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**Abstract**

These notes were taken by Wendy McGlynn, a parent who attended this workshop by Michael Kendrick, the Director of the Institute for Leadership and Community Development, Massachusetts. It lists 21 'Quality Criteria' such as the meaning of a real home and overall design and model. Kendrick discussed what we mean by a 'home' and its importance, what 'unhomelike' means and signs of quality in physical settings, personal relationships and time use.

**Keyword: Accommodation**

## **QUALITY CRITERIA - ACCOMMODATION**

The following is the result of many evaluations:

### **WHAT IS ACCOMMODATION?**

(Looking specifically at community based accommodation)

Accommodation is not just housing but a type of service form.

When we look at the quality of accommodation we need to look at two areas:

- the quality of the facility
- the quality of the service

The quality of the service is the more significant issue. The aim should be to create a lifestyle which approximates that of ordinary people.

People with disabilities are entitled to at least as good accommodation as ordinary people, i.e. "normative" quality.

### **Quality criteria:**

1. Will this be a real 'home'?

(Home is more than housing - you can be "housed" but "homeless"). (see attachment "What is a Home?")

2. Are the person's most fundamental and urgent needs understood and addressed?

- by whose definition of those needs?
- is the service relevant to the person if the quality of life is worse???

3. Was/is the person significantly involved in and directing such key aspects of the service as:

- a) The guiding values and philosophy of the service

- needs guiding values and philosophy of service  
(need to build understanding and communication; often we can be challenged in terms of our values - the quality of listening is a sign of a good service)

- we need a vision, too many of us can't allow for change.

- b) Overall service design and model.
  - c) Selection of type and location of the setting.
  - d) Selection and oversight of staff (esp. in physical disability area).
  - e) Setting of personal goals and wishes.
  - f) Creation of routines and rhythms that suit the people that live there.
  - g) Creation of rules/limits/restrictions.
  - h) Design and modification of support arrangements.
  - i) Purchase of furnishings.
  - j) Selection of house/flat mates, living companions.
4. Are the living arrangements safe, secure and healthy?
  5. Is the home located appropriately close to friends, family, work and interests?
  6. Is the process of service agreeable, focussed and "natural"?
    - or remote or physically inaccessible?
  7. Is the service oriented to preserving and enhancing the person's autonomy, control and self-reliance?
    - are we helping this person be responsible for their life?
  8. Does the service facilitate the person's social integration into community life or does it foster isolation and segregation?
    - you have to try things ...
  9. Are relevant and intense activities undertaken to support the person's competence, growth and other developmental needs? i.e. personal development.
  10. Are there suitable provisions made for the understanding, respecting and encouraging the exercise of the person's rights?
    - not technical observance but a sensitivity to people's rights (e.g. who visits, and when; privacy).

11. Are there methods used by the service that would be injurious to the person's dignity?
  - beware - you can get used to placing indignities on people because everyone else is doing it - again, there is a need for sensitivity - don't develop a blindness to people's rights.
12. If the person shares a room, are the person's companions and their grouping
  - a) a congenial match for the person?
  - b) culturally normative as a grouping?
  - c) advantageous to the address of the person's needs and wishes?

Think about home-sharing (disabled and non-disabled people).  
(MK: "This area hasn't been explored thoroughly enough")

13. Is the service appropriately respectful of the person's age, life experience and maturity?
14. Is the home and its life negatively distorted by its involvement with a service organisation?
15. Does the living situation include appropriate safeguards to prevent or correct for abuse, neglect or breakdown of supports?
  - Trust, but never totally trust, services or any authority; there needs to be preventive safeguards, corrective safeguards, developmental safeguards.
16.
  - Watch out for stigma - stigma reflects in people's perceptions.
  - Even associating oneself with the setting can stigmatise/ devalue people.
  - Social role valorisation theory is important. Positive images lead to positive social roles.
  - Basically, people don't like to be stigmatised.
17. Is the service managed in such a way as to provide coherent, comprehensible and co-ordinated service management for the person?
18. Is the living situation affordable for the person?
19. Does the service encourage, develop and otherwise support the personal relationships a person may have or need?
20. Does the service help the person appropriately address the many matters that come up in their non-home life, e.g. work, family, services, voluntary associations?

