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Direct Support Professionals and Reversed Integration of People With Intellectual Disabilities: Impact of Attitudes, Perceived Social Norms, and Meta-Evaluations

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Abstract

Direct support professionals (DSPs) play an important role in the process of integration of people with intellectual disabilities. Nevertheless, little is currently known about what determines the level of effort exerted by DSPs to enable the social integration of their clients. The aim of this study was to investigate three different psychological determinants (attitudes, social norms, and meta-evaluations) of the behavioral intentions of DSPs to facilitate the social integration of their clients. Semistructured interviews were conducted with 28 DSPs working in a setting of “reversed integration,” as well as 25 family members and 25 neighbors. The DSPs’ perceived social norms and meta-evaluations of neighbors and family members were compared with their actual social norms and evaluations. The authors found that half of the DSPs interviewed were positive about integration, whereas the other half were negative or neutral. Concerning social norms, the DSPs expect neighbors to have neutral attitudes toward the integration of people with intellectual disabilities, while in reality the neighbors are very positive. More than half of the DSPs were uncertain about the family members’ opinions about integration. Asking the family members themselves, there was some variation in their attitudes toward integration. Regarding the meta-evaluation, DSPs had a realistic idea about how their work would be evaluated by family members and neighbors; both groups were positive. It is evident that this group of DSPs had an overly negative idea of neighbors’ opinions about integration and contact with people with intellectual disabilities. Creating awareness of a supportive social norm in the neighborhood could help and encourage DSPs to strive for social contact between their clients and neighbors.

Keywords: attitudes, direct support professional, intellectual disability, integration, meta-evaluations, social norms

Introduction

During the last several decades, the paradigm shift of the transition from institutional care to community living (Mansell, 2006) has led to policy changes which target the inclusion of people with intellectual disabilities (ID) into society. Typically, this has implied that facilities endeavor to support their clients within regular neighborhoods. In addition to this form of integration, another form, called “reversed integration,” has fairly recently been introduced in the Netherlands. This form of integration implies that the residential facility is transformed into a neighborhood, meaning that people without ID choose to live in a neighborhood where people with ID already live (Venema, Vlaskamp, & Otten, 2014). People with ID living in a setting of

reversed integration often have severe to profound ID or have psychiatric disorders and/or behavior problems.

The integration of people with ID consists of physical (living in the community), functional (using public facilities), and social integration (people with ID having valuable relationships with other people in the community) (Nieboer, Pijper, & Strating, 2011; Van Alphen, 2011). Regular and reversed integration intend to enable people with ID to become part of the community and to become socially integrated. Reversed integration could be especially conducive to achieve this goal, because of the implied deliberate choice of people without ID to live next to people with ID. Furthermore, in reversed integration the environment is better adapted to people with ID, which could increase the opportunity for social contact.

Nevertheless, social integration does not evolve spontaneously. Physical and functional integration are preconditions for social integration, but previous research has shown that they do not always encourage social integration (Chowdhury, & Benson, 2011; Den Daas, Nakken, Smrkovsky, & Van der Struik, 2007; Van Gennep, & Ruigrok, 2002). Moreover, there is strong

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evidence that the quality of support by direct support professionals (DSPs) plays a crucial role in the social integration of people with ID (Mansell et al., 2011; Overmars-Marx, 2011). Mansell (2006) called this “a key determinant of outcome.” More generally, people with ID depend at least partly on the DSPs to realize contact with neighbors (Abbott & McConkey, 2006). The present study therefore focuses on the role of DSPs in the process of integration and reversed integration.¹

