Facilitating Factors and Interfering Factors of “the Person Centered Support”
— A Study of the Care Staff at Group Home for Persons with Intellectual Disabilities —

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Summary
This study aims at clarifying the facilitating factors and the interfering factors of the person centered support by care staff at the group home for persons with intellectual disabilities in order to obtain the basic data on the quality of support for residents. The research method employed is recording of group discussions at the training workshop for care staff. The data obtained were analyzed by the modified grounded theory approach. The interfering factors found were (1) ‘generation of the image of resident and its fixation’ (2) ‘generation of the image of group home and its fixation’ (3) ‘my own logic of le’°7 based on the individual value of care staff (4) ‘support activities not oriented to the person centered support’ which are likely to be caused by the fact that support activities at a group home are usually conducted by a single care staff member, and also that the residents have intellectual disabilities. (5) ‘sense of achievement, complacency and pretension as a single worker at a group home’ are born of the above circumstances and they further reinforce ‘support activities not oriented to the person centered approach’. The facilitating factor found was (6) ‘awareness of one’s own support’ which is obtained through gaining opportunities for reflecting on his/her support activities and their influence on the residents. It is expected that the support oriented to the person centered approach would be developed through this factor.

Key Words
Group Home for Persons with Intellectual Disabilities, Care Staff, Person Centered Support, Facilitating Factor, Interfering Factor

I. Introduction
The residential service for persons with intellectual disabilities began focusing on the institutional approach since the enactment of the Welfare Law for Persons with Intellectual Disabilities (1960) (Watanabe, Mita, Horio et al 1998:72-81). On the other hand, non-profit organizations started on their own “home living” for 4 to 5 people since late 1960s. “home living” was developed in various parts of the country through the local government’s subsidy system along with the prevailing principles of normalization (Ericsson, Kent 2002) in the late 1970s. The National Project on Community Living for Persons with Intellectual Disabilities (chiteki-shougaisha-chiiki-enjo-jigyou) was established in 1989, and since then the number of group homes for persons with intellectual disabilities has increased, and 4216 group homes are operated at present (January 2005) in the whole country°7. The persons who support residents (capacity of 4~7 persons) at group home are direct support staff who are called “care staff.” One to
three care staff members are usually allocated in one group home, but actual support activities are mostly conducted by a single care staff member. The care staff support resident’s various needs in daily life such as consultation, health management, and coordination of family contact, and they influence greatly on the resident’s quality of life. But, the majority of them are part-time employees because of the nature of the subsidizing system, and they are mostly middle-aged housewives who are through with their child-raising. Qualifications or experiences are hardly required, and training is not sufficient. Accordingly, the person centered support which is held as the principle for community living support (Keith, Kenneth D. and Schalock, Robert L. 2000; Holburn, Steve and Vietze, Peter 2002) is not actually practiced, and it is difficult to perform daily support focusing on self-choice and self-determination of residents.

So far, research on care staff at group home for persons with intellectual disabilities in Japan include several studies which clarified concrete support methods (Yunoki 2003: 63-75), technicality in support (Komatsu 2002:106-117), conflicts and dilemmas in support activities (Komatsu 2001:23-33). But there are no studies conducted from the view point of the person centered support which is closely related to the resident’s quality of life. Therefore, this study aims at clarifying the facilitating factors and the interfering factors of the person centered support in order to obtain basic data for improving the quality of support by care staff at group home. In this study, the person centered support is defined as the support which enables group home residents to make their individual decisions on their own responsibilities for their enriched life.

II. Method

1. Research collaborators:

Research collaborators were 48 care staff members who participated in the group discussions at the 11th workshop for care staff at group home and “Home Living” (July 10〜11, 2004). The workshop was organized by the non-profit organization for persons with intellectual disabilities in Prefecture A. Those care staff members work at 92 group homes subsidized by the national and the local government and 2 “Home Living”’s subsidized only by the local government. The participants were all women except for one man.

2. Data collection method

With the purpose of collecting care staff’s honest opinions about their daily support, data from group discussions were employed. It was considered that through the discussion, a care staff member who usually conducts support activities alone in a group home can exchange opinions with other care staff members from other group homes. Also, group dynamics in the discussions was considered to work so that the participants would face agreements and disagreements in the process of expressing their opinions without pretention, reflecting and talking their daily experiences (Uwe, Flick, 1995:145-146).

