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Date August 15, 2003.
Abstract

In this qualitative study, I explored male residents' views of the power dynamics in a community living home for people with disabilities. The purpose of the study was to develop an understanding of how the men experienced power in the setting of their home. In particular, I explored whether they experienced power as oppression or a variable, productive force. I also endeavoured to understand how the participants responded to the power of others such as the staff in the home or the agency management and what role the staff and agency played in empowering the residents.

Four men participated in the study which took place over a 6 week period. They lived in a home managed by a non-profit agency. I used a methodology which combined group interviews with observations. The data from the interviews and observations were analyzed using the techniques of grounded theory.

My analysis produced four main findings. The first was that power was dispersed among the residents, the residential staff and the agency board and management. The second finding was that empowerment occurred as both an internal and external process. The third finding was that the outcomes of an empowering interaction included power sharing, collaboration, negotiation, and improved quality of life for the residents. The final finding was that relationships with roommates were of greater significance to the participants than relationships with staff or with the agency.

I propose an empowerment model which describes the process of empowerment as requiring three elements: the opportunity to exercise power, motivation to exercise power, and ability. The model depicts potential outcomes of an interaction when only two of these three elements are present. I also discuss environmental and psycho-social factors which impact on each of the elements.

This study has implications for social work policy and practice in terms of steps that organizations and individuals can take to empower clients. It also has implications for social work theory in that it demonstrates that a synthesis of empowerment theory and post-structuralism is possible and instructive. Areas for further research are also described.
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Fiona Lewis
The 1980's and 1990's were decades of significant change for people with disabilities\(^1\) in North America and Europe. The deinstitutionalization movement saw thousands of people with disabilities move from large institutions to smaller homes in the community. More than just a physical move, deinstitutionalization was intended to bring about significant change in the lives of people with disabilities. The move to community was accompanied by goals of integrating people with disabilities back into society and giving them more control over their lives than was possible in large, overcrowded institutions. Policy makers also claimed that community living could save money over expensive institutional care. Deinstitutionalization was followed by the rapid growth of service delivery systems designed to operate residential services, provide respite care to families, offer employment services, and provide daytime supports to people with disabilities. The process was not without hurdles including opposition to deinstitutionalization from community members and trade unions, inadequate funding in the community, and a lack of resources to serve those labelled as having complex needs. The community living sector in Canada is now a multi-billion dollar sector, serving thousands of people and employing many more.

As the sector has matured, people with disabilities, families, professionals working in the system, government funding bodies and academics have begun to evaluate the outcomes of deinstitutionalization and determine whether the move to community has lived up to the promises made. Deinstitutionalization was intended to enable people with disabilities to take their place in society as full citizens, entitled to self-determination and the same rights and freedoms as other Canadians. The vision was that local communities would welcome back those who had been institutionalized and that each community would benefit from increased diversity.

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\(^1\) I use the term 'people with disabilities' in recognition of the preference for 'people first' language among many disability groups in Canada. There is, however, a movement in Canada and Europe to use the term 'disabled person' to recognize that the person is disabled by society and its social norms rather than by any inherent impairment or disability. The participants of my study had no strong preference either way.
This qualitative study explores the role of power in the lives of people with disabilities living in a community living home. The goal of self-determination for people with disabilities is inextricably linked with the concepts of control, choice and power. Empowerment of people with disabilities is often considered an objective of community living support services that aim to facilitate the self-determination of the people they serve. In evaluating the effectiveness of these services, it is essential to examine whether people with disabilities feel they have power and control over their lives. The purpose of this study was to develop an understanding of how people with disabilities experience power in a community living home. Specifically, I wanted to find out if power was experienced by my participants as a constant force or as variable and reciprocal. I was also interested in how residents responded to the power of the residential staff, the agency that managed the home and the other residents.

My interest in this topic stems from my experience of working in community living homes for over 10 years. Although I no longer work in the sector, I remain connected through a network of colleagues and friends. As an observer of the sector, I have seen a number of significant changes take place in the last 10 years. These changes included the introduction of processes such as unionization, accreditation, contract reform, and professionalization. I wondered if service users had input into these processes, if they were aware of workload changes for their staff, if staff rights were overtaking resident rights, and if their lives were changing for the better as a result of some of these initiatives. In contemplating these issues and their impact on individuals receiving services, I came to realize that power is the dynamic that mediates how these issues affect individuals’ quality of life. If an individual has power and control over her life, she can influence others and bring about outcomes that she desires. This realization led to my focus on residents’ views of the power dynamics in community living homes.

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2 I use the term community living home to refer to the home that the study participants lived in. They selected this term to describe their home, which is also known as a group home or residential service.
My review of the literature on this topic revealed a gap in inquiry regarding service users' views of empowerment. While much has been written about the theory and practice of empowerment, little is known about the impacts of empowerment from the point of view of human services clients. This gap is all the more apparent in the case of people with disabilities who, while often researched, are less frequently involved in qualitative research in which they can express their opinions and ideas.

Relevance to social work

Empowerment and disability issues are both areas of deep concern to social workers. Social workers use empowerment theory and practice in their work with individuals, groups, neighbourhoods and communities. There is an extensive body of literature on empowerment as a social work concept and most social workers support both the goal and process of empowerment (Simon, 1990). Social workers have a long history of involvement with people with disabilities. In Canada, the role of government social workers has often been to determine eligibility for services, to refer people with disabilities to appropriate services and to monitor those services. The influence of the social worker in the life of a person with an intellectual disability is often substantial. Social workers write and approve service plans for individuals, assist in the resolution of concerns about services, approve requests for financial and equipment assistance, liaise with families and investigate abuse allegations. In addition, they are employed providing direct support to people with disabilities. There is considerable potential for social workers to act as allies with people with disabilities, both within government and outside of it (Mackelprang & Salsgiver, 1996). Despite this potential, people with disabilities have sometimes experienced social workers as gatekeepers rather than as advocates in their struggles for recognition and services (Ministry of Children and Family Development, 2001). Studies such as this one can advance a partnership between social work and the disability movement by educating social workers about the views of people with disabilities, encouraging alliances between social
workers and disability advocates, and enhancing the profile of disability issues within schools of social work.

My standpoint

In any research project, the researcher is an active agent, producing knowledge, ideas, and conclusions and viewing the participant's words through her unique lens. As such, it is important that my standpoint or ways of knowing be presented at the outset. I approached this study from a feminist, post-structuralist perspective. These two perspectives suggest that knowledge is local in nature and is, ideally, created through an egalitarian relationship between researcher and research participant (Van Den Bergh, 1995; Gergen as cited in Riger, 1992). Other aspects of the feminist approach that I incorporated into this study included recognizing the importance of context (Fawcett, 1998), giving voice to subjective experiences (Morris, 1992; Van Den Bergh, 1995) and working in partnership to transform social structures (Van Den Bergh, 1995). A third perspective influencing my work is the social model of disability. Oliver (1992) summarizes the social model view in this way: "Disability cannot be abstracted from the social world which produces it; it does not exist outside the social structures in which it is located and independent of the meanings given to it. In other words, disability is socially produced" (p. 101). The social model provides a counterpoint to the medical model of disability, which sees disability as embodied, tragic and requiring treatment. While the social model has been critiqued for its absolute denial of the physical reality of certain impairments (Morris, 1992; Humphrey, 2000), the value of the model in highlighting physical and social barriers to full participation cannot be denied. The social model contributed to the value base that I bring to my research. In particular, it helped me resist the traditional response of trying to 'fix' disabled people or help them cope with their disability.

In declaring my biases and values, I need to clarify that I am not labeled as having a disability. As a non-disabled researcher, I was aware that my study participants might see me as an outsider and perhaps as a voyeur or parasite (Humphrey, 2000). There is considerable variation among people with
disabilities in their responses to non-disabled people wishing to participate in the
disability rights movement or become allies of the movement. I describe later
how I tried to develop an egalitarian relationship with my study participants. I
believe that the people in my study viewed me as a partisan or ally, possibly
because my partner has a disability and is well-known as a disability advocate in
the community in which I did my study. Nevertheless, I remained mindful of my
status as a non-disabled researcher and tried to be sensitive to the impact this
might have on my study.

Layout of this report

This introduction is followed by a review of the literature relevant to the
research question and an outline of the theoretical framework behind the study.
Chapter 2 describes the methodology used in the study. This includes detailed
descriptions of the study design and the procedures used to collect, organize and
analyze the data. Chapter 2 also includes a discussion of the ethical issues that
arose during the research. Chapter 3 presents in detail the findings of the study
followed by a discussion of the results. I conclude in Chapter 4 by discussing the
implications of the study results for social work practice, policy, theory and
research.

Literature Review Related to Disability Issues

Research into the experiences of people with disabilities has frequently
concerned quality of life issues. My review of the literature revealed a
considerable amount of quantitative research investigating the quality of life of
individuals receiving residential supports (Felce, Lowe, & Jones, 2002; Gregory,
Robertson, Kessissoglou, Emerson & Hatton, 2001; Conroy, 1999). These
researchers have investigated the characteristics of residential and daytime
supports to people with disabilities and their relationship to quality of life or
perceived satisfaction. Felce, Lowe & Jones (2002) found that the quality of life of
group home residents was strongly associated with their own abilities.
Quantitative observation methods appear to be prevalent in studies involving
people labeled as having profound or severe disabilities (For example: Brooks,
Qualitative studies focused on soliciting users' views are more common in research involving people with physical or mild cognitive disabilities. These studies have also focused on satisfaction or service quality (Kellahar, 1995; Atkinson, 1998; Vernon & Qureshi, 2000). Interviews and focus groups are the most common methodologies used with this client group (Mattison & Pistrang, 2000; Craig, Craig, Withers, Hatton & Limb, 2002; Matysiak, 1998).