Although there is evidence about the importance of the quality of support for DSPs in the integration of people with ID, little if anything is currently known about what determines the behavior of DSPs in this context. This study focuses on the psychological components that could play a role here. More specifically, we apply the theory of reasoned action (Fishbein & Ajzen, 1975), which predicts behavior (or rather behavioral intentions) on the basis of the protagonist's attitude and subjective norms. An *attitude* is an opinion held by a person about a certain subject. In this study the attitude is defined as the participants' evaluation (positive, negative, or neutral) of social integration (Eagly & Chaiken, 1992). We expect actions to be taken to facilitate social contact between clients and neighbors only if the DSPs' attitudes about integration are positive. The *subjective norm* or perceived social norm is the assumed opinion of the stakeholders about the relevant subject (i.e. integration). For DSPs, the stakeholders involved in an integration setting are clients, their family members, and members of the neighborhood. If these parties are viewed as supportive of integration efforts, the chances that the DSPs will engage in behaviors supporting contact between their clients and other people in the environment will increase. Note that the actual social norm and the perceived social norm need not be the same. Unsurprisingly, perceived social norms can affect behavior (Artis & Smith, 2013). Moreover, we assume that if the DSPs think that their professional group is generally perceived positively and respected by clients, their family members, and their neighbors, they will invest more effort in supporting their clients' social integration. Vorauer (1998) found that the perceived evaluations of another group influence the interactions between two different groups. Negative perceived perceptions were associated with negative emotions which would hinder the contact between the two different groups. We will term this aspect meta-evaluation for the remainder of this article.² We define meta-evaluation as the DSPs' assumptions about how they and their work are evaluated by neighbors and family members. In summary, if all the above-mentioned psychological variables are positive (i.e., DSPs have a positive attitude toward the integration of their clients and assume that the clients, their family members, and neighbors share such a positive attitude and respect for their work), then we can assume that DSPs will make greater efforts to achieve integration.

There could be substantial differences between the actual and the perceived social norms and between the stakeholders' actual

evaluations and the DSPs' meta-evaluations of the quality of their work. For example, the DSPs may underestimate the relevance and value that their superiors and people in the neighborhood may attach to having contact with the clients, and they may be concerned about lack of appreciation about the quality of their work from family members and neighbors. Such assumed negative perceptions could be stressful and may possibly hamper the DSPs' functioning in the (reversed) integration setting. Accordingly, knowing or being aware of possible discrepancies in actual perceptions and assumed (i.e., meta-) perceptions and evaluations by others, can be very valuable.

Concerning the actual social norms, it seems plausible to assume that the neighbors have positive attitudes toward people with ID based on the deliberate choice of the neighbors to live next to people with ID in a reversed integration setting. However, whether this assumption actually holds true is unknown. In fact, there are reasons for doubt, as Van Alphen et al. (2012) have shown that two characteristics of people with ID are regarded as obstructing the integration process: having severe or profound ID (and multiple disabilities), and having significant psychiatric and/or behavior problems. Yet these groups are exactly the target groups for reversed integration. Moreover, often people with ID make up a significant number of residents in reversed integration neighborhoods. These characteristics are also often the paramount obstacles for social integration (Van Alphen et al., 2012). On the other hand, Robertson et al. (2005) found that the majority of the neighbors were positive about community living. Neighbors in the congregated setting who had a negative opinion about this subject gave the level of disability as a reason why integrating people with ID in regular neighborhoods is not a good policy. Moreover, Schwarz and Rabinovitz (2001) found that having young children could have a negative impact on the attitude of the neighbors who live next to a large facility.

What the other stakeholders in a reversed integration setting—namely, clients and their family members—think about integration is also unknown. The vast majority of the clients in these settings are unable to verbally offer information on the issue, but their family members can be expected to have an opinion about this. So far, there is only little knowledge on the family members' attitudes toward integration. Tøssebro and Lundebj (2006) studied the attitudes of family members after deinstitutionalization in Norway and found that they were opposed to deinstitutionalization before it was carried out. These attitudes changed in a positive way after the deinstitutionalization, and also 10 years later, family members preferred their relatives to live in the community over living in a residential facility. Based on this study, as the data are collected not prior to the implementation of reversed integration, but after five years, we expect that family members will hold positive attitudes about integration. Finally, little (if any) research has been done on the evaluation of DSPs, and their work by family members and neighbors is an under-researched topic as well. Nevertheless, it is important to know more about their opinion about this topic. For example, if neighbors evaluate the DSPs and their work negatively, this may reduce their willingness to engage in contact with the DSPs and their clients but might also feed negatively into the DSPs' meta-evaluations. Both possible consequences would obstruct the social integration of the people with ID. Altogether, we therefore consider it highly relevant to understand whether the social

¹Whenever we do not refer to aspects that specifically and exclusively apply to reversed integration, we will use the term ‘integration’ to cover both forms of integration.