For concrete settings in the daily support, namely “cleaning of one’s own room”, “bed time”, “money management”, “drinking and smoking” were provided, and care staff were encouraged to express their opinions on their support activities centering around these settings. In order to obtain uniformity for the discussion process, a care staff member who has experiences being a chairperson was allocated in each group. The chairpersons were given explanations on the purpose of the discussion, and instructed how to lead the discussion in advance. A questionnaire including items of the name of the group home, year of experiences, age, and support tendency was administered in order to consider group organization. There were 6 groups, each group containing 6 to 8 care staff members. The first author who is also a care staff member participated in the group discussion as a chairperson. With the approval of all the participants, discussions were recorded by IC recorders, and all the recordings were processed as literal record.

3. Research method

This research employed the modified grounded theory approach (M-GTA) as the methodology. The grounded theory approach (GTA) was proposed by a
medical sociologist, Glaser and Strauss in 1960s. It is a qualitative research method generating original theories from data. This method is noted in the human service area such as nursing, health, medicine, rehabilitation, social welfare, education and clinical psychology (Kinoshita 1999). M-GTA was developed by Kinoshita on the basis of GTA (Kinoshita 1999; 2003).

The reason for employing M-GTA is because this method is suitable for predicting and explaining human activities in a limited area regarding the research theme which is clearly confirmed of its value by the researcher (Kinoshita 2003). This study tried to explain consciousness and activities of care staff at group home for persons with intellectual disabilities in Prefecture A by the research theme of interfering factors and facilitating factors of the person centered support. The statements of the participants were analyzed including the nuances and the ways they were uttered, and the contexts which were expressed in the data were treated as important factors since they reflect human cognition, activity, emotion, and their concerning factors and conditions were analyzed on the basis of the data.

4. Analysis method

First of all, the data of literal recording of group discussions were read, and the contents of the statements including speaker’s emotion and nuance were grasped. Then, markings were made on statements related to the theme of the interfering factors and the facilitating factors of the person centered support. Those statements were interpreted checking the research collaborators’ cognition, activity, and emotion. In order to avoid arbitrary interpretation, constant comparative analysis was made on the basis of both similarity and dissimilarity, and the concepts were generated. While generating new concept, variation (concrete examples) which can be explained by the existent concepts were found in order to confirm the efficacy of the concepts. Generated concepts were recorded in the worksheet along with the name of the concept, definition, variation(concrete examples). Also, ideas for interpretation of data were recorded as theoretical notes which were helpful in relating concepts and organizing analyzed results. Thus new concepts were generated and at the same time the relationships among concepts were considered formulating the categories which are groups of concepts.

Analysis was conducted by the author alone, but in order to secure the quality of analysis, results of analysis were discussed with a researcher who has experiences as care staff. Also, the results of analysis were confirmed by several research collaborators in consideration for the ethical issues.

According to M-GTA, analysis and discussion are simultaneously conducted as part of the interpretation process, and they are reported together as follows.

III. Results and Discussion

In order to clarify the facilitating factors and the interfering factors of the person centered support, the care staff’s trait of consciousness toward support and their behaviors influenced by the trait were analyzed. As a result, 2 core categories were generated. Core categories, categories and concepts are respectively expressed in box brackets [ ], angle brackets< > and curly brackets{ }. They were [my own logic of le] as the consciousness related to the interfering factors, and [awareness of one’s own support] as the consciousness related to the facilitating factors. Among the statements of which consciousness was expressed, the statements referring to the actual support activities were analyzed and the core categories of [support activities which are not orientated to the person centered approach], and [a sign of the person centered approach] were generated.

In order to explain the core category of [my own logic of le], the categories of <generation of the image of resident and its fixation> and <generation of the image of group home and its fixation> were generated. Each of the categories includes two concepts and they are respectively {group home for family life} and {emphasis on group life}, and {particular concern for domestic duties} and {stress on obedience}. Also, the concept of {inability to accept resident as the same human being as oneself”} was generated. This core category of [my own logic of le] seems to influence the core category of [support activities which are not orientated to the person centered approach]. The category
of <support by my own logic of Ie> including two concepts of {correction by goodwill} and {control without facing resident} and two other concepts of {remark like guardian} and {emotion first} were generated in order to explain [support activities not oriented to the person centered approach]. The concept of {sense of achievement, complacency and pretension as a single worker at a group home} was generated. This concept is supposed to influence the core category of [my own logic of Ie] from the category of <support by my own logic of Ie>. The concept of {sense of friction with other care staff members} was generated, and this concept is supposed to influence the core category of [my own logic of Ie] from the category of {support activities not oriented to the person centered approach}.