The importance of client-worker relationships in the lives of people receiving residential support services has received much attention in the literature. Clegg, Standen and Cromby (1991) investigated the effectiveness of various interactive strategies on the responses of people with intellectual disabilities. Hastings and Remington (1994) explored the influence of staff behaviour on people with learning disabilities\(^3\) who exhibit challenging behaviours. Mattison and Pistrang (2000) found that staff departures had a significant impact on people with learning disabilities. Other writers have also reported that relationships with staff are critical to residents' experiences of group home living (Solas, 1996; Dempsey & Foreman, 1997; Lordan, 2000; Hagner & Marrone, 1995; Clegg, Standen & Jones, 1996; Brown & Ringma, 1989). Racino's (1991) study of community living agencies showed that mutuality and reciprocity between staff members and residents did occur and were one aspect of 'good practice' in the community living sector. A recent study of empowerment and mental health found that relationships were a critical mediating factor in the empowerment process (Nelson, Lord & Ochocka, 2001).

The writings from the disability movement are more concerned with the political aspects of the movement, particularly disability rights and emancipation. Writers with disabilities and disability studies academics have raised the issue of power as central to the experiences of people with disabilities. A number of writers have conceptualized disability as oppression with its constituent aspects of power, domination, and hegemony (Abberley, 1987; Oliver, 1990; Charlton, 1998; Lordan, 2000). Within the disability studies literature, the concept of power

\(^3\) In the United Kingdom, where Mattison and Pistrang conducted their study, the term 'learning disabilities' is used to describe disabilities which, in North America, are labeled, 'intellectual disabilities'.
is described as including choice, self-determination, and control (Brown & Ringma, 1989; Wehmeyer, 1998; Smull, 1989; Rees, 1991; Hagner & Marrone, 1995). Charlton defines oppression as a phenomenon of power in relationships between people and groups. Power is an integral element of self-determination, a central goal of the disability movement. Thus within the disability discourse, power is a critical component in understanding the experiences of people with disabilities. Within the psychological literature, a sense of power and control has been recognized as having important impacts on individuals' health and well-being (Prilleltensky, 1994).

While disability activists present many examples of how oppression plays out in their lives, they are particularly critical of residential services, maintaining that service provider agencies often have considerable power over people with disabilities and have a vested interest in maintaining this power (Oliver, 1990; Charlton, 1998; Bleasdale, 2001; Fawcett, 1998). Rees (1991) and Hasenfeld (1992) extend this criticism to human services in general. Furthermore, it has been suggested that community-based group homes have been less than successful in enabling the empowerment and full inclusion of people with disabilities (Brown & Ringma, 1989; Smull, 1989; Hagner & Marrone, 1995).

It is worth noting here that research involving the empowerment of people with disabilities has generally involved people with physical disabilities (see, for example, Brown & Ringma, 1989; Brooks, 1991) or mental illness (see, for example, Nelson, Lord & Ochocka, 2001). I found no qualitative studies of empowerment involving people with cognitive disabilities. It is also important to note that much of the disability literature is written by people with physical disabilities or sensory impairments. People with cognitive disabilities are represented mainly through the writings of academics who have studied them. In many respects, the position of disability rights activists is more accurately described as the position of one sub-category of people labeled as having a disability. The literature on disability issues is skewed by the fact that people with cognitive disabilities have minimal opportunities to present their perspective in written, academic form.
Theoretical Framework

**Empowerment theory**

In examining the question of people with disabilities' views of the power dynamics in their homes, I use empowerment theory but approach it from a post-structuralist perspective. Empowerment theory is central to social work practice, yet it has numerous meanings and methods within the profession. It can be referred to as an ideology, a goal and a process (Rondeau, 2000). Empowerment can also be characterized according to its manifestations: through attitude, through knowledge, and through behaviour (Koren, DeChillo, & Friesen, cited in Dempsey & Foreman, 1997). It is a multi-dimensional construct that operates at three levels: an individual level, a service level and a community/political level (Dempsey & Foreman). Definitions of empowerment are abundant. Hasenfeld (1992) defines empowerment as, "...a process through which clients obtain resources – personal, organizational, and community – that enable them to gain greater control over their environment and to attain their aspirations" (p. 270). Gutierrez (1990) defines it as, "...a process for increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations" (p. 149). Finally, Beresford (1999) claims, "[empowerment] is concerned with increasing the actual power people have and their personal capacity to use it." (p. 272). Hasenfeld's definition is useful for its focus on the importance of resources. While both Hasenfeld and Gutierrez point to the various milieus in which empowerment can occur, their definitions imply that empowerment should bring about positive change or should be used for good. Beresford's definition is less prescriptive and suggests that the desired outcome is whether people can use their power rather than the purpose for which they use it. Gutierrez' and Beresford's definitions imply that clients have power, in the form of internal resources, that can be increased.

Hasenfeld (1992) writes that empowerment of clients in human service agencies must occur simultaneously on three levels: the worker-client level, the organizational level, and the policy level. Cadell, Karabanow and Sanchez (2001) suggest that the individual and environmental aspects of empowerment are
inseparable from one another – empowerment at one level inevitably fosters empowerment at the other level. This multi-dimensional aspect of empowerment is evident in the lives of people with disabilities living in community living homes. They live their lives within the context of an agency, a governance structure, a group of people (roommates and staff), a family (for some), an industry, a government policy, and a neighbourhood.

The worker-client relationship is an essential aspect of empowerment theory (Solomon, 1976). Dempsey (1997) writes that, “the most problematic current issue for empowerment theory to deal with is the issue of whether empowerment can be influenced by staff practices and support” (p. 300). The empowerment literature highlights the need for staff to be empowered as a precursor to empowerment for clients (Rees, 1991; Hasenfeld, 1992; Gutierrez, 1992). Both Gutierrez and Hasenfeld point to ways in which empowered workers can share power with clients, empower clients through the teaching of skills, and advocate for clients within the agency and the community. Jack (1995) argues that power cannot be given, only taken; therefore, staff can only assist others in self-empowerment. Simon (1990) suggests that the only role for staff in empowerment is to “aid and abet” the process (p. 32).

Empowerment theory is strongest as a practice theory. Its concepts provide considerable direction as to how human service workers can intervene to improve a client’s situation. Workers can assist clients to take collective action to bring about change (Brooks, 1991; Gutierrez, 1992; Hasenfeld, 1992) and to improve their material conditions (Oliver, 1990; Croft & Beresford, 1995; Jack, 1995). Consciousness-raising is a primary social work task in facilitating empowerment (Simon, 1990; Moreau, 1990). Solomon (1976) identifies a series of steps that workers can take to address the direct and indirect ‘power blocks’ experienced by powerless clients. Workers can also take action at the organizational level to empower agency clients. These actions can include resisting professionalization (Croft & Beresford, 1995), obtaining client input on organizational policies (Hasenfeld, 1992), and establishing interdependence of policy and practice (Payne, 1997). Rees (1991), Gutierrez (1992) and Brown &
Ringma (1989) have further argued that empowering human service workers should be an organizational goal if the organization wants its workers to empower clients (i.e. powerless workers will be less effective in empowering their own clients). Agency staff can also empower clients by sharing information about agencies policies and client entitlements (Hasenfeld, 1992). After studying consumers' and professionals' views of empowerment, Boehm and Staples (2002) concluded that empowerment perceptions and definitions are socially constructed. They recommend the development of practice guidelines for specific consumer groups in recognition of the fact that a “one size fits all” approach to empowerment is inadequate.

Dempsey and Foreman (1997) state that empowerment has attracted limited research interest and highlight the need for research into whether empowerment can be influenced by staff practices. Baistow (1995) refers to the “dearth of research on users' experiences and views of empowerment” and laments the invisibility of users' views (p. 41). Furthermore, many disability activists insist that voice must be given to the subjective experiences of people with disabilities (Morris, 1992; Bach, 1994; Campbell, 1997; Ward & Flynn, 1994; Charlton, 1998).

**Critiques of Empowerment Theory**

The question of “Who empowers whom?” is a controversial one. Many writers view empowerment as something that can be done to someone, usually by a helping professional (Solomon, 1976; Lordan, 2000; Hagner & Marrone, 1995). Priestley (1999) echoes the opposing view of disability activists when he states, “The message from the disabled people's movement is that empowerment is not something that can be ‘done to’ disabled people by others” (p. 165). Rather, empowerment should come only from within (Charlton, 1998). Prilleltensky (1994) occupies the middle ground, arguing that empowerment may take place as a result of an individual’s efforts to empower herself or as a result of interventions from outside. Both Baistow (1995) and Solas (1996) are highly critical of empowerment as a construct in human services, arguing that the term
needs to be examined and defined more clearly to prevent it from becoming an empty phrase used by professionals to help perpetuate the status quo.

Empowerment theory that focuses on the role of the worker in ‘empowering’ has been criticized for reinforcing the hierarchical nature of the client-worker power relationship (Pease, 2002). In a conceptual framework where power is seen as something to be given to others, workers have the power to decide who will be empowered to do what. Empowerment theory also enhances the role of the professional by constructing a powerful-powerless dichotomy that automatically assigns the client to the role of the oppressed (Pease, 2002). Solas (1996) criticizes empowerment theory for being both paternalistic and prescriptive. Modernist views of empowerment theory subscribe to a zero-sum notion of power, confining the players in empowerment to a win/lose transaction. This view automatically establishes a power struggle in human service situations whereby the worker must lose some of her power in order to empower the client.

