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Michael John Busco

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UTILIZATION OF NATURAL SUPPORTS DURING LEISURE/RECREATIONAL  
ACTIVITIES BY DEVELOPMENTALLY DELAYED ADULT CONSUMERS WHO  
RESIDE IN A GROUP HOME ENVIRONMENT

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Education: Special Option

---

by  
Michael John Busco  
December 1996

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Approved by:



Dr. Jeff McNair, First Reader

12/8/96  
Date



Dr. Richard Ashcroft, Second Reader

## ABSTRACT

Factors associated with the support provided during leisure/recreational activities of adult residents living within a group home setting were investigated. A sample of 38 adult consumers residing at 10 different residential care facilities were surveyed. All consumers lived full time in these facilities for more than one year and the paid support staff had been working with consumers for more than one year. Interviews were conducted with primary care providers or administrators of each residential care facility. The survey contained 18 questions that were both consumer and facility specific. These questions looked at each consumers current levels of support during leisure/recreation. Results indicated that group home resident consumers experienced a greater percentage of paid support during leisure/recreational activities as opposed to natural or non-paid support. The majority of the paid support was provided by the primary care provider while the majority of non-paid support was provided by the consumer's mother or father.



## ACKNOWLEDGMENTS

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## Introduction

One of the major problems that families of disabled people and disabled people in general face, is the fact that they do not fit into the mainstream of society. As this mainstream becomes more complex, the disabled segment of our population begins to feel isolated. Paid support seems to help meet the social needs of the disabled, yet one must understand that paid support is financially costly and often temporary.

Most often the mainstream of society is only accessible to individual with disabilities when various kinds of support are provided. The non-disabled of our population can access and interact within their community and society with little or no support. When the non-disabled provide support to the disabled members of their community two things happen. One the non-disabled population learns to react to some of the needs of the disabled members of their community. Also the non-disabled community gain insight into some of the demands of their community which make it hard for the disabled community to function. The second thing that occurs is that the disabled members of the community learn to interact and relate to people, places and things within their community.

Various kinds of support, paid or natural, facilitate and empower the disabled segment of our population to interact in a non-disabled world. Once this interaction occurs disabled people and their families feel empowered and are less isolated. With support, people with various kinds of disabilities can live, work and play within their communities just as their non-handicapped peers.

### General Statement of The Problem

Residential Care Facilities and Group Homes in general greatly depend upon paid staff to meet the needs of the consumer/resident. While paid support or staff support can often meet the basic needs of the consumer, this support does have limitations. Support

that is dependent upon compensation is often restrictive in nature, time limited and lacks a natural or normal psychological presence.

In the non-disabled world people often give and receive support for reasons other than financial compensation. There often is a natural mix of support between paid and unpaid support. Friends help friends because of the bonds of friendship. Family members often help each other because they care. Support of this nature is less restrictive than paid support. This kind of support can increase the bonds of friendship and add to the caring nature of family life.

It seems logical that if residents of a group home were to experience support that is both paid and natural, these resident's needs would be better met by the care facility. As residents grow within this environment of dual support the aspect of natural support would foster and grow. That natural way is by doing things together that bond and hold each others interest. Also the support provider learns about the various interest of the residents. As this natural support grows, so does the experiences of the residents. These experiences could become more natural or normal in nature, as they more closely approximate the non-disabled world. The assumption being that the non-disabled world is a bench mark used to define normal within this context.

The goal of this report will be to look at the types of support found in a sample of group homes. The primary focus will be to look at the ratio of paid to unpaid support. A Secondary interest will be to look at the degree of pre-support interest or presenece of interest that both the support provider and resident/consumer have in natural support involvement. Another focus of interest will be to look at who is currently providing support both paid and unpaid. Still another focus of this project will be to examine group homes policies and philosophies regarding the concept of natural supports. The last focus

of this study will be to look at factors that may help to develop better and longer lasting natural support systems for resident/consumers of adult group homes.

The data collected for this project will be taken from a random sample of group homes located in the high desert area of Southern California. The overall goal of this research project will be to help professionals and para professionals better understand the concepts of natural supports and normalization. With this understanding professionals will be better equipped to help the consumer/resident or student develop better and longer lasting, natural supports. The only hope for the disabled members of our community to live a normal existence is when they learn to develop better and longer lasting natural support systems.

## Review of The Literature

### Introduction

The purpose of this chapter will be to examine the literature related to the concept of natural support as it applies to group home residents. This literature review will emphasize the use of the natural support concept for meeting residents', aka consumers' leisure and recreational needs. To this end, the paper begins with an explanation of the natural supports paradigm.

The explanation is followed by a brief examination of the characteristics and features of the group home setting. The final section of the paper explores application of the natural support model to meeting the leisure and recreational needs of disabled group home residents.

### Natural Supports Concept

According to Smull (1989), health care for disabled people living in group home settings is currently undergoing a paradigm shift. Specifically, the field is moving away from the medical model with its reliance on special services delivered by highly paid and credentialed professions in a fairly segregated service setting toward a system that (while maintaining responsiveness to individual needs) uses community resources to supply a wide array of supportive services.

This new paradigm has been referred to by Nisbet (1992) as the concept of "natural supports" which is based on the understanding that relying on typical people and environments enhances the potential for inclusion more effectively than relying on specialized services and personnel. In other words, inclusion of the disabled is a pivotal feature of the natural supports concept as is reliance on community resources.

