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Social integration in a reversed integration neighbourhood?

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Chapter 3

Direct support professionals in reversed integration of people with intellectual disabilities: The impact of attitudes, perceived social norms and meta-evaluations

Abstract

Background: Direct support professionals (DSPs) play an important role in the process of integration of people with intellectual disabilities. However, little is currently known about what determines the level of effort exerted by DSPs to enable the social integration of their clients. **Specific Aim**: The aim of this study is to investigate three different psychological determinants (attitudes, social norms and meta-evaluations) of the behavioural intentions of DSPs to facilitate the social integration of their clients. **Method**: Semi-structured interviews were conducted with 28 DSPs working in a setting of 'reversed integration', as well as 25 family members and 25 neighbours. The DSPs' perceived social norms and meta-evaluations of neighbours and family members were compared with their actual social norms and evaluations. **Findings**: The results on attitudes revealed that half of the DSPs interviewed were positive about integration, while the other half were negative or neutral. Concerning social norms, the DSPs expect neighbours to have neutral attitudes towards the integration of people with intellectual disabilities, while in reality the neighbours are very positive. More than half of the DSPs are uncertain about the family members' opinions about integration. When the family members were asked, there was indeed quite some variation in their attitudes towards integration. Regarding the meta-evaluation, DSPs have a realistic idea about how their work is evaluated by family members and neighbours: both groups were positive.
Discussion: DSPs have an overly negative idea of neighbours' opinions about integration and contact with people with intellectual disabilities. Creating awareness of a supportive social norm in the neighbourhood could help and encourage DSPs to strive for social contact between their clients and neighbours.

3.1 Introduction

During the last decades, the paradigm shift in the 1960s, the transition from institutional care to community living (Mansell, 2006), has led to policy changes which target the inclusion of people with intellectual disabilities into society. Generally, this has implied that facilities endeavour to support their clients within regular neighbourhoods. 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 neighbourhood, meaning that people without intellectual disabilities choose to live in a neighbourhood where people with intellectual disabilities already live (Venema, Vlaskamp, & Otten, 2016a). People with intellectual disabilities that live in a setting of reversed integration often have severe to profound intellectual disabilities, or have psychiatric disorders and/or behaviour problems.

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

However, 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 evidence that the quality of support by direct support professionals (DSPs) plays a crucial role in the social integration of people with intellectual disabilities (Mansell et al., 2011; Overmars-Marx, 2011). Mansell (2006) called this "a key determinant of outcome" or more generally, people with intellectual disabilities depend at least partly on the DSPs to realize contact with

neighbours (Abbott, & McConkey, 2006). The present study therefore focuses on the role of DSPs in the process of integration and reversed integration[2].

While there is evidence about the importance of the quality of support for DSPs in the integration of people with intellectual disabilities, little, if anything, is currently known about what determines the behaviour 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 behaviour (or rather behavioural intentions) on the basis of both 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 integration (Eagly & Chaiken, 1992). We expect actions to be taken to facilitate social contact between clients and neighbours 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 (here: integration). For DSPs, the stakeholders involved in an integration setting are clients, their family members and neighbours: if these parties are viewed as supportive of integration efforts, the chances that the DSPs will engage in behaviours supporting the 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 behaviour (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 neighbours, they will invest more effort in supporting their clients' social integration. Vorauer (1998) found that the perceived evaluations of another group influences 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[3]. We define meta-evaluation as the DSPs' assumptions about how they and their work are evaluated by neighbours and family members. In summary, if all the above-mentioned psychological variables are

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[2] Whenever 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.
[3] In the work of Vorauer on the role of meta-perceptions in social interactions between members of different groups, Vorauer (2006) 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.

positive (i.e. DSPs have a positive attitude towards the integration of their clients, and they assume that the clients, their family members and neighbours share such a positive attitude and respect for their work), we then 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 neighbourhood may attach to having contact with the clients, and they may be concerned about a lack of appreciation about the quality of their work from family members and neighbours. 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.

In regards of the actual social norms, it seems plausible to assume that the neighbours have positive attitudes towards people with intellectual disabilities based on the deliberately choice of the neighbours to live next to people with intellectual disabilities in a setting of reversed integration. 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 intellectual disabilities are regarded as obstructing the integration process within a neighbourhood: those with a severe or profound intellectual disabilities (and multiple disabilities), and those with intellectual disabilities and psychiatric and/or behaviour problems. These groups are exactly the target groups for reversed integration. Moreover, there are many people with intellectual disabilities in reversed integration neighbourhoods. This could also be an obstacle for social integration (van Alphen et al., 2012). On the other hand, Robertson et al. (2005) found that the majority of the neighbours were positive about community living. Neighbours in the congregated setting who had a negative opinion about this subject, gave the level of disability as a reason why integrating people with intellectual disabilities in regular neighbourhoods 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 neighbours who live next to a large facility.