Four concepts of {awareness of one's own expressed emotion}, {reflection on one's own support}, {awareness of one's own influence on resident} and {toward the improvement of the quality of one's own support} were generated in order to explain the core category of [awareness of one's own support]. This [awareness of one's own support] is supposed to influence {a sign of the person centered approach}, and includes concept of {listening to resident's feeling} which is an actual support activity. The concept of {confirming and recognizing resident's will} was generated as the concept which influences the core category of [awareness of one's own support] from the concept of {listening to resident's feeling}.

The facilitating factors and the interfering factors are supposed to interact with each other within the same care staff member.

The relationship among those categories is shown in the Figure 1.

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**Figure 1** Conceptual diagram of the interfering factors and the facilitating factors of the person centered support
Spoken statements in double quotation marks are quoted from the literal recording data.

1. Interfering factors
   1) [my own logic of Ie]

   As a trait of consciousness of the interfering factors, the core category of [my own logic of Ie] was generated. A care staff member starts working in an unknown world of group home, and in the actual process of supporting residents, his/her particular image of group home and resident are formulated.

   Those images stay with the care staff member without being improved, and become the fixated images establishing [my own logic of Ie]. At the root of these categories and concepts, there seems to be the care staff member’s sense of value that he/she cannot accept resident as the same human being as himself / herself.

   [my own logic of Ie] consists of the categories of <generation of the image of resident and its fixation>, <generation of the image of group home and its fixation> and the concept of {inability to accept resident as the same human being as oneself}.

   (1) <generation of the image of group home and its fixation>

   The care staff member and residents are like family members, and the family is created by the care staff member’s sense of value. It is assumed that residents should respect group life rather than individual life, and residents are expected to behave in a group. This is the definition of group home by care staff who started working at group home without having any experiences of human service or training. In the process of supporting residents, care staff formulated a desirable family image of their convenience which became their image of group home and the image was fixated. This category consists of two concepts of {group home for family life} and {emphasis on group life}.

   (a) {group home for family life}

   “Of course, we feel like a family, just like mother and children” “They called me mother …our supervisor instructed us to call each other by the name and I asked why? …and I asked them, and they said we don’t have our mother, and calling you mother is fine with us. Then I said let’s make this place into our home…Eat quickly because this is our home …let’s eat together, bath time the same thing …since this is our home, let’s live like a real family”. This care staff member considers group home as a house for the family and tries to make a real family. She becomes the mother and residents being brothers and sisters.

   (b) {emphasis on group life}

   “If you allow freedom in everything, and respect their ideas, then you don’t need care staff or teachers. You have to control them when necessary because we are living together…so, to a certain degree, I think group life comes first and then individual life. I think it’s best that they begin to show readiness and signs for group life. I am most satisfied to witness their consciousness showing their readiness for group life”. As these statements show, this care staff member wants residents to be conscious of group life and ask them to act accordingly.” “He is very strange in a sense that he goes to the day center but never to other places, and of course he is absent today from the exchange program for residents”. This statement shows this care staff member’s negative feelings against the resident’s individual activities of his own will, and her preference to group life.

   (2) <generation of the image of resident and its fixation>

   This category is explained as follows. Residents should be taught all about domestic duties which are essential for community living. Also since residents have intellectually disabilities, and they are expected to listen to the people around them. Some care staff members firmly believe in the importance of domestic duties and highly evaluate the ability. Also in order to learn how to listen to the people around them, residents should first learn to obey care staff’s directions. This category consists of two concepts of {particular concern for domestic duties} and {stress on obedience}.

   (a) {particular concern for domestic duties}

   “For the past 2, 3 years I tried to teach them so that they can do certain things by themselves when they leave this place and become independent. How to wash rice, how to start timers for electric appliances, how to do laundry, house cleaning, toilet cleaning, cleaning of the bath room, these are the duties they should be able
to do by themselves when they leave this place.” “I let them take turns, for example, night shift, morning shift, cooking rice because they should eventually learn to cook a small amount of rice for themselves, practice and cleaning.” “But this one is wonderful. She can sew and knit, and always cleans the kitchen when everyone else neglects the duty.” Some care staff members consider group home as the place for training to prepare residents for the community life and have biased ideas for independence believing all residents should be able to manage domestic duties in general. Care staff members are confident with domestic duties with their experiences as house wives, and consider it is very important to teach these skills to the residents. Consequently, ability in domestic duties receives disproportionally high evaluation.