²In the work of Vorauer (2006) on the role of metaperceptions in social interactions between members of different groups, he referred to ‘meta-prejudice’. However, as prejudice is commonly associated with negative evaluations, we refer to ‘meta-evaluation’ instead because of the more neutral meaning of this term.

norms and evaluations perceived by DSPs and those actually held by neighbors and family members diverge or coincide.

Consequently, the present study investigates several psychological determinants of the behavioral intentions of DSPs to facilitate the social integration of their clients. More specifically, the attitudes of DSPs toward integration and their thoughts about the opinions of the relevant stakeholders (family members and neighbors) was investigated. Finally, the perceived and actual social norms of neighbors and family members about integration and their assumed and actual evaluation of the DSPs and their work was compared with the corresponding expectations of the DSPs.

Method

Participants and Setting

The research was conducted in the northern part of the Netherlands in a neighborhood in which a reversed integration project had been initiated in 2008. This neighborhood was home to 154 people with ID. Most of these people had high support needs, as they had a profound ID or a combination of ID and psychiatric and/or behavior problems. The host facility managed 20 homes in which three to 10 people with ID were living. In addition to the homes, there were five locations in the neighborhood for people with ID to work and participate in daily activities. The homes for the people with ID were situated close to each other and were surrounded by homes for people without ID. The neighborhood was, besides the large number of people with ID, comparable with typical neighborhoods; there were not only private, detached houses but also rented and social houses. Several public facilities were situated in this setting, like play grounds and a community center. When the data were collected, there were 83 homes for people without ID in the neighborhood (signifying the reversed integration); the incomes of these households varied from low to high. In 2008, people without ID started living in the neighborhood which allowed them access to new houses in a neighborhood with much green space in the surroundings. They received no financial compensation for living in this setting. None of the family members lived in this neighborhood. DSPs, family members of the people with ID, and their neighbors participated in this study. A sample of at least 25 participants from each of these groups took part in the study.

A total of 307 DSPs were working in this specific reversed integration setting when the study started. The participating DSPs met the following inclusion criteria: (1) they had worked in a residential setting before they started working in the reversed integration setting, (2) they had worked at least one year in their current location, and (3) they worked at least three days per week. These criteria were met by 237 (77.2%) of the 307 DSPs. From this sample, 28 DSPs were randomly chosen with stratified sampling, based on the age and sex distribution, and invited to participate in the study. This subsample was representative of the whole group of 307 DSPs. All of the DSPs approached agreed to participate. They ranged in age from 25 to 56 (average age was 38 years) and worked at various homes in the reversed integration neighborhood. Of all participants, 28.6% were female.

The family members sample was selected using stratified sampling. One family member of one or two clients with ID was randomly chosen from every home in the reversed integration neighborhood. Twenty-five family members were interviewed in this study: this number of participants was achieved after approaching 35 family members. The reasons for refusing to participate in this research project were lack of time (nine instances) and not having an opinion about the subject (one instance). The participating family members included 10 parents, 11 siblings (six brothers and five sisters), and two cousins. Moreover, two mentors were included in this sample. Mentors were not relatives: they took on their role either because the individual with ID had no living family members, or because no family members wanted to be involved in their support. Mentors also often visited their clients and can therefore be considered comparable to the participating relatives in their involvement with the clients.

The participating neighbors were selected as follows: the researcher (i.e., the first author of this article) went from door to door on every street till four or five neighbors in the street agreed to participate. In total 27 people were approached to secure the participation of 25 neighbors (which indicates a high degree of compliance). Eight neighbors were men and 16 were women. Of the 25 participating neighbors, 21 had one or more children (age between 2 months and 22 years) living at home, and 22 of the neighbors interviewed were part of a two-income household. Twelve of the participating neighbors had contact with people with ID before living in the reversed integration setting.