According to Nisbet (1992), the natural support model is one that begins with the notion of "circles of support." These circles consist of those people in an individual's life

who supply some type of support, e.g. family, friends, classmates, churchmates, coworkers, neighbors, hospital or group home staff, and so forth. One postulate of the natural support model is that one or more members of these circles of support can be used for purposes of service delivery. For example, Agosta (1989) reports that the family system can be used in several ways such as helpers in securing funding resources for the health care setting in which their relatives live. Families can also act as a recreational resource for group home staff and other group home residents. Families can help to support leisure or recreational activities by doing such things as organizing regular outings or planing some within-home recreational activities in which both disabled and non-disabled can participate together.

The circle of support concept has also been discussed by Luckasson and Spitalnik (1994) who state that individuals (be they disabled or non-disabled) exist within a constellation of support systems as shown in Figure 1. With the person at the center, these support circles expand outward in a series of concentric rings.

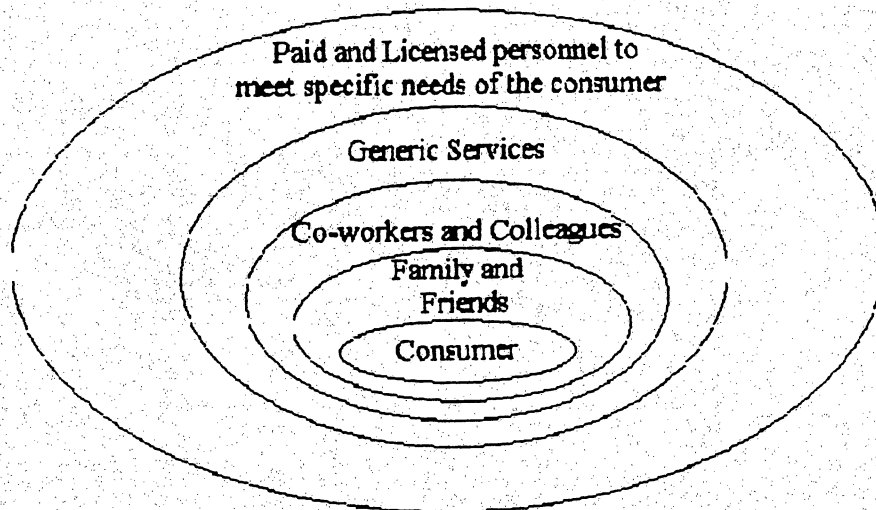
The first support circle consists of the resources of family and friends; this is the support circle or system with which the individual is generally the most intimate. The second outward circle consists of what Luckasson and Spitalnik (1994) term "unpaid supports" such as those supportive activities and resources provided or supplied by coworkers, colleagues, and neighbors.

The next circle of support consists of generic services or those resources that everyone uses. This could consist of such services as public transportation, the family doctor, job income, etc. Finally, there are specialized services supplied by paid and licensed personnel to meet very specific health care needs.

Figure 1. Circle of Support as described by Luckasson and Spitalnik (1994)



Figure 1. Circle of Support as described by Luckasson and Spitalnik (1994)



A subset of people needing at least some very specialized services consist of people who, because of their disabilities (mental retardation, cerebral palsy, etc.) live in group home settings. In the next section of this paper, background is provided to the discussion of natural supports through review of the literature dealing with the nature of the group home setting, its staff and the kind of support it offers.

#### Group Home Setting

According to Munson (1989) , group homes can vary considerably in terms of their staff. Some homes house only a very few people, perhaps three or four individuals while other homes might house as many as fifteen to twenty individuals or more. Munson reports that the size and the training/schooling of staff in the group home setting will often differ depending upon the size of the home. In smaller group homes, Munson (1989) states that most staff members will be paraprofessionals and volunteers. In the larger

community staff operate together to provide residents with supportive services associated with the particular circle of support in which they belong.

Issacs, and Hoffman (1977) provide an excellent example of how interaction between paid and professional staff and volunteer staff can operate as a support for a disabled person. In this regard, the authors present a case study of a boy who, through supportive interaction, was able to leave the Jewish Family and Children's group home for adolescent boys. According to the authors, his ability to finally live independent of the Jewish Family and Children's home was the result of successful interactions between the boy's caseworker and a volunteer on staff at the home. Specifically, Issacs and Hoffman (1977) state that:

“Though the volunteer was of a different age, background, and sex, a helping relationship developed, and the volunteer was able to provide guidance to the boy, keeping in touch with him (natural support) long after he left the home.

Communication between the boy and the caseworker faded, but the volunteer maintained contact with the case worker for continuing guidance and information purposes. (p. 366)

What can be seen from et. al's (1977) discussion is that had the home not relied on community members or natural supports, it is likely that the boy would not have obtained all of the services he needed to be able to leave the home and to remain in the community once he did leave.

Additional insights into the group home setting were provided by Mowbray, Greenfield and Freddolino (1992). In their study, the authors focused on thirty group homes with a total of two-hundred fifty-three residents with higher staffing levels. Data was collected from case managers, residents, and home staff to assess residents' functioning, services and treatments provided, and the environment of the home. The

findings were examined in terms of adequacy and appropriateness of the care provided in the home, using accepted guidelines. Results of the study indicated that there are aspects of a homelike environment, (emotional support from staff, and skill-development activities) within the larger group homes. However, an institutional focus was none the less prevalent, along with limited rehabilitation and socialization activities. Nonetheless, residents expressed high levels of satisfaction with the group home setting even when the group home had more than four resident if the staffing levels were high..

What Mowbray, Greenfield and Freddolino's (1992) study suggests is that despite the adequacy of care provided in group home settings, there is an additional kind of support that is needed. This support rids residents of the kind of sterile and bleak focus that comes with institutionalization according to Mowbray, Greenfield and Freddolino's (1992) . One method of dealing with this problem is the concept of natural support which is structured to make group home residents feel like they are part of the regular community within which all people reside.