(b) {stress on obedient}

“...He can do whatever told to him like preparation of breakfast.” “Vegetables are good for them, and when I see somebody leaving them on the dish, I tell him vegetables clean your blood, and blood runs your body in a second, and if your brain clogs you would fall, so finish your vegetables. Then he says, Yes, I see. The way he answers is really remarkable. I tell them whenever I tell them anything they should respond swiftly by saying, Yes.” Care staff members tend to believe that they are always right when they give directions to residents who are expected to listen to them obediently. “I know he has the ability, and sometimes I flatter him, so to speak, saying you are so good at doing such and such, and why don’t you do that for others, but he wouldn’t do that deliberately.” Some care staff members have negative feelings against the residents who would not listen to them.

(3) Other categories

(a) {inability to accept resident as the same human being as oneself}"

“I began to wonder, with all that money from “the assistance benefit supply system (shienhi-seido)”, we are spoiling them, they play around a lot.” “When I started working, he used to drink every night before dinner, a cup of sake (Japanese wine) in one gulp, and I used to tell him every week you are the only one who is so extravagant. Of course, it’s his money he earns, and he can use them as he likes, but I’m afraid, maybe too much freedom.” Care staff has some hesitation against resident’s entertaining himself just like ordinary people. It seems as if she does not believe that people with disability are equal to normal people, and looks down on them. “Our residents do not speak at all, they do not show any emotion, they don’t quarrel, we don’t know what they are thinking, and there must be great differences in ability comparing from my group home …… I hear about group homes for those who want to get married or live like a family, those progressed ideas I can’t even imagine thinking about our home, doesn’t apply to our home, that is the impression I got.” “They don’t understand anything, so they don’t remember what is good and what is bad.” This care staff member evaluates residents according to her own image of person with intellectual disabilities and believes resident’s life is decided by the degree of his/her disability.

This concept seems to underlie the two categories of <generation of the image of group home and its fixation> and <generation of the image of resident and its fixation>.

2) [support activities not oriented to the person centered approach]

The core category of [support activities not oriented to the person centered approach] was generated as a trait of behavior which interferes with the person centered support. Those support activities are influenced by the trait of consciousness of [my own logic of le], and care staff’s unconscious value and emotion of not accepting residents as the same human beings as themselves also seems to be expressed in their support activities. [support activities not oriented to the person centered approach] consists of the category of <support by my own logic of le> and two concepts of {remarks like guardian} and {emotion first}.

(1) <support by my own logic of le>

<support by my own logic of le> is defined as the support correcting resident’s faults, and leading them rightly by skillfully manipulating them by behavior or attitude. The consciousness of [my own logic of le] formulated by care staff who started working at a group home without understanding the essential significance
of group home seems to influence <support by my own logic of le>.
(a) {correction by goodwill}

"In spite of their likes and dislikes about food, I try to let them eat everything I cook for dinner saying this is good for you, you can take time, but finish everything I cook for you." "We have shift for domestic duties and in the shift table they have to mark a circle when they finish their duties and a cross if not." "I ring the morning bell. We eat breakfast at six thirty and the bell goes off at 6 o'clock. You can hear it in every room for 5 minutes without stopping because I wouldn't let other people touch the bell. The bell rings everyday even when I take a day off, because it's the morning call ...." "Of course, I tell them in advance before they join our group home that first of all they should take a bath when they come home from work, and do laundry everyday because it's a lot of work if you don't, so they must, and then they eat and do the dishes by themselves and then they are free, I must instruct them in such details." These statements show that they understand support as guidance, control, directing, and restriction correcting their faults and leading them rightly. These support activities seem to be influenced by the category of [my own logic of le] and other concepts. The care staff tries to apply their own rules to residents for the best.
(b) {control without facing resident}

"I focus on someone who needs it most when I praise my residents. And then, his/her room becomes very clean. Other people want me to check on their rooms because they also want to be praised. And now, we have a very clean house." This care staff member does not face residents without clearly telling them her intention. Instead, by praising, flattering, threatening, and attachment she tries to influence residents so that she can manipulate them as she wishes." "I flatter them, that is the best tactic. I try to let them free in a way, and they learn fundamentals best by being flattered, much better than pointing out or scolding." "Me too, sometimes I even tell them dirty jokes, and make them laugh. Then, they become more attached to me, and that make it easy for me." "I told them to go back to the institution. No, they don't want that. They are accustomed to the life of four persons at group home."