Procedure

Data were collected in semistructured interviews with the participating DSPs, neighbors and family members. The selected DSPs received information about the study and an invitation to an interview by email. They were given the opportunity to indicate dates that suited them best. The interviews with the DSPs took place at their work location. The family members of the people with ID and the neighbors received information about the study before being invited for interview. They received a letter by ordinary post containing information about reversed integration and about the research. This letter also informed them about the possibility of being invited for an interview. The interview with family members took place at the homes of the family members or at an office of the care organization. The neighbors were interviewed in their own environment at home.

The semistructured interviews were conducted within a period of four months. First the DSPs were interviewed, then the neighbors, and finally the family members. During the interview the researcher asked the participants, when necessary, to further explain or specify their answers. The interviews were recorded with a voice recorder and transcribed verbatim. They were not linked to any rewards.

Instrument

As little is known about reversed integration, we started our investigation with an open approach. A semistructured interview format was developed for every group of participants (DSPs, family members, and neighbors). The DSP interviews included a

TABLE 1
Quotes of participants about the different subjects

Quotation number	Quote
1.	"When we go for a walk, we frequently pass by some neighbors. Last time, there was a woman with a baby in a stroller and I was walking with a client who was sitting in a wheelchair. The client and the baby were face-to-face so the client could look at the baby and started to talk to him. Short after, the client joins the conversation between me and the mother of the baby. The level of the conversation was low but it was very valuable." (DSP 5)
2.	"I believe that it is important that everybody integrates. For a long time they were hidden from the community. Now they are part of the society." (DSP 8)
3.	"I believe that most of these clients live best in a protected environment. There they have a good quality of life. Integration is not a good step for them." (DSP 14)
4.	"They [neighbors] were informed about the behavior of the clients before they bought or rented a house. Therefore, I expect that they are positive about the clients' integration" (DSP 24)
5.	"This neighborhood is not ideally suited to raise children in, because they cannot play outside on their own because the parents never know who could walk past." (DSP 15)
6.	"What I have heard, they [family members] absolutely like it. Some family members regret that a part of the residential facility's grounds have been lost. Some clients need to live in a residential facility because they need a safe environment, but there are enough clients, such as those in my group, who love to live in a neighborhood." (DSP 27)
7.	"They [family members] think that the new environment is a labyrinth of roads, traffic and dangers." (DSP 5)
8.	"Before they were separated from the community and now they have contact with everybody. Also, there are a lot of activities in the neighborhood. I think that it is positive for them." (Neighbor 21)
9.	"It is great that the fences are gone and that everybody can walk freely over the grounds of the residential facility. Now you have the feeling that the clients are also part of a neighborhood." (family member 25)
10.	"My son does not need to be part of a community and to contact neighbors." (family member 19)
11.	"They [family members] are very grateful. They never complain, they trust us." (DSP 18)
12.	"I have respect for them [DSPs]. Sometimes the people with ID become angry and then the DSPs have to restrain them. I think they handle this very professionally. Being a DSP sometimes takes some doing." (neighbor 3)
13.	"When we moved to this neighbourhood, we were very positive about this project. We also received a letter requesting that we respect the people with intellectual disabilities in this neighborhood. When these people walk by, I always greet them. The DSPs mostly do not respond to this. These are people without an intellectual disability so you would expect them to return your greeting. In the morning you wish everybody a good day and this creates a good atmosphere in the neighborhood. It is understandable that someone with an intellectual disability would not wish you a good day but you do expect this from their DSPs." (neighbour 6)
14.	"They [DSPs] are invaluable. They could not be better." (family member 19)
15.	"I do not like it when the laundry is placed outside and when a group of DSPs are smoking at the front door. Also, the larger the group of DSPs working in one unit, the more they engage with each other instead of the clients." (family member 24)

question about each of the relevant psychological processes: What is your opinion about integration? (attitudes); What opinions do you think (1) your clients' neighbors and (2) family members hold about integration? (perceived social norm); What opinions do you think your clients' neighbors and family members hold about you and your work? (meta-evaluation). Family members and neighbors were questioned about their actual social norms and about their evaluation of DSPs: What is your opinion about integration? What is your opinion about the DSPs and their work? In the interviews, other subjects were discussed in addition to these specific questions regarding attitudes, social norms, and meta-evaluations, but only the answers to these specific questions were used for the present study.

The interview format was tested in a pilot interview with one DSP, one family member, and one neighbor, respectively.

