Uncovering Dimensions of Culture in Underperforming Group Homes for People with Severe Intellectual Disabilities

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Running Head Culture in group homes

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Abstract

Culture recurs as important but under-investigated variable associated with resident outcomes in supported accommodation for people with intellectual disability. This study aimed to conceptualise the potential dimensions of culture in all group homes and describe the culture in underperforming group homes. A secondary analysis, using an inductive interpretative approach was undertaken of a large qualitative data set from a study that had used ethnographic and action research methods to explore the quality of life outcomes for residents in five small group homes. Five categories were developed: ‘misalignment of power holder values with organisations espoused values’, ‘otherness’, ‘doing for not with’, ‘staff centred’ and ‘resistance’. Differences from institutional culture are discussed and the potential of the findings as a starting point to consider culture in high performing group homes and develop a quantitative measure of culture.
Uncovering Dimensions of Culture in Underperforming Group Homes for People with Severe Intellectual Disabilities.

Developed countries such as Australia, the UK and the US have used small group home models of supported accommodation as a primary strategy to realise social policy goals of deinstitutionalisation and an ‘ordinary life’ for people with intellectual disabilities (Mansell & Beadle-Brown, 2010). A large body of research has shown that although group homes can support a good quality of life for people with intellectual disabilities, wide variations are found in resident outcomes and implementation of the model (Kozma, Mansell, & Beadle-Brown, 2009). A range of factors contribute to this variability, and several frameworks have attempted to capture the way variables located at multiple levels of an organisation, interact to affect resident outcomes (Felce, Lowe, & Jones, 2002; Hastings, Remington, & Hatton, 1995; Mansell, McGill, & Emerson, 1994). For example, with regard to resident engagement in meaningful activity, research has shown adaptive behaviour and staff support practices to be important determinants, and in turn support practices to be influenced by qualifications, knowledge, experience and clear management (Mansell, Beadle-Brown, Whelton, Beckett, & Hutchinson, 2008). In contrast, culture, though identified as a variable in all the aforementioned frameworks has not been systematically investigated, a shortfall which is highlighted by several authors (Felce & Perry, 2007; Stancliffe, Emerson, & Lakin, 2004; Walsh et al., 2010). Culture in group homes or the organisations that manage them has proved a slippery concept and, reflecting the absence of a broadly agreed meaning in the wider literature (Alvesson, 2002), it has been understood in different ways; regarded variously as formal, informal, operational or organisational.

The type of organisational culture perspective that is used by Hastings et al. (1995) and Felce et al. (2002) differentiates between the formal culture of the organisation, understood as its aims, structures and processes and the informal culture, understood as how staff think about their role and what they actually ‘do’. Emphasis is placed on identifying and remediating the disjuncture between what staff do and what is formally required of them. This ‘strong culture thesis’ (Martin, 2002) rests on the alignment of informal and formal culture and the assumption that good outcomes will result if organisations that manage group homes have the right formal values, goals, structures and processes in place and staff at all levels of the organisation act in accord with them. Several studies have used standardized measures of culture drawn from organizational theory to gain insights into the actual and ideal cultures in group homes and the organisations that manage them. Gillett and Stenfoert-
Kroese (2003) used the Organisational Cultural Inventory to identify different cultural styles, and Hatton et al., (1999a, 1999b) using a similar measure identified 9 dimensions of organizational culture, concluding that in most organizations the actual fell short of the ideal. Studies of this type are useful in understanding links between organizational culture and staff experiences, but do not relate closely to residents outcomes or the link between culture and staff care practices.

More than 30 years ago Butler and Bjaanes (1977) developed a cultural typology of community care facilities, that were, given the period, larger than contemporary group homes. They presented a three-fold typology; custodial, maintaining and therapeutic cultures, with the latter more successful in realising the normalisation-based goals of the day. Although the differences between cultures are described, few details are given about their research approach and methods by which the typologies were developed. Various specific dimensions of group home culture have been studied using ethnography. For example, Croft (1999) focused on space, identity and storytelling and Levinson (2010) on authority and knowledge. Several other studies give an in-depth understanding of staff practices in regard to specific issues, such as risk (Hawkins, Redley, & Holland, in press) and decision making (Dunn, Clare, & Holland, 2010). However, the tight focus on relatively narrow aspects of culture limits the potential value of these studies to outcomes for service-users.

Staff practices, an important, though partial aspect of group home culture have been measured in many studies using successive versions of the 1971 Revised Child Management Scale studies (Bigby, Cooper, & Reid, 2011; Emerson et al., 2001; Emerson et al., 2000; Mansell, et al., 2008; Pratt, Luszcz, & Brown, 1980). This scale amended for adult services and now called the Group Home Management Interview rates the extent to which a ‘setting embodie[s] the cardinal features of total institutions’ (Emerson, et al., 2000, p.85). It was derived from the extensive fieldwork of King, Raynes and Tizard (1971) in children’s institutions. They aimed to define the distinctive elements of Goffman’s (1961/1978) concept of total institutions, and devise a measure that would distinguish ‘institutionally orientated practices’ from ‘child orientated practices’. As a measure of staff practices and the day-to-day life of residents, it had both structural and practice elements. The original scale had 4 sub-scales; block treatment, depersonalisation, rigidity of routines and, social distance, which were retained when it was adapted for use in small group settings for adults by Pratt et al. (1980). Despite the passage of some thirty years, the scale has changed little, and scores have generally been relatively low for both large and small group homes (See for example, Emerson et al. (2001) where all scores fell in the bottom three percentiles, but with less
depersonalisation in small group homes than large group homes). Although these studies have characterised care practices and the implicit goals and assumptions they involve, the measure used is based on studies of institutions and seems less relevant to group homes today.