"......I 'm straight forward when I speak. I let them think they should be careful when I'm around." Those care staff members consider language and behavior are the effective tools for support manipulating residents without realizing their influence on them.
(2) Other concepts
(a) {remark like guardian}

"I'm speaking to them as if they are my children, but our supervisor tells me that is wrong and I'm discriminating them. The supervisor also instructs me how I should call them and the kind of language I should be using when I speak to them. I don't understand, and I worry about my speech. I'm sincerely devoting myself for those children, and truly feel like I'm raising my own children." This care staff member believes that she is doing her best for residents by treating them as her own children. "They trust me, and think I'm their mother." "I know exactly what this one is thinking, and that makes me feel so good." Those care staff members recognize that the close relationship with residents by being their mother makes support more effective, and their attitude is clearly revealed in their behavior. The fact that the trait of intellectual disability makes residents appear much younger also influences the tendency.
(b) {emotion first}

"He is really cunning. I don't know, maybe he is stressed out or something recently. He urinated aloud on the floor twice last week. I wasn't on duty then, but a full time care staff member asked him, are you trying to be offensive? And he answered, humph. They are having trouble with him, and don't know how to deal with him." When residents show an extraordinary behavior or when they don't behave as instructed, the care staff members sometimes raise their voice, become emotional, and express negative emotion. "That person ...I detest him ...we have likes and dislikes about people, and I think children are the same. They must be talking about us also." Sometimes the care staff members hold some residents in abhorrence, and express their emotion through their behavior.
(c) {sense of achievement, complacency and pretension as a single worker at a group home}
“Well, we’ve been working there for a long time, and are accustomed to the situations, but other people comment that if you can manage here you can work at any place else.” “I buy clothes I like for them. I choose the ones which would look nice on them, and they like that.” “Mothers (residents’) are really impressed when they realize their children can do things like wiping the floor or folding the laundry. They thank us saying we take such good care of their children. We can keep working being encouraged by these compliments.” Those care staff members gain the sense of achievement and pretension by their experiences of dealing with difficult residents teaching them their favorite skills like cooking and sewing. The change residents make by <support by my own logic of le> which includes concepts of {correction by goodwill} and {control without facing resident} gives care staff confidence in their support method. Also being in an environment where they receive no evaluation by the third parties like other support staff, they acquire {sense of achievement, complacency and pretension as a single worker at a group home} , and strengthen the relationship between the consciousness of [my own logic of le] and [support activities not oriented to the person centered approach].

(d) {sense of friction with other care staff members}

Usually other support staff who have contact with a care staff member at a group home are the supervisor from back up institution and home helpers. After the introduction of “the assistance benefit supply system”, the contact became closer. “I always had a difficult time with them. The former boss was better, but the present one is out of the question”. “When I started working at this group home which had the history of ten years then, residents were well disciplined and easy to deal with. But “the assistance benefit supply system” started last year, and they became very spoiled and extravagant asking to buy this and that for them, because the supply system assures them for the expense and extra help. If I say no, they tell on me to the boss. Then the boss tells me to do whatever they ask, because that’s the way it is now. The ways you support residents have changed radically comparing from the past, and that makes it very difficult for us. The bosses are very lenient, and residents would not listen to us. When bosses are around they are such good kids. We care staff members share the common problems.” Those care staff members feel that they do not get full understanding from the supervisors from back up institution. Also some care staff members have mixed feelings against home helpers who assist residents when they go out. “I used to take out four residents alone, and did shopping going here and there. Home helpers nowadays are responsible for only one person, and a lot easier. I expect them to be a little more straight forward saying no to them since they now know how to deal with them. But many of them still can’t.” They are not satisfied with the support method of other supporters who respect self-choice and self -determination of residents. Those care staff members developed the image of group home and resident by [my own logic of le], and they feel rejected by other supporters’ participation which they would rather avoid. Accordingly [support activities not oriented to the person centered approach] is formulated and reinforces [my own logic of le].

2. Facilitating factors

1) [awareness of one’s own support]

The core category of [awareness of one’s own support] was generated as the trait of facilitating factors. Many care staff members are engaged in their support activities with the consciousness of [my own logic of le], but among those care staff members there are some who can reflect on themselves as care staff being aware of their own support activities and emotion they expressed. [awareness of one’s own support] consists of four concepts of {awareness of one’s own expressed emotion}, {reflection on one’s own support}, {awareness of one’s own influence on resident}, and {toward the improvement of the quality of one’s own support}.

