 1976; Nihira and Nihira, 1975; Moen, Bogen, and Aanes, 1975); the effects of institutionalization and deinstitutionalization (Blatt and Kaplan, 1966; Cleland, Sluyter, and Rago, 1977; Kurtz and Wolfensberger, 1969); parental attitudes toward deinstitutionalization (Bradley and Conroy, 1980; Meyer, 1980; Rudie and Riedl, 1984); cost effectiveness of placements (Conley, 1973; Fitzgerald, 1984; Heal and Daniels, 1978; Intagliata, Wilder, and Cooley, 1979); the effect of a community based facility on surrounding property values (Breslow, 1976; CRISP, 1973-1982; Weiner, Anderson, and Nietupski, 1982); to community reaction to the establishment of CBFs for the mentally retarded in neighborhoods (Baker et al., 1977; Berdiansky and Parker, 1977; Davidson, 1982; Kastner, Repucci, and Pezzoli, 1979; Lubin, Schwartz, Zigman, and Janicki, 1982; Margolis and Charitonidis, 1981; O'Conner, 1976; Piasecki, 1975; Roth and Smith, 1983; Scott, Balch, and Flynn, 1983; Seltzer, 1984; Trippi, Colao, and Alvarez, 1978).

### Statement of the Problem

Neighborhood opposition to the establishment of CBFs by local communities has been, and may continue to be, a major obstacle to the development of these facilities. Data have suggested that community opposition has been responsible for blocking the development of at least one-third to one-fourth of the proposed CBFs (Berdiansky and Parker, 1977; Holmes, 1979; O'Conner, 1976). Another investigation has cited community opposition as a major barrier to the establishment of CBFs in 50% of the cases (Seltzer, 1984). Validity of data have been questioned for representing the reality of community opposition to CBFs. Many CBFs could not be surveyed for community-opposition-information simply because they were never opened for the very reason of opposition.

Community opposition centers around four major concerns of the general public. They are: 1) a concern for local property value; 2) a concern for the integrity of the neighborhood; 3) a concern for personal safety; and 4) a rise in crime rate (Sigelman, Spanhel, and Lorenzen, 1979).

A major reason for community opposition, according to Biklen (1979), has been the providers' failure to change attitudes of persons in the community. Segal (1977) earlier identified one problem in the service delivery system as its non-recognition of the lack of public awareness with regard to CBFs for persons with mental retardation. Kastner et al., (1978) reported the need for public education as a "goal to facilitate community integration." This would be accomplished through "information modes such as public campaigns and literature..." (p. 143). Pierce and Hauck (1981) echoed similar support for education

of the public. They concluded: "it is by reaching out to the communities and educating community members that further needed services will be established" (p. 482).

However, there are conflicting opinions with regard to public education programs aimed at preparing the public for the coming of a CBF. Baker et al., (1977) have suggested that some advocates of CBFs are not in favor of changing attitudes via public education. They wrote:

given the many battles that small group homes have to fight in getting established, changing attitudes to effect semblance of integration may be a battle too difficult and too long to warrant the effect (p. 55).

Nevertheless, the birth of public education programs has been multiple. Manuals for gaining community support are now available to developers of CBFs (Bartholomew, 1981; Montgomery County Board of Mental Retardation and Developmental Disabilities, 1981). The public opposition to CBFs for the mentally retarded has been, and may continue to be, a barrier to the establishment of such facilities.

Resulting from the opposition imposed by communities, various entry approaches for neighborhood entry by a CBF have been developed. Bergman (1975) has suggested two distinct strategies, one being the Dark of Night approach and the other being the High-Noon approach. Weber (1978) has also suggested entry approaches consisting of the following three options. They are: 1) low-profile; 2) high-profile; and 3) combination approach. Following are brief descriptions of each approach:

LOW-PROFILE/DARK OF NIGHT - This approach is characterized by the slipping into a community without prior education of the community. This method is usually contingent upon the legal right to do so.

HIGH-PROFILE/HIGH NOON - This approach centers around public education programs. The programs are to inform the community of a developer's plan to locate a CBF for persons with mental retardation in their midst.

COMBINATION APPROACH - According to Weber (1978), this approach involves informing the "select few." Individuals who are considered vital to the successful entry of the CBF are made aware of the intentions of the sponsoring agency.

There have been conflicting reports in the literature with regard to these entry approaches (education/high-profile or no education/low-profile). Huey (1978) reported the experiences of an administrator involved in the development of CBFs. Rother expressed to Huey that when he took the low-profile approach in a community, the novelty of having such a home wore-off. There are data suggesting that if a CBF does succeed in opening, community opposition tends to decrease with time (Baker et al., 1977; Heal, Sigelman, and Switzki, 1980; O'Conner, 1976). Nevertheless, in contrast to the low-profile approach, Rother found when using the high-profile approach opposition was inevitable, resulting in zoning hearings which he would "always lose."

Sigelman (1976) has provided data questioning the validity of public education programs in an attempt to sooth opponents of CBFs. Sigelman indicated:

the more that preparation, planning, and discussion about mentally retarded persons goes on in a neighborhood, the more likely it is that organized opposition to group homes will occur (Moreau, Novak, and Sigelman, 1980, p. 102).

Baker et al., (1977) earlier findings led them to a similar conclusion as the former. The above professionals found "the more extensive

the preparation of the community for a facility, the more likely communities will oppose its establishment."

The proponents of the low-profile approach contend that persons with mental retardation have as much right to live in a community as the neighbors who are opposing them. Baker et al., (1977) have written that advocates of CBFs are of the opinion that "community opposition represents an attempt to abridge the civil rights of the retarded..."

When the low-profile approach is employed, it is done so with caution. Berdiansky and Parker (1977) suggested that the low-profile approach increases the "vulnerability" of the CBF, especially in instances where news leaks may occur. Nevertheless, this approach attempts to avoid community opposition by moving in unannounced, without informing neighbors, and thereby forestalling organized protest (Baker et al., 1977). Professional ethics are often questionable when using this approach; however, the purpose of this approach, as stated above, is to establish a CBF as smoothly as possible.

There are few data presently available in the literature describing trends in the use of the various entry approaches. Two studies have been secured from a review of the literature: Berdiansky and Parker (1977) in North Carolina and Seltzer (1984) in Massachusetts. Both studies identified neighborhood opposition as a major problem to the establishment of CBFs. Berdiansky and Parker (1977) suggested that careful consideration must be taken in the establishment of a home and in the selection of an appropriate entry approach. However, Seltzer's (1984) data tend to contradict the effectiveness of the high-profile entry approach. Seltzer surmised that the high-profile approach, using

public education as the tool for massaging neighborhood opposition, "should be used cautiously" (p. 7). She revealed an increase in the amount of opposition encountered by CBF developers. Unlike earlier figures which stated that between 25% and 35% of CBFs are facing opposition, Seltzer found 50% of the sample in her study encountering neighborhood opposition. Whether this is an isolated geographic representation or a national trend is left for question. Tantamount to the successful establishment of CBFs in communities may be the entry approach employed by the developers of such facilities. It is therefore logical to question these approaches to determine if our public education efforts are back-firing or enhancing the development of CBFs.

#### Purpose of the Study

Generated from the statement of the problem is the purpose of the study stated as follows: The purpose of the study was to obtain additional empirical data about the strategies employed by sponsors of CBFs to enter local communities in the attempt to minimize neighborhood opposition.

#### Significance of the Study

The provision of empirical data regarding entry approaches will add to the understanding of what approaches are being implemented by sponsors of CBFs and the degree of opposition encountered with each approach. Successful entry into communities by CBFs may be enhanced by a specific entry approach. In contrast, CBFs may be placed in jeopardy using certain entry approaches. Nevertheless, there is a growing school of thought advocating the high-profile (public education) approach for establishing CBFs. Data obtained from this study should have important

implications for the future of entry approaches employed by sponsors of CBFs.

### Limitations of the Study

The study was conducted in a large county in North Carolina. Generalization of the results could only be made to the area in which the study took place. It is possible that the results could be generalized across North Carolina.

### Research Questions

There are conflicting professional opinions with regard to CBF entry approaches into communities. Community opposition to the establishment of facilities for the mentally retarded has been a major barrier to their development. CBF developers are having to make decisions as to whether they want the neighborhood to know in advance of their plans to locate a CBF in their midst. Often the CBF is never established and in many cases, when established, are located in a second or third selection site.

In this study, the entry approaches sponsors of CBFs employed were explored to secure information relevant to the current trends in approach usage and community opposition to CBFs. The literature has suggested that the question of when to educate the public concerning the establishment of a CBF deserves attention. Also, a need persists to determine if neighborhood opposition to the establishment of CBFs is reaching epidemic proportions. The study has yielded information describing what entry approaches are being used, the extent of opposition encountered by CBFs, and the type of entry approach CBF developers suggested for prospective CBF developers.

The following research questions were developed for the purpose of this study:

- 1) How do group homes that encountered opposition differ from those that did not encounter opposition?
- 2) Are there differences in the extent of opposition to group homes when different entry approaches are implemented?
- 3) What are the characteristics of the neighborhoods which developers are approaching for entry?
- 4) What zoning requirements do group homes have to meet?
- 5) What approaches for neighborhood entry were employed by the sponsors of CBFs?
- 6) What are the characteristics of the residents living in the group homes?

#### Definition of Terms

Deinstitutionalization consists of the following:

- 1) The prevention of admission to the institution by finding and developing alternative community methods of care and training;
- 2) The return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local settings;
- 3) The establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to normal community living, whenever possible (National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, 1974).

Normalization is defined by Wolfensberger (1972) as "the utilization of means which are as culturally normative as possible in order to establish and/or maintain personal behavior and characteristics which are as culturally normative as possible" (p. 28).

Senate Bill 873 is the Community and Family Living Amendments, and is a Medicaid restructuring bill aimed at phasing out Medicaid support for large institutions serving the severely disabled in favor of small community based programs.

Community is "a general population having a common interest or interdependency in the delivery of services" (Scheerenberger, 1974, p. 3).

Public Residential Facility is sometimes referred to as an institution. Such facilities are state-sponsored and offer comprehensive programming to persons with mental retardation on a residential basis.

## CHAPTER 2

### Review of the Literature

#### Overview of Deinstitutionalization

During the past 25 years, deinstitutionalization of persons with mental retardation has emerged as a significant issue receiving national attention (Gallup, 1976). Some professionals have suggested that the deinstitutionalization movement is nothing new, as it has been in effect since the opening of the first residential facility in 1848 (Wieck and Bruininks, 1980).

Deinstitutionalization has been defined by the National Association of Superintendents of Public Residential Facilities (NASPRFMR) by a three-prong definition. According to Vitello and Soskin (1985), the definition "requires the concurrent implementation of the following practices" as outlined by the NASPRFMR (1974):

- 1) The prevention of admission to the institution by finding and developing alternative community methods of care and training;
- 2) The return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local settings;
- 3) The establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to expeditious return of the individual to normal community living, whenever possible (p. 5).

Current data have suggested that a reduction in the institutional population has occurred. Scheerenberger (1982) identified the average daily population in 279 Public Residential Facilities (PRFs) as 118,982 compared to approximately 195,000 in 162 PRFs during 1967. When one examines the data of Scheerenberger, it is apparent the population in PRFs is declining and more but smaller PRFs are being established. The trend of more but smaller PRFs has been referred to as an "illusion of deinstitutionalization, depicted by moving people from one dependency-inducing environment to another" (Halpern, Sackett, Binner, and Mohr, 1980). A vivid example of the former criticism has been illustrated in one state "whose nursing homes housed three times more mentally retarded adults than the state's developmental centers" (Sluyter, 1985).

Inasmuch as the median size of the institutional population is in decline, the growth of community based facilities (CBFs) for persons with mental retardation has been nothing short of phenomenal. According to an earlier study by O'Conner and Sitkei (1975), there were 611 CBFs during the period between 1972 and 1974. Less than 10 years later, in a 1977 survey, Bruininks et al., (1980) reported the existence of 4,427 such facilities. The latest published information has indicated there are more than 6,000 CBFs, representing a 900% growth rate over the past 10 years (Janicki et al., 1983). Further growth of CBFs should be anticipated, as evidenced by proposed legislation such as the Community Family Living Arrangements, Senate Bill 873. Ultimately, proponents of this legislation seek to phase out PRFs by the redirecting of Medicaid funds from PRFs to CBFs. This is indeed a bold attempt to restructure the service delivery system for persons with mental retardation.

The principle of normalization, legislative action, and litigation have been driving forces to the deinstitutionalization movement. Community placement of the mentally retarded is a result of the former forces.

#### Driving Forces of Deinstitutionalization

Deinstitutionalization of persons with mental retardation has been referred to as a "sociopolitical movement" by Vitello and Soskin (1985). They have identified six social forces contributing to the movement in the United States. They are:

- 1) indictment against public institutions;
- 2) the acceptance of the normalization principle;
- 3) parent advocacy;
- 4) judicial activism;
- 5) legislative action; and
- 6) the costs of care (p. 28).

Several of the above forces will be discussed as examples of various impacts upon deinstitutionalization.

Bank-Mikkelsen of Denmark, the originator of the principle of normalization, defines it as "letting the mentally retarded obtain an existence as close to the normal as possible" (cited in Vitello and Soskin, 1985, p. 29). Wofensberger expanded the definition of normalization to include two primary goals for the attainment of a normal life. Vitello and Soskin (1985) identified the two goals as:

- 1) to increase the functional independence of retarded persons so that they may be more easily assimilated into the community; and

- 2) to modify environmental structures in order that the individual differences among retarded persons can be accommodated in the community (p. 31).

Once again, the emphasis is placed upon community placement of the mentally retarded. It can therefore be assumed that the major ideological premise of normalization, via deinstitutionalization, infers that the quality of life for the mentally retarded will be improved by the placement of the mentally retarded into smaller community settings.

The early 1960's witnessed the genesis of a national attempt for the recognition of mental retardation. President Kennedy encouraged the amelioration and prevention of mental retardation as a goal for society (Bradley, 1977). Congress, as a result of the President's interest to have the mentally retarded placed in close proximity to local communities, enacted Public Law 88-164, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (Vitello and Soskin, 1985).

President Johnson later responded with the creation of a permanent President's Panel on Mental Retardation, while Nixon in 1971 set a national goal of reducing the population of PRFs by one-third (Bradley, 1977). The goal of reduction in PRFs was to be attained by returning the mentally retarded to supportive community living facilities.

Three provisions under the Social Security Act were also instrumental in the reorganization of our service delivery system from large institutions to smaller facilities in the community. Federal monies, via Medicaid, were made available to institutions which were actively involved in the provision of adequate services to the mentally retarded.

Adequate services are those which return the institutionalized mentally retarded to the community "at the earliest possible time" (Vitello and Soskin, 1985, p. 36). Six standards relevant to the determination of adequate services which must be met in order to qualify for federal assistance have been listed by Vitello and Soskin (1985). They are as follows:

- 1) active treatment;
- 2) recognition of resident's rights;
- 3) preparation of an individual habilitation plan;
- 4) improvements in staffing;
- 5) adherence to fire and safety regulations; and
- 6) specifications for minimum space in programming areas and maximum occupancies in sleeping areas (p. 36).

According to Vitello and Soskin (1985), the above six standards applied to institutions. Institutions meeting the above six standards were called Intermediate Care Facilities for the Mentally Retarded (ICF/MR). As a result of a 1977 revision of the above regulations, states would be eligible for Medicaid funding of ICF/MR thus encouraging reduction in the institutional population and the growth of community alternatives. Title XIX, Grants to States for Medicaid Assistance Program, was now a driving force to the deinstitutionalization movement (Noel, Burke, and Valdivieso, 1985).

Second, the Social Security Act, specifically the Supplemental Security Income (SSI), Public Law 92-603, provided federal monies for the mentally retarded. This money could be used for costs incurred by community placement of a mentally retarded person. What has been

referred to as a precursor to deinstitutionalization, decentralization - "the break-up of larger institutions... to often smaller facilities," was now a popular trend (Lakin, Bruininks, and Sigford, 1981).

Third, Title XX of the Social Security Act provided incentives to states, as well as families of the mentally retarded. The funds were to be employed for the provision of services to, and maintenance of, the mentally retarded person at home. The major goal of the Title XX program, according to Vitello and Soskin (1985), was "to prevent inappropriate institutional care" (p. 36).

The 1970's led to the advent of litigation pertaining to deinstitutionalization and subsequent institutional reform. The major avenue for relief encompassed the Fourteenth Amendment, specifically the due process and equal protection clauses (Willer et al., 1980). The fundamental objective of the due process clause, according to Schwindler (1974):

is to safeguard the individual and his well-being - i.e., his life, his independence of action, and his possessions. It is the basic standard of conduct in governments dealing with individuals requiring that government abide by the required limits and procedures which the people have set up as guidelines to its actions (p. 201).

Three areas of concern received the attention of the courts under the auspices of deinstitutionalization and institutional reform. They were:

- 1) eligibility for institutional admission;
- 2) placements in the least restrictive environment; and
- 3) the length of time a resident should remain in an institutional setting (Willer et al., 1980).

According to Willer et al., (1980), the courts have placed restrictions upon admission standards pursuant to eligibility for institutional placement. In Wyatt v. Stickney (1972) the court ordered that "no borderline or mildly retarded person shall be a resident of the institution." In Welsh v. Likins (1974) a similar but expanded decision was handed down. The court concluded:

No person classified as borderline, mildly or moderately retarded... shall be admitted unless that person suffers from psychiatric or emotional disorders in addition to his mental retardation.

Placement of persons with mental retardation into the least restrictive environment received the attention of the courts also. The following decisions would lend themselves to the reduction in the number of institutional placements and enhance the placement of the mentally retarded into the community. In Wyatt, Judge Johnson concluded:

No person shall be admitted to the institution unless a prior determination shall have been made that residence in the institution is the least restrictive habilitation setting.

Maintenance of the retarded in the community received the spotlight once again when in Welsch, Judge Larson held that:

No mentally retarded person shall be admitted to Cambridge State Hospital on civil commitment if services and programs are available in the community.

The final area of litigation of interest dealt with the length of time an individual was to spend in an institutional setting. In Wyatt, the court ordered that no mentally retarded person was to remain in an institution longer than was necessary. Guidelines therefore were developed for the process of deinstitutionalization, institutional reform, and resident habilitation. Judge Johnson ordered:

institutions shall make every attempt to move the residents from: a) more to less structured living; b) larger to smaller facilities; c) larger to smaller living units; d) groups to individual residences; e) segregated from the community to integrated living; f) dependent to independent living (Wyatt v. Stickney, 1972).

Of primary importance to the success of the deinstitutionalization movement is public support. It has been a relatively brief period of time since warehousing of the mentally retarded has been under fire. Society has been asked to accept handicapped citizens into the mainstream of society. The results of the 1976 Gallup Poll indicated that society was willing to have the mentally retarded in the community.

#### Restraining Forces of Deinstitutionalization

Although many gains have been made for the deinstitutionalization of persons with mental retardation, we are cautioned to be cognizant of the present deinstitutionalization backlash (Novak, 1980; Payne, 1976; Vitello and Soskin, 1985). Ironically, the backlash is originating from the same sources which spearheaded the initial deinstitutionalization movement, specifically the courts, the parents of the mentally retarded, and the community.

The courts which have been instrumental in the deinstitutionalization movement have failed to recognize the constitutional right of the mentally retarded to habilitation via community placement. In Halderman v. Pennhurst (1981) the United States Supreme Court reversed a lower court's ruling which affirmed the rights of the retarded to habilitation in the least restrictive setting (LRE). The Court concluded that it was only Congress' preference that the mentally retarded be treated in the LRE. The petitioners argued that §6010 of the Developmentally Disabled Assistance and Bill of Rights Act of 1975 (Act) did not create any

substantive rights to treatment in the LRE. The Court ruled in favor of the petitioners and reasoned that the Act was only a federal-state funding statute to improve the treatment and care of the mentally retarded. The Court ruled, therefore, that the Act was "hortatory, not mandatory."

Another source of backlash has originated from the parents of institutionalized mentally retarded children. Although data have suggested that the general public is amiable to the idea of deinstitutionalization, there are little empirical data suggesting majority support by the families of the institutionalized.

Ferrara (1979) reported that parents of the mentally retarded are more positive about normalization for the mentally retarded in general than they are for their own mentally retarded offspring. Ferrara (cited in Meyer, 1980, p. 1984) subsequently alluded to the fact that "there is a discrepancy between what parents think and what professionals think that parents think."