An additional critique of empowerment is that it is viewed as always good. Macdonald and Macdonald (1999) note that not all seizures of power produce outcomes that all would endorse. Empowerment theory assumes that empowerment has positive outcomes. Yet, for empowerment to result in only beneficial uses of power, we must assume that the process is being controlled by other forces and hence not truly empowering at all.

Many difficulties with empowerment theory stem from the way power is conceptualized. Gutierrez (as cited in Miley & DuBois, 1991) describes power as “the ability to get what one needs; the ability to influence how others think, feel, act or believe; and the ability to influence the distribution of resources in a social system such as a family, organization, community, or society” (p. 3). While this definition describes what power is, it does not speak to how it operates, how it moves through relationships and systems. Post-structuralist notions of power can assist us to understand better the processes of empowerment.

The Post-Structuralist View of Empowerment

Post-structuralists argue for a shift away from meta-theories to local narratives and pragmatic strategies (Corker & Shakespeare, 2002). They reject
essentialism and see phenomena such as oppression as a condition that is both variable and relative. Post-structuralism forms part of a wider world view known as post-modernism. Post-modernism is a way of conceptualizing society which questions modernist modes of thought, particularly the notion that social progress through technical rationality will inevitably lead to social and individual liberation (Irving, 1994). Post-modernists view knowledge as socially constructed and do not accept that there are universal truths (Payne, 1997). Rather, knowledge is often defined by those in power (Riger, 1992). Irving captures the insecurities engendered by the post-modern world in describing it as “elusive, nebulous, decentered and decentering” (Irving, 1994, p. 19).

The post-structuralist view rejects the notion of power wielded solely by an authority or state in a top-down, unidirectional relationship. Rather power is something that is negotiated at micro-levels (Bleasdale, 2000; Solas, 1996; Fawcett, 1998). Foucault (1980a) maintains that power is not always a phenomenon of an individual or group’s domination over another: individuals are simultaneously undergoing and exercising power. Power is not in limited supply; therefore, zero sum calculations of power transactions are unnecessary. However, to say that power is abundant and diffuse is not to argue that it is evenly distributed (Pease, 2002). Foucault (1980d) asserts that power cannot be made sense of outside of economic processes and the relations of production. In this paper, I will adopt Cooper's (1994) definition of power as: “the production, facilitation or maintenance of particular outcomes, processes or social relations.” (p. 452). This view of power as a productive force follows from Foucault’s (1980b) description of power as much more than an oppressive and repressive force:

What makes power hold good, what makes it accepted, is simply the fact that it doesn’t only weigh on us as force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression (p. 119).
Foucault developed the term 'biopower' to refer to the omniscient aspects of power. Tremain (2002) describes Foucault's biopower as "...the strategic tendency of relatively recent forms of power/knowledge to work toward an increasingly comprehensive management of life: both the life of the individual and the life of the species" (p. 32). The techniques of power are both institutionalized and ritualized to the point that they have a normalizing or 'disciplinary' influence on our day to day lives (Corker & Shakespeare; 2002). In relation to caring, Fox (1995) contends that the discourses of the caring professions create, "...a disciplinary vigil of care which is more to do with power and control than with the values of love, trust and giving" (p. 108).

Foucault's concept of biopower highlights the potentially disciplinary nature of empowerment. In the case of a human service worker empowering a client, the sharing of power occurs within a framework of prescribed ways that the client can act. This prescription may be communicated directly (ex. These are your options...) or indirectly through the various methods of socialization that we encounter everyday. Empowerment then becomes a normalizing, disciplinary apparatus. It is here that the techniques of empowerment become essential to the outcome. If the act of empowering involves the sharing of knowledge then, once again, the power of the worker lies in deciding which and how much knowledge to share. The same applies to the teaching of skills. Empowerment loses some of this disciplinary function, however, when it comes from within the individual rather than from external sources. Yet, even when empowerment comes from within, it is initiated or nurtured by our encounters with others. For example, I may feel empowered after successfully negotiating an agreement with someone or after meeting someone who has faced the same challenges as me. Nevertheless, empowerment that comes from within is less circumscribed and restrictive than empowerment from the outside. Empowerment as an internal process results in a wider range of options for the individual or at least a range of options that is consistent with one's identity and values. Furthermore,
empowerment can spark an internal change process in which the individual learns about the exercise of power and acts on this knowledge.

A dogmatic approach to post-structuralism effectively undercuts empowerment as a worthwhile endeavour in human services. One may well ask, what is the point of empowerment if it is simply another normalizing technology of power? Cooper (1994) warns against theorizing power in a way that "dampens struggle." (p. 453). She recommends the development of a theoretical framework that allows for resistance and transformation. Her productive view of power allows for new forms of power to be created and substituted. In terms of human service work, Solas (1996) suggests that power can be transformed by worker and client collaborating to subvert existing power relationships. Foucault (1980c) states, "...there are no relations of power without resistances." (p. 142).

Empowerment is a tool that allows us to engage with power strategically. Empowerment can result in increased access to the resources, knowledge, and skills necessary to resist or create new forms of power. Empowerment may also entail creating space in the network of power – I can choose not to exercise power in a given situation and, thereby, create space for another to exercise power. Because power is productive, human service workers can never have complete control over the empowerment process. They are simply the trigger in an ever-developing chain of events.

In looking at empowerment through a post-modern lens, I see it as a state of mind rather than as a measurable outcome. Empowerment and its effects cannot be measured objectively although I would argue that power in operation can be observed. Empowerment as an outcome can be demonstrated through actions and behaviours but also through self-efficacy or a belief in one's ability to change or influence a situation (Dempsey & Foreman, 1997).

**Summary**

Empowerment is a theory which has many meanings within the human services. In many ways, it is a contested concept and in danger of being co-opted by those who wish to preserve the status quo. Nevertheless, it is an important theory within social work and is the stated goal of many human service
interventions. Post-structuralism and its analysis of power have much to contribute to our theorizing about empowerment. I have argued that post-structuralism can assist us to critically explore what we mean by empowerment and how to practice it as social workers.
Method

Purpose

The purpose of this study was to understand the phenomenon of power as experienced by people with disabilities who live in community living homes. I wanted to find out if residents experienced power as an oppressive, unidirectional phenomenon or as a productive, variable force. I was also interested in how residents resisted or accommodated the power of staff, the agency and the other residents in the home.

To answer the questions posed above, I used a qualitative research design. Maxwell (1996) states that qualitative methods are appropriate to studies that aim to understand a particular context within which participants act. The qualitative design enabled me to focus on the subjective experiences of people with disabilities. This study, therefore, addresses an identified gap in the research involving people with disabilities.

The tradition of enquiry used in this study was grounded theory. Grounded theory can be used to study a situation in which "...individuals interact, take actions, or engage in a process in response to a phenomenon" (Cresswell, 1998. p. 56). Cresswell notes that, "The intent of a grounded theory study is to generate or discover a theory, an abstract analytical schema of a phenomenon, that relates to a particular situation" (p. 56). The resulting schema should be grounded in the data or rooted in the experiences of the participants.

Sample

I used a form of purposeful sampling called intensity sampling. Cresswell (1998) describes intensity sampling as the use of "information-rich cases that manifest the phenomenon intensely but not extremely (p. 119). Morse (1994) states that intensity sampling involves selecting participants who are authorities on the research subject. Originally, I intended to involve in the study people with disabilities who are generally viewed as powerless, due to the nature of their disability and the attached stigma. However, many of the people who are most impacted by the severity of their disability have extreme difficulty expressing
themselves verbally. As such, it would have been difficult to gather sufficient verbal data from them for a qualitative study. I, therefore, focused on recruiting participants who lived in a community living home and who experienced a mixture of physical and cognitive impairments. As I intended to do a series of sequential, group interviews and observations, I wanted to focus on one group of residents who knew each other and shared similar experiences in terms of their living situation. Consequently, I decided to recruit one group of people living in the same home. Thus the unit of sampling was the household rather than the individual residents. Due to the nature of the observations planned, all residents of the home needed to agree to participate in order to be included in the study.

A small sample size is appropriate to a qualitative study in which the aim is to develop an in-depth understanding of a particular phenomenon. The goal is not to involve sufficient participants that the results can be generalized as in a quantitative study. Rather, the goal of qualitative research is to understand a phenomenon or case in all of its diversity and complexity (Sandelowski, 1995).