The present study aimed to add depth and breadth to the limited knowledge about culture in group homes, by developing a clearer understanding of its dimensions and ‘value’. The unit of analysis was the group home rather than the larger managing organisation, which may or may not have a similar culture. As the foregoing discussion has illustrated culture is a slippery concept subject to differing conceptualisations. In this paper we simply refer to the culture found in group homes rather than qualifying it as being ‘staff’, ‘organisational’ or ‘informal’, as this would infer other cultures were operating alongside what we have uncovered. We have used Schein’s (1992) broad definition of culture which is commensurate with our methods which have incorporated data from multiple perspectives; organisational, staff and residents. We acknowledge that the direct voices of the residents are not included but as they are people with severe and profound intellectual disability their thoughts, feelings and other inner mental states cannot be directly accessed and reliance must be placed on making inferences and interpreting individuals’ behaviour (Kellet & Nind, 2001). The residents are not however absent from our data, as our observational methods have captured their behaviors and responses to life in their group home. The study aimed to conceptualise the potential dimensions of culture in all group homes and describe the culture in group homes for people with severe intellectual disability that were underperforming in respect of outcomes for residents, particularly engagement and community participation (O’Brien, 1987).

Methods

Approach

A secondary analysis was undertaken of a large qualitative data set from a study known as Making Life Good in the Community, that used ethnographic (Hammersley & Atkinson, 2007) and action research methods (Hart & Bond, 1995) conducted by the first and fourth authors, (primary study) (Clement & Bigby, 2010) The aim of the primary study had been to explore the quality of life outcomes for residents with intellectual disability moving from a large institution to purpose-built small group homes and develop strategies for change. Using
an ethnographic approach the study had explored the day-to-day operation of group homes with a focus on context and process; the circumstances in which staff worked, the problems they encountered, and the processes they used to respond to their dynamic working conditions. Using participant observation (Adler & Adler, 1994), the behaviour of residents and staff was observed, as well as their interactions with one another, and their expressed feelings. Detailed accounts describing the day-to-day life in group homes and the role of the house supervisor were written with staff teams as the primary audience, which were used to engage them in a critical discussion of their observed practices, prior to beginning action research projects. This type of ethnographic approach and the period of prolonged engagement were well-suited to the investigation of poorly controlled real-life settings, such as the group home.

**Primary Study: Sample, Data Collection and Analysis**

The sample in the primary study had comprised five group homes, each with 4-6 residents, 30 staff members and 26 residents with severe intellectual disability. Twenty-three of the residents were men and all had spent the majority of their lives (mean 41 years) living in the institution. When they moved into the group homes their average age was 49 years (range 34 to 70 years). The houses were staffed 24 hours a day providing the residents with a *pervasive support intensity* (Luckasson et al., 2002). A period of participant observation was undertaken in the five group homes over a total of 45 days prior to embarking on action research projects, which included further observation and some interviews. Data were collected in each house over a minimum period of 12 months between July 2005 and December 2007. Table 1 sets out the details of each house and the total sample. Observations and interviews focused on the interactions and styles of support between staff and residents at the houses; the support that the residents received to participate in meaningful activities inside and outside the homes; and the skills and knowledge of support staff to promote ‘community inclusion’.

Insert Table 1 about here

The large data-set, comprised fieldnotes, interview transcripts, and organisational documents. The study was approved by the LaTrobe University Human Research Ethics committee, and consent was gained from staff and the guardians or close family members of the residents, as all were people with severe intellectual disabilities and deemed not to have the capacity to consent.
The data for the primary study were analysed deductively using as start codes existing concepts that described work practices and resident outcomes such as ‘the hotel model’ and O’Brien’s (1987) distinction between ‘community presence’ and ‘community participation’. The contract nature of the research and the requirement to write particular ‘types’ of report meant much of the analysis remained primarily descriptive, capturing in rich detail the work of staff and life of residents. In effect the data were inadequately theorised and suffered from what Lofland (1970) termed *analytic interruptus*. They showed the quality of life outcomes for residents in the five houses were similar to a large outcome survey of one hundred residents who moved from the same institution to similar small groups homes as part of the same closure programme (Bigby et al., in press). An overall increase in resident’s quality of life occurred following the move, particularly increased community presence and more homely surroundings. However, despite a focus on active support and community participation during the closure programme, there were low levels of resident engagement in domestic activities, relationships with people without a disability and involvement in community organisations (Bigby, Clement, Mansell, & Beadle-Brown, 2009; Clement & Bigby, 2009). In contrast to descriptions of some group homes found in the literature (for example Felce & Toogood, 1988), those in this study performed poorly on these dimensions.

