

# Segregation and Congregation and the Gaining of a Real Home

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The pull of a group home has always been very strong for many families who have been counselled for decades by professionals that this was the optimum placement for their son or daughter. The appealing promise of a group home was that they would be included in the community but looked after by staff, and so be safe from exploitation and harm.

Group homes attempted to address the many shortfalls of institutional life. Research over several decades that compared quality in institutions versus group homes has shown that large institutions reach only 10% of the maximum score when objectively evaluated. On balance, they do much more harm than good. In comparison, similar research on community housing (that is, group homes and similar arrangements) shows that they often reach 'acceptable' levels where the balance of harm and benefit to individuals is approximately equal. In fact, when the number of people in a group home is three or fewer, the probability of a positive score goes up considerably, but still falls far short of the 'ordinary life' achieved by others in the community.

In considering the problems with group homes, it is worth thinking about the implicit assumptions that they embody. Their presence implies that people with a disability should be congregated 'with their own kind', that general members of the community would not choose to share their lives with people with a disability, that the support provided needs to be paid rather than freely given, and the needs of people with a disability are less than other members of the community.

On this last point, general community members' lives are rich with valued roles, have considerable power in decisions such as who they live with and where they live, enjoy a positive reputation in the community, are filled with challenge and growth, and the home is the launching pad to a rich and valued life. It is unlikely that anyone would claim that a group home achieves anything like this ordinary life and research on the outcomes of group homes supports this.

To be included or belong in the community one needs to be there, to be socially participating, to have valued roles and the skills to be in those roles, to have learning opportunities, to have a positive reputation, to have a positive view about oneself, and to be surrounded by positive expectations by others. A group home allows one to be 'in' the community, but not necessarily 'of' the community.

To be congregated with three or more other people with a disability has several consequences. It is telling the community that the most important aspect that they should notice about you is your disability – why else would you have been put together on that basis?

As disability is a devalued characteristic, the grouping of people on the basis of impairments heightens the likelihood of rejection and avoidance by others, whereas one person with a disability living with one or more valued community members would be much more likely to be engaged and included.

Being grouped with other people with a disability almost certainly means that the available role models are also deficient in skills. We know that when we are surrounded by others of equal or lesser skill level our skills do not develop as well as when we are surrounded by more competent models to copy and be inspired by. Also, the expectations of staff working with the group tend to be 'disability related' rather than reaching for community level expectations.

Even worse, disability groupings can cause major loss of skills because the service is geared to the lowest common denominator. For example, all are locked in because one person wanders, or all are kept home because of the antisocial behaviour of one individual.

It is very difficult not to cause a community reaction of fear and avoidance when four or more people with disabilities are supported in a group in the community, even when there is no difficult behaviour in the group. Neighbours are not likely to invite four or more people with a disability as well as staff to a BBQ or neighbourly events. In fact, the reaction to a group home opening is often one of hostility, whereas one person with a disability moving in next door is likely to be accepted and even welcomed.

Overall then, the group home continues the processes of the institution in many ways. The congregation of people by disability is highly likely to cause rejection as it causes focus on this devalued characteristic and so feeds the stereotypes that exist. It continues the problems of loss of control over major life decisions, vulnerability to unreasonable demands of staff, stereotyping around negative roles such as incompetent or childlike, low expectations, and lack of community belonging. If we think of the goal of an ordinary life – and surely that is not an unreasonable goal – then it is clear that the group home model will have great difficulty making this a reality.

We now have many examples of people who, in their own homes, in work places and in other places in ordinary life, have made substantial gains in their development. They are surrounded by more competent role models and normative expectations that do not seem to occur in disability groupings.

All around the world we see people achieving an ordinary life in the community with natural support from ordinary members of the community. I cannot believe that we are incapable of achieving what others have managed. We need to start with the will to try for an ordinary life. Then with creativity and focus on what is ordinary and valued, we can start to build ordinary lives for people who will otherwise continue to exist in lonely and unstimulating environment.



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