What the other stakeholders in a reversed integration setting – clients and their family members – think about integration is also unknown. The vast majority of the clients in this setting are unable to offer verbal 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 towards integration. Tøssebro and Lundeby (2006) studied the attitudes of family members after deinstitutionalisation in Norway and found that they were opposed to deinstitutionalisation before it was carried out. These attitudes positively changed after the deinstitutionalisation, and also ten 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 the DSPs' work by family members and neighbours is an under-researched topic as well. Nevertheless, it is important to know more about their opinion about this topic. For example, if neighbours negatively evaluate the DSPs and their work, 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 intellectual disabilities. Altogether, we therefore consider it highly relevant to understand whether the social norms and evaluations perceived by DSPs and those actually held by neighbours and family members diverge or coincide.

In summary, the present study investigates several psychological determinants of the behavioural intentions of DSPs to facilitate the social integration of their clients. More specifically, the attitudes of DSPs towards integration and their thoughts about the opinions of the relevant stakeholders (family members and neighbours) will be investigated. Finally, the perceived and actual social norms of neighbours and family members about integration and their assumed and actual evaluation of the DSPs and their work will be compared with the corresponding expectations of the DSPs.

3.2 Methods

Participants and setting

The research was conducted in the northern Netherlands in a neighbourhood in which a reversed integration project had been initiated in 2008. This neighbourhood

was home to 154 people with intellectual disabilities. Most of these people had high support needs, as they had a profound intellectual disabilities or a combination of intellectual disabilities and psychiatric and/or behaviour problems. The facility comprised a total of twenty homes in which three to ten people with intellectual disabilities were living. In addition to the homes, there were five locations in the neighbourhood for people with intellectual disabilities to work and participate in daily activities. The homes for the people with intellectual disabilities were situated close to each other and were surrounded by homes for people without intellectual disabilities. The neighbourhood was, besides the large number of people with intellectual disabilities, comparable with a regular neighbourhood; 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 centre. When the data were collected, there were 83 homes for people without intellectual disabilities in the neighbourhood with reversed integration; the incomes of these households varied from low to high. In 2008, people without intellectual disabilities started living in the neighbourhood which allowed them access to new houses in a neighbourhood with much green in the surroundings. They received no financial compensation for living in this setting. None of the family members lived in this neighbourhood. DSPs, family members of the people with intellectual disabilities and their neighbours 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 of the 307 DSPs. From this sample, 28 DSPs were randomly chosen with stratified sampling, based on the age and gender 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 were aged between 25 and 56 (average age was 38 years) and worked at various homes in the reversed integration neighbourhood. 28.6 percent of these participants were female.

The family members sample was selected using stratified sampling: one family member of one or two clients with intellectual disabilities was randomly chosen from

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

Procedure

Data were collected in semi-structured interviews with the participating DSPs, neighbours 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 intellectual disabilities and the neighbours 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 organisation. The neighbours were interviewed at home in their own environment.

The semi-structured interviews were conducted within a period of four months. First the DSPs were interviewed, then the neighbours 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

Since little is known about reversed integration, we started our investigation with an open approach. A semi-structured interview format was developed for every group of participants (DSPs, family members and neighbours). The DSP interviews included a question about each of the relevant psychological processes: What is your opinion about integration? (attitudes); What opinions do you think (a) your clients' neighbours and (b) family members hold about integration? (perceived social norm); What opinions do you think your clients' neighbours and family members hold about you and your work? (meta-evaluation). Family members and neighbours 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 neighbour, 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, for example, an answer that referred to the advantages of integration: "Integration is an improvement for most of the clients". Answers which displayed an overall negative attitude towards integration and/or a negative expected social norm and meta-evaluation were considered negative. For example: "It is not a good development for

these people because now they have less freedom". Answers which were ambivalent (i.e., which included both 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 percent of the interviews regarding the three valence-related codes. Using Cohen's Kappa this analysis revealed a high inter-rater reliability of 93 percent. The differences between the perceived and the actual social norms and between the perceived meta-evaluation and the actual evaluation were analysed 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.

3.3 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 neighbours and the meta-evaluations of DSPs will be compared with the actual evaluations of DSPs by family members and neighbours.

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* recognised the possible advantage of integration projects, for example their clients' contact with the neighbours (N=4).

"When we go for a walk, we frequently pass by some neighbours. 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 where face to face so the client could look at the baby and started to talk to him. Short after, the client joints the conversation between me and the mother of the baby. The level of the conversation was low but it was very valuable." (DSP 5)

Also, the integration setting was more generally described as societally appropriate (N=7):

"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)

Despite their overall positive attitudes, some DSPs (N=6) also reflected a few negative points; they mentioned that some clients had actual disadvantages from projects such as reversed integration. For instance, these clients would have less freedom of movement than when they lived in a residential facility. In contrast to the residential facility, the reversed integration setting there has '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 intellectual disabilities and psychiatric or behaviour problems (N=5).