Application of Natural Support Concept to Leisure/Recreational Activities of Disabled Living in Group Home Settings. Blaney and Freud (1994) have noted that one of the key characteristics of the natural support concept is that those with disabilities be increasingly included within the social life of their communities. The authors, state, achieving inclusion in the community's recreational and leisure activities is imperative for the social well-being of disabled group home residents.

Blaney and Freud (1994) , conclude that natural support concept as applied to leisure and recreational activities rests on three basic assumptions. These assumptions are: 1) recreational activity enhances self-esteem and competencies, 2) the community can be defined as a site for recreational activity that provides a richer and more enjoyable environment than does a segregated setting, 3) participation of the disabled in a

community leisure/recreational setting will spontaneously lead to the formation of personal relationships and membership roles.

Moreover, Blaney and Freud (1994) report that work with disabled individuals in terms of including them in community leisure and recreational activities has been associated with several positive outcomes for handicapped individuals. These outcomes include: (1) increased self-esteem; (2) development of new interests and activities; and (3) development or enhancement of personal competencies.

As to how to accomplish inclusion of the disabled in the recreational life of the community, Blaney and Freud (1994) recommend three strategies. First, there must be advocacy and monitoring procedures to make sure that, in their planning stages, all community and recreational buildings include adaptive environmental design and technology. If buildings that are already constructed do not have adaptive designs and technology, directors of these centers should be encouraged to incorporate these features. A second strategy for use in applying the natural supports concept to meeting the leisure/recreational needs of the disabled is the use of both paid and volunteer staff to provide transportation. These personnel can also provide on-site assistance. Finally, inclusion of the disabled in recreational activities of the community can be done through educational efforts. Specifically, staff and other personnel working at local recreational/leisure settings should be trained to provide both help to the disabled and encourage them to interact with non-disabled participants in leisure/recreational activities.

Disabled adults come in all ages. In this regard, Bowder and Cooper (1994) has discussed natural support as it applies to the leisure opportunities of older adults with mental retardation who are living in group homes. The authors note that for older adults with mental retardation, obtaining inclusive leisure opportunities can be impeded by changes in health and social status, limited access to the community, underdeveloped

leisure skills, and the need for support to participate in age appropriate leisure recreational opportunities.

However, these challenges can be overcome through support for inclusion in the varied leisure opportunities generally available for older adults. As an example, Browder and Cooper (1994) describe the case of a sixty-five-year-old, nonverbal, severely retarded man with an interest in a water exercise program. Staff in the home where the man lived enrolled him in a community program providing this type of exercise and helped him cope with the changing exercises and class dynamics.

### Summary

This section presented a discussion of the concept of natural supports for people with disabilities who live in group home environments. Not only was the concept delineated and discussed, the nature of the group home setting was also described. Finally, the review presented a number of studies illustrating how the natural support concept could be used to facilitate the leisure/recreational activities of group home residents in a manner that included them in the local community rather than relegating them to segregated activities.

### Research Questions

The primary purpose of this research will be to see if natural supports exist during leisure/recreational activities for developmentally delayed adults who live in residential care facilities located in the High Desert area of California. Three variables will be addressed during this study. The first variable will be the degree of interest in involvement by the person or persons providing support to the group home consumer resident or supportee. Another variable will be concerned with who is providing support (support provider) to the supportee. This variable is referred to as “layers or support”. The last of the three is referred to as “caring distance” variable. This variable is concerned with why the support provider is providing support to the consumer (supportee). The study will also look at how natural supports co-exist with paid support, and if the home’s philosophy includes the concept of natural supports. Another aspect will be to examine whether the concept or topic of natural supports is included in staff training.

Still another aspect of this research will be to look at the quality and longevity of these natural supports. In other words, this research will look at how these natural supports meet the needs of the consumer and how long has this supporting relationship lasted. This study will also look at how much support is provided to the consumer.

Lastly this research will look at how support provided by family and friends compliment that support provided by paid staff, co-workers, neighbors and agency.

As these factors are better understood the researcher can develop methods and techniques that help professionals assist the agency and the consumer resident to develop more meaningful and longer lasting natural supports.

### Purpose of This Study

The purpose of this study will be to examine paid and unpaid support experienced by developmentally disabled consumers residing within group home settings. Specifically,

this report will look at support provided during leisure/recreational activities of adult residents of group homes within the High Desert area of California across five areas of concern.

1. How much of this support is paid support as opposed to unpaid support.
2. The degree of pre-support interest.
3. Who is providing support, referred to as layers of support.
4. Why the support provider is providing support to the resident consumer.
5. How to develop better and longer lasting natural support systems for resident consumers of group homes.

#### Natural Support Definition

A definition of natural support is that support that is given to a consumer resident of a group home where the support provider does not expect or receive any form of financial compensation. In other words the unpaid support provider participates in some kind of leisure/recreational activity with a consumer resident of a group home.

This support provider can be a relative, friend, coworker, classmate, schoolmate or neighbor. Group home or school staff as long as that normally paid staff is not being paid for that leisure recreational activity. That participation by the support provider in some way, shape or form helps the consumer resident (supportee) participate in that leisure/recreation activity. Also because of that support the consumer resident experiences some aspect of normalization. Another words the support provider can help the consumer resident overcome deficits that he or she may encounter due to their disability.

## Design and Methodology

This study will examine a number of adult residential care facilities located in the High Desert area of California. These care facilities will be randomly selected from lists provided by Inland Regional Center. From this list of thirty homes every other home on the list will be contacted. The contact will be made to the primary care provider. Each primary care provider who agrees will be interviewed by the researcher.

The researcher will use a questionnaire that has eighteen questions. These questions will be both consumer and group home specific. The primary care provider must have worked or known the consumer resident for more than three months. Any consumer resident who is newer than three months to the group home will not be used in the study.