Analysis

The analysis of the interviews was performed using Atlas.ti (Friese, 2012), a qualitative data analysis software. First, to get an idea of the *valence* of the different attitudes, social norms and meta-evaluations, a code list was developed for the further data analysis. Three codes were distinguished: positive, negative, and neutral responses. Answers which displayed an overall positive attitude towards integration and/or a positive expected social norm or meta-evaluation were considered positive (e.g., an

TABLE 2
DSPs' perceived social norms of neighbors and family members

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbors	25	7	14.3	4	60.7	17	28
Family members	28.6	8	21.4	6	50.0	14	28

answer that referred to the advantages of integration, such as "Integration is an improvement for most of the clients"). Answers which displayed an overall negative attitude toward integration and/or a negative expected social norm and meta-evaluation were considered negative. A negative example was, "It is not a good development for these people because now they have less freedom." Answers which were ambivalent (i.e., which included positive and negative aspects, without giving any priority to one of these two directions) or answers where the participant stated that he/she did not know were considered neutral. An example of a neutral answer is, "It is good for some clients to live in the community, but it is not for others." The initial coding was done by the first author of this article. To check the reliability of the coding, a second researcher, who was not involved in this study, coded a random sample of 10% of the interviews regarding the three valence-related codes. Using Cohen's kappa this analysis revealed a high inter-rater reliability of 93%. The differences between the perceived and the actual social norms and between the perceived meta-evaluation and the actual evaluation were analyzed using a chi-square test. Next, we looked more closely at the *content* of the statements to get a better understanding of the participants' attitudes, social norms, and meta-evaluations. For every psychological determinant the positive, negative, and neutral arguments were, separated from each other, coded by using open coding. In this case, the code was the content of the argument. If an argument did not fit in with an already existing code, a new code was created. After all the arguments were coded, the code lists were checked for overlap, which was not the case.

Results

The results for the three psychological concepts—attitudes, social norms, and meta-evaluations—will be reported separately, starting with the data on attitudes, then the perceived social norms and meta-evaluations as described by the DSPs. The perceived social norm will be compared to the actual social norms of the family members and neighbors and the meta-evaluations of DSPs will be compared with the actual evaluations of DSPs by family members and neighbors.

Attitudes

The opinion of DSPs about integration as revealed in the interviews showed that half (50.0%) were positive about this

subject and the other half were either negative (32.1%) or neutral (17.9%) in their attitudes towards integration.

Those DSPs with *positive attitudes* recognized the possible advantage of integration projects, for example their clients' contact with the neighbors ($n = 4$). An example is Quote #1 in Table 1. Also, the integration setting was more generally described as societally appropriate ($n = 7$). An example of this is Quote #2 in Table 1. Despite their overall positive attitudes, some DSPs ($n = 6$) reflected also a few negative points; they mentioned that some clients had been disadvantaged by participating in projects such as reversed integration. For instance, these individuals would have less freedom of movement than previously when they lived in a residential facility. In contrast to the residential facility, in the reversed integration setting there were "regular" traffic movements and because the clients were unfamiliar with the traffic rules, they were not allowed to go outside on their own anymore.

These arguments about more restrictions are also often mentioned by DSPs with *negative attitudes* ($n = 6$). Another argument was that integration did not work out for some groups of clients, especially for people with a combination of ID and psychiatric or behavior problems ($n = 5$), exemplified by Quote 3 from Table 1. Moreover, some DSPs argued that reversed integration had no advantage at all, only disadvantages ($n = 3$), or complained that the neighbors did not want to make contact with the people with ID ($n = 2$).

The DSPs who were *neutral* in their attitude towards integration either stated that they were positive about the ideas behind integration but negative about the results in practice ($n = 3$), or that they did not experience any change because of the introduction of reversed integration ($n = 2$).

Perceived Social Norms

During the interview the DSPs were asked to describe what they believed neighbors' and family members' thought was about integration. The respective results for the perceived social norms of neighbors and family members are comparable (see Table 2): more than half of the DSPs thought that neighbors and family members were neutral toward integration.

