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# PROBLEMS AND ISSUES IN COMMUNITY-BASED RESIDENTIAL SERVICES AS ALTERNATIVES TO INSTITUTIONALIZATION*

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## ABSTRACT

In recent years there has been increasing interest in community-based residential services (e.g. foster homes and group homes) as alternatives to institutionalization of people in problem areas such as mental health, mental retardation, child welfare, and aging.

A selective review of the literature was undertaken to identify key issues, problems and concepts in the use and development of community-based services. This article presents selected findings and conclusions regarding conceptualization of services, issues in service delivery, and evaluation of effectiveness. In addition, it proposes a conceptual framework useful in examining the continuum of emerging services.

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*Based in part on findings from a study of community-based residential services in Rhode Island, which was sponsored by an Interdepartmental Task Force of state agencies and funded by the Rhode Island State Department of Social and Rehabilitative Services.

## INTRODUCTION

What is the most effective way of promoting the optimal growth and development of people unable to live in their own homes? Is community-based placement the "treatment of choice?" Is institutional treatment appropriate for some people but harmful to others? Are institutions obsolete in contemporary society?

In response to these questions, in recent years there has been growing interest in community-based residential services as alternatives to institutional placement of persons needing to live away from their homes temporarily or permanently. Although an extensive literature has been unfolding in different fields of practice, there has been little effort to examine and integrate emerging findings, problems, and concepts.

A selective review was therefore undertaken of the literature on therapeutically-oriented, community-based services that substitute partially or totally for an individual's home environment. The purpose was to identify key ideas, issues, and trends in the development of services such as group homes, half-way houses, foster homes and day care in the following areas: mental health, mental retardation, child welfare, juvenile delinquency and corrections, drug dependence, alcoholism, aging, and physical disability.

The review covered a representative sample of over 200 articles, monographs, and books, most of which were published during the last decade in various fields such as social work and psychiatry. This article presents selected findings and conclusions derived from a comparative examination of the literature across all problem areas. It also proposes a conceptual framework useful in examining the continuum of emerging services.

## CONCEPTUALIZATION OF SERVICES

A pervasive theme is that the community has a responsibility to develop a network of services along a continuum from totally dependent living to independent living. It is emphasized that it is particularly important to provide a variety of community-based living facilities and related programs along the continuum, so as to offer different options and enable each person to find at any point in his or her life cycle the opportunity most conducive to optimal growth and development.

Most writings reflect a "disease" or "medical" model orientation to the development of community-based services. It is evident from the literature that these services are generally designed to provide short-term treatment or rehabilitation for persons who are in one way or another labeled as "defective" or "sick" and who are segregated according to their labels. Within the framework of labeling theory (Cf. Becker, 1963; Lemert, 1961), it appears in fact that the process of defining certain persons or groups as deviant strongly influences the kinds of services and programs that are created to meet their needs.

While there is a great deal in the literature about rehabilitation, very little has been written about the potential development of open, long-term, non-treatment oriented living arrangements providing people with social supports and growth opportunities that may be needed in the natural course of their development (Cf. Handler, 1974). Furthermore, there is a severe gap between policy and practice even in areas such as child welfare, in which there has long been consensus that children should be helped to grow within their natural environments. For instance, despite the widespread emphasis on substitute care as a last resort, many children from poor families still end up in institutional placement, due to the lack of other resources (Pare and Torcyzer, 1977).

As one step toward changing the "disease" orientation, it would be useful to formulate a conceptual framework in which community-based services are viewed as environmental supports necessary to sustain and promote the natural efforts of people to function, to cope, and to grow. A tentative framework is proposed here. It is derived from ecology, biology, ego psychology, socialization theory, and general systems theory (Cf. Clausen, 1968; Coelho, Hamburg, and Adams, 1974; Cumming and Cumming, 1962; Dubos, 1965; Erikson, 1959; and White, 1963). It consists of the following assumptions:

1. The view of human organisms as engaged in ongoing, dynamic transaction with their environment and in a continuous process of growth and adaptation.
2. The conception of people as being spontaneously active and essentially motivated to grow and to be effective in their coping with a complex and changing array of life demands and environmental challenges.
3. The premise that varied environmental opportunities and social supports are necessary to sustain and promote the human being's efforts to grow, to achieve self-fulfillment, and to contribute to others.