Secondary Data Analysis

A pervasive theme present in the rich description of the work of staff in the primary study was the development of norms in each of the houses that appeared to impact on resident engagement in activities and community participation. This theme warranted further analysis and led to the present secondary analysis, that constitutes the first stage in a study of the culture of group homes. This secondary analysis represents one of four types identified by Hinds, Vogel and Clarke-Steffen (1997); namely re-analysing all or part of a data set to focus on a concept that seemed to be present but was not specifically addressed in the primary analysis. Indeed a characteristic of qualitative research is the emergence of often unexpected themes (Glaser & Strauss, 1967). Hence the purpose of the secondary analysis was to explore the characteristics and dynamics of the culture operating in the five group homes which were underperforming in terms of community participation and engagement outcomes. Approval for the secondary analysis was gained from the La Trobe University Human Research Ethics committee and as a precautionary step the data were de-identified for a second time.

*Analysis*
Fieldnotes and interview transcripts were reread and reanalysed to retrieve from them the relevant data to gain a deeper understanding of the culture in the houses. The analytic lens used to guide the analysis was Schein’s (1992) definition of culture; “A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems” (p. 12) and his depiction of its three levels shown in Figure 1.

![Insert figure 1 about here](image.png)

Accordingly, the data analysis focussed on the representations of culture found in the fieldnote descriptions of observed staff practices, resident behaviour, interactions between staff and residents, expressed and inferred values or assumptions derived from staff interviews and their comments captured in fieldnotes, and the concrete artefacts constructed in the group homes. Qualitative data analysis strategies were used as outlined by, among others, Miles and Huberman (1994). These strategies involved a process of coding, developing categories, and constantly comparing and regrouping these categories to elicit the themes and relationships among these.

Analysis was undertaken separately by the first, second and fourth authors and then discussed among the whole team and further refined. A process of peer debriefing occurred on a frequent and regular basis within the research team, thus enhancing the credibility and confirmability of the findings (Creswell, 1998; Lincoln & Guba, 1985). Hinds et al. (1997) argue that an additional threat to the credibility of the secondary analysis can be posed by a researchers’ closeness to the primary data set. While closeness carries the benefit of knowing the context of the study, it can mean the researchers develop a “premature certainty about a phenomenon that may be present in the data set” (p.420). Their advice to address this concern was adopted by the inclusion of the, second, third and fifth members of the research team who were not involved in the primary study and thus had no preconceived ideas around the themes emerging from the primary study, and hence provided the distance to balance the closeness.

Five categories were developed, each of which represented the conceptualisation of an element of the culture in these group homes, but which could also been seen to represent one end of a potential dimension of the culture in all group homes. Each category was labelled in three ways. First, in neutral terms as the dimension of the culture potentially to be found in all group homes, and thus the continuum along which cultural practices might be located; for
example, ‘alignment of power-holders values’. Second a label describing the cultural pattern in the present underperforming group homes that fell at one polar end of the dimensions; for example, ‘misalignment of power holder values with organisations espoused values’. Third a descriptor that captured the essence of that category of culture. For example, ‘We’re not going to do it that way’ or ‘we each do it our own way’. Table 2 summarises the 5 dimensions, names the polar end where the culture in the present study was located with its hypothetical opposite in brackets, and the descriptor of its essence. The findings in the following section present a combination of different types of evidence for each the five categories1.

Insert Table 2 about here

Findings

Dimensions of Culture

Alignment of power-holders values - Misalignment with organisation’s values- ‘We’re not going to do it that way’.

In the formal structures of the organisation that managed the group homes the power in each home rested with the position of house supervisor who was responsible for directing staff practices in accordance with the organisation’s mission and policies. Contrary to this intention, power in these houses was not aligned with position nor exercised in accord with espoused organisational aims. Rather power was more dispersed and was often exercised in a way opposed to the values articulated by the wider organisation and government policies.

In one house power was so dispersed and leadership so poor that each staff member adopted their own way of working. Power in the other four houses was held by a strong clique of staff that did not necessarily include the house supervisor. In one house, for example, significant power was exercised by two full time staff with the implicit support of a passive and often absent deputy house supervisor. This undermined the house supervisor’s efforts to implement organisational values. She spoke at length about the power struggles in the house, opposition from staff members to change and their ability to obstruct her efforts.

I think some people are out there to challenge me. I’m not part of their group. They don’t want me around because I am going to give them something to do with the clients. There’s a group that sits on the fence and some other group that [is] very anti Lee [house supervisor]. They’ve got excuses [for not involving people in household

1 The names of places, the agency, its employees and service-users have all been changed. Each data extract begins with a prefix of D, F, or I, followed by a unique identifier, which identifies the relevant document, fieldnote or interview.
tasks]: ‘Oh, we need to look at the cooking’ or ‘We need to do this’ or ‘Not enough staff’. That’s the staff’s attitude, that’s what I’m trying to work on. I talk about issues but I have to keep myself up to that point that you don’t offend people. The people that’s on for the day, unfortunately, they’ll determine whether they’ll be able to do it or not. (I/AA/290107)

In three houses, the house supervisor held more power and thus had greater capacity to influence staff practices, but did so in ways that did not always reflect the espoused values of the organisation. For example, resident community participation was an espoused aim of the organisation that managed the group homes and became the focus of one of the action research projects. After many months of this project, specifically aimed at supporting the house staff to understand the difference between O’Brien’s (1987) conceptualisation of community presence and participation, and develop strategies to support participation the researcher received a written outcome of a staff meeting clearly indicating this was not their priority.

During the meeting and discussion prior to the meeting with those not present, we [decided that we] would focus on the theory of ‘presence’. The aim would be to assess at a later date to ascertain the ‘participation’ aspect. All staff felt that we still need to develop a better working understanding of the participation aspect of the approach to social inclusion. (D/MS/090806)

Irrespective, however, of where the power and leadership lay, the values of those who held it did not align with those espoused by the organisation. In many ways this misalignment was the precondition that allowed other aspects of the culture to flourish.