The participants were recruited through a community living agency that manages a number of 4-resident homes. The agency director recommended three homes in which the residents would be likely to meet my criteria. With the consent of the agency I made an appointment to visit the homes and tell the participants about the study. I informed them that the study was about their perceptions of the power dynamics in the home. The house manager was present for the initial meeting. Each group had a few days to decide whether or not they wanted to participate. The residents of the first home I approached declined to participate in the study. The residents of the second home agreed to participate immediately and were prepared to sign the consent forms at the first meeting. I reviewed the form with them and the residents signed the forms in the presence of the manager. The consent form was written using simplified grammar and vocabulary. As one of the residents is unable to read, I presented him an audio-taped version of the consent form. The consent form is attached as Appendix A. Once the residents of the second home agreed to participate, there was no need for me to visit the third home.
Data Collection

The data collection methods I used in this study were observations and interviews. The combination of interviews and observations is recognized as a rigorous data collection method (Adler & Adler, 1994). I observed life in the home on two separate occasions (during a meal and at a resident's committee meeting). The purpose of the observations was two-fold. The first was to inform the questions to be asked during the subsequent group interviews. It was anticipated that the residents may have trouble comprehending abstract conceptualizations of power so the observations provided me with some concrete examples that were discussed later in the interviews. The second purpose of the observations was to observe interactions between individuals, particularly interactions that appeared to involve the assertion or subversion of power and/or control. As recommended by Kemp (2001), I was prepared to function at different points along the participant-observer continuum. During the observation of the resident committee meeting, I simply observed and took notes, not participating in the meeting in any way. However, during the meal I was a more active participant and even joined in a game of cards after the meal. After each observation, I made further notes on the events and my impressions.

I chose to do group interviews with the participants because of the tendency for individual interviews to be seen as oppressive and isolating for people with disabilities (Oliver, 1990). Group interviews also have the potential to reveal the social interactions which provide context for statements made in the interview (Kvale, 1996). The group interviews I conducted gave the participants opportunities to share experiences and develop a collective consciousness. Ward and Flynn (1994) maintain that such an approach can be empowering for people with disabilities. I opted to do a series of repeated interviews to enable me to build rapport with the participants (Mactavish, Mahon, & Lutfiyya, 2000) and to explore the research questions in greater depth. I conducted 3 group interviews, lasting 1-2 hours each. In addition, each resident was given the option of a one-on-one interview, in case he was not comfortable discussing some issues in front of the group. One resident chose to have an individual
The four interviews and two observations took place in the participants' home over a period of 6 weeks. All four interviews were audio-taped with the participants' permission. At the choice of the residents, the group interviews were conducted in the dining room of the home. The staff person on shift was usually in another room of the house during the interview. The individual interview began in the dining room but concluded in the den/office once other residents began preparing food in the nearby kitchen.

The group interviews were semi-structured. Although I prepared questions in advance of each interview (See sample in Appendix B), I was open to discussing topics raised by the residents and would adjust questions accordingly. As the participants had varying cognitive abilities, I often had to rephrase the questions to facilitate understanding. I used a variety of questioning techniques as recommended in the literature on research involving people with disabilities. These included requesting examples (Prosser & Bromley, 1998), using a mixture of closed and open-ended questions (Mactavish et al., 2000), avoiding either/or questions (Mattison & Pistrang, 2000), and asking participants to focus on an event that occurred in the recent past (Prosser & Bromley, 1998). As I had worked for the agency in the past and knew some of the history of the different homes, I was able to refer to past incidents that the residents had been involved in. An example of this was a recent decision to change the name of the home involved in the study. This provided a concrete example about which I could question the residents.

The mood of the interviews was informal and relaxed. Some of the participants left the room periodically to get coffee or go outside to smoke a cigarette. One participant would routinely leave about half way through the interview and not return. Another was late joining one of the interviews and missed another due to a medical emergency. In discussion with the participants, it was decided that the interviews would take place in the evening. This time appeared to not work well for one resident who often seemed very tired. Due to scheduling conflicts, a better time could not be established. Although I intended to start each interview with a reminder that participation was entirely voluntary, it
became clear to me that this was not necessary. The participants demonstrated that they felt they could leave the interview whenever they wanted.

Data Analysis

The audio-tapes from the interviews were transcribed verbatim. I began the analysis by reading through each transcript to get a sense of general themes. I then used a form of a data analysis, common to grounded theory, known as open coding. Open coding segments, analyses, compares and conceptualizes data (Clegg et al., 1996). Open coding resulted in the development of categories of data. Open coding was then followed by axial coding in which I looked for linkages between the categories of information. This involves regrouping the categories of information in different ways to highlight interactions, strategies, or conditions that influence the phenomenon being studied (Cresswell, 1998). As the categories are refined, they necessarily become more abstract (Strauss & Corbin, 1998). The goal of my data analysis was to generate a detailed account of how power is experienced by the participants. The open coding method of data analysis helps ensure that the researcher stays close to the data (Clegg et al.).

I began analyzing the data before all the interviews were complete. This enabled me to further explore emerging themes in subsequent interviews. As the analysis proceeded, I developed a number of explanatory frameworks that were later discarded as they did not appear to accurately reflect the participants' experiences and meanings.

Once I developed a preliminary analysis of the data, I offered to meet with the participants to get their feedback on the analysis. Two of the participants asked to meet with me individually to give their feedback. I elected to not obtain their feedback on the data itself. One participant is unable to read so it would have been very time-consuming to review the data with him. I was also concerned that the participants who could read would be unhappy with how they 'sounded' in the verbatim transcripts. Verbatim transcripts have a tendency to portray the speaker as less eloquent than many of us perceive ourselves. I felt that this type of review and discussion of the transcripts would take more time.
than I had available. In presenting the data analysis to the two participants, I tried to use a number of diagrams to enhance their understanding. These feedback sessions were very productive and resulted in some significant changes to the analysis.

**Ethical Issues**

One of my main ethical concerns in conducting this study was in regard to the different cognitive abilities of the participants. As I did not know any of the participants prior to the study, I was unaware of their cognitive abilities at the outset. It soon became apparent that one of the participants had no cognitive impairment, however, the comprehension abilities of the other three was difficult to assess. An interesting dynamic that developed during the study was that one of the participants began to assist me with this. As he knew his roommates better than I did, he would paraphrase my questions to the others or would come up with a concrete, relevant example to enhance their understanding. I also had difficulty gauging how loudly I needed to speak in order for the resident with the hearing impairment to hear me. The other man assisted with this also by loudly repeating some of my questions to his roommate. To compensate for comprehension or memory problems in the participants, I reminded them at the start of each session that their answers would be kept in confidence.

As I was working with people with cognitive impairments, I needed to continually check out their understanding of my questions and the study procedures. At one point, I asked the participants how I should describe them in my final report, which I planned to submit for publication. I explained that I was concerned that if I described them in too much detail, their confidentiality would be threatened as readers within the community living movement might guess that I was referring to their home. I suggested that I could disguise their identities somewhat by not describing their disabilities accurately. One participant expressed clearly that he was not concerned about confidentiality and would be offended if I disguised him in any way. Another participant who had a cognitive impairment had difficulty understanding my question. Although I tried to explain it in different ways, he did not seem to understand that describing each participant
accurately could result in readers knowing who participated in my study. I decided that as I had promised to preserve the participants' confidentiality, I would describe them in a way that disguised their identity as a group.

The difference in cognitive abilities among the participants also led to one participant dominating some of the discussions. I expected this to be one of the outcomes of the group interview methodology. I attempted to counteract it by directing some questions specifically to one of the other participants. This was useful as it also seemed to cue the dominant member that he needed to give some space for someone else to speak. Carey (1994) suggests that one of the pitfalls of focus group techniques is the potential impact of conforming and censoring. Although I did not see any evidence of participants censoring themselves, one participant in particular seemed anxious to conform to the others. He would often agree with what another person had said and seldom offered a contrary opinion. Two other participants, however, had no difficulties disagreeing with each other and did so on a number of occasions. In retrospect, I might have minimized some of these effects by asking each individual directly to participate in an individual interview.

Another major ethical consideration I faced in this study was regarding my power as a researcher. Within the constraints of time, money, and institutional obligations, I tried to conduct this study within an emancipatory framework described by Priestley (1999) and Lather (1991). This framework entails surrendering claims to objectivity, using research to assist people to change their situations, building reciprocity between the researcher and the participants, adopting a plurality of data collection methods suitable to the participants, and giving voice to the personal as political. Stone and Priestley (2001) argue that the inherent power relationship between researcher and researched is exacerbated in the case of a non-disabled person researching disability issues because of the unequal power relationship between disabled and non-disabled people in society. Some techniques I used to minimize my power during the research process included approaching interviews as a dialogue (Lather, 1991), conduction sequential interviews to allow the development of rapport (Lather),
attending to my body language during the interview, avoiding the use of jargon, and recycling the analysis back to the participants for feedback. Despite these measures, I recognize that I remained in a powerful position vis a vis the participants throughout the study. As Priestley (1999) reminds us, “The ability to scrutinize is premised upon power” (p. 54).

An emancipatory approach challenges researchers to conduct action-oriented research that is of benefit to the participants. As I designed my study, I thought about ways that it could bring about changes in the participants’ lives. I decided to offer to facilitate a workshop for agency staff about the power dynamics in the homes they worked in. After the research was complete, I presented a 3 hour workshop to 18 staff, some of whom worked in the home where I conducted my research. Another way in which I gave something back to the participants was in helping them to formulate some specific recommendations to the agency about improvements they wanted to see in their home. I developed these recommendations with the participants at the end of the last of interview as it became clear that they wanted to see some specific changes in terms of the rights and responsibilities of residents. I did a joint presentation to the agency board of directors with 2 of the participants. In this session we presented my research findings as well as the residents’ list of recommendations. These activities contributed to reciprocity between me and the participants, an essential component of emancipatory research (Lather, 1991).