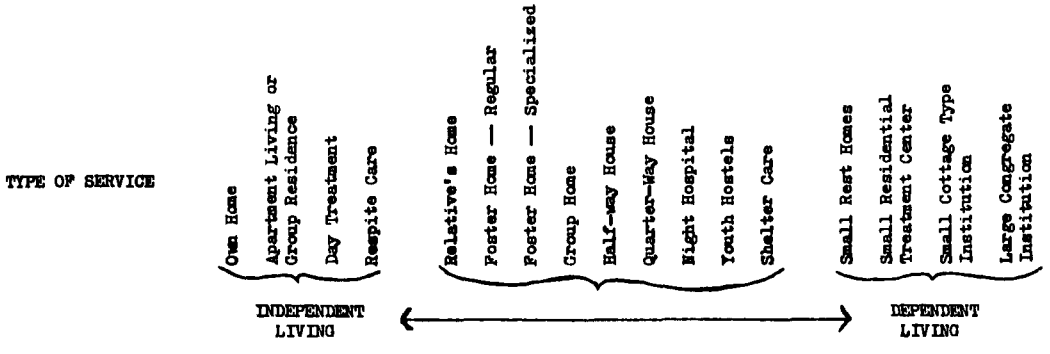
4. The assumption that appropriate supports should be matched with the human being's changing needs and qualities, in order to maximize the development of his competence, identity, and autonomy.

The essence of this framework is that the outcome of a human being's efforts to cope with life demands is to a significant extent dependent upon the availability of a variety of environmental resources. As one example, community-based residential services for older persons are viewed as natural supports required by some people in post-industrial society - that is, supports needed to achieve satisfactory transactions with the environment, to move successfully through the developmental stages of the life cycle, and to attain optimal growth and self-fulfillment.

Flowing from the above conceptual framework is a continuum of services with varied features and objectives. This continuum is represented in Chart 1 on the following page.

CHART NO. 1

CONTINUUM OF RESIDENTIAL SERVICES




*In addition to their unique objectives, these services may share common objectives such as rehabilitation, treatment, and enhancement of each person's growth and development.

## COMMUNITY ACCEPTANCE

A major obstacle to the development of residential services as envisioned here is the lack of community acceptance (cf. Bachrach, 1976:13).

Professional writings reflect strong conviction about the importance of community-based services (cf. Sarason, 1974; Spergel, 1973). However, there is doubt that the public at large shares with professionals their enthusiasm for a wide variety of community-based living facilities. Agencies throughout the country encounter strong community resistance in their efforts to develop half-way houses for people in nearly all problem and age categories.

The literature suggests that there is less community resistance to services for some groups (e.g., dependent and neglected children) than others (e.g., juvenile and adult offenders). But there is no question that wider acceptance is a prerequisite to further expansion and improvement of residential services in general.

## ISSUES IN SERVICE DELIVERY

A wide range of services is emerging, with unclear definition of each type and its components, qualities, and target populations. There is a need for greater conceptual clarity in regard to such aspects as goals, programs and clientele for each type of community-based residential service. A great deal has consequently been written about issues in service delivery. In the field of mental health, for example, Bachrach (1976) provides an excellent, concise summary of issues in deinstitutionalization of mental hospital patients. These include: (1) issues related to the selection of patients for placement in community-based settings; (2) issues dealing with the availability and quality of treatment services in the community; (3) issues regarding the quality of life of former patients once they go into the community, such as the nature of support systems; and (4) issues related to the greater community, such as public resistance and opposition (Bachrach, 1976:10-17).

Much discussion in the literature concerns primarily the <u>structure</u> of services. There is a recurrent debate as to whether institutions are necessary, whether community-based services should be preferred, and how the various services should be organized (cf. Wolins and Piliavin, 1964). In contrast, less attention has been devoted to

the content or substance of these services. Although both structure and substance are important, it seems crucial to be less concerned with structure per se and to consider more extensively what should be the ingredients necessary to make various types of community-based services effective and responsive to the individual needs of people.

While there is among professionals widespread acceptance of the concept of community-based residential services, there is also recognition that institutions will continue to play an important role in the continuum of services, especially as they are in various ways reformed and used more appropriately than at present. There is much interest in de-institutionalization (cf. Bachrach, 1976; Schulberg, Becker, and McGrath, 1976). However, this concept is viewed not so much in terms of annihilation of institutions as in terms of institutional reform, avoidance of institutional placement where possible, and development of alternatives to institutionalization.

Although there are indications of experimentation with a variety of alternatives to inappropriate institutionalization, most agencies continue to rely on traditional forms of community placements - i.e., foster homes and group homes. In the absence of empirical evidence adequately supporting this trend, it is crucial to avoid a premature commitment to any one type of residential service.

Common difficulties are encountered in the delivery of services across all problem categories, especially in regard to such aspects as staffing, funding, community acceptance, and adequacy of resources. Numerous gaps in the availability of services are apparent for most age, need, and problem categories.

Beyond the issue of availability of resources, the literature reflects concern that the service delivery system is insufficiently coordinated and excessively entangled (cf. Bachrach, 1976; Becker, 1972; and Fanshel and Shinn, 1972). Problems emerge in relation to fragmentation of services, overlapping and ambiguities among different agencies and programs in both the private and public spheres, proliferation of services with limited coordination and planning, inadequate utilization of staff, and disparate licensing requirements.