The questionnaire is designed to examine five specific areas of concern utilizing three different variables. These areas of concern are:

1. How much of this support is paid support as opposed to unpaid support.
2. The degree of pre-support interest.
3. Who is currently providing support during leisure/recreation.
4. Why the support provider is providing support to the resident consumer.
5. How to develop better and longer lasting natural support systems for resident consumers of group homes.

### Variable One

This variable will be to look at the difference between paid and unpaid support that consumer/residents are currently experiencing during leisure/recreational activities.

### Variable Two

The second variable will be to examine the degree of pre-support interest. Degree of pre-support is defined as the presence of interest that the support provider and the



2. **MIDDLE LAYER** Where support is provided by a friend.
- PAID LAYER** Where support is provided by someone who is being paid to provide support.

Variable Four

The fourth variable built into the questionnaire will help the researcher better understand why the support provider is providing support to the consumer/resident. Here the design is defined by three different degrees. These degrees are low, medium and high degree. The specific criterion for each degree is defined as follows:

1. **LOW DEGREE** Support Provider shows little concern/responsibility/effort. Providing support only meets the needs of the support provider.
2. **MEDIUM DEGREE** Support Provider shows some concern/responsibility/effort. Providing support meets the needs of the person receiving the support (supportee) and the person providing the support (Support provider).
3. **HIGH DEGREE** Support provider shows too much concern/responsibility/effort. Support only meets the needs of the person receiving the support (support provider). The person providing the support is getting nothing out of the support experience.

### Variable Five

Will be to look at the natural support that consumer/residents are currently experiencing. With this information the researcher can determine how to develop better and longer lasting natural support systems for resident/consumers of adult group homes.

Each care provider will be interviewed by the researcher. During the interview process the researcher will use the questionnaire to ask eighteen group home or consumer specific questions. No consumer or group home will be identified by name. All homes will be given a alphabetic letter and each consumer a number. Each primary care provider or administrator will be given a confidentiality disclosure statement signed and dated by the researcher.

### Data Analyses and Presentation Data Collection Procedures

Subjects will be consumers presently residing within a level two residential care facility also known as a group home. These residents will be from both staff operated and owner operated homes. A survey will be developed that measures in percentages the amount of paid and unpaid support these consumers are currently experiencing. Other variables will be to examine the following: 1) will be to look at how much support to consumers is paid as opposed to unpaid support, 2) the degree of pre-support interest, 3) who is providing support, 4) why the support provider is providing support, 5) how to develop better and longer lasting natural supports

The data collection procedure will be to interview care providers of ten different group homes in and around the High Desert area of California. The survey questions will have two basic formats. One set of questions will be consumer specific. While the other set of questions will be care facility specific. Each consumer used in the study will be identified by number in order to protect the confidentiality of consumers used in the study.

Each group home will be identified by an alphabetic letter to protect the confidentiality of each group home used in the study.

### Project Design

The design of this study will be descriptive in nature and quantitative. This study/research will look at what kind of natural support is currently being provided to consumers residing within a group home setting. A random sample survey will be taken from various level 2 and 3 group homes within the High Desert Area of Southern California. The survey will be a questionnaire that is to be answered by the primary care provider. Criteria will be that the primary care provider must know every consumer for more than 3 months.

### Limitations of the Design

One of the major limitations of this design will be that much of the data collected about the consumers will be through care providers. This tends to make accuracy of this information dependent upon observation by staff or care provider.

## Results

Fifty percent of the group homes survey did encourage a natural support concept for residents all of the time. Twenty percent of the homes indicated that they encouraged this concept once in a while or rarely. Ten percent said that they never encouraged natural supports for consumer residents. Seventy percent of the homes did have some aspect of the natural support concept written within their program design. While twenty percent said that they included some information about this concept once in a while. One home said that they never included information about the concept of natural supports during inservice training to staff. See table 1 (page 20).

One of the major aspects of this study was to see how much of the support to resident consumers residing within group homes was non-paid or natural compared to paid or staff support. Fourteen point four percent of the support to consumer residents in this study came from group home staff or paid support. Three point three percent came from non-paid support. See table 8 (page 26).

Paid support developed leisure recreational options one hundred percent of the time as opposed to eighty percent for non-paid support. With regard to providing transportation paid support provided transportation one hundred percent of the time. Non-paid support provided transportation ninety percent of the time. Non-paid support made special arrangements for transportation one hundred percent of the time while paid support did this forty percent of the time. See table 2 (page 21).

Another important aspect of this study was to see who provided support to residents. The primary care provider, week-day relief and helper staff provided one hundred percent of this support. While the week-end helper staff provided the least amount of support. See table 3 (page 22).

Family, friends, co-workers and neighbors provided the least amount of support to adult group home residents in this study. Family, most often mother and father provided one point three percent. Friends of the residents provided one percent of the support while co-workers provided point zero five eight of a percent. Neighbors did not provide any support. See table 6 (page 25).

Paid group home staff either primary care provider or administrator. Ninety percent of the time the primary care provider and administrator were one in the same. See table 9 (page 28). Eight point seven percent of the support to consumers in this study was provided by paid group home staff. Most often this support was provided by primary care provider/administrator. See table 6 (page 25).

One a weekly basis the primary care provider/administrator supported the resident during leisure/recreational activities fifty-four percent of the time. Twenty-nine percent of the time paid support was provided by week-day or week-end helper or relief staff. See table 4 (page 23).

The break down by consumer resident is shown in table 5 (page 24). Consumer one experienced seventy-six point three percent support by paid staff while forty-seven percent was provided by unpaid staff. Consumer two was seventy-percent as opposed to thirty-three point three percent. Consumer three was sixty-two point five percent to thirty-three point three. Consumer four had sixty-two point three percent paid support to sixteen point eight percent non-paid. While resident five had forty-six point five to seventeen-point five percent was non-paid support. See table 5 (page 24).