Although similar in overall valence, the *content* of the arguments why neighbors and family members would adhere to the assumed social norm differed. For neighbors, by far the most prominent argument for assuming a *positive social norm* was that the neighbors had deliberately chosen to live in a neighborhood where people with ID were already living ($n = 7$). See Quote #4 for an example of this sentiment. Another argument mentioned

TABLE 3
Actual social norms of neighbors and family members

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbors	88	22	—	—	12	3	25
Family members	40	10	44	11	16	4	25

was that the neighbors had good contact with the clients and that they therefore would be positive about integration ($n = 1$).

A relevant argument for assuming that neighbors would adhere to a *negative social norm* was the expectation that the severity of the clients' problems would disappoint the neighbors ($n = 3$). The DSPs argued that most of the people with ID living in the neighborhood with reversed integration could not talk but made "strange" noises or yelled, and they could behave aggressively because of their behavior problems. These problems made establishing social contact more difficult. The DSPs also stated that neighbors might be afraid that the clients' behavior could have a negative effect on children ($n = 2$). See Quote #5 for an example.

One DSP mentioned that the neighbors would be negative because they did not want to have any contact with the people with ID. Some DSPs with a *neutral perceived social norm* believed that the neighbors would think that the clients' behavior and the reaction of the DSPs to this behavior were strange ($n = 2$). In addition to the arguments above, the DSPs also mentioned that a reversed integration environment would require the neighbors to make many adjustments to their usual routines and activities ($n = 3$). Furthermore, an argument frequently mentioned by DSPs is that they believed that integration was not a priority for the neighbors ($n = 8$). Five DSPs said they did not know what the neighbors would think about integration.

Considering the perceived social norms of *family members*, the *positive* arguments referred to the increased contact between people with and without ID ($n = 2$). Another view was that their relative now lived in a "normal" environment ($n = 3$), as exemplified by Quote 6 in Table 1. Moreover, the DSPs mentioned that if family members would feel everything goes well, they will be positive about integration ($n = 4$). Nevertheless, two DSPs believed that although overall most of the family members would be satisfied with the reversed integration, some would worry about the restrictions for their relatives ($n = 2$).

DSPs with a *negative perceived social norm* argued that family members were worried about what could happen in this new environment ($n = 3$). Another related argument was that the family members had explicitly chosen a residential facility because of the safe environment ($n = 4$). Quote 7 is typical of this argument. The main argument put forward by DSPs who expected family members to be *neutral* was that family members did not speak about or express an opinion about integration ($n = 10$). Another argument was that the attitude of family members depended on the severity of the disability and the level of psychiatric or behavior problems ($n = 4$). DSPs expected that family members would be negative about integration if their relative had lost his or her freedom of movement.

Actual Social Norms

As already stated above, we were able to investigate the actual social norms of neighbors and family members. In view of these results, we find that the social norms of neighbors are in fact much more positive than the DSPs assume ($\chi^2 = 21.33$, $p < .001$) (see Table 3). Moreover, neighbors were more positive about integration than family members ($\chi^2 = 15.64$, $p < 0.001$). Not one of the neighbors was negative about integration, whereas 44% of family members were. Nevertheless, the family members were more positive than the DSPs expected ($\chi^2 = 7.10$, $p < 0.05$).

Most *neighbors* believed that integration was a good concept. They noted that people with ID should be part of the neighborhood ($n = 19$). Some of the neighbors even stated that individuals with ID must be regarded as normal people who should live in a normal environment ($n = 3$), as exemplified by Quote 8. The neighbors also mentioned that integration was positive for people with and without ID as they had contact with each other ($n = 5$).

Three neighbors had a *neutral attitude* about integration. Two neighbors were positive about the concept but argued that it

TABLE 4
DSPs' perceived meta-evaluation by neighbors and family members

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbors	60.7	17	—	—	39.3	11	28
Family members	89.3	25	—	—	10.7	3	28

TABLE 5
Neighbors' and family members' actual evaluation of the DSPs and their work

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbors	76	19	—	—	24	6	25
Family members	80	20	8	2	12	3	25

might not be an improvement for *all* the people with ID. People with a severe ID or people with psychiatric or behavior problems might experience problems in the new environment and in some cases lose their freedom of movement. One neighbor claimed not to be interested in the integration.