Meyer (1980) surveyed 273 parents of institutionalized retarded children, assessing attitudes toward deinstitutionalization. According to the data, 83% of Meyer's sample "believed that the large institution was the best placement presently available for their children" (p. 186). Meyer reported that these parents were accurate in their perceptions concerning some community placements when compared to the provision of services offered in the institution. An overwhelming majority (79%) of the sample was "satisfied with the programming and care" at the institution. Meyer concluded that the parents were hesitant in having their

children placed in community settings which they considered to be inferior to the quality of care their children were presently receiving.

David, Morris, and Suomala (cited in Rudie and Riedl, 1984) reported similar findings as Meyer. David et al., (1983) data reported that 74% of their sample of parents of institutionalized children preferred their child remain institutionalized.

Rudie and Riedl (1984) surveyed a sample of parents whose children were placed into the community as a consequence of deinstitutionalization. Ninety-one percent of the sample were "satisfied" with the community placement and preferred that their children remain in the community.

The results of the former study were inconsistent with the findings of both David et al., (1983) and Meyer's (1980) research. Rudie and Riedl (1984) summarized that the three studies "indicate that parents want their children to stay where they are, i.e., they want the status quo" (p. 296).

The inconsistency of the above results may indeed be a reflection on the availability and quality of community placements for the retarded within each geographic area. Several explanations to the present dilemma of parental opposition have been expressed. The parents in Pennhurst were concerned that their children had been in the institution for long periods of time, and therefore the transition from the institution to the community would be detrimental. A review of the literature, examining the negative effects of deinstitutionalization upon residents by Cleland et al., (1977), brought forth support that deinstitutionalization could indeed have detrimental side effects. Cleland et al., (1977)

investigated the phenomena referred to as the "relocation syndrome." Sluyter (1985), in his critical review of deinstitutionalization, referenced the earlier findings of the 1977 study and concluded:

Mentally retarded persons who are transferred from one facility to another often exhibit symptoms of depression, loss of appetite, weight loss, and death (p. 13).

The above findings were consistent with the research of Miller (1975). According to Miller, placements in facilities other than institutions increased the mortality rates among the profoundly retarded.

Parental opposition to the deinstitutionalization movement has, in some cases, become a force for professionals to address. A major reason parents have been advocating the continuation of institutions, as reported by Novak (1980), was attributed to:

the parents desire to be assured that the institution will continue to exist as an option for them - that the institution will remain available as one of their choices for a permanent solution to the problems of caring for their retarded children when they become too old to provide the care, or after they die (p. 184).

As reported by Okolo and Guskin (1984):

it is presumed that the more normal the environment, the more normal the pattern of life will be for the individual (p. 27).

In order for this normalizing life to be realized, placement in a home and neighborhood much like the way most of us live is the means by which the attainment of a quality life will occur (Okolo and Guskin, 1984).

The general community has been cited as vital to the success of a normalizing life for persons with mental retardation. Kastner et al., (1979) have reported:

Nothing is more essential to the eventual success of the community mental health movement than the goodwill, acceptance, and support of the general public... the

general public's knowledge and attitudes are largely responsible for the nature of the community in which retarded people live. That community can accept or reject, help or impair (p. 137).

Nevertheless, community opposition to the establishment of CBFs has served as a major restraining force to the deinstitutionalization movement (Berdiansky and Parker, 1977; GAO, 1983; Lubin et al., 1982; O'Conner, 1976; Piaseki, 1975; Seltzer, 1984).

In 1974, the President's Committee on Mental Retardation contracted services from the Gallup organization to conduct a survey of attitudes of the public regarding mental retardation. Kastner et al., (1979) reported that the "results implied that the process of deinstitutionalization could proceed with little if any concern for negative community attitudes" (p. 138).

Research on community reaction to the establishment of fictitious or actual housing for the mentally retarded has currently been under the limelight. Community opposition to CBFs has been reported to range from 20% (Gollay, Freedman, Wyngaardern, and Kurtz, 1978), to 25% (Berdiansky and Parker, 1977), to 33% (O'Conner, 1976), to 35% (Baker et al., 1977), and to 50% (Seltzer, 1984) in each of these investigations of the development of CBFs.

Contrary to community opposition to the establishment of CBFs have been studies reporting a relatively high percentage of positive community attitudes toward the mentally retarded as prospective neighbors. Gottwald (1970), in assessing public attitudes about mental retardation, found 48% of the respondents stating that "almost all" or "most" of the mentally retarded would make good neighbors. The Gallup results indicated that 85% of the sample would not object to a home for mildly or

moderately retarded persons on their block (Kastner et al., 1979). Similar results were obtained by Kastner et al., (1979) in a study assessing community attitudes toward hypothetical CBF development. They reported 90% of their control group and 81% of the experimental group as being receptive to having a CBF in their neighborhood.

All of the previous data have been under suspicion as valid measures of community acceptance to planned CBFs. The former studies according to Moreau, Novak, and Sigelman (cited in Novak, 1980):

Unfortunately... do not indicate how many facilities never opened in the first place or were closed because of community opposition (p. 100).

Okolo and Guskin (1984) have echoed similar concerns. They concluded:

the amount of community opposition reported in most studies is probably underrepresentative, as facilities that were prevented from opening had no opportunity to be included in these samples (p. 43).

Seltzer (1984) also reported similar weaknesses in previous neighborhood opposition studies. She has reported:

the rates of opposition... are probably underestimates of the true extent of opposition because some planned community residences are likely never to have opened as a result of community opposition (p. 1).

Unfortunately, there are no data available which are representative of the number of planned CBFs that failed in opening or those that closed due to opposition. However, Piaseki (cited in Okolo and Guskin, 1984) has reported that for every CBF established in his sample, "another had closed or never opened" (p. 43).

A study conducted in North Carolina with sponsors of CBFs by Berdiansky and Parker (1977) reported that six of the planned 51 CBFs

never opened. Community opposition to the establishment of the facility was cited as the reason for failure to open.

It is safe to assume that the results of previous studies investigating community attitudes toward the mentally retarded and CBFs are, at the least, inconsistent. Okolo and Guskin (1984) have therefore concluded:

A finding such as 95% of a sample of Americans believe mentally retarded persons should live in the community does not predict that 95% of the people in a neighborhood where a CRF is scheduled to open will have a similar opinion (p. 34).

In 1983, the General Accounting Office (GAO) released a report, An Analysis of Zoning and Other Problems Affecting the Establishment of Group Homes for the Mentally Disabled, describing an array of problems sponsors of group homes were encountering. According to the report:

zoning and related land-use requirements caused problems but were generally not the major obstacles (p. 1).

Cited as the major hindrance to the development of group homes "were inadequate funding, and unsuitable locations and facilities" (p. 1).

Nevertheless, 18% of the sample reported "great difficulty" due to zoning and other requirements. Restrictive zoning laws were blamed for the closing down of existing group homes and 10% of the sample reported the forced relocation of homes. With regard to the relatively low incidence of problems, as reported by the sponsors, the Department of Health and Human Services (HHS) raised the following concern:

perhaps only a small proportion of group home sponsors reported experiencing great difficulty with zoning and related land-use policies and practices because many sponsors intentionally avoided encountering these problems by selecting only locations which allowed group homes (p. 31).

The Department of Housing and Urban Development (HUD) was not without its criticism of the report. HUD contended that the GAO results "were inconsistent with its experiences regarding zoning in the housing loan program for the elderly and handicapped" (p. 32).

With respect to the sponsors' difficulty with "unsuitable locations and facilities," these problems may well indeed be due to the fact that such locations and facilities were all that were available primarily because of zoning laws and restrictive covenants. As in studies previously discussed, no account was given for those homes which never opened, or failed to re-open once closed, due to obstacles such as community opposition and zoning laws. Non-representation of this null group seriously limits the magnitude of the dilemma many sponsoring agencies are currently encountering. The GAO has also failed to acknowledge numerous state litigations which have led to many of the "28 states" (GAO, 1983) which have passed statues permitting group homes to be established in areas zoned for single-family units (Brandon Township v. North Oakland Residential Services, 1981; J.T. Hobby and Son, Inc., v. Family Homes of Wake County, Inc., 1981; and Crane Neck Association, Inc., et al., v. NYC/Long Island County Services Group, et al., 1983).

The state of North Carolina, the site of this study, has left no question as to the legitimate right of CBFs to locate in areas zoned for single family occupancy. In 1981, the State Supreme Court, in Hobby, reversed a lower court's decision which ruled that a home for two to five mentally retarded adults was "institutional" in nature. The question at hand: Did the lower court err in its ruling when it found

the restrictive covenant was violated by the "institutional use" of the property? The Court answered affirmatively.

In 1977, a special use permit was granted to Wake County Homes, Inc., by the Board of Adjustment for the operation of a family care home for four mentally retarded adults. Subsequently, the plaintiffs filed suit seeking a permanent injunction to restrain the defendant from using the property to provide institutional care. Summary judgement against the defendant was issued. As a result, the defendant appealed and the appellate court affirmed the earlier decision that the home constituted an institutional use of the property and, therefore, was in violation of the covenant. The defendants then successfully petitioned for discretionary review. The court found that the lower court erred in its conclusion that the covenant was violated. The court found "no educational or vocational training at the house"; therefore, the purpose of the home "was to provide residents with a home-like setting" (p. 181). Was the family care home an institutional or residential use of the property? The court stated:

In virtually all respects, other than the mental capacity of those who live on the premises, the house operates much like a typical suburban household (p. 181).

It was therefore ordered that family care homes are, in fact, a residential use of property.

Ensuing Hobby, a bill was introduced and subsequently enacted. Specifically, Article 3, Family Care Homes, sections 168-20 through 168-23 would: 1) mandate the state's public policy; 2) define family care homes and those persons qualified to inhabit such facilities; 3) deem family care homes as a residential use of property; and 4) void

restrictive covenants, respectively. Following are sections 168-20 through 168-23 as written in Article 3 of Family Care Homes, as contained in the statute:

ARTICLE 3.  
FAMILY CARE HOMES.

§168-20. Public policy.

The General Assembly has declared in Article 1 of this Chapter that it is the public policy of this State to provide handicapped persons with the opportunity to live in a normal residential environment. (1981, c. 565, s. 1.)

§168-21. Definitions.

As used in this Article:

- (1) "Family care home" means a home with support and supervisory personnel that provides room and board, personal care and habilitation services in a family environment for not more than six resident handicapped persons.
- (2) "Handicapped person" means a person with a temporary or permanent physical, emotional, or mental disability including but not limited to mental retardation, cerebral palsy, epilepsy, autism, hearing and sight impairments, emotional disturbances and orthopedic impairments but not including mentally ill persons who are dangerous to others as defined in G.S. 122-58.2(1)b. (1981, c. 565, s. 1.)

§168-22. Zoning; family care home.

A family care home shall be deemed a residential use of property for zoning purposes and shall be a permissible use in all residential districts of all political subdivisions. No political subdivision may require that a family care home, its owner, or operator obtain, because of the use, a conditional use permit, special use permit, special exception or variance from any such zoning ordinance or plan; provided, however, that a political subdivision may prohibit a family care home from being located within a one-half mile radius of an existing family care home. (1981, c. 565, s. 1.)

§168-23. Certain private agreements void.

Any restriction, reservation, condition, exception, or covenant in any subdivision plan, deed, or other instrument of or pertaining to the transfer, sale, lease, or use of property which would permit residential use of property but prohibit the use of such property as a family care home shall, to the extent of such prohibition, be void as against public

policy and shall be given no legal or equitable force or effect. (1981, c. 565, s. 1.)

The bill was the final step in preventing framers of restrictive covenants from banning group homes, or family care homes, from locating in residential areas. Section 168-23 was written primarily because the court, in Hobby, did not strike down restrictive covenants per se. In addressing the issue of restrictive covenants, the court concluded:

Nothing we have said herein ought to be interpreted to mean that restrictive covenants cannot be drafted so as to regulate the character of the structures erected in a neighborhood or their utilization (p. 182).

Provided §168-20 through §168-23 are satisfied, sponsors of family care homes have the right to proceed in the development of such homes in areas zoned for single family dwellings. There is one requirement, however, safeguarding neighborhoods against the saturation of group homes in one particular subdivision. This is the only avenue remaining which opponents may pursue in their attempt to block a home. Line 7, §168-22 of Article 3, prohibits the establishment of group homes within one-half mile radius of another family care home.

In 1981, North Carolina passed what is known as the Continuity of Care Act (CCA). Section 122-55.8, Assurance for Continuity of Care for Individuals with Mental Retardation, reads as follows:

Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by State appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.

Summarizing the events thus far, the court has recognized family care homes as residential in nature; the state adopted a public policy assuring the handicapped the opportunity to live in normal surroundings; and, with the CCA, a guarantee of residential services once such services have been initially provided.

The CCA was welcomed by the advocates for the handicapped in the group home movement but various county commissioners across the state were not so enthusiastic. At debate for a period of 4 years was the state's intent regarding funding responsibility for the homes. Although the CCA ensured continued services there was a great deal of concern as to where the money would come from to fund the homes: state or county governments? One particular county refused to take any funds from the State Department of Human Resources (DHR) until it was assured that the state would continue to assume fiscal responsibility. According to a high ranking official in the group home movement, the above county was the only county in the state questioning the fiscal responsibility and subsequent refusal of funds.

The CCA, as written in 1981, concluded that the DHR "is responsible for coordinative and financial assistance to the area authority." The area authority has been defined as the regional and/or local area Mental Health, Mental Retardation and Substance Abuse Program. Numerous county officials were requesting that the above clause be rewritten to state that the DHR would be the responsible agency for the costs incurred from the lifetime care of a mentally retarded person placed into a community residential setting.

After 4 years of county-state arguments, the Legislature's Mental Health Commission recommended a clarification as to agency responsible for the costs created by the CCA. In the General Assembly of North Carolina, session 1985, section 1 G.S. 122-55.8 was rewritten as to designate the responsibility of the:

- 1) residential facility operator to the area authority;
- 2) the area authority to the DHR; and
- 3) the DHR to the area authority.

The ratified bill reads as follows:

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1985

RATIFIED BILL

CHAPTER 99

SENATE BILL 80

AN ACT TO ASSURE CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION.

The General Assembly of North Carolina enacts:

Section 1. G.S. 122-55.8 is rewritten to read:

§122-55.8. Assurance for continuity of care for individuals with mental retardation.--(a) Any individual with mental retardation admitted for residential care or treatment for other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by State appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment.

(b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge.

The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until:

- (1) The area authority determines that the client is not in need of continuing care;
- (2) The client is moved to an alternative residential placement; or
- (3) 60 days have elapsed:

whichever occurs first.

In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60-day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.

(c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if:

- (1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility, the parent, guardian, or client who entered into the contract refuses to carry out the contract, or
- (2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement.

(d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal.

(e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative placement is not available

beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility.

(f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties and for assuring a continuity of care placement beyond the operator's 60-day obligation period.

(g) The area authority's financial responsibility, through local and allocated State resources, is limited to:

- (1) Costs relating to the identification and coordination of alternative placements;
- (2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and
- (3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release.

The bill therefore limits the area authority's responsibility to three areas:

- 1) the locating of an alternative program;
- 2) the provision of care during the 60-day period; and
- 3) the releasing of state funds to follow the client to his next placement.

Following the ratification of the CCA, §168-228.5, it was then clear as to county-state fiscal responsibility. Nevertheless, the financial effort of counties as to the care of their mentally retarded leaves much to be desired. It is apparent that county officials are in favor of community placements, as long as they do not have to absorb the cost of such services.

### Entry Approaches

Sigelman (1976) has been credited for the entry strategy referred to as the Machiavellian Approach. It can be described as a low-profile

strategy in that the CBF is developed as inconspicuously as possible. Sigelman (1976) reported that community sentiment toward group homes for the retarded were in "striking contrast" to the previously reported results of the 1974 Gallup Poll. The researcher reported only 45% of her sample favoring group homes for the retarded in residential areas compared to 85% of Gallup's sample "not objecting" to such a home.

Kastner et al., (1979) study, regarding neighborhood willingness to have a group home for the retarded in its midst, questioned the results of the 1974 Gallup Poll also. As a result, their data revealed that:

more subjects objected to retarded people occupying a group home in their neighborhood when the likelihood was actually presented than when no concrete possibility was mentioned (p. 143).

Professionals advocating the low-profile approach question the reliability of public education concerning group homes for persons with mental retardation. Baker et al., (1977) found that a group home which attempted to prepare the neighborhood in advance regarding its coming experienced opposition. They therefore "found a slight positive relationship between preparation and opposition" (p. 217). In Sigelman's (1976) work, she too cautioned against the high-profile approach when stating: "public education efforts may have unintended negative consequences" (p. 2).

Seltzer (1984) found that CBFs which implemented the high-profile approach "were found to encounter a greater degree of opposition from the community than residences that did not" (p. 6). Sponsors were therefore forewarned by Seltzer (1984) when using public education to do so "cautiously, when community residences attempt to begin operation" (p. 7). Baker et al., (1977) have cautioned sponsors of CBFs regarding

the high-profile approach, "because they (public education programs) alert the community to the community residences' presence and spark opposition" (p. 217).

Resulting from the driving and restraining forces toward the development of CBFs sponsoring agencies have a growing concern for neighborhood entry of CBFs into local neighborhoods. According to the GAO Report (1983), "about one-half of the sample of sponsors (n=535) made efforts to secure the communities' good will by contacting their new neighbors, community groups, and other influential persons and organizations during the founding or operation of their facilities" (p. 10). Such an approach as discussed earlier may be defined as the high-profile (Bergman, 1975; Weber, 1978). The GAO reported 25% of its sample to have encountered "moderate to strong opposition." Nevertheless, 66% of the sponsors reported "moderate to strong support" and subsequently two-thirds of the sample rated "support to be stronger than the opposition" (p. 10). It should be reiterated once again that the null group has been omitted, thus limiting the true degree of opposition to the establishment of group homes.

Inasmuch as preemptive zoning laws enhance the probability of group homes to locate in single family residential zones in states where such laws have been passed, "community opposition increased, especially in the suburban areas" (GAO, 1983, p. 25). If sponsoring agencies are to keep in step with the normalization principle, location of group homes in suburban areas is requisite.

The GAO also reported that once opened, 37% of the sponsors received complaints from the local community. The above figure is some-

what higher than the previously reported 25% pertaining to opposition. It is evident by the increase in the amount of opposition reported after the opening of a group home that opposition, at least for a period of time, is sustained.

### Summary

As a result of the United States Supreme Court (Court) decision in City of Cleburne, Texas v. Cleburne Living Center Inc. (1985), group homes for persons with mental retardation may not be excluded, in most cases, from locating in neighborhoods zoned for single family occupancy. Noting the increase in community opposition in states with preemptive zoning laws, a sponsoring agency must select an entry approach for its group home.

The state of North Carolina has had such a law enacted prohibiting individuals in the state from blocking the establishment of group homes for the mentally retarded. This case study therefore will examine the entry approaches employed by the sponsoring agencies of group homes in a county of approximately 300,000 to 350,000 persons in North Carolina. An attempt will be made to determine the efficacy of the entry approaches the literature is currently debating.

As Sigelman et al., (1979) have hypothesized:

Possibly one does better to let sleeping bugbears lie - to establish a facility with minimal fanfare and then devote one's efforts to building positive relationships among new neighbors (p. 54).

The present study attempted to investigate the efficacy of the high-profile and low-profile approach presently being debated in the literature. Neighborhood opposition to the establishment of CBFs for persons with mental retardation has become a force to be recognized.

Successful development of a CBF may indeed be dependent upon certain entry approaches employed by the sponsors of such facilities.

## CHAPTER 3

### Methodology

The purpose of this study was to obtain additional empirical data about the strategies employed by sponsors of group homes for persons with mental retardation in the attempt to minimize neighborhood opposition. Structured personal interviews conducted with officials from two sponsoring agencies, managers of the group homes, and persons in neighborhoods where group homes were located yielded an array of information relevant to the purpose of this study. Secondary sources of information regarding group homes for persons with mental retardation were also utilized. Officials from the Association of Retarded Citizens/Housing Development Services, The Department of Housing and Urban Development, and an assistant to the county Director of Mental Retardation Services were informally interviewed. Listings from the Department of Mental Health, Mental Retardation, and Substance Abuse Programs and the County Mental Retardation Services provided access to the two sponsoring agencies - Sweet Water Residential Services (SWRS) and a state church organization. A private citizen was responsible for the development of one group home presently under the sponsorship of the church organization. The private citizen was the major source of information pertaining to that group home. SWRS was responsible for the operation of seven group homes in two cities within the same county. However, due to the fact that one of the SWRS group homes was in the process of relocating, it was dropped from the study. Therefore, six homes operated by SWRS and one home developed by the private citizen were targets of this study.