A difficulty that I encountered in working within the emancipatory paradigm was confusion about my dual role as a researcher and a social worker (Massat & Lundy, 1997). Although I was not faced with any disclosures or responses requiring immediate social work intervention, I did find myself using standard social work communication techniques such as paraphrasing, validating, and summarizing the participants’ responses. My behaviour changed the focus of the interview at times from information gathering to supporting participants. I think that if I had kept the interviews more focused, I may have obtained additional relevant data.
Credibility of Findings

Morse (1994) writes that one method of ensuring rigor in qualitative research is to maintain a detailed audit trail. I kept detailed records of all aspects of the research project including data collection, data analysis process, and interview question development. In addition, I kept a research journal in which I recorded my impressions after each interview and observation, my thoughts on the analysis process, and emerging concepts about the findings.

A common threat to the credibility of qualitative studies is the potential for the researcher to misinterpret the data or to allow his/her bias to colour the interpretation of the data (Maxwell, 1996). The sampling protocol I used minimized this threat to some extent. As I studied all the residents of one home, I avoided selecting only those participants who represent an extreme view of the phenomenon I was studying. Member checks of the data analysis also countered bias that I may have brought to the analysis. In addition, I asked a social work professor to read an unmarked version of the transcripts and present to me her own analysis of the major themes. There was substantial agreement between my analysis and hers.

Lather (1991) notes that false consciousness can place a limit on the value of member checks and can affect data trustworthiness. Triangulation (the selection of a variety of data collection methods) can reveal false consciousness in that an additional method may produce data that contradicts self-report data (Lather). In my study, the observations provided an opportunity for me to note behaviour that appeared to contradict what participants said about themselves in the interviews (Kemp, 2001). In such cases I was reluctant to become the omnipotent researcher, imposing my interpretations on someone else's reality. In the spirit of dialogue, I tried to explore some of these contradictions with the participants.
Results

Descriptive Information

The men I interviewed live in a four bedroom community living home in Western Canada. The home is funded by the local health authority, which pays for the staff support, and the housing arm of the provincial government, which subsidizes the accommodation costs. The home is managed by a local non-profit agency (referred to as the ‘association’ by the residents) that manages eight other homes. The agency developed the home over 20 years ago. The home is staffed approximately 14 hours per day with one staff member on per shift. There is a 2 ½ hour period during the early afternoon when no staff are working. The residents are also alone during the night. They use an emergency call system during the night if one of them needs assistance. The responsibilities of the staff include personal care for the residents, house cleaning, laundry (for two residents), cooking and assisting with grocery shopping. I briefly describe below the 4 participants of my study. Some details (including names) have been changed to protect their confidentiality.

Michael is 55 and has lived in the home for 20 years. Prior to moving into the home, he lived with his parents. Michael has a cognitive impairment and is unable to read, however, his verbal communication is clear. Michael is quite community minded and is involved with various clubs and other voluntary activities. He is very mobile, using the local transit system to move around the community. Michael’s parents are now deceased but his sister lives in a nearby town.

Jason is 49 and has lived in the home for 5 years. Before moving in to the home, he lived in a care facility. Jason had a stroke a number of years ago and has epilepsy. He is also hard of hearing. Jason appears to live a fairly sedentary life and did not seem to engage in many activities outside the home. He likes music and watches sports on television. Jason is the most physically able of the residents and is often asked to help out with tasks around the house such as
putting away groceries or changing light bulbs. His sleep patterns appeared to be irregular with the result that he was often extremely tired in the evenings.

Chris is 60 years old and has lived in the home for 15 years. He appears to have had a stroke at some point and has some mobility problems. Chris reported that he lived in his own home prior to moving into the community living home. Chris does not engage in many activities outside the home. He enjoys playing cards and sees his family quite often. Chris is known to be quite taciturn and this was the case during the time I was in the home. His voice is, therefore, silent in the results described below. However, he did appear to follow the discussion in the interviews and indicated agreement at points by nodding his head. Chris missed one interview due to a medical emergency and was not home for a second one.

Steven is 34 and is the newest resident in the home. He lived in a care facility briefly before moving into the home 3 ½ years ago. Prior to that, he lived with his parents. Steven has muscular dystrophy and uses a power wheelchair for mobility. He is quite involved in the operation of the home and assists with grocery shopping. He also does some volunteer work in the community and visits friends often.

Findings from interviews
This section presents the four major findings of the study.

1. Power is dispersed.

The participants reported that power was dispersed among themselves, the agency, and the staff. No one person or group routinely had more power than another. The participants claimed that the agency, through its board, had power over specific aspects of the home: “it’s within their power to decide how many should live in this house” (Steven). Michael described the agency as, “running the household”. The participants also reported that the agency had the power to screen new residents, referee disputes between residents, and respond to requests from residents. The agency also had the power to control many of the written processes that impacted on the residents’ lives. When asked about
the form used for staff evaluations, Steven commented, “I though the evaluation was very badly written because it’s so bureaucratic, the language, and it, you can’t understand the questions....I had to translate it into real language, and that’s a failure on the part of the association.” Michael also expressed that the agency had control over the flow of information when he was a board member and that they failed to give him access to information.

You were on the board for a while weren’t you?
Yes, I was.
How did you like that?
I loved it....but I couldn’t read most of it.
So were they willing to put things on tape for you?
No. Nothing on tape.

The participants gave many examples of times when they felt they had considerable power: “The association took our request seriously” (Steven). “What you say means something here” (Jason). “We’ve got something to say about the house” (Michael). They argued that their involvement in staff hiring, firing, and evaluations gave them power: “We have a lot of power. Because when we’re asked to give our opinion on how the staff do their job, we have power of someone’s livelihood” (Steven). The participants told me about a number of changes they had made in the house including changing the name of the house and eliminating the position of a live-in staff member. Their success in implementing these changes is one indicator that they exercise power. They also noted that they had the power to direct staff: “Everything is based on self-directed care” (Steven). Steven described the home as a place where residents had a lot of freedom: “You can’t treat the other residents like crap. And you can’t treat the staff like crap....in any other way, we’re free to do what we want.”

The residents also had examples of instances when they felt they had very little power. “When I first came here, I didn’t have nothing to say about the house, cause the association runs the house” (Michael). One resident commented that another resident could, “sleep all day, if he had his will” (Steven), indicating that he did not have his will and thereby providing a reflection
that staff did have power over some residents. One common theme during the interviews was the vulnerability of the residents. Michael described his feeling about getting care from a staff person after having a conflict with her: “She could have hurt my feelings, she did, and then the next day she comes to work and does my routine. That the worst part. Having to get personal care from someone you can’t stand and you know can’t stand you.” Another resident described a conflict with a staff person and stated, “I was really scared. I thought she was going to strangle me” (Michael).

Conflicts with roommates also left residents feeling frustrated and powerless. “He had ten people in the living room. All his friends. And I had to sit in my bedroom to watch television. I tried to do something about it but I could not do anything” (Michael). In talking about a former live-in staff person, Jason recounted: “he was making it that this is his house and we were guests, which was not the situation at all….he was like talking to a stone wall.” In talking about the same person, Steven commented, “There seemed to be no way to get rid of him.” These comments indicate that the participants did not always have control over their living situation.

The residential staff is the third group in which variations in power are noted. The participants gave examples of staff exercising power as well as being powerless. They spoke about the influence some staff had over the entire home: “Mary’s been here the longest period of time. She’s here 5 days a week, so just by math, she’s got the biggest influence” (Steven). Steven described how a staffing switch, “changed the whole spirit of the house….to go from that main strong influence, that pushed things in a certain direction, to someone who was just doing nothing…” The influence of the staff stemmed from their roles as teachers and advisers. “Workers will make suggestions on how to dress or how to eat or go to the doctor about certain things” (Steven). Jason reflected on the advice he gets from staff about hygiene and nutrition: “They don’t bring it to a point where it’s aggravating. They’ll mention it once or twice, they won’t harp on it, but they’ll let you know.”

4 Not her real name.
They also told stories about staff using the house as if it were their own. Michael remembered an incident when a staff person made food in the house to take to a social event that didn’t involve the residents. “She took some of my flour, for making cheesecake…for somebody else’s birthday. When you make something for out of this house, using our flour, you should make it for us, not people outside.”

Steven told a story of a conflict with a staff person in which the staff person referred to his physical dependency to manipulate the discussion: “She obviously decided that the best defense was to go on offense, so she attacked my character right away and she made a lot of personal attacks on me…you know. I clean up your shit, so what’s your problem?”

Although the staff appeared to have some power and influence in the home, they were, in other respects, somewhat powerless. Steven suggested that agency’s mission statement placed staff in a powerless position:

The association believes passionately in having a house where the residents are in charge. When you ask a worker to do something, that you’re physically able to do it yourself, you’re just being lazy. And the worker thinks they’re obliged to do that, they have to do what they’re told. They’ve been told by their boss.

Steven also noted that, because the staff was not unionized, they did not have the same rights and protections as other staff. In particular, hiring decisions are based on residents’ preferences rather than seniority.

Not too many full-time positions come available, and we’re asked, who do you want to work here? Well, who are you going to pick? Are we going to pick the one who always does what we say? Or are we going to pick the one who pisses us off once in a while by not kissing our ass? …That’s the system that evolved, so who has the power?

In summary, these findings show a pattern of power as dispersed between the agency board and managers, the staff, and the residents, with each group experiencing powerlessness and exercising power at different times.
2. **Empowerment is both an external and an internal process.**

I found that empowerment took many forms within this setting and occurred as a result of internal and external interventions. External interventions came from staff, the agency management and board, and the other residents.