21. Does the service adequately adapt to the person's changing needs, circumstances and wishes?

- a person's needs may change

PTO →

## **WHAT IS A HOME?**

- . a place to live
- . physical structure
- . household
- . security, happiness
- . a refuge
- . a place to relax
- . available to receive visitors
- . familiarity
- . free of tension and stress

## **Why is home important?**

- . much time is spent there
- . centre for basic sustenance and survival
- . foundation place/base
- . place from which arrangements are made
- . major source of security and stability
- . centre for relationships
- . personal growth
- . place with high expectations and steady encouragement
- . incubator - personal expression
- . adapted to individual needs
- . personal autonomy and choice
- . major shaper of values
- . refuge

## **Contributing factors when "unhomelike"**

- . lack of overall agency mission of "home" as a central goal for residents
- . little interest in locating staff committed to the goal of "home"
- . little "idealisation" with staff with the goal of "home" (should not be intuitive but planned - involves staff being trained)
- . preoccupation with system/funder's requirements - even at cost of "home"
- . transmission of custodial imperative to staff at the expense of growth ("minders" instead of encouraging personal growth)
- . desensitisation to a view of resident as meriting normative standards of home life
- . concept of the residence as a site for "programs" rather than a place to be "home"
- . imposed discontinuities on residents (e.g. shifting staff, clients)
- . inordinately large groupings of residents
- . lack of external advocates, policy and concern for "home" as a valid goal

## **Signs of Quality - Physical Settings**

### Home Making

- . Physically comfortable
- . Well maintained
- . "Homey" appearance
- . Stability
  
- . People living in home choose place and decorations

### Home Unmaking

- . Uncomfortable
- . Dirty, damaged, ugly
- . Odd design or decoration
- . Frequent changes within and between places
- . Others make choice of place and decorations

## **Signs of Quality - Personal Relationships**

- . Stability of people
- . People choose to live together
- . Regular company and routine welcome of guests
- . People like each other
- . Genuine interactions
- . Home for residents; staff in background
- . People's needs, identities known
- . People busy, challenged
- . People look forward to returning

- . Frequent changes in housemates or staff
- . People assigned to live together
- . Company rare
- . People tolerate each other
- . Interactions cold, controlling
- . Agency job site
- . People not well known
- . People sitting, watching TV

## **Signs of Quality - Activities and Time Use**

- . Own space, things, interests
- . Participating in decisions
- . Informality and co-operation
- . Balance of companionship and privacy
- . Support for participation in community life

- . Little privacy or personal possessions
- . Agency decisions
- . Regimentation, schedules
- . Either isolation or excessive activity

## SOME DISCUSSIONS ARISING OUT OF QUESTIONS

*How do you get away from the idea of the staff providing the main relationships for residents?*

- staff need high consciousness. Recruit friendships for residents otherwise staff will always be the main source of residents' relationships, i.e. extend social networks - they can't be left to accident; maintain continuity of purpose when staff changes

*How do you involve community?*

- not by big publicity campaigns
- people need to know they're needed and wanted; this needs to be done person-by-person, informally
- include community in the things you are doing

*Duty of Care? Definition?*

- responsibility to take care of each other
- commitment to each other
- get the "good" people - this will make the service
- (Contact IDRS)

*Other points:*

- get out of management model; separate this from home
- prepare people involved
- don't complicate homes and groupings
  - . small groups, simple set-up
  - . most people can't handle complexity
- active ingredients - quality and care of the people involved
- need - staff with sense of commitment to devalued people and an emerging sense of concern.