Consultation with the researcher's dissertation committee resulted in the use of an open-ended format as the most appropriate method for eliciting descriptions and perceptions of the respondents. Numerous close-ended questions were also utilized in obtaining information for ease in the compilation of certain data retrieved.

Interviews were conducted with the following three groups: first, officials associated with the sponsoring agencies; second, managers of the group homes; and third, persons in the neighborhoods where the group homes were located. Separate interview schedules were developed by the researcher, and approved by his dissertation committee, for each of the above groups.

### Setting and Population

#### Sweet Water Residential Services Officials

Interviews were conducted with the executive director and six board members of SWRS regarding six of the seven group homes SWRS operated. Some board members were involved in the development of each home, whereas other board members were not. Only persons involved with the development of a specific group home were interviewed in the attempt to retrieve first-hand experiences. Interviews were conducted in the homes of each interviewee, with the exception of the executive director and one board member. Interviews ranged in time from 40 minutes to 90 minutes.

#### Instrumentation

The interview schedule set forth in Appendix A was designed to retrieve information relevant to four content areas: background information pertinent to the development of a group home; the specific entry

approach employed in the development of the home; neighborhood opposition and/or support; and interviewee recommendations regarding entry approaches.

The 27 questions contained in the instrument were developed to elicit narrative responses related to the four content areas. The interview schedule was developed in conjunction with, and approved by, the researcher's dissertation committee. Final approval of the interview schedule was obtained from the Assistant Director of Mental Retardation Services and the SWRS board of directors.

#### Data Collection

Upon final approval of the instrumentation and proposed data collection methodology, the executive director of SWRS released the names of the SWRS board of directors. Following an initial meeting with the executive director, the names of individual board members actively involved in the development of each group home were contacted; first, by a personal letter from the researcher and, secondly, by a telephone call. Interviews were then scheduled and usually occurred in the home of the interviewee. After each interview with a board member, he or she was requested to recommend another source of information regarding the establishment of a particular home. This person then was requested by the researcher to participate in the study. Interviews were conducted with the executive director of SWRS and its board members from May through June 1985.

Interviewee's responses were tape recorded and notes were taken on individual interview schedules. Following each visit the cassette

tapes were transcribed and the notes utilized in the reproduction of narratives.

When information was incomplete and sometimes unclear, follow-up visits and/or telephone contact was made. The director and board members served as the source of clarification when necessary.

#### SWRS Managers of Group Homes

Interviews were conducted with the current managers of the six homes. In addition, one former manager of a group home was located and she also agreed to participate. Therefore, five managers representing their respective homes and two managers, one former and one current, were interviewed regarding the one remaining home operated by SWRS.

Interviews were conducted with each manager in his or her group home, with the exception of the former manager: an interview was conducted at her place of residence. The interviews with the managers for the most part were taped and lasted approximately 30 minutes.

#### Instrumentation

The interview schedule set forth in Appendix B was designed to retrieve information relevant to seven content areas: background information regarding the respondent; information regarding the residents of the home; information relevant to the operation of the home; the managers' perceptions of the physical appearance of their home; information pertinent to the general neighborhood; neighborhood opposition and/or support encountered; and recommendations regarding entry approach utilization. The interview schedule was developed in conjunction with, and approved by, the executive director of SWRS and the dissertation committee.

### Data Collection

The managers were first made aware of the study by the executive director of SWRS and subsequently contacted by the researcher via a telephone call. Scheduled interviews were conducted in their respective group home. Notes were taken on individual interview schedules and, for the most part, were tape recorded. Several respondents requested that certain responses not be taped. Following each on-site visit, the tape recordings and notes were transcribed into narratives. Interviews were conducted with the managers of the group homes during the month of June 1985.

### Neighborhood Respondents

Interviews were conducted with one member of each household who agreed to participate in this study. A standard introduction, found in Appendix C, was presented to each respondent by the researcher. Homes in closest proximity to a group home were approached initially. However, due to refusals to participate and/or persons not in their homes, homes farther away (one to two block radius) were approached. The interviews, for the most part, took place at the respondent's front door and lasted approximately 20 minutes.

A number of respondents agreed to participate in the study after the standard introduction. There were some interviewees who stated that they were not aware that a group home existed in their neighborhood. In these cases, as requested by the executive director, interviews were discontinued and the respondents were thanked for their cooperation. It was the director's intention not to cause any unnecessary attention to a

home if a respondent was unaware a group home existed in their neighborhood.

### Instrumentation

The interview schedule set forth in Appendix C was designed to obtain information relevant to five content areas. They were: background information regarding the respondent; the respondents' support and/or opposition to the group home; the respondents' feelings regarding the home and its residents; the respondents' perceptions of neighborhood attitudes regarding the home and its residents; and respondents' recommendations to sponsors of group homes.

Sixteen questions were developed to obtain respondents' former and current feelings regarding the group home in their neighborhood. The questions were presented in a non-threatening manner and in non-professional jargon. How and why questions often followed a respondent's response as to elicit a more elaborate response and/or to clarify any responses he or she may have made. The interview schedule was developed in conjunction with, and approved by, the dissertation committee and the director of SWRS.

### Data Collection

After final approval by the SWRS officials to conduct the neighborhood interviews, individual neighborhoods were approached. Homes in closest proximity to a group home were first approached and, secondly, those homes within a one to two block radius. The number of households interviewed, which represented a group home location, ranged from a low of six to a high of ten. There were a total of 14 households refusing

to participate and 8 were disqualified because the resident was not aware of the group home in their area.

Due to a perceived threat to their responses, interviews were not tape recorded with the neighborhood respondents. As an alternative, key words expressed by each respondent were recorded on the interview schedule.

In the attempt to avoid possible neighborhood contamination, interviews were conducted on the same day within a given neighborhood. The interviews occurred during the months of June and July 1985.

### Setting and Population

#### Private Citizen Sponsorship

A single individual was solely responsible for the development of one home, and therefore was the major source of information regarding the home. The manager of the home was also an important source of information because he had been employed with the group home since its founding. Due to the fact that the developer of the home had, for a number of years, served as a board member with SWRS, some SWRS board members provided a secondary source of information regarding the opening of the home.

Interviews were conducted with the private citizen, the manager of the home, and members of the neighborhood where the home was located. Interviews lasted approximately 75 minutes, 90 minutes, and 20 minutes, respectively.

### Group Home Manager

An interview was conducted with the manager of the home during June 1985. The interview was taped and lasted approximately 45 minutes. The site of the interview was the group home operated by the manager.

### Neighborhood Respondents

Interviews were conducted with the members of the neighborhood during the month of June 1985. The interview schedule found in Appendix C was employed with the respondents. Interviews lasted approximately 20 minutes.

### Instrumentation

The interview schedules found in Appendixes A, B, and C were utilized with the sponsor, manager, and neighborhood respondents, respectively. The same procedures employed with the previous three groups were also used in this case study.

### Data Collection

After final approval of the instruments by the private citizen, interviews were conducted with the private citizen, the manager, and members of the neighborhood. The same data collection procedures used with SWRS were employed with the three groups representing this group home.

### Analysis of Data

The six homes operated by SWRS and the one home developed by the private citizen were examined as individual case studies. Interview data obtained from the three groups for each case study were compiled and reported as individual case studies. The major information contain-

ed in each case study was edited to cross-validate the information reported by the board members and the director.

Individual case studies described the process of the development of each group home and the subsequent consequences encountered by SWRS regarding the process of opening a home. A general neighborhood attitude regarding a group home and its residents was also described in each case study. With the addition of each manager's perceptions regarding their respective group home and neighborhood, a holistic description of each case study could be provided.

Final analysis of all the data from the seven case studies was reported as grouped data in Chapter 5. Descriptive statistics (percentages) were used in the final analysis of the grouped data representing the seven group homes studied.

## CHAPTER 4

### Results

Of the seven homes available for this study, six homes were developed by SWRS. The remaining home was originally developed by a private citizen who later secured sponsorship of the home from a state-wide church organization.

Interviews were conducted with officials from the sponsoring agencies, HUD personnel, an HDS official, managers of the seven homes, and members of neighborhoods where the homes were located. For reasons of confidentiality, the name of the sponsoring agency, Sweet Water Residential Services is fictional. It was also necessary to maintain the anonymity of the group homes and therefore they are identified by letters.

Individual case study narratives are set forth in this Chapter. Each case study first describes the responses made by the sponsoring officials; second, describes the responses of the managers of each group home; third, describes the responses of the neighbors; and fourth, describes the perceptions of the interviewer regarding each home.

Preceding the case studies are brief descriptions regarding both the history of community based facilities for persons with mental retardation and the co-sponsor of group homes in North Carolina, the Housing Development Services. Individual responses to each research question follow in Chapter 5.

### Standards and Regulations for Group Homes in North Carolina

In 1945, the General Assembly authorized the Department of Public Welfare, now known as the State Division of Social Services, to "inspect

and license, under rules and regulations adopted by the State Commission of Social Services, all boarding homes and rest homes" (p. 1). Approximately 30 years later, the Department of Human Resources (DHR) was created and authorized under the same rules and regulations adopted by the Social Service Commission to inspect and license these same facilities. The Division of Facility Services was designated by the DHR as the licensing agency of these facilities. According to the Manual of Standards and Regulations (1978), henceforth the Manual, "the purpose of the license is to guarantee that at least minimum standards are provided to give aging and disabled persons the protection they need" (p. 1). Consequently, a license will be issued only if these standards and regulations are met. Types of homes receiving licenses are classified into the following categories: 1) the Family Care Home (FCH) with a capacity of two to five; 2) the Home for the Aged with a capacity of six or more; and 3) the Group Home for Developmentally Disabled Adults (GHDDA) with a capacity of two to nine (p. 1).

FCH have been defined as:

a small residence which provides sheltered care for two to five adults who, because of age or disability, require some personal services along with room and board to assure their safety and comfort (p. 8).

A GHDDA is defined as:

a small residence which provides care for two to nine adults who are developmentally disabled and who have or can develop self-help skills, are ambulatory, in need of a home and are able to participate in activities in the community (p. 8).

There are three agencies involved with each group home. Agency names and their respective roles are: 1) the Division of Facility Services (DFS) which has the "legal responsibility for licensing"; 2)

the County Departments of Social Services which have the "legal responsibility for evaluation and for sending in licensing materials and recommendations to the DFS"; and 3) the Area Mental Health and Mental Retardation Programs (AMHMRP) whose responsibilities are twofold: "to ensure that Group Homes which receive Mental Health and Mental Retardation funds meet program criteria established by the Mental Health and Mental Retardation Commission" and, "to work with these homes to help them develop and maintain sound programming" (p. 2).

In the state, there are private non-profit (PNP) and private for profit (PP) group homes. PNP group homes, according to the Manual (1978), have been defined as:

homes which have appointed boards to manage the entire operations of the home without personal monetary gain. These homes must apply through the county departments of social services and be licensed by the Division of Facility Services. Most private non-profit group homes are supported by funds through the regional mental health and mental retardation program budget and channeled through the area mental health and mental retardation programs which, in turn, contracts services from the private non-profit boards (p. 3).

PP homes have been defined as:

owned and/or managed by individuals who have applied to the county departments of social services and been licensed by the Division of Facility Services to operate these types of homes. Although the area mental health and mental retardation program contributes no seed money for development of this type of home, the administrators may seek assistance from the area mental health and mental retardation programs for the purpose of enhancing the lives to their residents or help in dealing with problems (p. 3).

Also in North Carolina are Governmentally-operated group homes.

Such homes have been defined as:

operated by the area mental health and mental retardation programs with funds provided through the regional mental health and mental retardation offices. The funds are used as seed money to develop the group home, for operation of the home, or to support programs for the residents in the home. The Division of Social Services and the county departments do not have responsibility for approving Governmentally-Operated (public) Group Homes; however this type of group home must be licensed by the Division of Facility Services (p. 4).

Under the state standards and regulations, in order to receive funding from Mental Health and Mental Retardation Services only group homes operated by PNP and Governmentally sponsored agencies may qualify (Manual, p. 45). Funds may be used by both agencies for the following purposes: 1) seed money to develop the group home; 2) for operation of the home; 3) and/or to support programs for the residents.

Grants are also another source of monies provided by the Division of Mental Health and Mental Retardation Services. However, only the area Mental Health and Mental Retardation Programs are eligible to apply. The Application for Group Home Grant is accompanied by a written needs assessment (p. 47). The grant consists of seven requirements. They are as follows:

- 1) Appropriate community-based programs such as Adult Developmental Activity Program, work activity center, sheltered workshop, etc., with supporting letters stating residents of the home will be accepted;
- 2) Availability of transportation;
- 3) Involvement by public and private agencies, interested citizen groups and individuals in planning with supporting letters;
- 4) Availability of medical, dental, and legal services;
- 5) Availability of local financial support operation including future anticipated income;

- 6) Availability of physical structure that meets licensure standards as determined by the North Carolina Division of Facility Services; and
- 7) Commitment of the area mental health and mental retardation program to provide support staff and to serve residents (p. 47).

Funds are also generated by the group home residents, and each resident pays monthly rent proportional to the income he receives. The sources of resident funds are generated by Supplemental Security Income, Division of Social Services, State/County Special Assistance, Veteran Benefits, Railroad Retirement, or resident's payment from a trust fund or other earned income (p. 46).

#### Housing Development Services

In 1979, the Housing Development Services, Inc., (HDS) a wholly owned subsidiary of the Association for Retarded Citizens of North Carolina (ARCNC), was created. The purpose of HDS is to develop group homes for persons with mental retardation in the state. HDS has no employees on its payroll. The director of HDS and his staff are employed by the ARCNC. HDS maintains the property and is not involved with the programming of the residents in the homes. Programming is the responsibility of the Local Operating Unit (LOU), which may be the area Mental Health and Mental Retardation Office or its designee.

According to the requirements of the Department of Housing and Urban Development (HUD), HDS is the holding company or legal owner of the homes, and the ARCNC serves as the sponsoring or managing agent for the homes. HUD is essentially the banker or the source of funds for the construction of the group homes. Presently there are 84 homes constructed by HDS via HUD funding in North Carolina.

Funds for the construction of the homes are secured through HUD's Section 202, Direct Loan Program for Housing for the Elderly or Handicapped (Section 202) and resident subsidy provided through Section 8, Housing Assistance Payments (HAP). Section 202 funds are loaned to HDS and are paid back to HUD over a 40 year mortgage period. Following the payment of the loan in full, it is the intention of HDS to deed the home to its LOU.

Funds for payment of the loans are generated from the residents' Supplemental Security Income (SSI), Division of Social Services, State/County Special Assistance (SA), Veteran Benefits, Railroad Retirement, trust funds, or other earned income. Another source of funds for payment of rent is provided through HUD, Section 8, Housing Assistance Payments (HAP). Through the HAP, low income residents are able to afford the cost of rent. HDS enters into a 20 year contract with HUD for each home constructed, ensuring payments through the HAP. With the assistance of the HAP, residents pay no more than 30% of their income in rent to the LOU, which serves as the "collecting agent"; the agent pays HDS and, subsequently, HDS pays the monthly mortgage to HUD. The ARCNC and HDS (ARC/HDS) also pays for utility costs and repairs to the home as a result of normal wear and tear. Property insurance is carried by ARC/HDS. However, the responsibility for insuring the contents of the home is the responsibility of the LOU.

In April of each year, HUD announces the availability of funds specifically earmarked for the construction of homes for the elderly and handicapped. At this time HDS, a housing consultant retained by the ARCNC, and the Department of Human Resources (DHR) review and select

potential homes. In order to be considered as a candidate for a potential home the applicant must substantiate a need for the home. Applicants are usually a local ARC or the board of directors of a corporation. A written notification by the AMHMRP substantiating the need for the home must accompany the applicant's request. The AMHMRP must also agree that, if and when a group home is developed, it will pass through the operational funds provided by the state.

Once potential projects have been selected, they are required by the HDS to submit a non refundable \$500 payment for the purpose of forming a corporation which serves as the borrower for the project. This requirement of an individual corporation is a relatively recent stipulation by HUD and it serves to protect HDS in case a home should default on its loan. It protects HUD from losing its investment in all the other homes. In essence, as a result of the new requirement of HUD, only an individual corporation will be effected should one default on its loan. Until this requirement by an individual corporation, an operation such as HDS could have lost all of its homes should only one home default on its mortgage. In theory this would force HUD to step in and take over the homes. According to the director of HDS, the last thing HUD wants to do is get into the operation of group homes, per se. Presently there are 64 homes which are under ARC/HDS, Inc. The remaining 24 homes are individual corporations as presently required by HUD.

Following the formation of a private non-profit corporation, a housing consultant retained by ARC/HDS prepares and forwards the applications for prospective group homes to HUD. The HUD office then notifies HDS of the successful local applicants for HUD funding.

ARC/HDS then requests a largely refundable fee of \$2,500 from each local applicant. The \$2,500 serves to: 1) allow ARC/HDS to document that it has met the "minimum local cash requirement" of HUD; and 2) cover the initial costs of development of the land.

At this time, the applicant must locate potential sites for the home. The potential site(s) must meet the guidelines required by HUD as listed in the Preliminary Site Selection Sheet. Several of the above requirements are "that the site must be accessible to social, recreational, educational, and commercial and medical facilities" (p. 5, HUD Answer Book #4, Section 8 Housing Assistance Payments Program, U.S. Department of Housing and Urban Development, no date). The proposed site:

must not be located in an area of minority concentration unless sufficient comparable housing exists for minority families outside areas of minority concentration, or the project is necessary to meet the overriding housing needs (p. 5, HUD Answer Book #4, Section 8 Housing Assistance Payments Program, U.S. Department of Housing and Urban Development, no date).

The project architect is responsible for the final site approval.

A Request for Firm Commitment (RFC) form completed by the housing consultant, containing architectural and construction costs information, is then reviewed by the local and Washington HUD offices. The review takes approximately four to five months. HUD allows a contractor six months for the building of a home. A premium for early completion or a penalty for taking longer than the allotted six months for the construction of the home is awarded to the contractor. The home is then signed over to HDS and is ready for operation by the LOU.

Once the application process has been completed and the applicant has been awarded the funds from HUD, the group home is constructed and ready for occupancy. According to North Carolina Statutory Authority G.S. 122-55.5 and 143B-147, §.0702 defines the population served in such homes as:

- a) mentally retarded individuals who are at least 18 years of age and who are in need of a supervised living environment within a community setting; and
- b) At least one-half of the resident population of each group home, or in the case where there are several group homes in the catchment area, shall be individuals who meet the criteria or definition of "deinstitutionalization client."

According to §.0704, of G.S. 122-55.5, "the final decision as to whether to accept the group home placement shall be the client's should he be accepted for admission." Residents of the homes must have a slot in one of the sheltered workshops in the county or be employed elsewhere in order to be eligible for placement in a home.

#### History of the Sponsor

Sweet Water Residential Services, Inc. (SWRS) is a private non-profit corporation responsible for the operation of community based facilities for persons with mental retardation. The county of Sweet Water encompasses two cities with a county wide population of approximately 350,000 people.

Prior to the genesis of SWRS in 1981, three parents of children with mental retardation perceived the need for community residential placements, via group homes, in Sweet Water County. Both cities' advocacy groups for the mentally retarded requested separate start-up monies and operational funds from the Department of Human Resources

(DHR). In 1975, both advocacy groups formed their own private non-profit corporations to operate the two initial group homes in their respective city. Both homes were leased from private citizens and were converted to meet local and state housing standards for licensing. Each home served five adults with mental retardation.

Several years later each corporation opened another home. The two new homes were once again leased from private owners and converted to meet the standards for licensing. Each of the new homes were located in close proximity to their sister homes. One home was directly around the corner from the original home, and the other new home was several blocks down the road from its sister home. The primary reason for the establishment of the homes in the above locations was the fact that both cities had restrictive zoning laws. The zoning laws prohibited group homes for the mentally retarded in single-family residential districts. Consequently, the homes were established in areas zoned for multiple family dwellings and/or businesses.