**TABLE 1**  
**Mean Numbers Reported Regarding Encouragement of Natural Supports Concept (N=10)**

	<b>Encouragement</b>		
	<b>Does paid staff</b>	<b>Do Inservice's</b>	<b>Is the Concept</b>
	<b>Encourage</b>	<b>Encourage</b>	<b>of Natural Supports</b>
	<b>Natural</b>	<b>Natural</b>	<b>Included in the Homes</b>
	<b>Supports</b>	<b>Supports</b>	<b>Program Design</b>
	<b>Concepts</b>	<b>Concepts</b>	
	<b>Care provider's response</b>		
<b>ALL OF</b>			
<b>THE TIME</b>	50% YES	70% YES	
<b>ONCE IN</b>			
<b>A WHILE</b>	20% YES	20% YES	
<b>RARELY</b>	20% YES	NO RESPONSE	
<b>NEVER</b>	10% YES	10% YES	
<b>YES</b>			80%
<b>NO</b>			20%

Note. Maximum score = 100%.

N=10 care providers. N=38 resident consumers.

TABLE 2

Percentage of Paid and Unpaid Support to Consumer Residents.

	<b>PAID SUPPORT</b>	<b>NON-PAID SUPPORT</b>
Percentage of support N=10		
Development of leisure options for consumer residents	100%	80%
Transportation leisure activities	100%	90%
Arrangement of transportation	40%	100%
Staff supervises activities	100%	40%
Staff participates	80%	90%
Staff provides training	40%	70%
Staff identifies leisure activities	100%	90%
Staff develops activities	80%	60%
Other	10%	90% (non-staff)

Note. Maximum score = 100%

N=10 Care provider interviewee. N=38 resident consumers.

TABLE 3

Paid Staff Who Most Often Provide Consumer Support N=10

Staff

---

	Percentage of support
Primary care provider	100%
Week day relief staff	100%
Week day helper staff	100%
Week end relief staff	20%
Week end helper staff	10%
Administrator	70%
other	10%

---

Note. Maximum score = 100%

N=10 Care provider interviewee. N=38 consumer resident.



TABLE 4

Paid Support on a Weekly Basis

---

	Paid staff support
Primary Care Provider	36%
Week day relief	1%
Week day helper	8%
Week end relief	5%
Week day helper	5%
Administrator	18%
Other	10%

---

Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

TABLE 5

BreakDown by Consumer of Paid and Unpaid Support

By consumer

---

	Paid	Unpaid
Consumer 1	76.3%	47%
Consumer 2	70%	33.3%
Consumer 3	62.5%	33.3%
Consumer 4	62.3%	16.8%
Consumer 5	46.5%	17.5%
Consumer 6	0%	0%

---

Weekly Average	63.5%	29.6%
----------------	-------	-------

---

Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

TABLE 6

Percentage of Consumer Support Both Paid or Unpaid

Support Provider

---

	Percentage of Support
Paid Group Home Staff	8.7%
Agency Staff (IRC)	0%
Family	1.3%
Friends	1.0%
Co-Workers	.058%
Neighbors	0%

---

Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

TABLE 7

Circle of Support by Sectors and Percentage of Support

Circle sector

---

	Percentage of Support
<b>FIRST CIRCLE</b>	
Friends and Family	2.5%
<b>SECOND CIRCLE</b>	
Co-Workers, Colleagues or Neighbors	10.1%
<b>THIRD CIRCLE</b>	
Public Transportation Doctors or Job Income	10.0%
<b>FOURTH CIRCLE</b>	
Paid Support Services or Licensed Personnel	14.7%

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Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

TABLE 8

Difference in Percent Between Paid and Unpaid Support

Kind of support

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	Percent of Support
<b>PAID SUPPORT</b>	
Group Home Staff, Agency Staff, Etc.	14.4%
<b>NON-PAID SUPPORT</b>	
Family or Friends	3.8%
	<hr/>
<b>DIFFERENCE</b>	<b>10.6%</b>

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Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

TABLE 9

Primary Care Provider and Administrator are One-In-The-Same

Answer

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	N = times
<b>YES</b>	9 times
<b>NO</b>	1 time

---

Note. Maximum score 100%.

N=10 care provider interviewee. N=38 consumer resident.

## Discussion

The results of the study indicated an overall lack of any significant or what would be considered long term natural supports. Another finding of the study indicated the lack of natural supports that were based around friendships, co-workers or neighbors. Data from this study indicated that the majority of natural support came from the consumers mother or father. Rarely did both parents participated together.

The results also indicated a misunderstanding among care providers with regard to the concept of natural supports. The data indicated that only twenty-six point five percent of the support was coming from non-paid support. Paid staff provided approximately seventy-three percent of the support that resident consumers received during leisure/recreational activities. When asked if natural supports existed within their group home one hundred percent of the time the care providers interviewed answered yes.

If natural supports did exist, then who was encouraging or promoting the natural support? Table 1, (page 20) shows to what extent the paid support encouraged natural or non-paid support during leisure/recreation. One half of the care providers interviewed indicated that they did encourage consumers, parents, guardians and paid staff to develop natural supports. More then half or seventy percent of the care providers said that the concept of natural supports was discussed during staff inservice sessions. Eighty percent of the care providers said that the concept of natural support was included within the homes program design.

Data indicated that the majority of the homes made an effort to increase the staff's knowledge with regard to the concept of natural supports. Most of the care providers interviewed said that the concept of natural support was included in any new staff members first inservice training session. All staff must attend a inservice training session within the first forty hours of employment.