**Regard for residents – Otherness - ‘Not like us’**

The language of staff demonstrated an underlying assumption that residents were fundamentally different from them; ‘not like us’. Staff frequently referred to residents as children who participated in childlike activities, as this comment illustrates, ‘They never go out in the evening as they have a busy day at school and are too tired’ (F/AA/280906). Residents were regarded as people who did not have to worry about everyday things. For example, one staff member commented, ‘The residents don’t have to worry about finances’ (F/AG/031006). Poignant examples of ‘othering’ were found in the way staff failed to regard residents as potential companions or people with whom they could interact, as the fieldnote below illustrates.
She [staff] said that isolation was a problem in the houses. It was not like [the institution], where there were always staff to talk to. She said this was solved by ‘grabbing the clients, getting in the bus and going to visit another house’. (F/AA/280906)

The design of the group homes included staff-only toilets that symbolised perceived differences between staff and residents. Staff practices amplified the effect of such externally imposed artefacts by for example, adding hand towels, pot-pourri and other homely touches to staff toilets but not to resident facilities. Artefacts such as staff crockery, introduced by staff, combined with their reluctance to use resident’s crockery highlighted perceived qualitative differences between them.

I [researcher] ate my fruit from a disposable dish. Grant and Stella [staff] would not let me take a plate from the cupboard as they said Bill [resident] sometimes got cold sores. (F/AG/230106)

As they are sorting out the cupboards Charles [staff member] says, ‘These are staff cups’. The china mugs are put on the top shelf. (F/MS/210705)

Staff viewed residents as too disabled to benefit from the visions in disability policy and the objectives of the organisation, such as community participation or engagement in household activities. They were thought to lack skills. For example, a staff member said, ‘We have to be realistic, realistic about people’s levels of abilities and disabilities’ (F/AG/270206) and another commented, ‘Really we cannot expect much from these men because of the time they have spent in institutions. Easier to have inclusion with the next generation’ (F/MS/030206). Engagement in household activities was also seen as too risky.

Branka [staff] served Andrew tea from the plastic jug into a plastic cup. After a little while, I asked if he wanted more and brought out the jug and started to place his hand over the handle. Branka grabbed it from me and said in a loud voice, ‘Andrew no’, telling me that he would spill it. (F/AA/280906)

Staff commonly referred to residents by a health condition or dominant characteristic, which on some occasions involved the use of derogative terms, such as ‘grabbers’ or ‘shitters’.

During the first break of the morning I was standing outside with two support staff, Brenda and Graham. They were discussing the residents’ bowels. Marlene, one of the organisers of the Transition Training came out to have cigarette. Brenda said to Marlene, ‘They’re all shitters’. (F/AA/061005)

Perceived Purpose - Doing for -‘We look after them’
Staff perceived the dominant purpose of their work as being to ‘do things for residents’ rather than with them. Their role was ‘looking after residents’ by attending to things such as personal care, health, hygiene, appearance, diet and ensuring they got out into the community. These fieldnotes exemplify staff perceptions of their role, and the practices that flowed from this.

Kirsten [staff] strips the beds that are wet with urine and puts them in the laundry area. Breakfast is ‘served’ to people. People are given cereal. People are given a drink. People are given toast. There is no real choice. Plates, mugs, and mats are taken away. …Martin is sitting at the end of the table. His drink is on the mat in front of him. Kirsten comes over and asks him to lift his drink up so she can take the mat away. She asks him again. She lifts the drink up and takes the mat away herself…. Kirsten loads the dish washer. She wipes the kitchen surface down. Washing is put in the machine. Kirsten remakes Richard’s bed. (F/MS/021105)

Just before four o’clock Nellie [staff] asked the residents if they wanted to go for a drive. The four men got into the back of the bus, Nellie and I in the front. Nellie brought a bag along which had a few lollies in, ‘Just in case Simon gets agitated’. We drove around for 55 minutes getting back to the house just before five o’clock. …Whenever I turned around to see what the men were up to they were usually staring out of the window. Bernard slept for about 20 minutes. (F/SS/051006)

‘Looking after the house’ by completing the domestic chores was similarly important.

On our return from the bus-run Jeff [house supervisor] tells me that there are the chores to be done; the laundry, cleaning the bathrooms and toilets and mopping the floors. It seems that Damir [staff] has done most of this already. (F/MS/191005)

Tasks were regarded as sequential, and some more important than others. Looking after either the residents or the house was separated from other work. As the quotes below illustrate, actively involving residents in household tasks or the community was seen as an ‘add on’ to be done after core tasks if there was time.