Shortly thereafter, what was reported as administrative turf problems threatened the efficient operation of the four homes. An official recommendation was made by a regional area mental retardation officer to the state for permission to dissolve the existing two corporations and to form one corporation responsible for the operation of these homes. The state office granted permission; thus, the origination of SWRS in 1981.

At the time of this study, SWRS was responsible for the operation of seven homes in Sweet Water County. Following are individual case studies regarding six of the homes for persons with mental retardation

operated by SWRS, Inc., and the one home established by a private citizen.

### Sponsor Responses

In 1975, the first of seven homes under the present sponsoring agency was established by a local advocacy group for the mentally retarded. Three members of the advocacy group, each having a handicapped child, were reported to be responsible for what is now the present day sponsoring agency. Funds were requested from the state Department of Human Resources to cover the operational costs of the home and were received.

In 1977 a second home was established in the downtown area of the city. Due to a lease disagreement, the first group home was relocated to the same neighborhood as the second home. Both group homes were leased from their respective owners and are in a recently designated historical district of the city. Because the second group home (Group Home A) was the first home to be established in the neighborhood of interest, discussion of the sponsors' responses will follow accordingly.

#### Group Home A

In 1977 a site for a group home was located and subsequently leased by the advocacy group. The home was established on its originally intended site, an area zoned for multiple use in the near downtown area. A low-profile approach was employed by the sponsor for neighborhood entry. It was reported, however, that "minor opposition" was encountered during the time the residents were settling into the home. The opposition was described as "low key" by one board member. A city councilwoman, who was also a member of the neighborhood association, approached

the advocacy group requesting information concerning the purpose of the home and the residents who were living in the home. According to a board member, the information she received was conveyed to the neighborhood association and apparently resolved any problems. The board member stated: "having the support and understanding from a city official did not hurt us." An open house soon followed and was described as "beneficial" by the board member. A summary of sponsor interview responses for all seven homes may be found in Table 1.

#### Group Home B

A low-profile approach was employed by the sponsor of the group home. The home was secured from a friend of a sponsoring official and was the only site under consideration. The sponsor reported no neighborhood awareness of the group home prior to the residents moving into the home. However, one neighborhood respondent reported that she was contacted by the owner of the home regarding her feelings toward a second group home in the neighborhood. Nevertheless, as reported by a board member, no problems were encountered with the neighborhood.

Because the sponsor had only 2 weeks to prepare the home for occupancy, much work had to be done in a short period of time. At least two civic groups in the city volunteered their assistance in preparing the home for the residents. Painting and light carpentry work were donated by the civic groups. Shortly thereafter an open house was held. According to a board member, important community leaders were invited to attend. It was the purpose of the sponsor to show the community that the sponsor had the support of city officials. It was also reported

Table 1  
Sponsor Responses to Interviews Regarding Establishment of Homes

	Home A	Home B	Home C	Home D	Home E	Home F	Home G
Sponsoring agency	SWRS	SWRS	SWRS	SWRS	SWRS	SWRS	Citizen
Number of lots considered	1	1	8	1	6	15	1
Length of time to establish home	1 yr.	4 wks.	2 yrs.	2 yrs.	2 yrs.	2 yrs.	1 yr.
Entry approach employed	low-profile	low-profile	low to high-profile	low to high-profile	low to high-profile	high-profile	low-profile
Opposition encountered	*	none	2 neighborhood meetings	petition, telephone calls	petition, zoning hearing	petition, town hearing	petition
Time of opposition	after occupancy	NA	prior to occupancy	prior to occupancy	prior to occupancy	prior to occupancy	prior to occupancy

\*Indirect mediation between the sponsor and a city councilwoman to the neighborhood association.

that there was "minor" newspaper coverage regarding the home. A summary of sponsor responses may be found in Table 1.

Currently, group homes A and B are the only homes being leased by the sponsoring agency. All of the other homes were constructed with loans from HUD.

#### Group Home C

This ARCNC-HDS/HUD home was established in the summer of 1982. The home was the third group home to be established by the sponsoring agency and the first HUD co-sponsored home. From the initial plans to establish the home until the residents moved in, approximately 2 years elapsed. Sponsor responses are found in Table 1 pertaining to Home C.

According to persons associated with SWRS, approximately eight lots were under consideration as a site for this home. Two lots were taken off the market when the owners became aware that a home for persons with mental retardation might be constructed on the lot, according to one SWRS board member. Eventually a lot was located, approved by the HUD architect, and purchased from its owner.

An initial low-profile entry approach was employed by SWRS, but nevertheless according to one board member, "opposition began at the time the surveyor's stake was set in the ground." Neighborhood opposition commenced when an unidentified neighborhood member received access to the blueprints of the home. Consequently, notices were distributed throughout the general neighborhood warning the neighbors about a home under construction for the "mentally deranged," according to one neighborhood member and a board member. As a result of the notices, a neighborhood meeting with an estimated 30 to 50 persons was organized. The

meeting was held to discuss the blocking of the home, as reported by one individual who attended the meeting. This person was a parent of a handicapped child and supported the opening of the home. No person from the sponsoring agency was invited or attended the meeting. The meeting became a "shouting match" according to the above parent. It was reported that most of the people in attendance were friends, or acquaintances, of the "exceptional parent." Nevertheless, there was confusion as to the type of home under construction: a home for the mentally ill or mentally retarded. As reported by the above parent, when "some" of the concerned neighbors became aware that the home was for persons like their neighbor's child, some opposition turned into "passive support." The remaining opposition was spearheaded by three couples who continued to argue that the neighborhood property value would decline, that the residents of the group home would be dangerous, and that the use of drugs would become prevalent in the neighborhood.

In an attempt to resolve the opposition and to educate the neighborhood as to the purpose and type of home under construction, a second meeting was organized by the exceptional parent and three members of the sponsoring agency were invited as speakers. Meanwhile, construction of the home was continuing.

Approximately 50 to 75 neighbors were reported to have attended the second meeting. According to the exceptional parent, opposition was still being voiced by the same people as in the initial meeting. As reported by SWRS officials, opposition was in reference to property values, personal safety, resident supervision, and fears that the home would not be well kept. Opponents of the home reportedly insisted that

the residents of the group home be "drugged" for security reasons, and also "kept out of the group home's front yard."

Following a slide show regarding community living for the mentally retarded and information pertaining to the condition of mental retardation presented by officials of SWRS, opposition continued to be voiced. Support for the home was limited to two instances, as reported by the SWRS personnel. One couple reportedly "welcomed" the home; and a black man who apparently experienced some difficulty before moving into the neighborhood, stood up and said: "I know what you are going through, I had to go through the same damn thing. I welcome you."

Nevertheless, amidst the opposition, the home was completed and the residents moved into the home. An open house was held by the group home and a "few" neighbors attended.

As reported by one board member, "public awareness created opposition." The same person described individuals at the neighborhood meeting as: "...coming with negative attitudes, and in most cases, one can't convince people. Not until they have first hand experience does this fear of the unknown cease," he added.

Another administrator involved in the establishment of this home supported the low-profile approach because: "We don't need permission to live in a neighborhood." This person has experienced that "when you announce to the neighborhood that you are going to set up a group home, they in turn say we don't want it in our neighborhood." It is therefore best to move in "quietly and unannounced," he concluded.

Several sponsoring agency officials were asked: "Would you do anything different if you were to establish the same home in the same

neighborhood?" Their responses were "no," with the exception of possibly locating "a more desirable lot." The prevailing attitude among the SWRS respondents regarding the site of the home was that they were fortunate to find a lot due to the HUD regulations. The lack of cooperation by the owners of the lots, after learning of SWRS plans to build a group home for the mentally retarded, was cited as another obstacle in addition to neighborhood opposition.

#### Group Home D

This home, the second ARCNC/HDS-HUD group home, was established in early 1984, after approximately 2 years in the planning process. The lot was purchased by a SWRS board member from a friend of the board member, and later sold to SWRS. It was the only lot under consideration as the site for this group home. The only zoning requirements that the home had to meet were those of the city, which were in harmony with state zoning laws pertaining to group homes.

An initial low-profile entry approach was employed by SWRS. However, a neighborhood member who became aware of the plans for the group home, from an unknown source, soon became inquisitive. The neighbor was approached by SWRS and the plans for the home were discussed with her. Subsequently, individual members were approached and similar discussions as to the plans for the home were conveyed to the neighbors. According to one neighborhood respondent, a petition was circulated throughout the neighborhood in the attempt to block the construction of the home. As reported by the sponsor and neighbors, at no time was there an organized neighborhood meeting. Found in Table 1 is a summary of sponsor responses pertaining to Home D.

During the slight unrest in the neighborhood, the proposed home was receiving attention in the local newspaper due to the dispute between state and county officials regarding the Continuity of Care Act. It was still unclear at this time as to where the burden of financial responsibility lay.

The proposed group home was to be built around the corner from a home for youthful offenders. According to a SWRS board member, the neighborhood was concerned about an over-saturation of caregiving homes in the area. Other neighborhood concerns, as reported by one board member, were related to property values, safety and neighborhood integrity, supervision of the group home residents, and that too much money was being used to build a home for the mentally retarded.

No support for the home was reported prior to, and/or during, the construction of the home. Nevertheless, during this period, the county commissioners approved the flow-through of federal and state monies for the construction and operational costs of the proposed home. The issue of financial responsibility had finally been agreed upon by the two governments.

A SWRS official was asked if he was to develop the home again in the same neighborhood would he do anything different? The official was of the opinion that when the individual contact was made with the neighbors the plans to educate the neighborhood "backfired." He therefore recommended a low-profile entry approach in an attempt to avoid neighborhood opposition.

Group Home E

The ARCNC/HDS-HUD home was opened in early Spring 1984. This home, like Home D, was somewhat delayed in its opening due to the Continuity of Care Act debate and a zoning hearing. This was a proposed HUD replacement home for an already operating leased group home in a business section of the city.

An option on the lot, which had been "on and off" the market for approximately 12 years, according to the lot's original owner, was taken by the sponsor after approximately six lots were considered. Eventually a neighbor, whose spouse was employed with the city, became aware of the home. A petition to block the proposed home was circulated and later denied. At this time, the sponsor requested a side yard variance from the zoning department due to problems with the lot. Following standard procedure, an official from the city went door to door notifying members of the neighborhood regarding the upcoming zoning hearing with the Board of Adjustment.

The sponsor of the group home was requesting a side yard variance of 2'0" on the north side of the lot. The south side had a 15' sanitary sewer easement through that portion of the lot. According to the city zoning regulations, there must be a 10' side yard on both sides of a home. Due to the easement on the south side, the side yard variance could only be 8'. Following, are portions of the official transcript from the hearing:

Architect: If this structure were 2 feet narrower in width the Board would not be meeting to face this situation, or if the easement did not exist we would not be considering the issue. This was a 100' lot and the request was for a 2' variance leaving 8'

of mean width. They are proposing a total of 32' in side yards. The minimum requirement is 20' for both side yards combined. The question before the Board is whether or not the location of the sewer easement on the lot is a clear hardship.

A motion was called to grant the variance and it was seconded. However, at this time the following questioning occurred from Board Members A, B, and C:

Member A:

... the house is too large for the neighborhood. Since ownership is not there I do not feel sure there are not other lots that would be acceptable.

Member B asking a question to Member C:

Would it hurt the value of other homes in the neighborhood to put a home of greater value on the street?

Member C:

It would devalue the other homes.

Board Member B then asked to withdraw his second, stating: "I cannot vote for anything which would devalue another person's home." Another second to the motion on the floor was called and taken. The motion was defeated 3 to 2 nevertheless.

When one reads the transcript from the above meeting it was apparent that the neighbors in attendance did not want the group home in their neighborhood. In fact, one neighbor was quoted as saying he was opposed to this type of home in the neighborhood and another neighbor agreed. Other concerns of the neighbors, according to the transcript and the sponsoring agency officials, were reported to be that the residents would pose a threat, that it was discriminatory against the neighborhood, and that the integrity of the neighborhood would suffer.

Following the denial of the variance request, a board member from SWRS reportedly asked the architect to eliminate 2' from the floor plans of the home. This was reportedly done, and the home constructed "in spite of it all," as reported by the above board member. Table 1 summarizes the sponsor responses regarding Home E.

#### Group Home F

Approximately 12 to 15 sites had been considered for this ICF/MR group home, according to a board member who was a local realtor. Finding a lot which met the requirements of HUD was cited as the major obstacle. Nevertheless, a couple of lots were taken off the market by the sellers when they became aware that a group home for the mentally retarded might be built on the lot. After a lot was approved by HUD and the official paper work completed, the seller attempted to take legal action to void the contract. However, attorneys for the two parties settled the dispute out of court, and consequently the home was constructed. The residents moved in during the winter of 1984.

According to the director of SWRS, a high-profile approach was implemented in the attempt to inform the neighborhood regarding the purpose of the home. However, it was not until the lot was purchased that the sponsoring agency initiated the high-profile approach. Several neighbors circulated a petition in the attempt to block construction of the home. Nevertheless, the petition was denied. The executive director of SWRS was contacted by a neighbor who was in support of the group home and she offered to arrange a meeting between the neighbors and people from the sponsoring agency. A meeting was held at the Town Hall and approximately 80 people attended, according to the director. The

director described the meeting as "awful and horrible." The director reported that many people came to the meeting believing that they were there to take a "vote" as to whether or not the home would locate in its proposed location. The director and two officials from the agency presented information to the audience about group homes for the mentally retarded. A film was also shown to reinforce their presentation but many of the people in attendance were not interested. When the neighbors became aware that there was "nothing they could do to block the opening of the home" they "marched out of the meeting," according to the director. However, the director reported that some neighbors approached her and reported that "not all of us feel that way about the home." Interestingly, as reported by a board member, the director, and one of the neighbors, much of the opposition came from "outside" of the neighborhood.

The high-profile approach as described by one board member, "kills the whole program." He reported that there is a "lack of public education about mental retardation, and therefore a lack of public awareness, acceptance, and knowledge of mentally retarded persons." This board member, who is also a realtor, recommended taking a low-profile approach when purchasing a lot because when the sellers become aware of the proposed group home, "they back out of selling it and take the lot off the market." The realtor reported that some of the present group homes are located on lots purchased by individual board members and later sold to the sponsoring agency. This was reportedly done in two instances, according to the realtor.

The director reported that she would not attempt the high-profile approach again. However, the high-profile approach implemented with this group home was in response to already mounting opposition. Some of the concerns of the neighbors, as reported by the director, were fears for their property values, neighborhood safety, that the local government was pushing the group home upon them, and that the sponsor's "snuck one in on them."

The director reported that the results of employing the high-profile approach indicated this approach was not worth using again. She reported that the time and energy expended for the meeting did not justify using the high-profile approach again. Table 1 provides a summary of the sponsor responses with regard to this home.

#### Group Home G

The group home was established in 1981 by a private citizen who had a mentally retarded child. The home was originally intended to operate as a private for profit corporation but, due to several administrative problems, financial backing of the home could not be obtained.

The home was purchased and remodeled at the expense of the private citizen. The developer of the home had had prior contact with city and state officials in order to clarify any questions regarding the requirements of local and state licensing. According to the developer of the home, approximately \$27,000 was allocated for the remodeling of the home. The home had been licensed to house seven residents. At the time of the interview five male mentally retarded adults were living in the home. Table 1 provides a summary of responses regarding Home G.

After the home was completed, the developer's son became the first resident and all operational costs were absorbed by the son's father. Due to a cut in state allotted community work placements in the sheltered workshop, no new residents could be eligible for placement in the home. It was at this time that backing for a private for profit group home could not be obtained. Although there were mentally retarded individuals in need of a group home placement, there were no employment opportunities in the community and, without a work placement, they could not be placed in the group home.

During the first year of operation, the home became temporary housing for five residents of a home operated by the other sponsoring agency identified in this study. Because a new home was in the process of construction when the lease of their present home expired, the five residents moved into the home developed by the private citizen, occupied by only one resident, the developer's son. Upon completion of the home, the five residents moved into their new residence.

According to the developer of the group home, he approached officials from his church's conference in the attempt to secure sponsorship of his home. A task force was organized to study the feasibility of the church's involvement in group homes for the mentally retarded. As a result of the task force, the church concluded there was a critical need for community based facilities and that the location of the existing group home was a suitable one. Consequently, the home which was already paid for by the private citizen was given to the church. Currently, he serves as the Chairman of the Board of Directors.

Funding of the group home is the responsibility of the church and ranges between \$15,000 to \$17,000 annually. The residents of the group home generate funds and expend these funds in the same manner as the residents in the other group homes under SWRS. Currently, this is the only group home sponsored by the church, but other homes are in the planning process.

### Manager Responses

#### Group Home A

The manager of this group home had been employed as resident manager for 18 months. He was in his final week of employment with the sponsoring agency during the time of the interview.

The home was licensed to serve five adults and was serving five moderately retarded male adults between the ages of 23 to 55 years. Three of the residents had been institutionalized previously and all of the residents were employed by the sheltered workshop. The manager reported that all of the residents have friends outside of the group home and that two residents attend church. All of the residents attend socials, buy from local stores, participate in neighborhood activities, and four of the residents were reported to use public transportation.

The home had 12 rooms, five of which were resident bedrooms. The home was reported to be in "good" condition and when compared to the other homes in the neighborhood the manager stated the home was the "same."

The neighborhood was reported to be above average, stable, cohesive, non integrated, and made up of white collar workers. The manager reported that the neighborhood had prior knowledge of the home

before the residents moved into the home. The respondent reported that he had "heard" the open house, following neighborhood entry, was "effective."

The manager reported that relations among the residents and the neighbors were "friendly." He also reported that the neighbors were "friendly" to him but that the neighbors were "passive" in their acceptance of the group home. The respondent reported that there had been "no change" in neighborhood attitudes regarding the home during his tenure as manager.

The interviewee reported that he favored the low-profile approach for neighborhood entry. He was of the opinion that "the high-profile approach only gives neighbors an opportunity to oppose the home."

The manager expressed his dissatisfaction with the support he was receiving from the administrator of SWRS. He complained about being under staffed, overworked, and this was the main reason for his job termination as group home manager. A summary of the managers responses may be found in Table 2.

#### Group Home B

The manager of this group home was employed by the sponsoring agency for approximately 5 years. She has served as resident manager in this particular home for approximately 12 months and a summary of her responses may be found in Table 2. The manager reported that the home was licensed to serve five mentally retarded adults. The home was currently serving five female adults between the ages of 26 and 35 years, classified as mildly to moderately mentally retarded, with three of the residents having been institutionalized previously. Three of the resi-

Table 2

Group Home Managers Responses Regarding Residents of Group Homes

	Home A	Home B	Home C	Home D	Home E	Home F	Home G
Residents in home	5 M	5 F	4 M	5 F	4 M	5 M	5 M
Classification of residents	mild	mild to severe	mild to profound	mild to severe	mild to moderate	severe to profound	mild to severe
Residents having friends in the neighborhood	5	5	4	5	2	5	2
Residents employed	5	5	4	5	4	5	3
Type of employment	workshop	3 workshop 1 fast food 1 nursing home	workshop	workshop	workshop	workshop	workshop
Resident involvement in community:							
attend church	2	5	4	5	3	5	5
attend socials	5	5	4	5	4	5	5
make purchases	5	5	4	5	4	5	4
participate in neighborhood activities	5	5	4	5	0	0	0

Table 2 Continued

	Home A	Home B	Home C	Home D	Home E	Home F	Home G
use public transportation	4	4	0	1	1	0	0
Residents previously institutionalized	3	3	3	2	3	3	0

M - males  
 F - females

dents were employed by the local sheltered workshop, one resident was employed in a fast food restaurant, and the remaining resident was employed in a nursing home. Two residents had been transferred from the group home during the manager's tenure; one resident returned to her natural home and the second resident moved into an apartment.

All five of the residents were reported to have friends in the neighborhood. The five residents were reported to attend church, attend socials, buy from local stores, and participate in neighborhood activities. Four of the residents were reported to use public transportation, according to the manager.

The exterior of the home was reported to be in "excellent" condition and the "same" when compared to the other residences in the neighborhood. According to the manager, the neighborhood in which the home was located was described as above average, stable, non integrated, cohesive, and consisted of white collar workers. The home had 14 rooms, five of which were resident bedrooms.