Among the ten homes included in the sample only one home never encouraged the provision of natural supports or training to new staff. Eighty percent of the homes did address the concept within their program designs. While twenty percent of the homes rarely encourage natural supports concepts.

The results of the survey clearly indicated that the more than fifty percent of the care providers want the resident consumers living within their group homes to experience natural supports during leisure/recreation. A large percentage of care providers said that they encouraged the formation of natural supports for consumer/residents. So in theory the concept of natural supports is present in most of the homes included in the study. On the other hand the actual amount of natural supports experienced by consumers seemed to be low.

As discussed earlier the overall percentage of non-paid support was about twenty-six percent. This overall percentage of natural support seemed to indicate that the encouragement and training is starting to increase the amount of natural support and moving away from the traditional paid support model.

Another important issue that was looked at were the kinds of support that both the paid and non-paid support facilitators provided. In table 2 (page 21) the survey looked at nine of the most common types of support that consumer residents would need to participate in a leisure/recreational activity. A comparison was made between paid and non-paid support. This comparison was expressed as a percent of support that was provided by either paid or non-paid support as estimated by the care provider interviewee.

Paid staff seemed to have a greater role in development of leisure/recreational activities. When it came to arranging transportation for consumers the non-paid support showed a higher percentage. In most cases the natural support that consumers experience was provided by mom or dad.



Paid staff seemed to supervise activities more than non-paid support. Again the reason could be that the word “supervision”, seems to be a term that relates to being on a paid status. The roles of both paid and unpaid in identifying community based activities seem to be equal. Paid staff took a more active role in developing natural supports once the consumer resident was at the leisure/recreational activity. This seemed to be more apparent in the homes where the care provider understood the concept of natural supports and had the opportunity to train their staff.

An important aspect of this research was to determine who was providing support to the consumer. As indicated by table 3 (page 22), the majority of support came from a variety of people. The primary care provider/administrator provided most of the support to the consumer. In nine out of the ten homes the primary care provider and administrator was one in the same person. The remaining balance of support came from week-day relief and week-day helper staff. Most often the reason why the primary care provider or administrator provided the majority of support is because of the economics associated with group homes. Staff ratios are kept within the guidelines set by Inland Regional Center. In order for the owner of the group home to show a profit the staffing ratios are kept to a minimum.

When paid support is provided, it is most often provided by the primary care provider or administrator. The next highest percent came from the “other” category. The reason for this is that most of the homes used other people who lived in the home as support. These people were considered as paid staff because they often received room and board as compensation. Most often these people were family members of the care provider, administrator or owner of the group home.

Table 5 (page 24) shows the break down by consumer for paid or non-paid support. This support varied between paid and non-paid support and both had different

percentage values. This difference as we will see later on is due to the fact that non-paid support providers were most often the consumer/residents mother or father. Rarely did non-paid support come from friends, co-workers or neighbors. As indicated in table 4 (page 23) the percentage of paid support was greater than that of non-paid support. The overall average percentage of weekly support by paid staff was sixty-three point five as opposed to twenty-nine point six for non-paid support. So far we have looked at the differences between paid and non-paid support. In table 6 (page 25), shows who is providing support in percent values.

As indicated in table 6 on page 25, the paid group home staff is providing the majority of support when compared to agency staff (IRC), family, friends, co-workers or neighbors. Family (mother/father) and friends seemed to provide the majority of non-paid support to the consumer resident. Very little support came from co-workers and no support came from neighbors. This would indicate that the concept of natural support is more theory based than is practice based. If the concept was put into practice then we would have see more non-paid support coming from friends, other family members, co-workers and neighbors. A more significant role for mom and dad and group home staff would be to help develop other sources of non-paid support.

Table 7 on page 26 and table 8 on page 27 show in percent value who provides the majority of support as it relates to the consumers current Circle of Support. As indicated by table 7 on page 26 the circle closest to the consumer, friends and family has the smallest percentage of support. While the fourth circle, which is paid support or licensed personnel is what makes-up the majority of support. The majority of support comes from paid support because of the lack of natural support by people other than mom and dad. Paid staff has a contractual responsibility to provide supervision and support to the

resident consumer. If nobody else is providing support then it is the responsibility of the primary care provider to provide what ever support is needed.

This research clearly indicated a significant lack of natural supports to resident/consumers of group homes within the random sample of this study. The main reason for this lack of natural supports may be due to the fact that the concept of natural supports may not be fully understood. Care providers are doing a good job at doing their job which is to provide services and support to resident consumers. Mother and father are also doing a good job at supporting the obvious needs of their sons or daughters. Maybe a more significant role for care providers and families would be to help the consumer develop more longer lasting and better natural supports. Besides it would be more normal and natural for the consumer to get support from co-workers, friends and neighbors.

In general the results of the survey indicated that all of the care providers felt that natural supports existed within all ten of the homes surveyed. Seventy percent of the care providers interviewed indicated that the concept of natural support was included in staff training sessions, especially for new staff. The research also indicated that consumer residents did have a Circle of Support and that the majority of support came from paid staff. The majority of this leisure/recreational support came from the primary care provider/administrator and the consumers mother/father or sometimes both. The consumers mother and father also provided the majority of natural or non-paid support for leisure/recreational.

The results of the survey indicated the majority of support to consumer/residents that live in the ten residential care facilities is that the support for leisure/recreation is not natural support. The majority of the support that these consumers get is by licensed paid staff. Further more the non-paid or natural support that these consumer residents experience is from immediate family, meaning mother or father. Friends and co-workers

did make up some of the natural kinds of support while neighbors did not provide any support for leisure/recreational activities.