Sian [House supervisor] said, ‘First and foremost in the house the priority is client care. Recreation and other things come along. Client care is our priority. If there is spare time you can go for involvement. People should be fit, clean, and comfortable. The other things come after that’. (F/AG/270206)
There is a conversation about involving the residents in hanging out the washing. Grant [staff member] suggests that what is being suggested has turned one task into two tasks. ‘This takes more time’. Sian (house supervisor): ‘You mustn’t be so negative. Can we try?’ Grant: ‘We must be realistic about the amount of time. Perhaps when you’ve got a long shift’. Sian: ‘You don’t have to do it every time’. Grant: ‘You can’t do everything’. (F/AG/270206)

Talking about what happened in the evenings the staff member explained that, ‘They can’t do activities, there is no chance for one to one, there is too much to do. How can you interact with the clients?’ (F/AA/280906)

By sequencing tasks and constructing them hierarchically staff prioritised ‘looking after’ tasks over those that served other purposes. The primary aim of staff then became simply ‘getting through the day’ by completing mopping, cleaning and food preparation for example. Such tasks, and thus their underlying purpose, were regarded as an end in themselves rather than a means to more intrinsic or ambitious ends, such as to engage residents in their own lives. Unlike a more ‘therapeutic approach’ where the purpose of all work and interaction is seen to directly contribute to resident outcomes, this disaggregation of work meant that some tasks, like housework or food preparation were seen to have little relationship to resident outcomes, other than perhaps meeting their basic needs. For example in the fieldnote below two staff members were in the kitchen alone preparing a meal, a task they saw as having little bearing on the residents who were in the lounge at the time:

Branka [staff] saw some very small pieces of celery on the floor and then slammed the kitchen door and admonished Chandler. When he got up again to look over the top of the door he was told, ‘Be gone’. For about the next half an hour, Chandler regularly got up walked to the kitchen door and peered over the top. Every time Branka saw him she told him to sit down again. (F/AA/280906)

The disconnection of much staff work from resident engagement supported the establishment of routines that made work predictable, as the fieldnote below illustrates.

In reply to a question as to whether there was a routine, Kirsten [staff] said, ‘Not really a cemented routine, we’re pretty easy going. It depends what shift really. If I come in the morning I know to shower the guys, pack their bags, give them breakfast, get them all ready and neat and tidy, get them off to the programmes and come back, clean the house. There is a routine in the morning that you need to get through before you do anything else. (I/MS/091105)
Figure 2 is a poster that was created by staff after a training session and pinned to a cupboard door (F/MS/210705) that illustrates the staffs’ perceived purpose of their work as being to achieve a set of static outcomes that were largely unrelated to resident involvement.

Insert Figure 2 about here

**Working practices - Staff centred - ‘Get it done so we can sit down’**

As the previous section illustrated, the way staff understood the purpose of their work was reflected in their behaviour, and meant much of their time was spent looking after residents and the house; getting things done rather than involving them. As well as being task focussed, with sequenced and hierarchically ordered tasks, work practices were characterised by a prioritisation of staff’s own needs and preferences. As work was not organised as a continuous effort to influence resident well being, it could be broken into specific and separate tasks, each with it’s own beginning and end. This in turn allowed work to be structured in a way that created high and low intensity periods, enabling staff to have breaks between. For example, one house supervisor said that her staff would ‘Want to get things done, so we can sit down’ (I/AA/290107). The fieldnote below illustrates this practice.

Both staff were sitting at the dining table, and I was told that it was time to have a coffee. Stella explained how busy the morning had been, and always is, as a justification. I was offered a drink, but James [resident who was sitting on a lounge chair disengaged] was not. (F/AG/020507)

Staff’s own preferences rather than the needs or preferences of residents influenced decisions about activities, evening outings, rosters and distribution of work. The fieldnote below was made at training session during which staff rosters were discussed.

The staff member said, ‘There are too many 10 p.m. finishes’. She suggests that the men may be in bed by 8.30 p.m., in which case there will be no need to work that late. ‘Would something like 8.30 suit you?’ ‘Yes’ she replies. Rex is not happy with the one day-shift he has to work as an active night staff. He would like to do another night. The woman implies that the Union are keen on this one day shift, although she is not married to it herself. She agrees to look at their comments and try again. (F/031005)

The fieldnote below records a discussion with the researcher about the staff member’s failure to fulfil the expectations of being a key worker, illustrating how her preferences influenced the way she spent her time at work.
She suggested that she might have more time now that ‘Big Brother’ series had finished. I probed her about this and she talked about the evenings in front of the TV where she tried to engage residents in a conversation about the programme. My observations in the house were that the residents are not active watchers of the TV. I asked her about this and she admitted that hardly anyone watched it for long periods of time. She listed a number of reasons why other activities would not happen in the evening. Most of these seemed to be about her not wanting to do anything rather than the residents. Later she commented, ‘It’s the weather. You don’t feel like going out on the dark winter nights when it’s cold. I like to settle in’. ... ‘When I’ve been out at work all day I don’t like to go out again’. (F/OA/030806)

Attention to the fair allocation of work between staff exemplified the way staff centred practices guided the organisation of work. For example, domestic tasks should not be left to be picked up by staff on the next shift and it was not acceptable to leave one staff member at home with four or five residents whilst the other staff took one resident out.

I asked if it was always all of the residents that visited another group home. She [staff] said yes it was usually the whole household as you couldn’t leave a staff member at home with five residents. (F/AA/280906)

As the fieldnote illustrates, ensuring the fair distribution of work accentuated the tendency imposed by the setting to regard residents as a group rather than individuals. Some staff did not necessarily see this as a problem, and as the interview extract below indicates, some aspired to it.