The manager reported that the neighbors were "accepting" of the residents and that she was "treated nicely" by the neighbors as well. The attitudes of the overall neighborhood regarding the group home was reported by the manager as having been "changed." She reported a more "positive and improved" change in the attitudes of the neighborhood and attributed the change to first hand experience.

The manager preferred the low-profile approach for neighborhood entry. She reported that the "low-profile approach allowed privacy and the same quality of life as anyone else." The manager said: "If I was

going to buy a home and move in, I would not ask permission from the neighbors."

#### Group Home C

The manager of this home had been employed in her present position approximately 15 months. At the time of the interview, the home was serving four mildly to profoundly mentally retarded adult males between 23 and 36 years. Three of the residents had been institutionalized previously, and all of the residents were employed at the sheltered workshop.

It was reported that the four residents have friends in the neighborhood. The "friends" were said to be several high school students who would play basketball and other outdoor sports with the residents. The opportunities for community involvement were reported to be the same for each resident of the home. The residents attend church and socials, buy goods from local stores, and participate in neighborhood activities. None of the residents were reported to use public transportation because a "bus line did not run close by."

The four residents had been in the present home for the 15 month period of employment of the manager. The length of stay for the residents of the home, as reported by the manager, was said to be indefinite. However, residents capable of semi-supervised apartment living would be transferred.

The home had five bedrooms with an adjacent three room apartment for the manager. The manager reported the exterior of the home as in "good" condition but considered the home to be "better" when compared to the other homes in the neighborhood.

The home was located in a low-average neighborhood when compared to the overall SES in the city, according to the manager. The neighborhood was considered to be stable and made up of both white and blue collar workers. The neighborhood was reported to be incohesive in terms of people doing things together and the neighbors "stayed to themselves."

Neighborhood members' present relationships with the residents of the home was described by the manager to range from avoidance of the residents to being supportive of them. "Support," as defined by the manager, was described as a next door neighbor who would do mechanical work on their car and a neighborhood volunteer working in the home periodically. "Avoidance" was defined as people in the neighborhood who would not speak or wave to the residents when seen out in the neighborhood. The manager reported her perceptions of the neighborhood toward herself as: "the caretaker of the residents in the group home." The manager described neighborhood attitudes as "generally the same, but somewhat better" than when she was first employed.

The manager was asked to recommend the entry approach she felt was the most appropriate for sponsors to employ when attempting to establish a group home. The low-profile approach was her preference because she was of the opinion that the high-profile approach "violated the privacy of the group home residents." The manager's responses are summarized in Table 2.

#### Group Home D

Interviews were conducted with the present manager (Mgr. A) and the manager who was employed in the home when it opened (Mgr. B). The length of employment for the managers were 2 months and 1 year, respect-

ively. Demographic data regarding the residents of the home were the same, as reported by both managers, concerning questions 3 through 15, 17, 18b, 18c, and 18e.

Following is a description of the different responses regarding questions 16, 18a and 18d. Mgr. A reported that during her tenure as the resident manager, one resident was transferred to the apartment living program. Mgr. B reported that one resident had returned to her natural home (question 16). Mgr. A reported that all five of the residents attend church, socials, make purchases, and participate in neighborhood activities with the residents of the home for youthful offenders, and that only one resident uses public transportation. Mgr. B reported that three residents during her tenure attended church, and that none of the residents participated in neighborhood activities (questions 18a and 18d respectively). A summary of Mgr. A responses may be found in Table 2.

The home was serving five females, ranging from 22 to 50 years. The residents were classified as severely to mildly retarded, and two residents had been institutionalized previously. All of the residents were employed by the sheltered workshop and were reported to have friends in the neighborhood; however, their friends were limited to the residents of the home for youthful offenders.

The home had five resident bedrooms with an adjoining three room apartment for the manager. Mgr. B reported the exterior of the home to be in "good" condition when compared to the other homes in the area, and Mgr. A was of the opinion that the exterior of the home was in "very

good" condition. Nevertheless, both managers considered the home to be the "same" as any of the homes in the neighborhood.

The neighborhood was considered by the managers to be in an "average" neighborhood, considering community socioeconomic status. Both managers reported that the home was located in a stable neighborhood of white collar workers. The neighborhood was not integrated, nor was it considered to be closely knit, as reported by the respondents. During the initial planning of the home, Mgr. B reported neighborhood awareness prior to the construction of the home, and Mgr. A had "no idea."

Mgr. B reported no neighborhood opposition to herself, staff, or any of the residents during her 12 months of employment. However, Mgr. A reported that "minor" opposition had been encountered. Mgr. A had received complaints about garbage cans being "left out" in the front yard for too long during the day, and that the grass cuttings from mowing the yard needed to be swept from the yard after each cutting. Neither manager reported receiving any support from the neighborhood, with the exception of persons in the Youth Care Home.

Mgr. B conducted an open house several months after the home was in operation and reported neighborhood reaction to the open house as "pretty good." She felt the open house provided the opportunity to allow the neighbors to come into the home and get acquainted with the residents. Mgr. B reported that at least one neighbor's relationship with the residents had progressed from "insecure, to one of secure" after seeing and talking with the residents of the home. Both managers reported that most of the neighbors they had come in contact with were "friendly." Mgr. A reported her perceptions of the attitudes of the

neighbors as "getting better, they (attitudes) are coming around," she said.

Mgr. B selected the high-profile approach as the strategy sponsors should employ when entering neighborhoods. She explained: "It is important for neighbors to know what type of residents are moving into the home." Prior notification, according to Mgr. B, "may limit confusion and misconceptions about mentally retarded people." Mgr. A, however, selected the low-profile approach based on the fact that "we don't announce to the neighborhood we are moving in; it's not part of normalization." Mgr. B was advocating that sponsors should "move in, and then educate the neighborhood if necessary."

#### Group Home E

The manager had been in the home since its opening in March 1984. The home was licensed to serve five residents, but at the time of the interview there were only four male adults living in the home. The residents were classified as mildly to moderately mentally retarded, and ranged from 32 to 48 years. Three of the four residents had been institutionalized previously, and all of the residents had jobs in the sheltered workshop.

According to the interviewee, two residents had the same friend in the neighborhood. With regard to the residents involvement in community activities, it was reported that three residents attend church, all of the residents attend socials and make purchases from the local stores, one resident uses public transportation, and none of the residents participate in neighborhood activities.

The respondent reported the exterior of the home to be in "excellent" condition and the "same" when compared to the other homes in the neighborhood. The manager noted, nevertheless, that the landscaping "could use some attention."

The neighborhood was described as upper middle class, stable, non integrated, and not closely knit. The manager considered the members of her neighborhood to be a mix of blue and white collar workers. Interestingly, considering the extent of neighborhood opposition prior to the construction of the home, the manager was not aware of when the neighborhood became knowledgeable about the plans for the home.

The respondent reported instances of what she considered to be opposition from the neighborhood. She reported 2 to 3 telephone calls from different neighbors regarding an outside light which was occasionally left on during the night. It was also reported that one neighbor complained about residents walking across her front yard during their evening walks through the neighborhood. It should be noted, however, that the neighborhood was a subdivision which had no sidewalks, leaving everyone in the neighborhood to walk on the streets and/or the front portion of the yards.

The manager reported that two of the residents had received what she considered to be support from one woman in the neighborhood. During the open house at the group home, this woman extended an open invitation to two of the residents to visit her for an occasional snack and conversation. The residents had had several visits with the neighbor since her invitation, according to the manager. The manager herself reported

that she had never received any support from a member of the neighborhood.

The interviewee reported the neighbors' reactions to the residents of the home as ranging from "ignoring the residents," to being "friendly." The manager stated that "most" of the neighbors "refused to acknowledge the residents' presence" in the neighborhood.

In reference to attitudinal change among the neighborhood toward the group home residents, the manager reported that because nothing "bad" had happened, the neighbors had "settled down." Unknown to the members of this neighborhood was the fact that the manager's handicapped child was sexually molested by one of the group home residents, and consequently she was in her last week as manager of the home. Found in Table 2 is a summary of the manager's responses.

The manager selected an interesting, yet seldom employed, entry strategy. She recommended sponsors of group homes to: 1) sample a few neighborhoods where homes could be constructed; 2) if any opposition surfaced, go low-profile; 3) if advocates or supporters of the prospective home were found, use them to your advantage; and 4) educate the other neighbors after the residents move into the home.

#### Group Home F

The interview was conducted with a manager of the group home who had been employed in the home since it opened, approximately 8 months. The home was licensed to serve five residents and, at the time of the interview, five severely and profoundly mentally retarded adult males between 22 and 46 years were living in the home. Two of the residents were non-ambulatory, and three of the residents had been institutional-

ized previously. All of the residents were employed by the sheltered workshop, according to the manager. Placement in the group home was considered to be for an indefinite period of time, and all of the residents had lived in the home since its opening. It was reported by the manager that the residents had the same high school student in the neighborhood as a friend. The five residents were reported to attend church, buy from local stores, and attend socials. None of the residents used public transportation or participated in neighborhood activities.

The staffing pattern of this home differed from the staffing pattern of all the other group homes in this study. Due to ICF/MR standards, two staff persons worked the hours between 7:30 a.m. and 3:30 p.m. Monday through Friday, two other staff members worked between 2:45 p.m. and 10:45 p.m. Monday through Friday, and a fifth staff person worked between 10:45 p.m. and 8:45 a.m. Monday through Friday. The person working the third shift was required to be awake during his or her working hours and, therefore, there was no resident manager bedroom. Two staff persons worked between the hours of 6:45 a.m. and 10:45 p.m. on Saturdays and Sundays, and another staff person worked between 10:45 p.m. and 8:45 a.m.

The home was a standard HUD design, having 14 rooms, five of which were resident bedrooms. The manager reported that the exterior condition of the home was "good" and the "same" when she compared the home to other homes in the neighborhood. The home itself was located in an above average, stable neighborhood, with white collar workers, as reported by the respondent. The neighborhood was not considered to be

closely knit, nor was it integrated. The manager reported that the neighborhood became aware of the group home prior to its construction.

The manager reported that there were "good neighbors" and "bad neighbors." She reported what she considered to be opposition received from one particular neighbor. This neighbor reportedly represented a "group of watchdogs" or "overseers" for a minority of overly concerned neighbors. The manager received phone calls from this person concerning parking etiquette in the neighborhood. She was told that if the home was to "fit-in" with the rest of the neighborhood that cars should be parked in the driveway and not on the street in front of the house. The manager reported isolated instances of support, however, always from the same neighbor. Support was more in a show of "friendliness and understanding," according to the respondent.

When requested to describe the neighbors' relationship with the residents and the managers, it was reported that there was really "not much contact" between the neighbors and the residents or managers. The manager reported that some neighbors would say hello and others would say nothing, even when spoken to by the residents. The general neighborhood attitude regarding the group home was reported to have been "unchanged" over the 8 month period the home had been in operation. The respondent was of the opinion that the majority of the neighborhood was still "watching and waiting."

The respondent reported that she favored the low-profile entry approach. She, like many of the other managers, did not favor "telling people we are coming, as if asking for permission to come into the neighborhood." Table 2 provides a summary of the manager's responses.

Group Home G

An interview was conducted with the manager of this particular home. He had been employed as the manager since the opening of the home in 1981. A summary of his responses may be found in Table 2.

The home is licensed to serve seven residents and is housing five mentally retarded adult males between 22 and 45 years. Three residents have been classified as severely mentally retarded and the remaining two residents are mildly retarded. Three residents of the home are employed by the sheltered workshop and two residents attended an adult basic education program sponsored by a community college. The manager reported that the group home is a permanent placement for the persons living in the home and no residents have been transferred to another placement during his tenure as manager.

In reference to the residents' involvement in the local community, the respondent reported that two of the residents had friends in the neighborhood, all of the residents attend church and socials, and that four of the residents make purchases from local stores. None of the residents were reported to use public transportation or participate in neighborhood activities.

The manager of the home, his wife, and two children lived in the home on a permanent basis. There were two relief managers available as needed, as reported by the manager. The respondent reported that there was an individual associated with the home who was designated as a public relations person. Her primary role was to solicit funds from the various churches in their conference to support the group home.

The home consisted of seven bedrooms and included a small apartment sectioned off from the rest of the home where the manager and his family resided. The exterior of the home was reported to be in "fair" condition. When the manager was asked to compare the home to other homes in the area, he stated that it was the "same." According to the respondent, the home was located in an above average, white collar, stable neighborhood.

The interviewee reported that the neighborhood had become aware of the plans for the group home prior to the residents moving into the home. The manager reported that prior to the opening of the home, one member of the neighborhood circulated a petition in the attempt to block the home from opening. However, the petition was to no avail, as the neighborhood did not support the petition. The manager reported that the framer of the petition later moved from the neighborhood. Support of the home was attributed to the fact that, at one time, a mentally retarded person had lived in the home with his family prior to the genesis of the group home.

The respondent reported that the residents had "very limited" contact with the neighborhood. The manager reported that there had been "no change" in the attitudes of persons in the neighborhood regarding the group home. He reported that members of the neighborhood "stay to themselves" but will "talk and wave to the residents" of the group home when they were seen walking about the area.

The manager reported that persons with behavior problems were not allowed or considered for placement in the group home. The respondent reported that they had been "very selective" in the admission process

for placement in the group home. He reported that because this was the first home sponsored by the church, they wanted to "maintain a positive image with the community" and, therefore, no person with a behavior problem would be admitted to the home.

### Neighborhood Responses

#### Group Homes A and B

This situation involved two group homes located in the same neighborhood. If an interviewee was aware of the two group homes then the interview schedule pertained to both homes. If a respondent was aware of only one home then the interview was in reference to that home.

Table 3 summarizes the neighborhood respondents responses.

Ten homes were approached in the neighborhood; however, one respondent was later disqualified because she was not aware of a group home. Only one home refused to participate. Seven of the eight remaining respondents were female, two respondents had children living in their homes, and an equal number of respondents reported owning or renting their homes. Respondents length of time in the neighborhood ranged from 2 to 22 years. Four respondents held white collar jobs, two respondents were housewives, one respondent was retired, and the other respondent had a blue collar job. Six of the respondents reported having had prior experience with a mentally retarded person.

Of the eight respondents, four reported being aware of both group homes, three respondents were aware of Home A, and one respondent was aware of Home B. Of the four respondents aware of both group homes, one respondent reported having had prior knowledge of Home B, and the remaining three respondents became aware of the two homes after the

Table 3

## Neighborhood Responses Regarding Presence of Group Homes

	Homes A and B	Home C	Home D	Home E	Home F	Home G
Homes approached for participation	10	15	12	9	9	8
Homes refusing to participate	1	6	4	1	1	1
Homes disqualified	1	3	2	0	0	2
Homes participating	8	6	6	8	8	5
Respondents reporting ownership of homes	4	6	6	8	8	5
Respondents having children in the home	2	4	5	4	5	2
Length of time in the neighborhood	2 to 22 yrs.	4 to 25 yrs.	3 to 20 yrs.	15 to 37 yrs.	14 mos. to 21 yrs.	2 to 20 yrs.
White collar workers	4	1	6	2	4	1
Blue collar workers	1	5	0	0	0	1
Retired	1	0	0	4	1	1
Housewives	2	0	0	2	3	2
Respondents reporting opposition	1	1	3	5	2	0

Table 3 Continued

	Homes A and B	Home C	Home D	Home E	Home F	Home G
Respondents reporting support	1	0	1	1	1	1
Respondents aware of meeting	0	3	0	8	8	0
Respondents attending meeting	0	1	0	5	4	0
Previous experience with a mentally retarded person	6	1	3	1	4	2

residents had moved into the homes. One of the three respondents aware of Home A only, reported having had prior knowledge of the home. The respondent aware of Home B became aware of the home after the residents had moved into it.

Seven respondents reported that they were not in opposition to the home(s). The one respondent who reported opposition stated that she was not "vocal" in her opposition and did not "actively" oppose Home B. Seven respondents reported that they did not support the home(s) initially, but one interviewee reported that she had discussed Home A with a friend and "looked forward" to the home in her neighborhood.

Three of the respondents described the residents of the home(s) as "good neighbors." Nevertheless, the same three interviewees reported that parking was a problem, that there was "poor communication" between the managers and the neighborhood, or that two group homes in one neighborhood was "enough."

Two participants expressed that group homes were a good idea because "they needed to live somewhere," and 25% of the interviewees reported that the group home was "no problem" or that "it was no bother." One respondent said the group home should be "elsewhere." Three respondents had no comments to offer.

The way the neighbors currently felt toward the group home(s), when compared to their initial feelings regarding the home(s), were reported to be the "same" by each of the respondents. Two respondents reported that they did not see too much of the residents, and one respondent said that some of the residents "often wandered about the neighborhood."

Four of the respondents could not give an opinion regarding the attitude of the neighborhood in reference to the group home(s), but one respondent reported a concern about the possible "downgrading" of the neighborhood due to the homes. One respondent reported that the neighborhood had grown tolerant of the home and another respondent reported that in his opinion, "some people in the neighborhood think that the residents are crazy." Another respondent reported that she felt the neighborhood had done well in accepting two group homes and that the neighborhood did not want, or need, another home.

Three of the participants did not have any "suggestions" to future group home developers. Three of the interviewees suggested that the sponsoring agency should increase public education programs relevant to group homes for the mentally retarded. One respondent reported that the residents of the group homes needed "more activities" because the residents had "too much free time because the managers were not doing enough." Another respondent reported that group homes should be placed "out in the county" but that there was little she could do about it because "they (the sponsor) will put them where they want to anyway."

#### Perceptions

The two group homes are nicely kept and are located in a very attractive neighborhood. During the period in which the two homes were established, the city had zoning laws prohibiting the establishment of group homes in areas zoned for single families. The neighborhood where the two homes were located had two small apartment complexes on one end of the block.

The neighborhood respondents were very supportive of the group homes, but felt two group homes in one neighborhood were certainly enough. Nevertheless, the respondents in the neighborhood were very friendly and supportive to the researcher during the interviews.

#### Group Home C

Interviews were conducted during the month of June 1985. Fifteen residents within a two block radius of the group home were approached. A total of six refusals to participate in the survey occurred. Refusals to participate in the survey were conveyed in such a negative manner that one was left questioning just how accepting the neighborhood was of the home after its 3 years in the neighborhood. Neighborhood responses are found in Table 3.

Nine persons agreed to participate in the survey. However, three individuals were disqualified because they were not aware that a group home existed in their neighborhood. The six remaining respondents were white males, and four of them reported having children between the ages of 6 to 21 years living in their homes. All of the respondents reported owning their homes, and the length of residency in the neighborhood ranged from 4 to 25 years. Five of the respondents held blue collar jobs and one a white collar job. One respondent each reported having had prior experience with a mentally retarded person and having been opposed to the home.

Two interviewees reported becoming aware of the group home when a petition was presented to them attempting to block the opening of the home; one respondent did sign the petition. Three respondents reported that they became aware of the group home from neighbors, and one respon-

dent reported that he became aware of the home through the newspaper. None of the respondents reported supporting the group home. Regarding the two neighborhood meetings, three respondents reported being aware of the meetings but only one interviewee attended the meetings. The respondent who attended the meetings did so because he "did not want a group home in the neighborhood."

Three respondents reported that their overall attitudes regarding the group home had changed. The change was described as feelings of apprehensiveness, due to anticipated trouble caused by the residents of the group home, to that of acceptance because their fears were unwarranted. Three respondents reported that group homes were either a good idea and that the mentally retarded needed somewhere to live, or that a group home for persons with mental retardation was more acceptable than a home for delinquents.

When requested to express their feelings regarding the residents of the group home as neighbors, two interviewees reported that they had no idea due to having no contact with them. Two of the respondents reported that they were "all right" neighbors because they "did not bother me," and two reported the residents as "friendly" people.

The sample was also asked to describe the attitude of the neighborhood regarding the home. One respondent replied that as far as he was concerned the neighborhood was "accepting" of the group home, but five of the respondents were not aware of the neighborhood attitude regarding the home. Two of the respondents had no suggestions to make to future developers of group homes, nor to those of the present home. However, two respondents complimented the sponsor of the homes because the

respondents believed that the managers were doing a "good job." One respondent said that the "dangerous" ones should be supervised, and the final respondent believed "that it was to the residents' benefit to be living in a group home" as opposed to an institution.