Research did indicate a willingness by care providers to encourage natural support for residents during leisure/recreation. It just did not seem to be taking hold at the time of the research. All indicators pointed to the fact that the consumers who lived in the homes that made-up the survey did participate in leisure/recreational activity. The research also indicated that the majority of this leisure/recreational activity needed to be supported by group home staff. If the paid staff did not provide support than these group home residents would have experienced very little leisure/recreational activity time.

## Implications and Conclusions

Most often the mainstream of society is accessible to individuals with disabilities through various kinds of support. Historically the most common form of leisure/recreational activity support experienced by the disabled is support provided by people who are licensed and paid to provide specific kinds of support. Another form of support historically is that support provided by immediate family. Most often this support is provided by the disabled persons mother or father. Both forms of support within their traditional context is restrictive in nature.

Paid support is there only when the sources of money are available. Thus making this form of support restrictive. Non-paid support in the traditional context is also restrictive. Both forms of traditional support tend to restrict activities to what the support provider wants to do. Because of the restrictive nature of these two traditional forms of support they tend to be unnatural.

In other words, these traditional forms of support do not fully meet the needs of the disabled consumer. They do meet some aspects of the consumers needs because in a sense they do empower the consumer. What this project has attempted to do is identify the kind of support that resident consumers of a residential care facility or group home are currently experiencing.

Because of the fairly high occurrence of natural support awareness and training we may in the future begin to see a shift in the support model most often found within a group home environment. This shift may be one that will result in higher percentage of unpaid support for leisure/recreational activities. As of this study the anticipated paradigm shift is more philosophical than it is found in practice.

Within the group homes used in this study the majority of the support was still in the traditional paid form. There was a sort of dual support system between paid and non-

paid support groups. This dual system though very limited did seem to meet the consumer/residents need for leisure/recreational activities.

Yet the success of the historical system is overshadowed in this researchers mind by the fact that it is restricted by time or money. Most often the consumers parents are elderly, especially if the consumers are adults. As in this case, all of the consumers were adults. The other restriction that was observed was that the consumers participation in leisure/recreation was contingent upon funding of the paid support and the hours that the care provider had available to provide support. The data indicated very little to no natural supports in this consumer/resident sample.

A more natural form of support is one that is by nature non-paid or natural. Relatives and family seem to naturally take on the responsibility for support to the consumer. This support does not seem to be long term. A more long term form of support seems to be that support that is natural or in combination with some paid support that comes from friends or co-workers. Support from friends and or co-workers seems to have a foundation based around friendships, caring and equal participation. These factors tend to be factors that can grow and expand throughout the consumers lives. This support has a different meaning for both the support recipient and support provider.

The results of the survey indicated that support from friends or co-workers with regard to the thirty eight consumers in this study was limited. In the one or two cases that the natural support was occurring this support tended to be long term, according to the care provider interviewee. In both cases the consumer needed to rely on the primary care provider or paid support to arrange and provide the transportation. In one case this was the only consumer of five consumers that left the home to visit his friend. The care provider staff provided transportation for the consumer. His friend did not have

transportation. In this case the care provider would take the other four consumers and she would make an outing for the other consumers.

In general the paid staff did try to encourage natural support systems. There was some sort of natural supports experienced by consumers. Most often this support was controlled by either the paid support or the consumers parents. The paradigm shift to a more natural form of support or that support that is developed and fostered by the consumer is going to happen if the concept of natural support becomes a part of the Group Homes philosophy, inservice program and program design. The effort of developing a more longer lasting form of natural supports for consumers living in a group home will depend upon the amount of education the care provider/administrators experience. They must be the developmental force behind change. Their roles will need to change from care provider to natural support facilitator.

According to most of the care providers the consumers that had to depend mostly upon paid support are those consumers that no longer have Mom and Dad to provide the natural support that they once provided. The concept of natural support had not taken a foot hold during their life times. It is harder for these consumers to develop longer lasting natural supports. One half of their natural support developmental team, that is parents and paid support provider is gone. Therefore the responsibility falls on the shoulder of the already over worked primary care provider. Looking at the results of this study this is happening far more then we would like to see. It is time for the Group Homes to include the philosophy of natural supports in their training sessions to staff. It is time for the care providers to become more aware of ways to develop longer lasting natural supports. Lastly it is time for the parents to help their disabled son or daughter to develop



friendships that may one day turn into long lasting natural support systems. In time these long lasting support systems will comprise the majority of the consumers circle of support during leisure/recreational activities.



## APPENDIX A: QUESTIONNAIRE

**This questionnaire is prepared to examine the source and nature of support that a consumer may experience while residing within a group home environment. This survey specially examine support during leisure/recreational kinds of activities that a consumer may experience. Primary care provider/ Administrator can be one-in-the-same person. Weekly basis is defined as that period of time between Monday and Sunday.**

1. Do natural supports exist for consumers residing in your group home?  
*( natural support is defined as support to a consumer resident that is provided by a person or persons that are not paid for providing support)*  
  
Yes  
No
2. Do paid Staff working within your group home encourage natural support during leisure recreational activities? *(paid support is defined as support to a consumer resident that is provided by a person or persons that are paid for providing support)*  
  
A. All of the time  
B. Once in a while  
C. Rarely  
D. Never
3. Are paid staff encouraged to provide natural support for **Leisure/Recreational** activities during staff inservice training?  
  
A. All of the time  
B. Once in a while  
C. Rarely  
D. Never
4. Is the concept of natural supports specifically for leisure/recreation activities a part of the program design of this group home?  
  