What practices do you think need changing at the house? Kirsten [staff]: Probably taking them out, taking them out as a whole group, all at once. So far we haven’t really been able to do that because of David. It’s been two at once or one or three, and then you stay behind. Building up to a stage where they can all go out all at once and they’re okay. (I/MS/091105)

Group treatment was particularly integral to activities that occurred outside the house. For example, as part of the morning routine all residents were expected to be out of bed and ready to leave the house by a predetermined time. In one house even a resident who no longer attended a day programme was expected to comply so he could ‘go for the ride’ with other residents in the morning. The fieldnote below illustrates a group based routine that meant two men spent much longer in a bus than if each resident had been treated as an individual.

We left the driveway at 08.15. After 25 minutes we arrived at the first centre in Smethwick, where Andy and Peter got off. The bus has to rendezvous with a bus from
another setting that takes Misha to a day-centre in Winson Green. However we missed the connection and had to drive to the day programme. It was nine o’clock when we got there. Then to Mabel’s day programme at 09.20 and finally to let off James and Chelsea at 09.30, one hour and fifteen minutes after we left. We were back at the house for 09.45. James and Chelsea had to sit on the bus for 75 minutes when their day programme is 15 minutes away from the house (F/OA/021205)

**Orientation to change and new ideas - Resistance -‘Yes but’**

Staff felt distanced and separate from the larger organisation of which the group home was a part. They perceived the head office and senior managerial staff as being ‘out there’, with no real understanding about the realities of their work. As one staff member said in a discussion about active support, ‘You can only do so much with people who are more severely disabled. The people who write the cheques need to have a look’ (F/AG/270206).

Staff saw the status quo of their practice as being challenged by outsiders; trainers who tried to impose new practices, action researchers who wanted to develop staff skills, casual staff who wanted to try out new ideas, managers who wanted to impose new procedures or objectives, and family members who wanted to change the treatment of their relative. Staff resisted such challenges with humour that belittled or ridiculed outsiders’ ideas.

Branka [staff] said no one can help with the cooking. Augustus can watch, but when it comes to cutting vegetables he can’t do it. Chandler cannot go near the kitchen as he will swipe at everything. Branka made a joke that Eliza [the PCP planner for Manfred] was going to get a switch for the vitamiser, adding that they haven’t even got a working vitamiser at the moment, never mind a switch. (F/AA/280906)

In the office on the wall was my e-mail about the research meeting next week. The staff names had been written on it and Hari (acting house supervisor) had asked them to tick their availability. Amanda (house supervisor currently acting-up), Hari, Leigh and Nellie were the only four that had ticked. Dean had written ‘Life’s too short’ by his name. (F/SS/051006)

At times they adopted a more overt oppositional stance as the fieldnotes below illustrate.

Several examples of possibilities for small projects were discussed, one being to help Franco access one of the two Greek churches in the local area. Leigh [staff] said, ‘You won’t get me in a church’. (F/SS/101006)
The house supervisor said the staff, ‘Do not like casuals coming in here, because casuals come with something, a fresh eye and new ideas. [In reference to a particular casual she continues. They say,] ‘I don’t like her, don’t get her back’. She’s client-focussed and she’s just, ‘Let’s do this, come on Augustus, do this, come on Manfred’. [They say,] ‘Oh no, she creates work, don’t get her’. (I/AA/290107)

Staff resisted change by going along with an initiative in a half-hearted fashion or procrastinating which enabled them to postpone a decision whilst something was ‘looked into’ further. For example, in one house although staff had agreed to implement active support, only two of the three opportunities for engagement identified for a resident occurred more than half the potential number of times. The fieldnote below illustrates how procrastination was used to delay the implementation of a decision when direct opposition to it had failed.

Neil proposes to change the roster so that the night staff come earlier so there is a greater cross-over. However Radmila said that, ‘10 pm is too late for our guys’. Neil said you can do evening activities after tea. He talked about starting with bus trips and then going from there, and that there was a disco in Surbiton on Thursdays and you could drop several of the residents off there. ‘I can’t see dropping them off to a dance, they would wander off’, said Radmila. Neil continued to say it was possible as there were staff there. Branka proceeded to say how there had been a Christmas party somewhere and six residents had gone with two staff and they had been unable to keep track of everyone, ‘Six to two is not a good ratio’. Neil continued to explain about the disco and how people could be left. Radmila countered saying that they had epilepsy and Neil said, ‘Most of them have epilepsy, that’s nothing to worry about’. The conclusion was that the roster had to changed before any of this could happen but it was minuted they would investigate the disco. (F/AA/041006)

Discussion

The fieldnote excerpt in Figure 3 brings together descriptors of the 5 dimensions of the culture in these five group homes. It also illustrates the impact of this culture on residents in terms of a lack of engagement, community participation, choice and personhood. For a detailed discussion of the impact of this culture on resident outcomes readers are referred to the primary study, Making Life Good in the Community (Clement & Bigby, 2010).²

² See also set of 8 pdf reports www.latrobe.edu.au/health/about/staff/profile?uname=CBigby
The culture of these group homes and the five cultural dimensions identified warrants comparison with institutional culture for various reasons, not least because of the frequency that researchers and policy commentators compare these two service models. Based on the proposition that institutions are not defined merely by size, the potential exists for institutional features to be transferred to group homes (Landesman, 1988; Mansell & Beadle-Brown, 2010). Sinson (1993) for example suggests that group homes can resemble ‘micro-institutions’. Comparison with institutional culture lies at the core of the Group Home Management Interview, the tool most commonly used to measure staff practices, a key element of culture. The domains of staff practices are widely understood to represent the key characteristics of institutions portrayed by Goffman (1961/1978).