The residents expressed that staff took practical steps to empower residents: "Why can't they teach me how to use the washing machine and (...) they didn't have time to. Mary did that. Mary taught me how to use the washing machine, the dryer, and the stove" (Michael). Steven explained how residents learned how to advocate for themselves through a staff person's example: "She's a good example, she's [a] very single minded person and takes no crap, so that's a really good example of: you want to do something? Better do it yourself..."

Michael reported how the manager of the home assisted him to write a letter of complaint to the bus company after he fell on the bus. Jason commented that the staff was, "...quite good with the housekeeping and regulating me on meals. It [a reminder to eat] gets my mind on eating at the time." Steven maintained that staff members empower residents by refusing to do tasks that residents can do for themselves: "She won't do everything for you. She'll be a wall and only with time you realize she's doing you a favour by doing that."

I also found that the agency management and board empowered the residents in a number of ways. The agency mission statement and values appeared to form an overarching framework guiding staff action. "The association believes passionately in having houses where the residents are in charge" (Steven). The residents described that they were involved in staff evaluations, in interviewing and selecting new staff, and in promoting staff. The residents described how the agency involved them in decisions such as eliminating the live-in attendant position: "I realized that ...having someone live here was unnecessary and in the way. And so the association came to us and offered to get rid of the position if it was OK with us" (Steven). The agency also presented the residents with the option of having a fifth resident: "They gave us an adult situation...and we had to make a hard choice and then they lived by it" (Steven). There was also a residents' committee for the house, which met
regularly to discuss household operations. Topics included purchases that needed to be made, maintenance needs, staff performance, and the grocery budget. The residents also demonstrated that the agency had shared information with them such as the rules of the local housing authority regarding allowable home maintenance costs. Steven summarized the residents’ relationship with the agency: “The system is set up and we have a big say on how things are arranged. It’s up to us to say something and then do something about it.”

A third external source of empowerment was each person’s roommates. The residents empowered each other by taking collective action. Steven recounted how they came to a decision to change the name of the house: “We just had a resident’s committee meeting. Michael brought up the idea, we said it was a good idea. I came up with the name, we all said it was a good idea.” Jason described another time when they worked together to try to resolve a staff performance issue: “We even looked at the records...for how they were supposed to behave, the rules that we’re supposed to follow and took note of any infractions and mentioned them to the lady that came in to the meeting.”

Empowerment also appeared to occur as an internal process. The residents described their responsibilities in a number of areas such as ensuring there was food in the house, interviewing new staff, evaluating staff, reporting maintenance concerns, and treating staff fairly. Michael described how he handled a problem with the bus company by writing a letter and asking his doctor to write a letter also. “I do it (self-advocacy) for myself now, because I’ve been trained to do it” (Michael).

Another way in which residents empowered themselves was through resistance. Resistance took the form of speaking up when someone seemed to be usurping the power of the residents. “I had to call the office (about her)” (Michael). “They just do it the way they want and we have to tell them to do what we want...” (Michael). Michael also described how he dealt with staff who didn’t understand that they worked in his home: “...this is a group home and I said, no, it isn’t. This is my home. I live here. You don’t.” Resistance also involved
perseverance: "I stood my ground and I made my points and Jason stood his ground and made his points and they all listened to us" (Steven). The residents described a number of instances in which they strategized over the best way to achieve their ends in dealing with the agency.

Well, to get someone fired you have to have a good reason and I wanted to avoid that hassle. So I came up with another plan. The other plan was at the end of her six months, to ask the program manager to take her off the relief list. Easier to do than to fire someone. So that's what we did (Steven).

The residents used their knowledge of agency policies and procedures to steer situations towards the desired outcome. As described above, they were aware of the benefit of documenting staff performance concerns before speaking to the manager.

One form of resistance used frequently by Michael was threats to move out. When asked how the unionization of staff might affect him, he stated that he would, "pack up my bags and leave." He also stated that he would have moved out if a fifth resident had moved in and reiterated later, "I can do it if I want to." Michael also resisted the power of others to label him and his situation: "I wouldn't call this a group home. Period. This is not a group home. A group home is different than this." "The doctors think I am mentally handicapped. But I'm not, I don't feel I am."

The residents' comments suggested that empowerment was both an internal and external process. The staff and agency empowered the residents by giving them numerous opportunities to exercise power and by teaching them specific skills. The residents empowered themselves through self-advocacy, learning new skills and exercising resistance.

3. *Empowerment can be productive.*

I found that the relationship between the agency and the residents was characterized by power sharing and collaboration. The agency often presented the residents with choices: "They ultimately solved the problem by presenting us with a choice" (Steven). "We're presented with this situation where we have to
say yes or no to two different people" (Steven). The agency and the residents often collaborated on staffing matters:

Each year we have a review of the staff, how they've done, at the residents' meeting. And they ask all of us residents what they figure, what their performance was like, and they take that into account on whether they keep the person on and that. (Jason)

Residents also meet potential new residents and "have a say in who moves in" (Jason).

The residents described at length the process of negotiation that took place when the agency suggested a fifth resident move in:

M: ...their idea was to have another person move in here.
S: Having a fifth resident.
M: We didn't want to have it.
S: ...and so we debated that with them and eventually, they agreed to that. They eventually conceded to our wishes. Consented to our wishes.

The relationship between the residents and the agency was characterized by an awareness of each group's responsibilities. In discussing home maintenance, Steven stated, "...any other maintenance, that's the association's, we feel it's their obligation and they know it's their obligation." Regarding the residents' responsibility to hire staff, he stated,

That's a very adult situation, with a lot of power to it, and you don't want someone who's got a disability, who's feeling depressed, sorry for themselves, or petty, saying well, I'm going to hire the pretty one because she makes me feel good. Instead of the one who's busting their ass.

Michael stated that he felt it was the agency's responsibility to deal with the issue of government cutbacks: "That's what the association is there for."

Steven summarized the residents' relationship with the agency, "the association tends to be very responsive to any legitimate requests we have."

The residents' relationship with staff was also characterized by respect and collaboration, although conflicts have erupted in the past as described earlier. In talking about the staff role of 'advisor', Steven asserted: "And so, when
someone offers me advice that I don’t want, I just ignore it. I don’t feel put upon and I don’t feel powerless.” None of the residents claimed that the staff had too much power in the home. In fact, they gave examples of times that they had advocated for improvements in the staff’s working conditions: “We thought they deserved an office (in the home) for everybody’s peace of mind” (Steven).

Michael described one staff member as being like a sister to him and told me about how she assisted him in making a large purchase, “because she didn’t want anybody taking advantage of me.”

Improved quality of life appeared to be an additional outcome of the empowering relationship between the residents and the agency and its staff. Steven commented:

...moving here (was) a very liberating experience for me. It helped me grow up a little bit...and it’s been an overwhelmingly positive experience for me and I think a lot of it has to do with all the work the association did in the last twenty five years, building this place.

Jason expressed his appreciation for the home also: “Well, I’m happy here, the home atmosphere, rather than just a residence. That makes a world of difference to me. Because my family are spread all over.” Michael made positive comments about the house and the staff: “I’m very thankful for what I have in this house. I have certain staff that I like and everything’s going great now.”

4. Relationships with roommates are critical.

The final major finding of my study was regarding relationships with roommates. Residents saw relationships with each other as more significant in their lives than relationships between staff and residents or residents and the agency. “I mean, the power thing, you know, for all the talk about staff abusing residents, usually residents are abusing other residents...” (Steven). After Steven described some of the problems encountered with other roommates, Michael turned to me and asked forcefully, “How would you like to be picked on? Would you like to be picked on?” Michael also stated that, in some of the decisions made by the residents, he felt like he had no say, as it was three
people against him. When asked what advice he would give to a potential new resident, Jason responded, "To share what they're looking for in a lifestyle so that we do know if that's really what we have here to offer them. That we're going to get along with them. A little late after a month to find out that they're antisocial." The main source of conflict between residents appeared to concern lifestyle choices such as personal hygiene, smoking, sleeping habits, drug use, etc.

Steven made positive remarks about his roommates during the interviews remarking at one point, "And, you know, I got a great bunch of roommates, too." The residents presented a number of suggestions about how the agency could improve screening procedures to ensure a better fit between roommates at the outset. These recommendations are attached as Appendix C.

Finding from observations

The findings above are supplemented by findings from my observations. As mentioned earlier, I observed life in the home during a resident committee meeting, a mealtime, and during the four interviews I conducted.

During the observations, I found that relationships between the residents were indeed complex and of paramount importance in their lives. I observed both tension and support in their interactions with each other. Two of the residents appeared to be somewhat frustrated with Steven's dominant role in the interviews. Both of them occasionally exhibited body language indicating boredom as Steven was talking (i.e. putting head in hands, closing eyes). There were also a number of occasions when Michael and Steven would enter into a disagreement; however, these were usually quickly resolved between the two of them. I noticed that Michael often separated himself physically from his roommates. During the meal I observed, he ate in the living room while the others ate at the dining room table. He also seemed to prefer one-to-one rather than group interactions. Michael elected to discuss a staff performance review alone with the manager rather than the rest of the group and also indicated he wanted to do the feedback session with me privately. I think these actions are indicative of the mixed emotions he has about his roommates.
I also observed the residents providing support to one another. During a card game, Chris was very congratulatory of any good moves from his opponents. Steven also entered into good-natured teasing with Michael and Jason. In this exchange, Steven tried to bolster Michael's self-image:

M: Well, actually I have a brain that's 15 years old.
S: No you don't, you have a brain that's 55 years old.
M: No, I mean...
S: You're 55 years old!
M: I know, but what I'm saying in certain ways, see, you've got a full brain, right?
S: Well, let's not jump to any conclusions!