The actual attitudes of *family members* were more diverse. Family members with *positive attitudes* saw integration as an improvement because their relatives were now part of the community ($n = 8$) and had the opportunity for social contact with the neighbors ($n = 2$). See Quote 9 as an example of this. *Negative social norms* were rooted in the family members' belief that their relatives' disability were too severe or their behavior problems were too great to permit contact with their neighbors ($n = 5$). They also expected that the neighbors would not want any contact with people with ID ($n = 3$). Quote 10 provides an example. Moreover, two family members believed that integration would not work because some people with ID cause annoyance because of their loud and strange noises. Another argument was that the integration went hand-in-hand with different potential dangers which led to restrictions for the people with ID ($n = 6$). For instance, people with ID could run away or they might be injured by dogs that are not leashed.

Two family members who were coded as *neutral* said they continued to prefer the residential facility but believed that reversed integration was an adequate second best for their relatives. Others stated that integration would work for some people with ID, but not for everybody ($n = 2$). However, these family members did not believe that integration was positive for their own relative.

Evaluation and Meta-Evaluation

DSPs generally had a *positive meta-evaluation*, meaning that they believed that neighbors and especially family members would be positive about them and their work (see Table 4). The DSPs often mentioned that both groups appreciated what they were doing ($n = 11$) and that they had respect for them ($n = 6$)—see Quote 11.

Several DSPs indicated to expect *neutral evaluations* from the neighbors, simply because they would not know what the neighbors would think of them and their work ($n = 11$). Yet, of the whole DSP group, the vast majority assumed that family members appreciate their efforts. Only three DSPs (10.7%) mentioned that the family members may not always appreciate the DSPs' work or their working methods.

The actual evaluation of DSPs and their work expressed by neighbors and family members broadly overlapped with the DSPs' meta-evaluation (as also indicated by respectively $\chi^2 = 1.29$, $p > 0.2$ and $\chi^2 = 1.41$, $p > 0.2$) and was very positive (see Table 5). Only a small minority of family members ($n = 2$, 8%) evaluated the DSPs and their work negatively. As arguments supporting their *positive evaluation* of DSPs, neighbors mentioned that they found that DSPs knew how to behave in different and sometimes difficult situations ($n = 19$). See Quote 12 as an example. The few more *neutral evaluations* were based on having regularly seen DSPs preoccupied with their mobile phones while walking with the clients ($n = 3$), or on not having been greeted by the DSPs when they were passing by ($n = 2$). Quote 13 focuses in this aspect. Two neighbors said they did not have an opinion about the DSPs and their work. These responses were also coded as neutral.

The interviewed family members also mostly evaluated the DSPs positively and believed that the DSPs were effective in supporting their relatives ($n = 20$). One of the family members even said that the DSPs treated the clients as though they were their own children. Typical of this perception is Quote 14. The few ($n = 2$) family members who evaluated the DSPs and their work *negatively* mentioned that they had experienced a number of problems. These problems concerned the DSPs not carrying out their care tasks well enough ($n = 1$) and not being aware of the impression they conveyed to the neighborhood ($n = 1$)—in this vein, see quote 15. The family members who were *neutral* typically stated that they found that the DSPs did some of their work well but could have done some of it better ($n = 3$).

Discussion

The present study investigated several psychological processes (attitudes, perceived social norms and meta-evaluations) assumed to be relevant to the behavioral intentions of DSPs working in a reversed integration setting, to facilitate social integration. The actual social norms and evaluations provided by family members and neighbors were also examined. We were able to compare whether the perceptions of DSPs coincided with or diverged from the neighbors' and family members' actual social norms and evaluations.