A serious problem is that there is little clarity or agreement among professionals as to criteria for placement and guidelines for adequate programming for different types of people, needs, and situations (cf. Maluccio and Marlow, 1972). More than a decade ago, it was

suggested that, even if there were adequate public support and unlimited staffing and funding resources, it would not be possible for administrators and planners to indicate clearly which resources should be developed for whom (cf. Taylor and Starr, 1967). There is no evidence of significant change in this regard. The literature reflects confusion regarding admission criteria for different types of community services, lack of clarity as to the necessary ingredients of different programs, and limited consideration of their comparative effectiveness (Maluccio and Marlow, 1972).

Delineation of criteria for placement is essential since at present many placements in residential services are made on the basis of imprecise criteria, poor planning, or emergency reasons. Due to lack of adequate planning or resources, institutions are often used as a placement of desperation or "last resort," with all the problems attendant upon any such approach (cf. Feldman, 1974; Fotrell and Jajumder, 1975; and Kester, 1966).

## NEED FOR SUPPORTIVE PROGRAMS

Another recurring theme is that the effective use of community-based living facilities is dependent on the availability of supportive or auxiliary programs. Even a highly developed and sophisticated system of residential facilities at best can have limited success unless it exists within a framework of quality aftercare and supportive and preventive services (cf. Donlan and Rada, 1976; Lamb and Associates, 1976; Miller, 1976; and Talbott, 1974).

It is emphasized that this framework should encompass, first of all, broad societal supports in such key areas as education, employment, housing, and health. Secondly, it should include a variety of specific programs geared to the special needs of people using community-based living facilities. These are generic programs that may be universally needed (e.g., counseling) as well as services needed by particular client groups (e.g., "Meals on Wheels" for aged or disabled persons).

The vast range of generic supportive programs needed across all age or problem categories includes:

| | |
|---|---|
| Income Maintenance | Information and Referral Service |
| Health Care | Homemaker Services |
| Housing | Community Mental Health Programs |
| Employment | Vocational Counseling |
| Day Care | Legal Aid |

In addition, special programs are needed in different categories, including:

| Aged | Children and Youth |
|---|---|
| Home Health Care | Child Care in own home |
| Nutrition | Child Development Programs |
| Transportation | Education |
| Recreation | Vocational Counseling |
| Senior Centers | Early Identification and Intervention Programs |
| Protective Services | |

| Corrections | Mental Illness |
|---|---|
| Diversionary Programs | Sheltered Workshops |
| Probation and Parole | Social and Recreational Opportunities |
| Work Release | |

Mental Retardation

Sheltered Workshops

Social and Recreational Opportunities

## EVALUATION OF EFFECTIVENESS

As noted by Gottesfeld (1976:8), "it is difficult to make any generalizations as to the effectiveness of community programs." First of all, there has been very little formal evaluation of community-based services. Secondly, most evaluative studies completed thus far suffer from various methodological limitations (cf. Hetherington et al., 1974).

The findings of evaluative research are often conflicting, contradictory, or inconclusive (cf. Marx, Test, and Stein, 1973). In some fields, (e.g., mental illness and mental retardation), there are indications that community-based residential services are more effective and economical than hospital or institutional care (cf. Rog and Raush, 1975). However, the empirical evidence is by no means conclusive.

A frequently raised issue is whether institutional or community-based services are better or more effective. For example, it is often asked whether institutional care or foster home placement is better for emotionally disturbed children. Questions such as these do not take into account the complexities of the situation and the dangers of comparisons of this sort. A more valid and fundamental question that remains to be answered is: What works best for whom and under what circumstances? In other words, evaluative research should focus on delineation of the special qualities and advantages or disadvantages, for different people, of each type of service along the continuum from institutional care to living in one's own home.

## CONCLUSION

This selective review of the literature on community-based residential services reflects considerable ferment: questioning of institutional care and treatment, growing use of a variety of community-based programs, and experimentation with various alternatives to institutionalization. Community-based services such as foster homes, group homes, half-way houses, and day care are being used increasingly with children, adolescents, and adults in a range of problem areas.

With the exception of the child welfare field, the use of community-based services on an extensive basis is relatively new. There is consequently little in the way of firm conclusions and empirically validated knowledge. Much of the writing consists of opinions, clinical reports, and fragmented discussions of individual experiences.

A striking impression is that writers and researchers in one problem area rarely examine what has been found or written about similar issues in other problem areas. Thus, authors concerned with half-way houses for alcoholics do not appear to have reviewed the writings on half-way houses for mentally ill people. Similarly, writers in the field of mental retardation rarely consider the experiences that child

welfare workers have had with foster homes and group homes. The pattern which emerges is one in which writers and researchers in different fields of practice seem to be following separate pathways and idiosyncratic interests with little sharing of experiences, limited fertilization of ideas, and inadequate building of knowledge and of programs.

Perhaps the most crucial lesson flowing from this review of the literature therefore is that it is essential for practitioners, planners, administrators and researchers in diverse fields to find ways to share their ideas, experiences and resources, in order to arrive at a more effective as well as more efficient service delivery system of community-based residential services.

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