### Perceptions

This is the last home on a three block dead end road. The home itself was of standard HUD design. The surrounding neighborhood had been experiencing the pains of integration over the years, according to sources. Located approximately 10 blocks from the group home was a federally funded housing project and a large shopping area. In terms of neighborhood desirability in the city, it was not one of the "best" neighborhoods, as reported by some SWRS respondents.

Judging from the remarks of some neighborhood members, racial prejudice still existed in this area of the city. Degrading remarks were made by some of the respondents in the neighborhood survey. At least eight homes in a three block radius were on the market for sale, and this researcher attributes so many homes for sale due to the integration of the neighborhood currently taking place more so than the group home being in the area.

During the group home manager's interview, many comments regarding the neighborhood were restricted and filled with skepticism. Upon completion of the neighborhood survey, the interviewer was left questioning the relationship of the neighborhood toward the group home and its residents.

Group Home D

Interviews were conducted during the month of June 1985. A total of 12 homes on the three block dead end street where the group home was located were approached. A total of four households refused to participate in the survey. Eight persons agreed to participate in the survey; however, two interviewees were later disqualified. A summary of the neighborhood responses may be found in Table 3. One respondent was not aware that a group home for the mentally retarded existed in her neighborhood, and the second respondent closed the door when asked: "How did you become aware of the home?" The final sample of neighborhood respondents was comprised of five white males and one white female.

Five respondents reported having children living in their homes from the ages of 4 to 21 years. All of the interviewees reported owning their homes, and the length of time the respondents had lived in the neighborhood ranged from 3 to 20 years. All of the interviewees had white collar jobs. An equal number of respondents reported either no prior experience and/or prior experience with a mentally retarded person. Five respondents reported becoming aware of the home from the newspaper. The remaining interviewee reported becoming aware of the home by a petition to block the home which he did not sign.

Three of the six respondents reported personal opposition to the home prior to its opening, and five respondents reported no support during the opening of the home. One respondent reported that she supported the home because the residents "needed somewhere to live." None of the respondents were aware of a neighborhood meeting regarding the group home. When asked to express their feelings with regard to the

group home and its residents, three respondents replied that the home "did not bother" them and that the residents were "good, friendly neighbors." One respondent replied that he would be satisfied if the home was somewhere else. Another respondent reported that she stayed away from the group home "because they (the residents) are too different." The final respondent replied that as long as there was no trouble the home was "all right," and that he did not know the residents as neighbors. Two of the participants stated that the attitude of the neighborhood toward the group home was "not good," two respondents said that they were not aware, and two respondents reported that they had heard nothing "bad" about the home since it had been in operation.

The respondents were asked if they had any "suggestions" they would like to make to future group home developers. Four respondents had no suggestions, one respondent said that the group home needed to "look more like" the rest of the homes in the area, and the last respondent said there was "too much money spent on free housing."

### Perceptions

The home was located in a very nice section of the city. The home itself was on a corner lot beside a heavily traveled road. If a resident was to wander away, her safety would indeed be placed in jeopardy. The neighborhood was described by a sponsoring agency official as a "cosmopolitan" area.

The atmosphere of the neighborhood, in the researcher's opinion, was one of coolness and distance. Several of the respondents appeared hesitant and guarded in their responses. One respondent asked if the

reason for conducting the survey was because "they were going to build another home in the area."

#### Group Home E

Interviews were conducted during the month of June 1985. The interviewer approached nine homes and received only one refusal to participate in the survey. Five white males and three white females were eager to participate. Table 3 summarizes the responses of the eight participants.

Four respondents had children living in their homes between 12 and 18 years. All of the respondents owned their homes and had lived in the neighborhood from 15 to 37 years. Four of the respondents were retired, two were employed in white collar jobs, and two were housewives. Only one respondent reported having had prior experience with a mentally retarded person. Three of the respondents reported becoming aware of the group home from a neighbor, four interviewees reported that they were made aware of the plans for the home from a city official regarding the request for a zoning variance, and the remaining respondent said he was made aware of the home when a petition to block the home was presented to him; however, he reported that he did not sign the petition when asked to do so.

Five respondents reported opposition to the proposed home. Two of the five persons in opposition were of the opinion that a group home "did not belong in the neighborhood." The remaining three respondents in opposition reported concerns about a perceived negative impact on their property values.

Three participants reported that they were not in opposition to the home; however, one respondent said she would have been in opposition if the home was "next door" to her home. The remaining two interviewees were of the opinion that persons with mental retardation "needed somewhere to live," or that they "had a right to be here as much as anyone else."

Although all of the respondents were aware of a meeting regarding the proposed home, three respondents did not attend the official zoning hearing. Nevertheless, seven of the respondents reported that they did not support the home in any manner. One interviewee reported that she supported the home, in theory, wholeheartedly.

The respondents were asked to express their current attitudes toward the home. Five of the respondents reported negative comments. Following are the comments of the five neighbors:

1. I just soon it wasn't there, it's not the type of thing which should be in an established neighborhood.
2. It (the home) bothers me. The yard is in poor condition and the home will hurt property values.
3. It's a waste of government money, the home was built in a hole.
4. It is not fair to have this home pushed upon us by the government.
5. The home is not well kept, and besides, it was a poor lot to build on.

The remaining respondents reported that the home was a "good thing," the home was "no bother," or "I never said anything against it."

The researcher then followed up, asking the respondents how they would describe the residents of the home as neighbors. Without any hesitation, three of the neighbors snapped at the interviewer and replied,

"they aren't neighbors." When asked to elaborate upon their comment only one respondent would do so, and he replied, "they are isolated." Two of the respondents replied that the residents of the group home "needed somewhere to live," and two of the neighbors reported that the residents were "quiet" or "friendly." The final respondent stated that she had "no idea," because she "stayed away from the home."

In reference to the question pertaining to the neighbor's feelings toward the group home residents, two respondents stated that the residents "should be in an institution," and two respondents reported that the residents "should be somewhere else." Three other respondents said that the residents needed "somewhere to live," while the last respondent simply stated that "the home was a waste of government money."

Reluctantly, each respondent was asked to give their opinion of the neighborhood attitude toward the group home. Five of the participants reported that there were "poor" feelings about the home. They stated that "no one wanted them here in the first place" or "no one has anything to do with them." One respondent reported that he was not aware of the neighborhood attitude, while another neighbor stated that she had not heard anything negative since the residents had moved into the home. A friendly gentleman speaking about the neighborhood members smiled and said, "they are shallow-minded people." He was making reference to those people in the neighborhood who were in opposition to the home.

In concluding the interviews, each respondent was asked if he or she had any suggestions for future group home developers. Two respondents had no suggestions; three of the respondents reported that "group homes were a waste of money;" one respondent said that developers should

"look around until they found an area that did not mind having a group home in their neighborhood;" one respondent reported that the "lots on which homes were built should be larger;" and one interviewee reported that "residents of the group home should not be taken out of institutions by the sponsors of group homes."

### Perceptions

Needless to say, this was indeed the most interesting study of the development of a group home encountered. One cannot place judgement upon those in the neighborhood, but one must question whether public education about mental retardation and those persons with mental retardation would have helped. It appeared doubtful that education would have changed the attitudes expressed.

It was apparent that many of the neighbors did not like the new manager of the home: he happened to be black, and at times it was reported that some of his "friends" would come over to the house. Nevertheless, the neighbors were angry toward the manager for turning the home into a "garage." Repair work on several cars had occurred since the new manager arrived, according to several complaining neighbors. In that respect, some of their complaints may be valid; however, the researcher questions what reaction the neighbors might have had, had the manager been of another race.

The long term effects upon the residents of the home, the managers of the home, and the neighborhood due to the obvious prevailing "coolness" in the air raise questions about this home. The neighborhood members' future relationships and attitudes to other mentally retarded

persons may be influenced as a result of their poor experiences with this home.

#### Group Home F

Interviews were conducted with eight respondents during the month of July 1985. Only one household refused to participate in the survey. Four respondents were white males and the remaining four were white females. Table 3 provides a summary of the respondents' answers. Five of the respondents had children living in their homes ranging from 1 to 21 years. All of the respondents owned their homes and had lived in the neighborhood between 14 months and 21 years. Four of the respondents held white collar jobs, three of the respondents were homemakers, and one respondent was retired. Four of the respondents had had prior experience with mentally retarded persons. Six respondents became aware of the plans for the proposed group home from a friend, and the remaining two were made aware of the home when each was asked to sign a petition; neither did, however. Six of the respondents reported that they were not opposed to the home, and two respondents reported that they were opposed to the home, either because they feared that property values would decline and/or that the residents would pose a threat to the neighborhood.

All of the respondents were aware of a meeting in reference to the home which four of the interviewees reported attending. Seven of the participants reported no support for the home, while the remaining respondent reported offering her assistance to the sponsor.

The respondents were asked to comment on their present feelings toward the home and how each would describe the residents as neighbors.

Four respondents reported that the home was well kept and/or clean; and three reported that the home should "benefit the residents," that "they needed somewhere to live," or that group homes were "needed." The last respondent reported that the home was "better than expected."

With regard to the group home residents as neighbors, seven respondents reported positive comments such as: "they are better neighbors than most" or "friendly, nice, clean, and good neighbors." Only one respondent reported that he did not have "enough contact" with the residents to give an opinion.

Five respondents reported that they had changed their feelings about the home in a more positive direction since the home had been in operation. The remaining three respondents reported that their attitudes regarding the home had always been positive.

The neighbors were asked to describe the overall attitude of the neighborhood regarding the group home. Two of the respondents believed that the neighborhood had accepted the home, three of the respondents reported that attitudes had gotten "better," two respondents stated that there has been no complaints or that things have settled down, and the remaining respondent said he had no idea.

Three respondents had no suggestions for future developers of group homes, two of the respondents stated that the house was too large or that the lot was too small, one respondent would have liked the group home design to "fit" with the other homes in the area, two respondents reported that it would have been better for the sponsor to have explained to the neighbors ahead of time about the plans for the home because

"just too many rumors got started." The remaining respondent wanted to tell the sponsors to "keep up the good work."

### Perceptions

This was the last of seven group homes established by one particular sponsoring agency. Due to the difficulty the sponsors had in locating a lot which met HUD requirements, the lack of funds for purchasing a suitable lot, and in a couple of instances, lots being taken off the market by the sellers, approximately 15 lots were considered for this ICF/MR group home.

The home itself was located in a very nice area of the city and in a white middle class neighborhood. As with most of the lots the group homes were constructed upon, the landscaping left a little to be desired. Nevertheless, the exterior of the home and the yard were well kept.

The neighborhood itself appeared to be growing accustomed to the fact that there was a group home for the mentally retarded in their midst. Many of the neighborhood respondents had found the home and the residents to be better than what they had anticipated.

Although it was reported that the home encountered opposition prior to its opening, only one respondent reported being in opposition to the home prior to its opening. The respondents were courteous to the interviewer and, at times during the interview, some respondents appeared to be embarrassed at the fact that there was a meeting at the Town Hall. Some of the respondents apparently felt that having had a meeting made the neighborhood look "bad."

Group Home G

Seven interviews were conducted with residents of the neighborhood where the group home was located. The interviewer encountered one refusal to participate in the neighborhood survey, and two respondents were disqualified because they were not aware a group home existed in their neighborhood. A summary of the five respondent responses may be found in Table 3.

The five respondents were females, three of whom reported having no children living in their homes. All of the interviewees were homeowners and the length of residency in the neighborhood ranged from 2 to 20 years. Two respondents were housewives, one held a white collar job, one a blue collar job, and the remaining respondent was retired. Two of the respondents reported having had prior experience with a mentally retarded person, while all of the respondents reported no opposition to the group home. One interviewee reported supporting the group home and said she had refused to sign a petition one neighborhood member had circulated in the attempt to block the development of the group home. No other respondent reported being aware of a petition.

Four respondents reported favorable comments regarding the group home in general, but only two respondents commented on the residents as neighbors. The interviewees reported that the residents were "friendly" and also "good neighbors." One respondent reported a positive change in her feelings regarding the group home since its opening.

One respondent reported that she felt the neighborhood had accepted the group home; four respondents reported that they could not report about the neighborhood attitude toward the home. Three interviewees had

no suggestions to make to group home developers and one respondent reported that she felt group homes had to meet "too many regulations." The remaining respondent was of the opinion that group homes should be located in residential areas so that the residents would have "access to the community."

### Perceptions

The home was originally developed by a private citizen as a private for profit endeavor. Nevertheless, the home was later relinquished to a church organization as a private non-profit operation.

The manager of the home had previously been a manager of a home operated by SWRS. The son of the original developer was a resident of the above home. The developer of the home did not discuss any dissatisfaction with the SWRS operation; however, the manager was very expressive as to his disgust with his previous employer. He admitted that he would not support a group home on his block, operated by SWRS. He reported several residents of SWRS homes were capable of "destroying the group home operation." He stated that there were at least two residents who were sexually and/or physically aggressive and dangerous and who posed a realistic threat to residents in the group homes. He reported a lack of organization and supervision from the administrators of SWRS as a weakness in its current operation. The manager considered some placement of the residents into the homes as inappropriate and a disservice to the deinstitutionalization movement.

The home was located in close proximity to what was described as the "country club" area of the city. The home was on a corner, across the street from several apartment complexes, and next to a public

school. The interior of the home was very neatly kept but the exterior of the home was in need of some minor repairs. The manager of the home reported that painting of the home had been requested several times by himself but that it had yet to be done. Money was the major barrier to having the home painted.

Members of the neighborhood were friendly and appeared to be adjusting to the residents adequately. It must be noted, however, that the developer's family was from the neighborhood and that his son had grown up in the area. Many of the neighbors in the area, according to the manager, knew the developer and his family and, therefore, did not oppose the home.

## CHAPTER 5

### Grouped Data Results

Interviews conducted with officials associated with Sweet Water Residential Services, the private developer, managers of the group homes, and members of neighborhoods where group homes were established yielded a wide range of information. The case study narratives of the seven group homes were compiled using interview data retrieved from all sources.

Discussions of each home employing data obtained from the above sources are included in this Chapter. Grouped data are also presented for the seven group homes available for the study. Prior to the discussions and reporting of the grouped data are narratives regarding the two sponsors' overall experiences with the development of their respective homes.

### Sweet Water Residential Service

According to officials associated with SWRS, community opposition to the establishment of group homes for persons with mental retardation was viewed as a "real problem." Opposition was reported to begin at the "setting of the surveyor's stake," according to one board member. It was not necessarily the neighbors next door who expressed group home opposition, as reported by the respondents, but rather one to three influential persons in the neighborhood who were the catalyst to the opposition. The above individuals were responsible for the framing and distribution of petitions in their attempts to block the opening of a group home in their neighborhood.

Neighborhood opposition to group homes for the mentally retarded has its roots in the "fear of the unknown," according to a SWRS board member. Other reasons attributed to neighborhood opposition, according to the SWRS respondents, were cited as fears for: a decline in property values, personal safety, and neighborhood reputation. One SWRS official believed a major barrier to the public's acceptance of homes for the mentally retarded was that the general public could not distinguish between the mentally retarded and the mentally ill.

Opposition was so potent as many as 15 site selections for one group home was necessary. Problems were encountered in the purchasing of lots to such an extent that one board member stated: "We get the scum of the lots; no ordinary person would purchase lots we have had to purchase, much less build a home on the lot."

As reported by SWRS officials, public education programs regarding group homes for the mentally retarded were not considered to be "too successful." In fact, when public education efforts had been employed, opposition appeared to be stronger. Consequently, according to the SWRS board members and its director, the low-profile approach for neighborhood entry had become the preferred method. Naturally, as a result of the previously discussed Hobby case, SWRS officials were cognizant of their right to establish group homes and, therefore, the statute reinforced their method for neighborhood entry.

#### Private Citizen Sponsor

Although there was only one group home developed by this person, he had had in depth experience with group home development in the past.

The developer at one time served on the board of directors of SWRS before branching off on his own private endeavor.

Prior to purchasing the home, the developer of Home G contacted local and state authorities to assure that he would not have difficulty in the acquisition of a license for the home. Consequently, the home was purchased and renovations commenced. It was during this time that a neighbor circulated a petition which was to no avail. In fact, according to the developer, a couple of his friends rallied around him and supported the home.

The developer of this home attributed neighborhood acceptance to neighbors' prior experience with at least two retarded persons who had grown up in the area. According to one source, the developer of the home was a powerful individual about town and opposition to the home was his last concern, if at all.

Although the developer approached local and state authorities prior to the development of the home, he did not do so to receive their blessing, per se. He wanted only assurance that the home could meet the standards for licensing. The developer at no time approached the neighborhood to notify them of his plans for a home for the mentally retarded. The developer was of the opinion that if his home met the necessary local and state standards that was all the permission he needed to establish the home. Inasmuch as the developer possessed that attitude, no public education efforts were employed.

Research Question 1. How do group homes that encountered opposition differ from those that did not encounter opposition?

Of the seven homes available for comparison, six group homes were developed by SWRS and the remaining home (Home G) was developed by a private citizen who later secured sponsorship of the home from a church organization in the state. Interviews were conducted with officials of the sponsoring agency, the private developer, managers of the group homes, and persons living in the neighborhoods where group homes were located. According to the sponsoring agency respondents, six homes encountered some instances of neighborhood opposition, while Group Home A did not.

#### Sponsorship of Homes

Group Homes A through F were developed by SWRS. Group Home G was initially developed by a private citizen and later spun-off to a private non-profit church organization.

#### Entry Approach Utilization

Group Homes A, B, and G were products of a low-profile entry approach. Homes C, D, and E employed a low to high entry approach. An initial low-profile approach was employed in each of the above three homes; however, due to neighborhood awareness and subsequent neighborhood opposition, high-profile approaches were employed. According to the director of SWRS, only Group Home F was the product of a high-profile approach.

#### Neighborhood Socioeconomic Rating

Group Homes A, B, E, and G were in neighborhoods classified by the managers as "above average" when comparing the neighborhoods to community norms. Homes D and F were in neighborhoods identified as "aver-

age," and Home C, according to the managers, was located in a "low average" neighborhood.

#### Neighborhood Mobility

Homes A through G were each considered to be in "stable" areas, as reported by the managers. Nevertheless, Home C was in an area where at least six homes were on the market for sale, leaving one to question the stability of the neighborhood.

#### Neighborhood Cohesiveness

Group Homes B through G, as reported by the managers, were not considered to be closely knit. Only Home A was considered to be in a neighborhood which was closely knit. Nevertheless, Homes A and B were located in a neighborhood which, in fact, had an organized neighborhood association.

#### Integration of Neighborhoods

Group Homes A, B, D, E, F, and G were not in integrated neighborhoods. Group Home C was in an integrated area and, surprisingly, Home C encountered a great deal of neighborhood opposition.

#### Working Class of Neighborhood Respondents

Respondents in Group Homes A, B, F, and G neighborhoods represented white collar workers, and the respondents representing Homes C, D, and E were both white and blue collar workers.

#### Neighborhood Awareness of Group Homes

Neighborhood respondents representing Group Homes C thru G became aware of the plans for a group home in their area prior to the construction of the homes. The majority of respondents in the neighborhood

representing Group Homes A and B did not become aware of the homes until after the residents had moved into their respective home.

### Zoning

Group Homes C through F were established in areas zoned for single family occupancy. Homes A, B, and G were located in areas zoned for multiple family dwellings.

### Hobby Case and State Statute

With the exception of Homes A, B, and G, all the homes were established after the Hobby decision and the subsequent state statute which permitted homes to locate in areas zoned for single family occupancy.

Research Question 2. Are there differences in the extent of opposition to group homes when different entry approaches are used?

Group Homes A, B, and G were the products of a low-profile entry approach. Although Homes B and G experienced some opposition as reported by the sponsors, the opposition was minor. In the case of Home B, the neighbors at no time requested a hearing with City or SWRS officials nor was a petition to block the home circulated. Home G was, in fact, petitioned by one neighbor; however, the opposition backfired as friends and neighbors rallied around the developer of the home.

Home F employed a high-profile approach, encountered a petition, and a hearing at the Town Hall. According to the director of SWRS, the high-profile approach would never be utilized again. One SWRS board member reported that the high-profile approach is "too much like selling a bill of goods." The board member was of the opinion that people come to meetings with negative attitudes and that you cannot convince a group of people. "Neighbors learn best from first hand experience," he added.