An interesting outcome of the present study is that the DSPs have an unrealistically negative idea about the neighbors' opinions on integration and contact with people with ID. In previous research, for example, by Van Alphen (2011) in a "regular integration" project, it was found that such negative expectations can

create strain between the neighbors and people with ID and cause negative emotions in neighbors. Factors that were found to be related to negative attitudes of neighbors were having young children (Schwartz & Rabinovitz, 2001), and level of disability (in combination with) in a large group of people with ID (Robertson et al., 2005; Van Alphen, 2011). However, in the reversed integration setting studied here, the neighbors were informed about the severity of the ID and the degree of the clients' psychiatric and behavior problems and despite that knowledge they had still wanted to buy or rent houses in the neighborhood. Therefore, we would expect that the neighbors would be well prepared and accept the clients' behavior. This was confirmed by this study's findings. In contrast to the findings in the study by Alphen et al. (2012) and Robertson et al. (2005), neighbors in a neighborhood with reversed integration were positive about living within an area composed of a large groups of people with a severe ID or people with ID and psychiatric or behavior problems. Also the fact that most of the neighbors had (young) children did not negatively affect their attitude about integration, a result that is different from what was found in the study of Schwartz and Rabinovitz (2001), suggesting once again that reversed integration settings might be associated with more acceptance by the neighbors than are typically regular integration projects.

Although the neighbors were mostly positive about integration, the opinions of family members were much more mixed. Six years after the start of reversed integration, more than half of the family members were still negative about integration. According to a study by Tøssebro and Lundebj (2006), however, this attitude could positively change in the years to come. Given these findings, it would be interesting to repeat the present study in some years and compare the results to test whether this change in attitude over time can be replicated.

A specific strength of our study is the possibility to compare how DSPs perceive social norms regarding integration and the evaluation of their group by relevant stakeholders with these stakeholders' actual attitudes and evaluations. Discrepancies between the actual norms and evaluations and those perceived by the DSPs could influence their efforts to facilitate the integration of their clients. In this study the DSPs assumed the neighbors held less positive social norms regarding integration than they actually held. Their assumption that the clients' communication level might be too low and their behavior too problematic for neighbors, is in line with existing literature (Robertson et al., 2005; Schwartz & Rabinovitz, 2001; Van Alphen, 2011). Nevertheless, the present study suggests that these arguments may not similarly apply to reversed integration. Becoming aware of a supportive social norm in the neighborhood, for example in organized meetings between DSPs and neighbors, could help and encourage DSPs to strive for greater social contact between their clients and people without ID.

Family members could also be involved in such meetings. Importantly, in the present study we found that DSPs mentioned that they did not talk about integration with the family members. Moreover, some family members were negative about contact between their relative and the neighbors, while the neighbors were positive about this contact. Such lack of shared knowledge on the perspectives and concerns of the parties involved could be reduced by talking with each other about the reversed integration and the contact between people with and without ID. Ideally, to

be successful, such meetings should be chaired and monitored supervised by a professional, independent party. Moreover, it would be valuable to investigate the effects of such meetings.

The present study is not without its limitations. First, there is a possibility of a selection bias in the convenience sample of family members and neighbors interviewed. However, we consider the chance of such a bias to be quite small, as not many family members and neighbors were approached before the goal of 25 participants was reached for each group: 35 and 27, respectively. Second, the DSPs interviewed all worked in a reversed integration setting, and the family members and neighbors were also linked to this specific setting. To clarify whether the attitudes, social norms, and evaluation and meta-evaluation were specific to reversed integration or also applied to "regular" integration settings, a direct comparison with such settings would be very valuable. Such comparison would then also allow us to test whether this particular reversed integration setting, which we did find to be very positively evaluated by neighbors in particular, did indeed have the expected advantages over integrating people with ID in regular neighborhoods. The comparison with the literature on "regular" integration (e.g., Hudson-Allez & Barrett, 1996; van Alphen et al., 2012) suggests that reversed integration settings may indeed increase a better social acceptance in the neighborhood, but more research with data collected in both types of settings is needed.

Despite the mentioned limitations of the present study, its results regarding the potential benefits of reversed integration settings are promising. Possibly, reversed integration could also be a good alternative in other countries where, for example, neighbors prevent the arrival of people with ID in their neighborhood. Moreover, in countries where currently almost all the institutions are abolished (e.g., United Kingdom and the Scandinavian countries), the integration of people with ID might be further facilitated by building new neighborhoods where people with ID are the first residents. The present results suggest that in such settings the new neighbors would be positive about living next to people with ID, which should positively affect the social integration of people with ID, especially for those with a severe or profound ID or with a combination of ID and psychiatric and behavior problems.

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