"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)

Moreover, some DSPs argued that reversed integration had no advantage at all, only disadvantages (N=3), or complained that the neighbours did not want to make contact with the people with intellectual disabilities (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 due to the introduction of reversed integration (N=2).

Perceived social norms

During the interview the DSPs were asked to describe what they believed neighbours' and family members' thought was about integration. The respective results for the perceived social norms of neighbours and family members are comparable (see Table 3.1): more than half of the DSPs thought that neighbours and family members were neutral towards integration.

Table 3.1 DSPs' perceived social norms of neighbours and family members

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

While similar in overall valence, the *content* of the arguments why neighbours and family members would adhere to the assumed social norm differed. For neighbours, by far the most prominent argument for assuming a *positive social norm* was that the neighbours had deliberately chosen to live in a neighbourhood where people with intellectual disabilities were already living (N=7).

> "They [neighbours] were informed about the behaviour of the clients before they bought or rented a house. Therefore, I expect that they are positive about the clients' integration" (DSP 24)

Another argument mentioned was that the neighbours had good contact with the clients and that therefore they would be positive about integration (N=1).

A relevant argument for assuming that neighbours would adhere to a *negative social norm* was the expectation that the severity of the clients' problems would disappoint the neighbours (N=3). The DSPs argued that most of the people with intellectual disabilities living in the neighbourhood with reversed integration could not talk but made 'strange' noises or yelled, and they could behave aggressively

because of their behaviour problems. These problems made social contact more difficult. The DSPs also stated that neighbours might be afraid that the clients' behaviour could have a negative effect on children (N=2).

> "This neighbourhood 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)

Finally, one DSP mentioned that the neighbours would be negative because they did not want to have any contact with the people with intellectual disabilities. Some DSPs with a *neutral perceived social norm* believed that the neighbours would think that the clients' behaviour and the reaction of the DSPs to this behaviour were strange (N=2). In addition to the arguments above, the DSPs also mentioned that a reversed integration environment would require the neighbours to make many adjustments to their normal lives (N=3). Furthermore, an argument frequently mentioned by DSPs is that they believed that integration was not a priority for the neighbours (N=8). Five DSPs said they did not know what the neighbours 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 intellectual disabilities (N=2). Another view was that their relative now lived in a 'normal' environment (N=3).

> "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 neighbourhood." (DSP 27)

Moreover, the DSPs mentioned that if family members would feel everything goes well, they will be positive about integration (N=4). In addition, 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).

> "They [family members] think that the new environment is a labyrinth of roads, traffic and dangers." (DSP 5)

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 behaviour 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 neighbours and family members. In view of these results, we find that the social norms of neighbours are in fact much more positive than the DSPs assume (χ^2= 21.33; p<0.001) (see Table 3.2). Moreover, neighbours were more positive about integration than family members (χ^2= 15.64; p<0.001). Not one of the neighbours was negative about integration, while 44 percent of family members were. Nevertheless, the family members were more positive than the DSPs expected (χ^2= 7.10; p<0.05).

Table 3.2 Actual social norms of neighbours and family members

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbours	88%	22	-	-	12%	3	25
Family members	40%	10	44%	11	16%	4	25

Most *neighbours* believed that integration was a good concept: people with intellectual disabilities should be part of the neighbourhood (N=19). Some of the

neighbours even stated that individuals with intellectual disabilities must be regarded as normal people who should live in a normal environment (N=3).

> "Before they were separated from the community and now they have contact with everybody. Also, there are a lot of activities in the neighbourhood. I think that it is positive for them." (Neighbour 21)

The neighbours also mentioned that integration was positive for people with and without intellectual disabilities as they had contact with each other (N=5).

Three neighbours had a *neutral attitude* about integration. Two neighbours were positive about the concept but argued that it might not be an improvement for *all* the people with intellectual disabilities. People with a severe intellectual disabilities or people with psychiatric or behaviour problems might experience problems in the new environment and in some cases lose their freedom of movement. One neighbour 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 neighbours (N=2).

> "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 neighbourhood." (family member 25)

Negative social norms were rooted in the family members' belief that their relatives' disability were too severe or their behaviour problems were too great to permit contact with their neighbours (N=5). They also expected that the neighbours would not want any contact with people with intellectual disabilities (N=3).

> "My son does not need to be part of a community and to contact neighbours." (family member 19)

Moreover, two family members believed that integration would not work because some people with intellectual disabilities 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 intellectual disabilities (N=6). For instance, people with intellectual disabilities could run away or they could come across 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 intellectual disabilities, 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 neighbours and especially family members would be positive about them and their work (see Table 3.3).