Group Homes C, D, and E employed an initial low-profile approach, as was the practice of SWRS. Nevertheless, in response to neighborhood awareness and subsequent unrest, a high-profile approach was utilized. According to one neighborhood respondent, representing Home D, a petition was circulated to block the development of the home. Officials from SWRS reported that at no time was there an organized neighborhood meeting. It was reported, however, that individuals in the neighborhood were approached and the plans for the home were discussed with interested and concerned neighbors.

Home C encountered a petition and two organized neighborhood meetings. Officials from SWRS were not invited to the first meeting, but did make a presentation to approximately 80 neighbors at the second meeting.

Home E encountered a petition and a zoning hearing. As a result of the hearing, SWRS' request for a side yard variance was denied, thus preventing the construction of the home. Nevertheless, modification to the floor plans of the home were made and the home was built. Neighborhood respondents representing Home E were by far the most dissatisfied group of respondents interviewed.

Research Question 3. What are the characteristics of the neighborhoods which developers are approaching for entry?

Forty-nine respondents from six neighborhoods representing seven group homes were participants in the study. The interviewer encountered 14 refusals to participate in the study from members of neighborhoods where the group homes were located. There were eight respondents disqualified as participants in the study because they were not aware that

a group home was in their neighborhood. The length of residency in the neighborhood for the respondents who were disqualified ranged from 1 month to 21 years. Final sample size was therefore reduced to 41 neighborhood respondents. Twenty-two of the respondents (54%) were male and 19 were female (46%).

#### Respondents In Opposition

Twelve respondents (29%) reported personal opposition to a group home in their neighborhood. Seven respondents reporting opposition were male and five were female. Seven respondents (58%) had children living in their homes, and all respondents reported owning their homes. The length of residency in the neighborhood ranged from 3 to 37 years. Six of the respondents in opposition (50%) were classified as white collar workers, three were retired, two were housewives, and one was a blue collar worker. Four respondents (33%) reported having had prior experience with a mentally retarded person. Eleven respondents reporting opposition to a group home became aware of the plans for the home prior to its construction. Nine respondents (75%) reported attending an organized meeting regarding a home. One respondent each reported opposing Homes B and C (products of a low and low to high entry approach, respectively), two respondents opposed Home F (products of a high-profile entry approach), three reported opposing Home D (products of a low to high entry approach), and five respondents opposed Home E (products of a low to high entry approach).

#### Respondents In Support

Five of the 41 neighborhood respondents reported supporting a group home in their neighborhood prior to its construction and thereafter.

Support was described as: attending an open house at a group home, having residents over to their home for dinner, the giving of a small gift to the group home, volunteering their assistance in the group home, or saying something positive about the home to their neighbors.

The five respondents supporting a group home owned their homes and the majority of them had lived in their neighborhood for the shortest period of time. One respondent had a white collar job, one a blue collar job, and one was a housewife. Two respondents reported that they were retired. Two respondents reported having children living in their homes while three respondents had had prior experience with a mentally retarded person. All of the neighborhood residents were aware of the home prior to the residents moving into the home and some of the respondents reported attending an organized meeting. One respondent supported Home F (the product of a high-profile approach), one respondent each supported Homes D and E (products of a low to high approach), and one respondent each supported Homes A and G (products of a low-profile approach).

#### Neighborhood Respondents

Thirty-seven of the 41 neighborhood respondents (90%) reported owning their homes, and the remaining respondents rented their homes. Although there were limited rentals reported, opposition came from homeowners.

Regarding the length of time the respondents had lived in a neighborhood where a group home was located, 11 respondents (27%) reported living in their respective neighborhood for less than 5 years, nine respondents (22%) reported living in their neighborhoods between 6 and

10 years, seven participants (17%) lived in their neighborhoods between 11 and 15 years, while 14 interviewees (34%) said they had lived in their neighborhood for more than 16 years. The 12 respondents reporting opposition to a group home had lived in their neighborhoods for the longest period of time.

Eighteen respondents (44%) were classified as white collar workers, seven respondents (17%) were classified as blue collar workers or retired, and nine respondents (22%) were housewives. The respondents reporting no opposition to a group home prior to its construction or thereafter were more likely to be out of their homes engaged in employment.

One hundred percent of the neighborhoods where group homes were located were considered to be stable. The length of time respondents had lived in the neighborhoods ranged from 14 months to 37 years.

With regard to the respondents' current feelings toward the group homes and their residents, 26 (63%) reported positive comments, eight (20%) reported negative comments, and seven respondents reported that they had nothing positive or negative to report about the group homes at the present time.

The respondents were requested to give their opinion regarding the present neighborhood attitude toward the group home. Eleven (27%) respondents reported positive comments, nine respondents (22%) reported comments that were negative, four respondents (10%) reported that they had heard nothing negative about the home, and 17 respondents (41%) were not aware of the neighborhood attitude toward the homes at the present time.

The respondents were given the opportunity to make suggestions to future developers of group homes. Five respondents (12%) reported that they would have preferred prior notice or education concerning the purpose of the home and the residents the home was going to house; one respondent each reported that the residents needed more structured activities, more supervision, or that the government had set too many regulations regarding group homes. Four respondents (10%) suggested to the developers of group homes that the homes and/or the residents should be put somewhere other than a residential neighborhood; four respondents (10%) stated that it was a waste of taxpayers' money to have group homes; four (10%) reported that the homes were too big, not attractive, or that the lots on which the group homes were built were too small. Four of the respondents (10%) believed that the present sponsors were doing a good job, and 17 of the respondents (41%) had no comments to make to future developers of group homes for the mentally retarded.

Research Question 4. What zoning requirements do sponsors of group homes have to meet?

Homes A, B, and G were established prior to North Carolina statute which permitted group homes to locate in areas zoned for single families. The two cities where the above three homes were developed had zoning laws prohibiting group homes to locate in areas zoned for single families. Consequently, each home was developed in areas zoned for multiple family dwellings.

Homes C, D, E, and F were developed after Hobby and the resulting state statute permitted group homes to locate in areas zoned for single family dwellings. As a result of the statute, both cities had adopted

zoning laws compatible with the present state law regarding homes for persons with mental retardation.

Although Homes C, D, E, and F were developed post-state statute, the extent of opposition was greater with the above homes than those homes established pre-statute. As a result of the statute, group homes are prohibited within a 1/2 mile radius of an existing group home. This is the only avenue available for neighbors opposed to group homes to block the establishment of a group home.

Research Question 5. What approaches for neighborhood entry were employed by sponsors of group homes?

Homes A, B, and G were the products of a low-profile entry approach, as reported by their respective sponsor. Home A encountered no opposition, and Home B utilized an influential person in the neighborhood as a go-between to a member of the neighborhood association. Only minor problems were encountered with the neighbors regarding Home B. Home G, according to its sponsor, received neighborhood support after an opposing neighbor circulated a petition to block the opening of the home.

Homes C, D, and E were the products of a low to high-profile entry approach. In each of the above homes, an initial low-profile approach was employed but, due to neighborhood awareness, SWRS officials implemented a high-profile approach.

Home F was the only home employing a high-profile approach, as reported by the director. The sponsor of the home had organized a presentation to the neighborhood in the attempt to notify them of their

plans for a group home. Nevertheless, a petition was circulated about the neighborhood for the blocking of the home.

Officials from SWRS and the private developer were requested to supply the interviewer with their opinion regarding the low and high-profile entry approach. All of the respondents selected the low-profile approach as their preferred method for neighborhood entry. Following are some of their opinions:

Respondent A:

I prefer to use the low-profile approach. When you announce to the neighbors that you are going to set up a group home they in turn say they don't want one in their neighborhood. It is best to move in and resolve individual problems as they may arise.

Respondent B:

We don't need permission to live in a neighborhood.

Respondent C:

Using the high-profile approach is like preparing the neighbors for something bad which is about to happen - it's like trying to sell the neighbors a bill of goods. People come to meetings with negative attitudes, and you can't convince a group of people. It's better to talk with them on an individual basis and on your own turf - neighbors learn from first hand experience.

Respondent D:

Neighborhoods are generally against anything against the status quo. People can't distinguish between mental illness and mental retardation - public education programs have not been too successful. I advocate the low approach - one influential person can begin the opposition.

Respondent E:

The high-profile approach enables those in opposition to influence others to oppose the home as well. Move the residents into the home and resolve any problems as they may arise - use education for the general public. People come to meetings thinking they can

take a vote to block the home when we are within our rights to establish a home.

Interestingly, when the same question was presented to managers of the group homes, all but one manager selected the low-profile approach. The responses of the managers were very similar to those of the sponsoring officials.

Research Question 6. What are the characteristics of the residents in the group homes?

Thirty-three residents representing seven group homes comprised this sample. Twenty-three residents (70%) were male and 10 (30%) were female. Ages ranged from 22 to 55 years. The residents were classified as mildly to profoundly mentally retarded, and 17 of the residents (52%) had been institutionalized previously.

Two residents (6%) attended day programs, 29 residents (88%) were employed by sheltered workshops, and 2 residents (6%) were involved in competitive employment in the community. It was reported by the managers that 28 of the residents (85%) had friends outside of their respective homes, 29 residents (88%) attended church, all of the residents attended socials, 32 residents (97%) made purchases from local stores, 19 residents (58%) participated in neighborhood activities, and 10 residents (30%) used public transportation.

Five of the 33 group home residents had been discharged from group homes. Three residents were placed into an apartment living program, two residents moved back into their natural homes, and one resident discharged himself from the home to independent living in the community.

Found in Appendixes D through I are grouped data representative of Research Questions 1, 2, 3, and 6, respectively. Data with regard to

Research Questions 4 and 5 may be found in Appendixes D and E, respectively.

## Chapter 6

### Discussion

The purpose of this study was to obtain additional empirical data about the entry approaches employed by sponsors of group homes for persons with mental retardation in their attempts to minimize neighborhood opposition. The literature has been, at the least, contradictory regarding the efficacy of the various entry approaches (Berdiansky and Parker, 1977; Mamula and Newman, 1973; Seltzer, 1984; Sigelman, 1976; Baron, 1981; and Knox, 1979 cited in Okolo and Guskin, 1984).

Baker's (1984) research identified 50% of the CBFs in her study having had experienced opposition. Interestingly, 84% (n=7) of the sample in this study encountered opposition. The findings of this study were consistent with the previous results of Lubin et al., (1982), O'Conner (1976), Piasecki (1975), and Seltzer (1984): The primary source of opposition was from the members of the neighborhoods where group homes were to be established. The majority of the respondents in opposition to a group home were not in opposition to the home itself, but opposed to the location of the home in their neighborhood. The reasons expressed by the respondents for opposing a group home were strikingly similar to the findings of previous research conducted by Berdiansky and Parker (1977), Lubin et al., (1982), Seltzer (1984), Sigelman, (1976), and Piasecki (1975). The major concern, as expressed by the respondents in opposition to a group home, was the fear for a decline in property values. Nevertheless, the most recent study retrieved from the literature has substantiated the ever-growing body of evidence arguing that group homes for persons with mental retardation do

not have an adverse affect upon property values (Ryan and Coyne, 1985). Therefore, opponents are apparently masking their ignorance and prejudices toward persons with mental retardation via unfounded fears. The mentally retarded continue to be thrust upon an ill-informed general public.

Of recent vintage has been the massive integration of the developmentally disabled population into the public schools. A possible outcome of the above mandated practice, although yet to bear validity, may be a more positive acceptance of the disabled into our communities by those persons exposed to exceptional individuals throughout their public school careers.

An alarming finding relating to the integration of the residents of the group homes into their respective neighborhoods was the lack of interaction of the residents and the managers of the homes with the members of the neighborhoods where the homes were located. Baker et al., (1977) suggested that "independent living is an isolating experience for some mentally retarded adults" (p. 219). Although Baker et al., (1977) were referring to placement of the mentally retarded into independent community living arrangements, most of the residents in this study were susceptible to social isolation in their respective neighborhoods. For the most part, the residents in all of the homes in this investigation appeared to be placed in social and psychological jeopardy. Also consistent with the findings of Landesman-Dwyer (1981) was the reluctant acceptance of the group homes by the neighborhoods in this study. According to Landesman-Dwyer: "People who live close to community facilities are less hospitable" (p. 229) to the residents of the

homes. One is in agreement with the normalization principle pertaining to persons with mental retardation; however, the question as to what affects, if any, do the mentally retarded suffer from being placed into unwanted neighborhoods should be deserving of immediate attention. Unfortunately, the sponsors of the group homes in the present study, with the exception of conducting open houses, have not made any attempts to enhance neighborhood acceptance post group home development.

In the researcher's opinion, managers of the group homes were poorly equipped to effectively meet the demands of their positions. According to North Carolina's Standards and Regulations, a "Home manager" must be a high school graduate (a Graduate Equivalent Diploma apparently would suffice) and "should" have training and experience with the developmentally disabled population. Commensurate with the minimal qualifications for the position as manager was the low salary for those persons serving as a group home manager, approximately \$13,000. Although higher standards and salaries do not guarantee quality services and personnel, higher salaries should attract persons better qualified for serving as a group home manager.

Several of the managers had their own children living in their respective group home. In at least one instance a manager's child was abused, as discussed in Chapter 4, Home E, while in another group home, a manager's daughter was accosted by a resident of the group home. Although the above instances were isolated occurrences, it appears that it would not be a good practice to permit the children of group home managers to live in the group homes.

Bersiansky and Parker's (1977) investigation of group homes in North Carolina and subsequent recommendations for entry approach usage concluded: "In general, different entry approaches should be utilized in different situations" (p. 10). It was also recommended that "less concern over community relations could be given to heterogeneous neighborhoods in the inner city and transitional zones" (p. 10). Nevertheless, since the above study in 1977, North Carolina has enacted a new Public Policy and a State Statute permitting group homes to locate in areas zoned for single family dwellings. It is important to remember the fact that SWRS operates group homes co-sponsored by HUD and, therefore, according to HUD standards and regulations, group homes are highly discouraged from being established in inner city and transitional zones. This being the case, the need persists for "community relations" in homogeneous neighborhoods.

The question as to what entry approach sponsors should employ is a difficult one to answer. With regard to the present sponsors in this study, it has been recommended that the low-profile approach should be continued when entering neighborhoods. Since neighborhood opposition occurred in all but one case study, it may be beneficial to the sponsors to continue a low-profile approach. Nevertheless, the sponsors should be prepared for neighborhood opposition before and after the residents move into their new home. Influential sources of support should be readied to answer the alarm at any given time in the process of developing a home.

Further research is recommended concerning the suspected relationship between preparation and opposition. The quality of neighborhood

preparation by sponsors may be a variable overlooked thus far and it should be scrutinized by the profession.

Historically, persons with mental retardation have been victimized, and therefore present attempts to educate the public are capitalizing on the poor treatment some mentally retarded persons are receiving in some PRFs across the United States. Progress has been made in the reformation of PRFs, but the success of deinstitutionalization rests also with the open arms of local communities. Not until the general public has been desynthesized of their fears for persons with mental retardation will mentally retarded citizens enjoy the same quality of life as their non-handicapped peers. Until the general public is truly knowledgeable regarding the condition of mental retardation and professional goals for these persons will the principle of normalization, via deinstitutionalization, be enjoyed by persons with mental retardation.

The onus, if any, should rest upon the general public, legislators, and sponsors of group homes for persons with mental retardation. The service delivery system is not yet sophisticated enough to meet the demands of deinstitutionalization, although attempts are being made. The current bold attempt to assure equality for the mentally retarded may be spurred by an ill-fated sociopolitical movement analogous to the deinstitutionalization of the mentally ill. Public education programs, informing the public about federal, state, and local goals for the mentally retarded, may possibly be one vehicle to the successful deinstitutionalization of persons with mental retardation. Lastly, "slipping in the back door," may continue to be a viable solution for

postponing and/or minimizing neighborhood opposition to sponsors of group homes.

### Findings and Conclusions

Research Question 1. How do group homes that encountered opposition differ from those that did not encounter opposition?

#### Findings

Findings relating to question one were as follows:

1.1 A group home developed, via the input of an influential member of a neighborhood, was likely to experience a lesser degree of neighborhood opposition and, in fact, encounter more neighborhood support.

1.2 Group homes established in areas zoned for multiple family and/or commercial use were less likely to experience neighborhood opposition than homes established in areas zoned for single family dwellings.

1.3 Group homes that were established post-state-statute were more likely to experience neighborhood opposition than those homes developed pre-state-statute.

1.4 Group homes developed in neighborhoods which became aware of the plans for the home prior to its construction encountered the greatest degree of neighborhood opposition.

1.5 Group homes co-sponsored by HUD encountered more neighborhood opposition than homes developed by an advocacy group.

### Conclusions

Group homes for persons with mental retardation are encountering neighborhood opposition. Sponsorship of the home may have an impact with regard to neighborhood opposition.

Research Question 2. Are there differences in the extent of neighborhood opposition to group homes when different entry approaches are used?

### Findings

Findings relating to question two were as follows:

2.1 When the low-profile entry approach was employed and maintained throughout the development of a group home, the extent of neighborhood opposition was minor and/or non existent.

2.2 When the low-profile approach was utilized for neighborhood entry and the sponsor switched to the high-profile approach, neighborhood opposition became a major obstacle to the development of group homes.

2.3 When the high-profile approach was employed, neighborhood opposition was a major obstacle to the development of a group home.

2.4 Group homes established post-state-statue, utilizing a low to high-profile approach and a high-profile approach, encountered neighborhood opposition.

### Conclusions

When neighborhoods became aware of the plans for a group home prior to and/or during construction, neighborhood opposition was organized and became a major force for the sponsor to address. The public awareness and/or education programs employed by SWRS were not effective in curbing neighborhood opposition in the majority of cases.

Research Question 3. What are the characteristics of the neighborhoods which developers are approaching for entry?

Findings

Findings relating to question three were as follows:

3.1 Group homes established pre-state-statute were located in neighborhoods zoned for multiple family dwellings. All the homes established post-state-statute were developed in neighborhoods zoned for single family dwellings.

3.2 Neighborhoods which were products of a low-profile approach put forth the least amount of opposition.

3.3 Neighborhoods which were rated as above average areas of the community by the group home managers were less likely to strongly oppose a group home than neighborhoods rated as average and low average.

3.4 Group homes were developed in stable neighborhoods; nevertheless, the neighborhoods were not considered to be closely knit.

3.5 The majority of the group homes were established in white collar neighborhoods. The homes which encountered the greatest degree of opposition were in neighborhoods comprised of both blue and white collar workers.

3.6 Neighborhoods which became aware of the plans for a group home prior to and/or during its construction presented the greatest degree of opposition after a high-profile entry approach was employed.

3.7 The majority of neighborhood respondents reporting opposition to group homes, after three to four years of the homes being in operation, were still very much opposed to the homes.

3.8 Of the 63 neighborhood respondents approached in this study, approximately 25% of them refused to participate in the neighborhood interview regarding housing for the mentally retarded.

3.9 The major concerns of the neighborhood respondents regarding the group homes and the residents of these homes were: a perceived threat to local property value, adequate supervision of the residents, a fear for the personal safety of family members, and a threat to the reputation of the neighborhood.

### Conclusions

The prevailing attitude of the neighbors was cool and distant. For the most part, the neighbors would have preferred not to have a group home in their neighborhood. Due to the relatively high rate of refusals to participate in the interview, neighborhood opposition to group homes could be stronger than the results indicated.

Research Question 4. What zoning requirements do sponsors of group homes for persons with mental retardation have to meet?

### Findings

Findings relating to question four were as follows:

4.1 Prior to the 1981 state statute, both cities in the county had zoning laws prohibiting the development of group homes for retarded persons in areas zoned for single family dwellings.

4.2 As a result of Hobby, a new Public Policy regarding group homes for the mentally retarded was enacted in North Carolina.

4.3 Public Policy in North Carolina protects neighborhoods from the over saturation of homes for the disabled. Group homes may not be established within a one-half mile radius of another group home.

4.4 Neighborhood opposition to the establishment of group homes for persons with mental retardation was not abated because of the Public Policy.

#### Conclusions

As a result of the Hobby case and subsequent Public Policy, group homes for the mentally retarded are entitled to be established in areas zoned for single families. However, neighborhood opposition to the establishment of group homes for persons with mental retardation was still a force for sponsors to address.

Research Question 5. What approaches for neighborhood entry were employed by the sponsors?