In some respects it may appear that the culture in these group homes resembles that of institutions. Figure 4 provides a précis of the original description of each of the four domains, illustrates items from the original and 1980s scale and gives examples drawn from the current study. This illustrates, however, significant differences between the original definitions of each domain and the everyday usage of these terms, particularly depersonalisation, and suggests these domains represent qualitatively distinct, much harsher and restrictive staff practices than those found in the present study.

The findings do suggest a relatively stronger correspondence between institutional staff practices and the group home culture on the domain of social distance, which in the present study was labelled as ‘Regard for residents’, manifested as ‘Otherness’ and ‘Not like us’. This conclusion is reinforced by Taylor’s (1998) ethnographic study on perspectives of institutional attendants about residents conducted in the 1970s. The quote, ‘They’re not like you and me’ used in the subtitle and the vivid descriptions of the dehumanising way staff regarded residents, has an alarming similarity to the finding in the present study. The impact of this aspect of institutional culture may be reduced by the relative absence of the other three domains, and the more beneficial aspects of culture found in group homes that were not present in institutions. For example, a perceived purpose of ‘doing for’ and ‘looking after’ both residents and their home, and taking residents out into the community was a strong dimension of group home culture that was not found in institutional culture.

Whilst some relatively mild manifestations of three of the four domains (depersonalisation, block treatment and rigidity of routine) were found in the culture of the group homes in the present study, they were not strongly represented or defining
characteristics. This suggests relatively little similarity between the cultural dimensions of these group homes and those of institutions as represented by the original work undertaken by King, Raynes and Tizard (1971) or Goffman (1961/1978). It is noteworthy that the 1980 version of the Group Home Management Interview was used in the pre/post survey of 100 group home residents as part of the primary study described earlier. The results showed a statistically significant difference on all four sub-domains after the move from the institution to group homes, but also relatively low scores before residents moved. For example, expressed as a percentage of the maximum, scores across domains decreased from 49% to 36% (Bigby, Cooper, Reid, in press). As other studies have found similarly low scores for both institutions and group homes (Emerson, et al., 2001), this is an indication that perhaps the practices of staff in institutions may have changed in the years since the measure was devised.

There is insufficient space here to consider what gave rise to this culture or how it was maintained, although the organisational literature suggests the complex interaction of multiple external as well as internal factors (Alvesson, 2002; Martin, 2002; Schein, 1992). One illustrative example evident from our data was the strategies of procrastination used to resist externally imposed change. These were successful, able to be utilised and implicitly reinforced by the constant state of flux in the organisation whereby house supervisors and their managers often acted in other positions, meaning that implementation of initiatives was poorly monitored and questions seldom asked about the outcome of ‘something being looked into’ (Clement & Bigby, 2010). Recent work on high performing group homes and the organisations that manage them echoes the ‘strong culture thesis’ and impact on group home culture of the wider organisation, suggesting the influence of an organisation’s strong but also authentic narrative about goals and working methods can have on good practice and possibly in countering the development of the type of culture identified in this study (Ashman, Ockenden, Beadle-Brown, & Mansell, 2010).

The new set of cultural dimensions uncovered in the present study may be more relevant to examining group homes in the post deinstitutionalisation era than benchmarks derived from the ‘ideal type’ institutional model, and may enable a better identification of potential points of leverage for change than institutional benchmarks make possible. The evidence from this study suggests that dimensions of culture are mutually reinforcing, iterative or interactional rather than being simply a linear model that moves from left to right,

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3 This is the subject of a manuscript currently in draft form.
from the values of the power holders, to regard for residents, to perceived purpose of staff work, to working practices and finally to orientation to change. This knowledge provides a framework that pin points where action might be directed to bring about cultural change, and suggests that intervention targeted at any one dimension will influence the others, and can be originated either inside or outside the group home or both.

This study has given a ‘value’ to the ‘variable’ of culture, though often labelled informal, that figures in models that bring together factors that affect service outcomes for people with intellectual disability (Felce, et al., 2002; Hastings, et al., 1995). By describing the culture of these underperforming group homes in this way, there is an implicit contrast with the type of culture that might be expected in high performing group homes that have outcomes more congruent with the espoused values and mission of the organisations that manage them and current government policy. This study provides a conceptual framework to examine and compare the culture of other parts of the organisations that manage but are removed from the group home, in for example head or regional offices. There is little reason to believe that the culture of these other operating units is more or less aligned with an organisation’s espoused values than that of group homes. These findings provide a starting point too for further research to consider the culture in high performing group homes, and potentially the development of a more quantitative measure of group home culture.
Table 1 Details of data collection

<table>
<thead>
<tr>
<th>Domain</th>
<th>16 Hilltop</th>
<th>24 Perry St</th>
<th>1 South Rd</th>
<th>19 Raw Nook</th>
<th>11 Oxford St</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of participant-observation</td>
<td>46</td>
<td>36</td>
<td>59</td>
<td>34</td>
<td>34</td>
<td>209</td>
</tr>
<tr>
<td>Number of days on which data was collected</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>45</td>
</tr>
<tr>
<td>Number of interviews</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Data set (number of words)</td>
<td>58,000</td>
<td>20,000</td>
<td>29,000</td>
<td>28,000</td>
<td>16,000</td>
<td>151,000</td>
</tr>
</tbody>
</table>