Yes  
No
5. What percentage of support to consumers is provided by non-paid staff on a weekly basis? Weekly basis defined as Monday thru Sunday.  
Indicate overall estimate of per centage \_\_\_\_\_%

6. What percentage of non-paid "**natural**" support does each consumer living in your home experience on a weekly basis? (*please answer according to the number of consumers residing in your home*)

- A. CONSUMER 1 \_\_\_\_\_%
- B. CONSUMER 2 \_\_\_\_\_%
- C. CONSUMER 3 \_\_\_\_\_%
- D. CONSUMER 4 \_\_\_\_\_%
- E. CONSUMER 5 \_\_\_\_\_%
- F. CONSUMER 6 \_\_\_\_\_%

7. What percentage of support provided by paid staff. Give percentage for each consumer living in your home experience on a weekly basis? (*please answer according to the number of consumers residing in your home*)

- A. CONSUMER 1 \_\_\_\_\_%
- B. CONSUMER 2 \_\_\_\_\_%
- C. CONSUMER 3 \_\_\_\_\_%
- D. CONSUMER 4 \_\_\_\_\_%
- E. CONSUMER 5 \_\_\_\_\_%
- F. CONSUMER 6 \_\_\_\_\_%

8. What type of support is provided by paid staff for leisure/recreational activities  
( *Check all that apply*)?

Development of leisure/recreational options

Transportation to and from leisure/recreational activities

Arrangement of Transportation for leisure/recreation activities

Staff supervises activities

Staff participates in activities

Staff provides training in specific activities

Staff identifies community based leisure/recreational activities

Staff develops natural supports for leisure/recreational activities

Other \_\_\_\_\_ ( please specify)

8a What staff member most often provides this support?

other \_\_\_\_\_ ( please specify)

Primary care provider

Week day relief staff

Week day helper staff

Week end relief staff

Week end helper staff

Administrator

8b What staff member does not provide support?

Primary care provider

Week day relief staff

Week day helper staff

Week end relief staff

Week end helper staff

Administrator

other \_\_\_\_\_ ( please specify)

9. What type of non-paid support is provided for leisure/recreational activities?  
*(Check all that apply)*

Development of leisure/recreational options

Transportation to and from leisure/recreational activities

Arrangement of Transportation for leisure/recreation activities

Supervises activities

Participates in activities

Provides training in specific activities

Identifies community based leisure/recreational activities

Staff develops natural supports for leisure/recreational activities

Other \_\_\_\_\_ ( please specify)

10. On a weekly basis, what percentage of support is provided by each of the following people? Weekly basis is defined at that time period between Monday and Sunday. *(Please complete the grid with percentages that total 100% for each consumer, see example at the bottom).*

	Primary Care Provider	Week day relief	Week day helper	Week end relief	Week day helper	Administrator	other
Consumer 1							
Consumer 2							
Consumer 3							
Consumer 4							
Consumer 5							
Consumer 6							
Example	10	20	20	10	10	10	20

10A Primary Care Provider/Administrator can be one-in-the-same person.  
Yes / No

11. On a weekly basis, what percentage of support is provided by each of the following people? Weekly basis is defined at that time period between Monday and Sunday. *(Please complete the grid with percentages that total 100% for each consumer.)*

	Paid Group Home Staff	Agency Staff (IRC)	Family	Friends	Co Worker	Neighbor
Consumer 1						
Consumer 2						
Consumer 3						
Consumer 4						
Consumer 5						
Consumer 6						
Example	10	5	35	25	25	0

12. Do any consumers in your home have a "circle of support"?

YES

NO

3. Please consider a circle surrounded by a set of concentric rings that expand out from the center. The consumer is considered to be the center. The first circle from the center (consumer) would consist of family and friends. The second ring would consist of co-workers, colleagues and neighbors. The third circle would consist of generic services, public transportation, family doctor, job income etc. Lastly, the fourth circle would consist of specialized services supplied by paid and licensed personnel.

QUESTION: On a weekly basis what is the percentage of support provided by each circle?

**Weekly basis is defined as that time period between Monday and Sunday.**

	<b>FIRST CIRCLE</b> <i>Friends Family</i>	<b>SECOND CIRCLE</b> <i>Co-workers Colleagues Neighbors</i>	<b>THIRD CIRCLE</b> <i>General Public Services As in Public transport etc.</i>	<b>FOURTH CIRCLE</b> <i>Paid support Services</i>
CONSUMER 1				
CONSUMER 2				
CONSUMER 3				
CONSUMER 4				
CONSUMER 5				
CONSUMER 6				
EXAMPLE	40	30	10	20

14. On a weekly basis what percentage of support is provided by PAID SUPPORT or NON-PAID SUPPORT?

	<b>PAID SUPPORT</b> <i>Staff, Agency Etc.</i>	<b>NON-PAID SUPPORT</b> <i>Family and Friends</i>
CONSUMER 1		
CONSUMER 2		
CONSUMER 3		
CONSUMER 4		
CONSUMER 5		
CONSUMER 6		
EXAMPLE	50	50

15. Are paid staff encouraged to provide natural support for leisure/recreational activities during inservice training sessions?

- A. All of the time
- B. Once in a while
- C. Rarely
- D. Never

16. Do consumers talk about having friends or family come and do things with them?  
*(please be specific to leisure/recreational activities)*

- A. All of the time
- B. Once in a while
- C. Rarely
- D. Never



## APPENDIX B: CONFIDENTIALITY DISCLOSURE

### Confidentiality Disclosure

The data collected during this interview will be used to produce a quantitative (based on statistics and raw data) research study. This report will not include the name of any consumers or residents or the name of the group home or residential facility.

The intent of this paper is to collect data from interviews with administrators or staff operating small family homes, residential care facilities and Group Homes located in and around the counties of Riverside, San Bernardino and Los Angeles Counties.

This research will be collected by Michael Busco and processed in conjunction with Dr. Jeff McNair, Associate Professor of Special Education, California State University San Bernardino.

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Michael J Busco

Date

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