I also observed that it was in Chris' nature to be quite taciturn in most situations. He said little during the resident committee meetings, occasionally nodding his head in agreement or saying, "I agree." When I asked him his age during the first interview, he handed me his birth certificate, rather than stating his age. During a game of cribbage, he did not call out the card count as is customary.

I observed Steven providing direction to staff and observed all residents providing direction to the manager during the resident committee meeting. Residents also answered the door themselves and offered food and drink to guests.

A significant finding from my observations is that the ability of the residents impacted on the amount of control they had over the environment. In particular, the ability to speak articulately affected each person's degree of control. During the resident committee meeting, Michael's difficulty in communicating clearly resulted in his points being lost in the discussion. During the group interview, his difficulty in developing a train of thought often resulted in him saying, "never mind" in the middle of a sentence. At times, he appeared frustrated with the effort of trying to communicate his thoughts. Jason also had problems communicating during the interviews. My difficulty in speaking loudly enough for him to hear me impeded our discussions. He also seemed to have
trouble remembering specific details from the past. I found that these types of problems negatively impacted on individuals' abilities to make claims, negotiate solutions, and disagree with others. This, in turn, impacted on their ability to exercise power.

A final observation is that the agency and staff reduced opportunities for resident participation and decision-making by not making information accessible to the residents. At the resident committee, no information was made available in writing. The residents were asked to assist in completing a staff evaluation form yet did not even have the form to refer to. During the meeting, the manager referred to a written agenda which none of the residents had. Michael reported that he had difficulty participating in board meetings because information was not provided to him on tape. The residents also reported having very little information about accreditation, unionization or individualized funding; three issues that currently concern most community living agencies in Canada. The residents seemed unconcerned that they did not have information about these issues, yet they also appeared interested in them during the interview.

Discussion

The empowerment model.

As a result of my data analysis, I am proposing that the empowerment process experienced by these participants is characterized by a three-way interaction between ability to exercise power, willingness to exercise power and opportunities to exercise power. This relationship is depicted in Figure 1. The process can occur during interactions between individuals or between groups. The outcomes described in the model are not static but vary in each interaction in which a person is involved. The three components of the model are described in more detail below.

The opportunity circle refers to opportunities to exercise power. As outlined above, my study found that the agency and the staff gave residents opportunities to exercise power. The resident committee meetings are one example of an agency structure that provides opportunities for resident empowerment. Agency policies can also provide such opportunities. The
Figure 1
The empowerment process – contributors and outcomes
opportunity itself can vary in the degree to which an individual is free to produce desired outcomes. The degree of stigma experienced by a resident can negatively affect empowerment opportunities. If an individual is seen as being very disabled, she may experience fewer opportunities to speak for herself or to influence others.

The ability circle concerns both the individual’s and the group’s ability to exercise power. Ability includes skill in articulating needs and desires and can be enhanced by increased access to resources such as information, money, and staff support. Staff can increase an individual’s ability to exercise power by teaching new skills or providing practical support such as reading a document to someone who can’t read. An example from my study was one resident’s response to an incident that occurred on a city bus. He had the opportunity to make a complaint about the bus driver and was also willing to do so. However, in order to make the complaint, he required the assistance of staff to write the letter for him as he is unable to write. With the support of the staff, the individual was able to take control of the situation to the same degree other citizens can. Ability is determined not only by physical or cognitive impairments but also by environmental barriers which may inhibit an individual’s full participation.

The third circle, motivation, addresses the subjective component of empowerment. In order to take advantage of empowerment opportunities, an individual needs to believe that she/he can influence a particular outcome. Some individuals, however, experience learned helplessness – they become conditioned to ignore opportunities to exercise power because they were not available in the past (Sturvidant as cited in Fook, 1993). An individual may also be unwilling to exercise power because the issue or decision is not significant for him/her (Macdonald & Macdonald, 1999).

When these three components overlap each other, four possible responses result. In an interaction where all three elements are present, the outcome of the interaction will be a shift in the power relationship between two parties. This happened in the home I studied when the residents decided to change the name of the home: the residents were collectively motivated to
change the name, at least one resident in the group had the ability to clearly communicate their wish to the right person, and the agency gave them an opportunity to state their wish. When these three aspects of the interaction came together, the residents were able to make and implement the decision themselves.

The other three possible responses are less ideal and result in some degree of powerlessness on the part of one party in the interaction. When an individual is motivated to take control of a situation and is given opportunities to exercise power but is not able to exercise power, the individual responds by withdrawing from the situation. This occurred when Michael became a member of the agency's board. The opportunity to participate was present and Michael was very willing to participate with his commitment to voluntary service. Yet his inability to read the many documents available meant he had minimal power in the situation and he eventually resigned from this position. The agency could have enhanced Michael's ability to participate by providing materials to him on tape. Withdrawal is often accompanied by frustration as in Michael's case.

The third response occurs when ability and opportunity overlap. In this situation, an individual has both the opportunity and ability to exercise power but is not motivated to do so. The result is that the individual acquiesces to decisions made by others. This occurred during the resident committee meeting I observed where one resident agreed with all the decisions made by the others. While the result in these interactions was that the resident was powerless, I saw no evidence that this was frustrating to him. In fact, the individual's unwillingness to take control in a situation may be more frustrating to those around him than to him.

The final possible outcome occurs when an individual or group is willing and able to exercise power but finds minimal opportunities to do so. This occurs when the other party in the interaction is reluctant to share power. The outcome in this situation is resistance. The residents experienced this when they tried to confront a staff member whose performance was unsatisfactory. When attempts to discuss this issue with her directly failed, they resorted to resistance and
strategized about other ways to remove her from her position. Resistance is not always successful as illustrated by Michael's attempts to deal with his roommate who continued to smoke in the living room.

When the three elements of ability, motivation and opportunity to exercise power are present in an interaction, a power shift is likely to occur in a relationship. Power shifts can also occur as a result of successful resistance. This model does not reflect a static pattern of relations between two parties. Rather it proposes a set of relations in each interaction between two parties. Power may shift in one direction during one interaction and shift back the other way in the next one. However, empowerment can be reinforcing in that a positive outcome in one interaction may increase an individual's self-efficacy and motivation to take control in another interaction. Steven demonstrated this when he stated that he learned over time that he had a lot of influence in how the home was run. Successful resistance can also enhance an individual's belief in his/her own ability to produce desired outcomes. Negative outcomes can also be reinforcing. Acquiescence can contribute to learned helplessness, further reducing willingness to exercise power. Withdrawal can lead to reduced self-efficacy as was the case with Michael who declared at one point, "What can I do? It's three people against me."

*Relationship to the literature.*

My model supports propositions made in the empowerment literature. For example, I found that empowerment is not solely an internal process but can result from external processes also. Empowerment can be supported externally by staff presenting opportunities for others to exercise power and by enhancing the ability of others to exercise power. I found that human services staff can organize institutional responses which make empowerment possible (Payne, 1997). My findings address the question posed by Dempsey and Foreman (1997) as to whether empowerment can be influenced by staff practices and support. The residents gave examples of staff practices that increased resident power. My findings lead me to agree with the contention that empowerment is more likely to occur in settings where there are ample opportunities for
participation (Dempsey & Foremen, 1997). I also found that the residents saw empowerment as a useful tool for enabling them to take greater control over their lives.

My findings validate a post-modern perspective on disability issues. The participants in my study disputed the idea that human services staff have considerable power over their clients. They argued that, in fact, residents have considerable power over staff. Furthermore, the participants did not see the non-profit agency as a monolithic, omnipotent body. They saw their relationship with the agency as egalitarian and supportive. The power dynamics in their various relationships were not static nor were they predictable. Although one might expect that having a disability would impact negatively on their sense of power, two of the residents appeared to reject the notion of universal oppression among people with disabilities. When they did speak of powerlessness related to disability, it appeared to center on incidents outside of the home (ex. Strangers commenting on their disability, inaccessible environments). These findings support post-modernist contentions that we need to reject meta-narratives, such as the concept that disability is synonymous with oppression, in favour of knowledge that is localized and contextualized.

The setting.

To some extent, it may be argued that this setting was exemplary in terms of community living homes. Indeed, one resident stated, "I think (this house) is an anomaly and really is the best place to live" (Steven). Certainly, the uniqueness of each person makes no community living home the same. However, many of the empowering practices and systems described in my study are also in place in other homes in the community. Their effectiveness depends on the characteristics of the staff and residents in the home. This home can serve as an example of the potential positive impact of empowering practices and systems.

It is likely that the gender of these participants impacted on my findings. As white males receiving assistance from staff that were primarily female and isolated in the work setting, their sense of power over staff may have been
enhanced by their identity as males. It was clear from comments made by the participants and from my observations that the residents expected the staff to fulfill traditional female roles of cooking, cleaning, and housekeeping. Yet, these are also tasks that some of the residents were physically unable to do. Furthermore, the profession of residential care worker does not have the same status as professions such as nursing or social work. The low professional status of these women may have made it more likely that the residents would see them as equals. Further research is needed into the impact of gender on the power dynamics between residents and care workers.