#### Findings

Findings relating to question five were as follows:

5.1 The predominant method for neighborhood entry was the low-profile approach.

5.2 The low-profile approach, when implemented successfully, may reduce the degree of neighborhood opposition.

5.3 Only after a neighborhood became aware of the plans for a home, and subsequent opposition, did the sponsor (SWRS) attempt to educate the neighborhood, via the high-profile approach.

5.4 The high-profile approach, like the low to high-profile approach, was not successful in abating neighborhood opposition. Homes employing the above approaches were more vulnerable to neighborhood opposition than the homes employing a low-profile approach.

5.5 The prevailing attitude of the sponsors regarding the development of group homes was that prior notification of a neighborhood was by no means their responsibility and/or obligation.

### Conclusions

The low-profile approach was the preferred method of neighborhood entry. Sponsors were of the opinion that because the homes met the necessary zoning requirements, prior notification of a neighborhood was trivial and, in most cases, would only enhance opposition.

Research Question 6. What are the characteristics of the residents living in the group homes?

### Findings

Findings relating to question six were as follows:

6.1 All of the residents of the homes were over the age of 21 years and were classified as mildly, moderately, severely, or profoundly mentally retarded.

6.2 With the exception of two residents, all of the residents were employed in the community and the majority of the residents participated in community activities.

6.3 At least one-half of the residents had been institutionalized previously.

6.4 The residents living in homes established in hostile neighborhoods, were objects of a neighborhood cold war.

6.5 Less than one-half of the residents were reported to have had a friend in the neighborhood outside of the group home. If the residents were reported to have a friend in the neighborhood, the "friend" was usually the same person.

6.6 Most of the neighborhood respondents reporting having had contact with the residents of the group homes described the residents as good, friendly neighbors.

### Conclusions

Residents living in group homes established in hostile neighborhoods could be experiencing neighborhood social isolation. Persons with mental retardation, placed in homes located in hostile neighborhoods, could become objects of displaced anger and/or prejudices.

### Recommendations

The purpose of this study was to obtain additional empirical data about the entry strategies employed by sponsors of group homes for persons with mental retardation in their attempts to minimize neighborhood opposition. Based on findings of the study, the following recommendations are made for:

#### Sweet Water Residential Services (SWRS)

1. An intense local and state campaign should be developed explaining to the general public the rights of the mentally retarded in securing housing. Information regarding the condition of mental retardation and the characteristics of the mentally retarded should be included as well. The North Carolina Association for Retarded Citizens, the Housing Development Services, the local Associations for Retarded Citizens, and the Division of Mental Health, Mental Retardation, and Substance Abuse Programs should all take leadership roles in public education regarding persons with mental retardation. The above recommendation could be accomplished through the media, presentations to local civic groups and church organizations, the public schools via

Parent Teacher Associations, and realtor associations. A "This is Mental Retardation Month" is not having a lasting impact upon the general public.

2. Higher standards for persons serving as managers of the group homes should be immediately explored. Persons with a high school diploma serving as managers of group homes hardly represent a local and state concern for the quality of services to the residents of group homes. Tantamount to the requirements for higher standards is salary; \$13,000 per year is suspect to attracting and maintaining quality personnel. Community colleges should incorporate Management of Community Living Facilities course work into their respective curriculums.

3. Alternative community work placements should be actively pursued. Many mentally retarded individuals, readied for community living, cannot be placed into group homes because they have no work placement.

4. The Office of Housing and Urban Development should investigate the feasibility of redesigning the physical structure of their homes. Many neighborhood respondents were appalled at the architectural design of the group homes and were, therefore, angry with the presence of the group home(s) in their neighborhood(s).

5. The administrators of SWRS should take an active role in the supervision of the managers and residents in the group homes. Several managers reported receiving little, if any, support from SWRS officials.

6. A behavior management team should be encouraged to play a major role in the monitoring and reduction of maladaptive behaviors on behalf of the group home residents. Public masturbation, property

destruction, and sexual assault were behaviors of some residents as described by managers. The above behaviors could place the future of SWRS group homes in jeopardy, as well as residents in the neighborhoods.

7. The State of North Carolina should seriously reconsider its Public Policy with regard to resident eligibility requirements. Persons with mental retardation under 18 years old are excluded from consideration for placement in a group home.

8. SWRS should continue to enter neighborhoods via the low-profile approach. However, a more effective public education program should be seriously considered if, and/or when, the neighborhoods become aware of the plans for a group home. It may be to SWRS' advantage to avoid organized neighborhood meetings and instead approach individual members of the neighborhood where a home is to be located. Influential persons in the community and other neighborhoods where group homes are located should be called upon to assist in the public education efforts. Members of prospective neighborhoods where a group home is to be established should be encouraged to tour group homes already in operation in order to obtain a realistic sense of a group home.

9. SWRS is encouraged to improve its reputation and standing in neighborhoods where their homes are located. Representatives from SWRS should periodically talk with neighborhood members in the attempt to resolve any concerns and/or problems that may be on the horizon.

Recommendations have not been made to the church sponsor of group homes. Because the one home under the sponsorship of the church was the result of a private citizen's efforts, very little information was retrieved concerning the operation of the church sponsoring agency.

## RESEARCHER'S COMMENTARY

At this time the writer would like to expand upon several issues which emerged as a result of this study. Legislators and proponents of the Community Family Living Arrangements are cautioned to move slowly in their quest for the massive integration of the mentally retarded into the mainstream of society. Physical integration of the mentally retarded into society, by no means, assures social integration. Approximately 98% of the residents of the group homes in the present study were employed in local sheltered workshops. Employment opportunities were such that segregated work placements, i.e. sheltered workshops, were the status quo.

Recent data has identified the population in PRFs as mostly severely and profoundly mentally retarded. It is therefore logical to assume that the majority of the above population will require supervised work placements when they are deinstitutionalized. At this point in time, such placements are occupied by mild to moderately handicapped persons and therefore, there are few, if any, work placements available for the severely handicapped. A continuum of work placements and other life experiences must be made available to each mentally retarded person. Sheltered workshop placements are not integrating the mentally retarded into the mainstream and in fact, are segregating persons with mental retardation. The reader should also be reminded that the residents of the group homes in the present study had very little contact with other members of their respective neighborhoods.

With regard to neighborhood opposition to group homes for persons with mental retardation, the present study identified all but one of the

seven group homes as having had experienced opposition. Although the opposition varied in its extent from case to case, community acceptance, at least initially, was such that the majority of the group homes were not welcome in their neighborhoods. Nevertheless, amidst the opposition, each home was opened despite various attempts to stop the establishment of them. The researcher is of the opinion that local communities are not yet in tune with the goals of deinstitutionalization. The neighborhood respondents were of the opinion that the mentally retarded were being pushed upon them by local and state governments. Many of the respondents reported that the residents were isolated and received poor programming, thus questioning the use of their taxes as a valid expenditure.

Persons associated with both sponsoring agencies, for the most part, were parents of handicapped individuals. They had fought for years previous to the group home movement in their attempts to secure educational opportunities for their children and were once again fighting for their child's right to secure suitable living arrangements. Some of the lots which were purchased were done so in such a manner that may cause a reader to suspect foul play. By no means did the researcher intend to suggest foul play; buying certain lots from a friend of a friend, in some cases, was the only way a lot could be obtained. The sponsors were, if anything, determined and very resourceful in their acquisition of certain properties for their group homes. As a result, many of the neighborhood respondents were bitter toward the sponsors and therefore, the residents of the group homes were the targets of misdirected anger and frustration on behalf of the neighborhood respondents.

The literature, via self-administered survey questionnaire research, continues to report favorable community attitudes regarding housing for persons with mental retardation. The validity of such research involving the complicated phenomenon of what a person states his feelings to be as opposed to his overt behavior, has been misleading. The general public, via survey questionnaire research, has reported its amiability for the community integration of the mentally retarded but nevertheless, when presented with the reality of a group home, feelings and overt behaviors tend to contradict each other.

It is vital to the success of deinstitutionalization that the general public becomes aware and involved in the process of deinstitutionalization. The federal government, in its period of stressing transitional programs, should commence with a massive public education effort. The deinstitutionalization of the mentally retarded does not deserve to suffer the same fate as the deinstitutionalization of the mentally ill. We cannot, and should not, put the cart before the horse.

Persons with mental retardation are indeed entitled to a normalizing life and the quality of such a life must be assured for each individual. The mentally retarded should also play an active role in their own fate. They should at least be given a choice as to how they live their lives. Government must not force upon retarded citizens a preference for care on behalf of society's guilt for past treatment.

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## Appendix A

Sponsoring Agency Interview Data Sheet

Group Home \_\_\_\_\_

1. What year was the home established? \_\_\_\_\_
2. How long did it take from the initial plans to establish the home until the residents actually moved into the home?
3. How many sites were under consideration for the home? \_\_\_\_\_
4. Was the home established in its originally intended site? (If no, why?)
5. Why was this particular site selected?
6. What zoning requirements did the home have to meet?
7. Who is the legal owner of the home?
8. Did your agency present a proposal to the County Commissioners? \_\_\_\_\_
9. What topics were covered in the presentation?

10. What was the reaction and/or recommendations of the Commissioners?
11. What strategy was employed for neighborhood entry? (Why?)
12. How did your agency go about informing the community regarding the home?
13. At what point in time, with regard to the planning process of the home, would you estimate the neighborhood becoming aware of the home? (Before, during, or after the home was occupied?)
14. Did you attend meetings with members of the neighborhood to discuss the home?
15. What type of meeting(s) were they?
16. What would you consider the four major concerns of the neighbors to be?
17. Was there opposition to establishing the home? \_\_\_\_\_

18. Please describe the characteristics of the opposition encountered?
19. How many persons were in opposition to the home? \_\_\_\_\_
20. Who were the influential persons in opposition?
21. Was your agency represented by an attorney? \_\_\_\_\_ Was the group in opposition represented by an attorney? \_\_\_\_\_
22. What action did the group in opposition take to block the opening of the home?
23. Did your agency receive any neighborhood support when opening the home? \_\_\_\_\_
24. What type of support did you receive?
25. Who were the influential persons supporting the home?
26. If you were to establish the same home, in the same neighborhood, what would you do differently? (Why?)
27. What entry approach do you recommend to other developers of group homes for persons with mental retardation?

## Appendix B

Manager Interview Data Sheet

Group Home \_\_\_\_

1. How long have you been in the present position? \_\_\_\_\_
2. Were you here when the home opened? \_\_\_\_\_
3. How many residents are presently living in the home? \_\_\_\_\_
4. Are the residents male/female? \_\_\_\_\_
5. What is the age range of the residents? \_\_\_\_\_
6. How are the residents classified? (mild, moderately, severely, or profoundly retarded)
  
7. How many of the residents were institutionalized previously? \_\_\_\_\_
8. How many of the residents attend public schools? \_\_\_\_\_
9. How many of the residents attend day programs? \_\_\_\_\_
10. How many of the residents work in a sheltered workshop? \_\_\_\_\_
11. Are any of the residents employed in the community (other than the workshop)? \_\_\_\_\_ How many? \_\_\_\_\_
12. What type of employment are they engaged in presently? \_\_\_\_\_
13. What is the average length of stay for the residents in the home?  
\_\_\_\_\_
14. Is this a permanent placement for the residents? \_\_\_\_\_
15. How many of the residents have moved out of the home? \_\_\_\_\_
16. Where did the ex-residents move?
  - a. \_\_\_\_\_ independent living
  - b. \_\_\_\_\_ natural home
  - c. \_\_\_\_\_ institution
  - d. \_\_\_\_\_ supervised apartment
  - e. \_\_\_\_\_ another group home
  - f. \_\_\_\_\_ other

17. How many of the residents would you say have at least one friend in the neighborhood outside of the group home? \_\_\_\_\_
18. I would like to get an idea of the residents' involvement in the local community. How many of the residents:
- a. attend church? \_\_\_\_\_
  - b. attend socials? \_\_\_\_\_
  - c. buy from local stores? \_\_\_\_\_
  - d. use public transportation? \_\_\_\_\_
  - e. participate in neighborhood activities? \_\_\_\_\_
  - f. other? \_\_\_\_\_
19. How many staff are in each of the following categories?
- a. full time \_\_\_\_\_
  - b. part time \_\_\_\_\_
20. What is the staffing pattern of the home?
21. Who is responsible for community relations? \_\_\_\_\_
22. What is the person's role in public education concerning the home?
23. How many rooms are in the home? \_\_\_\_\_
24. Of these, how many are bedrooms? \_\_\_\_\_
25. In your opinion, in what condition is the exterior of the home?
- a. poor \_\_\_\_\_
  - b. fair \_\_\_\_\_
  - c. good \_\_\_\_\_
  - d. very good \_\_\_\_\_
  - e. excellent \_\_\_\_\_
26. How do you consider the condition of the home when compared to others in the neighborhood?
- a. inferior \_\_\_\_\_
  - b. same \_\_\_\_\_
  - c. better \_\_\_\_\_

27. How do you rate the socioeconomic status of the neighborhood when compared to community norms?
- a. below average \_\_\_\_\_
  - b. average \_\_\_\_\_
  - c. above average \_\_\_\_\_
28. Do you consider the neighborhood to be closely knit? \_\_\_\_\_ (Why?)
29. Is the neighborhood integrated? \_\_\_\_\_
30. In your opinion, are most of the neighbors:
- a. white collar workers \_\_\_\_\_
  - b. blue collar workers \_\_\_\_\_
  - c. mixed \_\_\_\_\_
31. At what point in time did the neighborhood become aware of the plans for the home? \_\_\_\_\_
32. Have you, your staff, or the residents ever encountered neighborhood opposition? \_\_\_\_\_ (What type - Why?)
33. Have you, your staff, or the residents ever encountered neighborhood support? \_\_\_\_\_ (What type?)
34. When did the support occur?
35. Have you and your staff conducted community education programs in reference to this particular home? \_\_\_\_\_ (What kind of programs?)



## Appendix C

Introduction

Hello, my name is Michael Showfety. I am a graduate student attending Virginia Tech in Blacksburg, Virginia. I am conducting a neighborhood survey in the attempt to obtain information regarding group homes for persons with mental retardation. I would like to ask your participation in the survey.

Neighborhood Interview Data Sheet

Location \_\_\_\_\_

Sex of Respondent \_\_\_\_\_

1. How many children are presently living in your home? \_\_\_\_\_ Their age? \_\_\_\_\_
2. Do you own/rent this home? \_\_\_\_\_
3. How long have you lived in this home? \_\_\_\_\_
4. Are you presently employed? \_\_\_\_\_ What type of employment? \_\_\_\_\_
5. Have you ever had prior experience with a person who has mental retardation? \_\_\_\_\_ What has been your experience? \_\_\_\_\_
6. In your neighborhood, is there a home for persons with mental retardation? (If response is No or Don't Know, discontinue interview) \_\_\_\_\_
7. How did you become aware of the home? (When?) \_\_\_\_\_
8. Were you ever in opposition to the home? \_\_\_\_\_ (Why?) \_\_\_\_\_
9. Were there ever meetings with regard to the home? \_\_\_\_\_ What type of meetings were they? \_\_\_\_\_ Did you attend these meetings? \_\_\_\_\_ (Why?) \_\_\_\_\_
10. Did you support the opening of the home? \_\_\_\_\_ (Why, How?) \_\_\_\_\_
11. Presently, what are your feelings toward the home? \_\_\_\_\_

12. Have you always felt this way? \_\_\_\_\_  
What has changed your feelings? \_\_\_\_\_
  
13. How would you describe the persons living in the home as neighbors?
  
14. In your opinion, what is the overall attitude of the neighborhood regarding the home?
  
15. What suggestions would you make to future developers of group homes?
  
16. Is there anything more you would like to add that I did not ask you?

## Appendix D

Appendix D

Summary of Results Pertaining to Research Question 1: Grouped Data

Group Home	A	B	C	D	E	F	G
Sponsor	SWRS	SWRS	SWRS	SWRS	SWRS	SWRS	private citizen
Entry Approach	low-profile	low-profile	low-high profile	low-high profile	low-high profile	high-profile	low-profile
Opposition	no	yes	yes	yes	yes	yes	yes
Neighborhood Socio-economic Rating	above average	above average	low average	average	above average	average	above average
Neighborhood Mobility	stable	stable	stable	stable	stable	stable	stable
Neighborhood Cohesiveness	yes	no	no	no	no	no	no
Integrated Neighborhood	no	no	yes	no	no	no	no
Working Class of Neighborhood	white	white	mixed	white	mixed	white	white
Neighborhood Awareness of Home	post moving in	post moving in	prior to moving in				
Zoning	multiple	multiple	single	single	single	single	multiple
State Statute	pre-statute	pre-statute	post-statute	post-statute	post-statute	post-statute	pre-statute

## Appendix E

Appendix E

Summary of Results Pertaining to Research Question 2: Grouped Data

Group Home	Entry Approach	Opposition	Source of Opposition	Type of Opposition	Time of Opposition
A	low-profile	no	NA	NA	NA
B	low-profile	yes	neighbors	mediation conferences*	post-moving in
C	low to high-profile	yes	neighbors	petition, and 2 neighborhood meetings	pre-moving in
D	low to high-profile	yes	neighbors	petition	pre-moving in
E	low to high-profile	yes	neighbors	petition, and zoning hearing	pre-moving in
F	high-profile	yes	neighbors	petition, and town hearing	pre-moving in
G	low-profile	yes	neighbors	petition*	pre-moving in

\*was not cited as a problem to the development of the home.

## Appendix F

## Appendix F

## Summary of Results Pertaining to Research Question 3: Grouped Data

Homes approached for participation	63
Homes refusing to participate	14 (22%)
Homes disqualified	8 (20%, n=41)
Number of respondents	41
Respondents owning homes	37 (90%)
Length of time in the neighborhoods	range = 14 months to 37 years
White collar workers	18 (44%)
Blue collar workers	7 (17%)
Retired	7 (17%)
Housewives	9 (22%)
Respondents reporting opposition	12 (29%)
Respondents reporting support	5 (12%)
Previous experience with a mentally retarded person	17 (41%)
Neighborhood mobility	stable (100%)
Neighborhood socioeconomic rating	<sup>1</sup> low-average (17%) <sup>2</sup> average (33%) <sup>3</sup> above average (50%)

<sup>1</sup>Neighborhood representing Home C

<sup>2</sup>Neighborhoods representing Homes D and F

<sup>3</sup>Neighborhoods representing Homes A, B, E, and G

## Appendix G

## Appendix G

<sup>1</sup>Summary of the Characteristics of the Respondents  
Reporting Support

Respondents reporting support	5 (12%)
Male	2 (40%)
Female	3 (60%)
Children living in the home	2 (40%)
Owned home	5 (100%)
Length of residency in neighborhood	4 to 18 years (mean = 13 years)
Employment status:	
White	1 (20%)
Blue	1 (20%)
Retired	2 (40%)
Housewife	1 (20%)
Prior experience with a mentally retarded person	3 (60%)
Aware of home prior to residents moving in	5 (100%)
Attended organized meeting	1 (20%)

<sup>1</sup>Percentages reported represent n = 5 except Respondents in Support, n = 41

## Appendix H

## Appendix H

<sup>1</sup>Summary of the Characteristics of the Respondents  
Reporting Opposition

Respondents in opposition	12 (29%)
Male	7 (58%)
Female	5 (42%)
Children living in the home	7 (58%)
Owned home	12 (100%)
Length of residency in neighborhood	3 to 37 years (mean = 15 years)
Employment status:	
White	6 (50%)
Blue	1 (8%)
Retired	3 (25%)
Housewife	2 (17%)
Prior experience with a mentally retarded person	4 (33%)
Aware of home prior to residents moving in	11 (92%)
Attended organized meeting	9 (75%)

<sup>1</sup>Percentages reported represent n = 12 except Respondents in Opposition, n = 41

## Appendix I

## Appendix I

## Summary of Results Pertaining to Research Question 6: Grouped Data

Male residents	23 (70%)
Female residents	10 (30%)
Age range	22 - 55 years
Classification of residents	mild to profound retardation
Institutionalized previously	17 (52%)
Competitively employed	2 (6%)
Employed in sheltered workshop	29 (88%)
Attend day programs	2 (6%)
Friends outside of the group home	28 (85%)
Attend church	29 (88%)
Attend socials	33 (100%)
Make purchases	32 (97%)
Use public transportation	10 (30%)
Participate in neighborhood activities	19 (58%)
Residents transferred from group home	5 (15%)

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