Table 2 Key dimensions and descriptors of group home culture

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Polar End (s)</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment of power-holders values</td>
<td>Misalignment of power holder values with organisations espoused values (alignment)</td>
<td>‘We’re not going to do it that way’.</td>
</tr>
<tr>
<td>Regard for residents</td>
<td>Otherness (the same as other citizens)</td>
<td>‘Not like us’</td>
</tr>
<tr>
<td>Perceived purpose</td>
<td>Doing for (doing with)</td>
<td>‘We look after them’</td>
</tr>
<tr>
<td>Working practices</td>
<td>Staff centred (client centred)</td>
<td>‘Get it done so we can sit down’</td>
</tr>
<tr>
<td>Orientation to change and ideas</td>
<td>Resistance (openness)</td>
<td>‘Yes but’</td>
</tr>
</tbody>
</table>
Figure 1. Levels of culture, adapted from Schein 1992

- **Artefacts**: Visible organisational structures and processes (Hard to decipher)
- **Espoused values**: Strategies, goals, philosophies (Espoused justifications)
- **Basic underlying**: Unconscious, taken-for-granted beliefs, perceptions, thoughts, and feelings (Hard to uncover. The ultimate source of values and actions)
<table>
<thead>
<tr>
<th>Expectation of house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good presentation</td>
</tr>
<tr>
<td>Tidy</td>
</tr>
<tr>
<td>Photos</td>
</tr>
<tr>
<td>Flowers</td>
</tr>
<tr>
<td>Nice smells</td>
</tr>
<tr>
<td>Keep the office an office</td>
</tr>
<tr>
<td>and the home a home</td>
</tr>
<tr>
<td>Peaceful</td>
</tr>
<tr>
<td>Calm</td>
</tr>
<tr>
<td>Music</td>
</tr>
<tr>
<td>Individual</td>
</tr>
</tbody>
</table>

Figure 2 Perceived purpose of staff work
When we get to the shopping centre we are taken to a café/juice bar. The four men are seated around a table and Jeff [house supervisor] and Kirsten go to the counter. They come back with four identical orange-based drinks and doughnuts. [No effort to offer a choice or involve people in paying for the drinks.] I go and order my drink. The seating area is quite tight, so Kirsten sits at a different table. Valerie, who is working later that afternoon, passes the table where we are sitting and talks to Kirsten. (F/MS/021105)

Figure 3. Summary description of group home culture
**Figure 4: Sub domains of Revised Child Management Scale and examples of group home culture**

<table>
<thead>
<tr>
<th>Sub domain</th>
<th>Definition</th>
<th>Items from original scale</th>
<th>Items from 1980 version</th>
<th>Examples from present study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rigidity of Routine</strong></td>
<td>institutionally orientated - defined as management practices that are inflexible from one day to the next, from one inmate to another, individuals in different situations are treated as though they were in the same situation and changes in circumstances are not taken into account. Child orientates - flexible adapted to take account of individual circumstances and differences among children.</td>
<td>do people get up and go to bed at the same time during week as weekends – is there a set time for visitors</td>
<td>do residents always get up at the same time, is dinner always at the same time.</td>
<td>staff established routines that were at times inflexible such as weekday morning pattern of all residents getting up at the same time regardless of whether they are going to the day programme</td>
</tr>
<tr>
<td><strong>Block Treatment</strong></td>
<td>institutionally orientated- defined as management practices where people are regimented, dealt with as a group before during and after any activity. Practices involve queuing and waiting around with large groups of other children and with no mode of occupation. Child orientated – organisation of activity is such that residents are allowed to participate or not as they please, and allowed to do things at their own pace.</td>
<td>children wait in line for breakfast, wait together as group for bathing, sit at the table for meals to arrive, walks organised in crocodiles.</td>
<td>what time do residents return from day programme, what happens after their return and before dinner</td>
<td>staff often treated residents as a group rather than as individuals</td>
</tr>
<tr>
<td><strong>Depersonalisation</strong></td>
<td>institutionally orientated when no opportunities for residents to have personal possessions or personal privacy, absence of opportunities for self expression or where initiative may be shown. Child orientated – reverse of these opportunities to show initiative and have personal possessions.</td>
<td>where private clothing is kept, are there pictures and pin ups in rooms, is there individual celebration of birthdays</td>
<td>where private clothing is kept, do residents have personal doctors dentists etc</td>
<td>few examples though at times, group treatment or routines curtailed opportunities for self expression or initiative by residents</td>
</tr>
<tr>
<td><strong>Social Distance</strong></td>
<td>institutionally orientated when there is a sharp separation between staff and inmate worlds, separate areas of accommodation for staff, interaction between staff and children limited to formal and functionally specific activities. Child orientated involves reduction of social distance by sharing living spaces and interaction in functionally diffuse and informal situations.</td>
<td>do children have access to the kitchen, how do staff assist children at toilet times at both times, one to one or conveyor system.</td>
<td>when may residents use the kitchen, are there restrictions on the use of any other areas of the house</td>
<td>staff regarded residents as different from them, emphasising this through the use of different spaces in the house and different eating utensils</td>
</tr>
</tbody>
</table>
References


Bigby, C., Clement, T., Mansell, J., & Beadle-Brown, J. (2009). ‘It’s pretty hard with our ones, they can’t talk, the more able bodied can participate’: Staff attitudes about the applicability of disability policies to people with severe and profound intellectual disabilities. Journal of Intellectual Disability Research, 53(4), 363-376.