**Workshop results.**

As mentioned earlier, I agreed to present my study findings to the staff of the agency in which I conducted my study. Approximately 18 staff from a number of different worksites participated in this 3 hour workshop. The workshop was intended to provide a forum to talk about power in community living homes and also to obtain feedback from the staff on the empowerment model I had developed. Workshop evaluations indicated that the staff found the empowerment model to be a useful tool for examining their work practices. I noted during the workshop that some staff appeared to see empowerment as a way to get residents to behave in certain ways. Some of them were quite focused on the things they wanted to empower the residents to do and were eager to prescribe these outcomes. They then went on to describe some of the ways the residents responded to this (termed ‘manipulation’ by one staff person). Significantly, some staff did not feel that there was a role for the residents in providing one-on-one performance feedback to staff. This was a clear contradiction to agency policy on this issue. Finally, staff did agree with my study participants that staff were sometimes in a powerless position vis a vis the residents. Although this workshop did not represent a systematic attempt to gather workers’ views on the issue of power in the homes, it did solicit some staff views that concurred with the findings of my study.
Conclusion

Implications

This section reviews the implications of my findings for social work policy, practice, theory and research.

Policy.

With the advent of accreditation in the community living movement, policy plays an increasingly important role in community living agencies. My study demonstrates that policies regarding client involvement and participation can be effective in empowering clients to take greater control over their lives. Agencies providing residential services should consider adopting policies that require resident committees or councils in each residence. A clear mandate for these committees can assist in clarifying roles. Although the home I studied did not have a residents' bill of rights, it was apparent that the residents found it empowering to have a clear understanding of their rights and responsibilities. Knowledge about agency hiring and disciplinary policies also gave the residents more control over their support services.

Human service agencies should also consider developing a policy requiring that a broad range of information about the agency be available to clients in alternate formats such as plain language documents, audiotapes, and large font documents. The importance of access to information in enabling clients to exercise power effectively cannot be overstated.

Residential agencies need to have in place a dispute resolution policy that would apply to people living together. The policy should outline procedures that the agency would take to resolve disputes that have escalated to the point that residents ask for assistance from agency staff. Information provided to residents in advance gives them a broader range of solutions to choose from should problems arise.

Finally, human service agencies should develop policies that address the goals of staff intervention and support. If empowerment is a goal, then this should be clearly stated and defined in policy. Lack of clarity about the role of staff can lead to power struggles between clients and staff, creating stress for all
involved. Agency goals should be linked to clients' personal goals and areas of incompatibility should be addressed with the client.

**Practice.**

The results of my study suggest that human services staff can be trained in methods of empowerment that can be implemented in their work with clients. These methods include teaching skills such as advocacy, sharing information about the agency and its procedures, and supporting residents with tasks they have difficulty with, such as writing. In particular, staff should be trained to look for and present opportunities to clients to exercise power. The participants in my study were clear that staff practices made a significant difference in their feelings of self-efficacy and power. Training regarding the methods of empowerment should be linked to discussions about power and self-determination for clients.

Power should be discussed more openly between staff and clients. The word 'power' has some negative connotations in our society and, consequently, issues of power are often left unspoken. A more open dialogue about power may assist clients and staff to understand the root of some conflicts and to address these more effectively. In particular, an understanding of the productive aspects of power may help to take the focus of conflicts away from the client labeled 'difficult'. For example, at the workshop I conducted, some staff labeled a client manipulative for trying to influence a situation to come out in his favour. This type of labeling should be discussed at staff meetings where alternative explanations for a client's behaviour are explored.

Staff should also look for ways to assist clients to enhance their ability to exercise power. My study found that ability in the areas of communication and reasoning can significantly impact on the exercise of personal power. These findings echo those of Felce, Lowe, and Jones (2002) who found that the quality of life experienced by group home residents was strongly associated with their own abilities. Staff can assist in the development of communication and reasoning abilities using a variety of tools and teaching methods, such as augmentative communication aids and skill-building games. Staff may require assistance and training to seek out and implement these types of resources.
Additionally, staff may need to develop awareness around their own responses to residents. It is generally true that it is easier to listen to someone who is articulate and presents a clear argument. It requires increased time and effort on the part of the listener to try to understand the communicative intent of a message that is perhaps garbled and meandering. Through increased effort to understand and act on the wishes of a resident whose communication abilities are impaired, staff may be able to decrease the impact of disability on the empowerment process.

Theory.

My study builds on existing empowerment theory by proposing a conceptual model for the process of individual and group empowerment. The model may be of value to social workers who work with people labeled as having disabilities because it specifically addresses the impact of disability on the empowerment process. The model is compatible with the social model of disability because it recognizes the impact of environmental and attitudinal barriers which are intrinsically disabling.

My analysis demonstrates that empowerment theory can be approached from a post-modern perspective. Post-modernism highlights some of the potentially regulatory aspects of empowerment. This insight cautions social workers to approach empowerment critically to ensure it is not used as a tool to constrain or manipulate clients. The post-modernist view also puts the focus on some of the essentialist assumptions of empowerment. We are reminded that we cannot assume that all our clients are powerless. Rather, we need to contextualize each client's situation and understand it from a local perspective.

Research.

This study builds on our understanding of methodological issues that arise in research with people with disabilities. It reveals some of the complexities in ensuring that an individual is providing informed consent throughout the course of a study. It also demonstrates some of the pitfalls of the group interview methodology.
This study contributes to a body of literature regarding service users' views of power and empowerment. The study is limited in many respects but particularly in terms of the group studied. Additional research is required into whether any of these findings are applicable to women with disabilities in community living homes. Further research is also needed to determine how the experiences of disabled people of color differ from the group that I studied. Given the considerable body of work regarding power differentials between men and women and between white people and people of color, it is reasonable to expect that the findings would be very different with these groups.

More research is required into how ability affects empowerment. In particular, clarification is needed around the extent to which communication barriers affect empowerment. My study involved two individuals who had mild communication barriers. The applicability of my findings to individuals with severe communications barriers requires investigation. Additionally, research needs to continue into the effectiveness of staff interventions to facilitate improved communications.

The concept of resistance requires further elaboration through research. My study did not investigate staff responses to resistance. Of particular interest is the question of whether staff can recognize resistance and respond to it in a way that empowers the client. This would require a commitment to the concept of empowerment that may not be present in many human service agencies.

Summary

In this qualitative study, I explored male residents' views of the power dynamics in a community living home for people with disabilities. The purpose of the study was to develop an understanding of how the men experienced power in the setting of their home. In particular, I explored whether they experienced power as oppression or a variable, productive force. I also endeavoured to understand how the participants responded to the power of others such as the staff in the home or the agency management. Finally, I was interested in what role the staff and agency played in empowering the residents. I focused on
understanding their views as there is very little research about service users' views of empowerment.

Four men participated in the study which took place over a 6 week period. They lived in a home managed by a non-profit agency. I used a methodology which combined group interviews with observations. The four group interviews took the form of an informal dialogue. The data from the interviews and observations were analyzed using the techniques of grounded theory. The preliminary analysis was presented to the participants for their feedback.

My analysis produced four main findings. The first was that power was dispersed among the residents, the residential staff and the agency board and management. The second finding was that empowerment occurred as both an internal and external process: sometimes initiated from within and sometimes from others. The third finding was that the outcomes of an empowering interaction included power sharing, collaboration, negotiation, and improved quality of life for the residents. The final finding was that relationships with roommates were of greater significance to the participants than relationships with staff or with the agency.

I propose an empowerment model which describes the process of empowerment as requiring three elements: the opportunity to exercise power, motivation to exercise power, and ability. The model depicts potential outcomes of an interaction when only two of these three elements are present. I also discuss environmental and psycho-social factors which impact on each of the elements.

This study has implications for social work policy and practice in terms of steps that organizations and individuals can take to empower clients. It also has implications for social work theory in that it demonstrates that a synthesis of empowerment theory and post-structuralism is possible and instructive. Further research is indicated into the applicability of these findings to other community living home residents.
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I agree / do not agree to be audio taped during the group meetings and the private meeting, if I request one.

Subject Signature ___________________________ Date ____________

Witness Signature ___________________________ Date ____________

CF version: Jan 1, 2000
Appendix B

Interview Question Guide
(semi-structured interviews)

Introduction: Review consent, right to withdraw, right to refuse to answer, assurance of no right or wrong answer.

1. How old are you?
2. How long have you been living here?
3. Where did you live before you moved here?
4. What sort of things do you do during the day?
5. Can you tell me about the staffing arrangement here?
6. What sort of tasks do you expect the staff to do for you?
7. What is your involvement in hiring staff?
8. How do you handle it if you have a problem with a staff person?
9. Have you ever gone to the office for help?
10. How are decisions made here? (Examples: meal choices, staff schedule, purchases for home, use of space)
11. What do you do if a decision is made without your input?
12. Is it difficult to disagree with a staff decision?
13. Can you tell me about how the decision was made to change the name of the house?
14. Are there other things you are planning to change now?
15. How is this home different from places you lived before?
16. What advice would you give to someone who was moving in here?
Appendix C

Residents' Recommendations

1. Speak explicitly to residents and staff about power. Question who has it and how it is being used.

2. Provide more information to potential residents before they move in – focus on resident rights and responsibilities.

3. Have a trial period for new residents before accepting them permanently.

4. Get references from potential residents.

5. Do criminal record checks on potential residents.

6. Verify how much assistance a potential resident will require – talk to doctor or staff in previous living situation.

7. Establish house rules for each home and describe a problem resolution process that ultimately leads to eviction.

8. Advise residents on how they can become more involved in the agency including the procedure for becoming members.

9. Find ways to ensure that the staff support model does not prevent residents from doing things for themselves.