Table 3.3 DSPs' perceived meta-evaluation by neighbours and family members

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbours	60.7%	17	-	-	39.3%	11	28
Family members	89.3%	25	-	-	10.7%	3	28

The DSPs often mentioned that both groups appreciated what they were doing (N=11) and that they had respect for them (N=6).

> "They [family members] are very grateful. They never complain, they trust us."
> (DSP 18)

Several DSPs indicated to expect *neutral evaluations* from the neighbours, simply because they do not know what the neighbours 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 percent) 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 neighbours and family members broadly overlapped with the DSPs' meta-evaluation (as also indicated by respectively χ^2= 1.29; p > 0.2 and χ^2= 1.41; p>0.2) and was very positive (see Table 3.4). Only a small minority of family members (N=2; 8%) evaluated the DSPs and their work negatively.

Table 3.4. Neighbours' and family members' actual evaluation of the DSPs and their work

	Positive		Negative		Neutral		Total
	Percentage	Number	Percentage	Number	Percentage	Number	
Neighbours	76%	19	-	-	24%	6	25
Family members	80%	20	8%	2	12%	3	25

As arguments supported their *positive evaluation* of DSPs, neighbours mentioned that they found that DSPs knew how to behave in different and sometimes difficult situations (N=19).

> "I have respect for them [DSPs]. Sometimes the people with intellectual disabilities become angry and then the DSPs have to restrain them. I think they handle this very professionally. Being a DSP sometimes takes some doing." (neighbour 3)

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).

> "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 neighbourhood. 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 neighbourhood. 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)

Two neighbours 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.

"They [DSPs] are invaluable. They could not be better." (family member 19)

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 neighbourhood (N=1).

"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)

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).

3.4 Discussion

The present study investigated several psychological processes (attitudes, perceived social norms and meta-evaluations) assumed to be relevant to the behavioural intentions of DSPs working in a reversed integration setting, to facilitate social integration. The actual social norms and evaluations provided by family members and neighbours were also examined. We were able to compare whether the perceptions of DSPs coincided with or diverged from the neighbours' 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 neighbours' opinions on integration and contact with people with intellectual disabilities. 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 neighbours and people with intellectual disabilities and cause negative emotions in neighbours. Factors that were found to be related to negative attitudes of neighbours were having young children (Schwartz & Rabinovitz, 2001), and level of disability (in combination with) in a large group of people with intellectual disabilities (van Alphen, 2011; Robertson et al., 2005). However, in the reversed integration setting studied here, the neighbours were informed about the severity of the intellectual disabilities and the degree of the clients' psychiatric and behaviour problems and despite that they had still wanted to buy or rent houses in the neighbourhood. Therefore, we would expect that the neighbours would be well prepared and accept the clients' behaviour. This was confirmed by this study's findings. In contrast to the findings in the study by Van Alphen et al. (2012) and Robertson et al. (2005), neighbours in a neighbourhood with reversed integration were positive about living next to large groups of people with a severe intellectual disabilities or people with intellectual disabilities and psychiatric or behaviour problems. Also the fact that most of the neighbours 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 neighbours than regular integration projects typically are.

While the neighbours 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 Lundeby (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 that the neighbours held less positive social norms regarding integration than was actually the case. Their assumption that the clients' communication level might be too low and their behaviour too problematic for neighbours, is in line with existing literature (van Alphen, 2011; Robertson et al., 2005; Schwartz & Rabinovitz, 2001). However, the present study suggest that these arguments may not similarly apply to reversed integration. Becoming aware of a supportive social norm in the neighbourhood, for example in organised meetings between DSPs and neighbours, could help and encourage DSPs to strive for greater social contact between their clients and people without intellectual disabilities.

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 neighbours, while the neighbours 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 intellectual disabilities. 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 neighbours interviewed. However, we consider the chance of such a bias to be quite small, as not many family members and neighbours 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 neighbours 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 a reversed integration setting, which we did find to be very positively evaluated by neighbours in particular, did indeed have the expected advantages over integrating people with intellectual disabilities in regular neighbourhoods. 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 neighbourhood, 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, neighbours prevent the arrival of people with intellectual disabilities in their neighbourhood. Moreover, in countries were currently almost all the institutions are abolished (e.g. United Kingdom and the Scandinavian countries), the integration of people with intellectual disabilities might be further facilitated by building new neighbourhoods where people with intellectual disabilities are the first residents. The present results suggest that in such settings the new neighbours would be positive about living next to people with intellectual disabilities, which should positively affect the social integration of people with intellectual disabilities, especially for those with a severe or profound intellectual disabilities or with a combination of intellectual disabilities and psychiatric and behaviour problems.