(a) {awareness of one’s own expressed emotion}

“I shouldn’t get angry I know, but emotion comes first and I end up saying things sharply.” “I confront with residents on the spot, and speak to them sharply, and I regret later thinking I made a mistake.” They cannot control their emotions, but later regret their sharp comments and become aware of their hurting residents.
(b) reflection on one’s own support

“I have my own idea but I also wonder maybe I should let them choose what they want to do.” “We who work at group home ……there are many opinions but in the end it’s better that residents choose by themselves…” Those care staff members are aware of their not being able to hold their opinions when residents make their choice thinking they know residents very well. “I was talking to a resident, but at the same time I was wondering maybe I shouldn’t, I was trying to be friendly, but there isn’t much age difference between us, and wondered how she took my comment.” This care staff member reflects on and questions her support activities even though they were meant well for the resident.

(c) awareness of one’s own influence on resident

“Since home helpers started helping residents, we began to understand. When I tell them not to do certain things, they don’t do them in front of me. But I’m not sure when other people are around.” This care staff member began to realize her influence on residents by observing other supporters’ involvement with residents and residents’ reactions against them. “I don’t want to force my pace ……also I don’t want to force my convenience telling them to do this or that. I should deal with them keeping those ideas in mind.” This care staff member is aware of the mistakes she tends to make, and realizes her influence objectively.

(d) toward the improvement of the quality of one’s own support

“The systems are going through changes, by the government, the supervisors from the backup institution teach us policies, and the knowledge we get from them is very helpful when we carry on our work…” “We learn so much by observing other group homes. If you stay only in your own world, you can’t cope with your work.” They want to acquire knowledge about systems and policies, and realize the importance of exchanging opinions with other care staff visiting their group homes. “……I feel I should improve myself by having various hobbies and meeting people.” This care staff member seems to aspire after her own growth along with her daily support.

2) [a sign of the person centered approach]

The core category of [a sign of the person centered approach] was generated. Care staff members acknowledge residents’ individuality, and respect their will supporting them accordingly. This category consists of the concept of (“listening to resident’s feeling). (a) (“listening to resident’s feeling)

“We think it’s funny, but if that’s what the resident prefers, that’s fine.” This care staff member does not force her value on residents, and respects the will and choice of residents. “You know so many men, so many minds.” This care staff member respects resident’s individuality. “If they can work out, they should get married. If it doesn’t work, they can always get divorced. That is also their self-determination.” This is the answer of a care staff member when she was consulted by another staff member who has a negative feeling against resident’s marriage. This care staff member seems to respect resident’s human rights instead of ignoring them.

(b) confirming and recognizing resident’s will

“So, I try not to force them …I need to grow myself otherwise you can’t manage this job.” “We hold meetings with the supervisor once a month, and a member of care staff from each group home attends the meeting bringing opinions from his/her home …we meet once a month, a small gathering like that.” Care staff sometimes become aware of the importance of listening to residents’ feeling in the process of support activities. And they begin to reflect on their own support activities by being aware of the importance of confirming residents’ will. This concept is generated in the background of (“listening to resident’s feeling), and reinforces the core category of [awareness of one’s own support].

3. The relationship between the interfering factors and the facilitating factors

The group discussions revealed the fact that many care staff members were supporting residents generating their own individual value of [my own logic of le]. On the other hand they began to have [awareness of one’s own support] being influenced by other peoples’ statements. Those two factors seem to interact with each other.
IV. Conclusion

This study aims at clarifying the facilitating factors and the interfering factors of the person centered support by care staff at group home. GTA was employed as the methodology for analyzing the data.

1. The facilitating factors and the interfering factors

1) The interfering factors

Many care staff members seemed to consider a desirable group home as a home for a family consisting of residents and care staff, and the tendency toward emphasizing importance of group life rather than individual life was observed. Also, the ability of domestic duties was overemphasized for independent living, and residents were expected to listen to the directions by supporters or people around, and behave accordingly. Care staff developed their individual way of supporting which is based on the value nurtured by their own experiences. Also, the prejudice against persons with intellectual disabilities seemed to influence their consciousness. This consciousness of care staff was categorized as the core category of [my own logic of le]. [my own logic of le] is care staff’s individual sense of value.

[my own logic of le] influences support by care staff members. They assume guiding, controlling, directing and restricting as support activities, and tend to treat residents with flattery, praise, attachment, and portray threatening and frightening images of themselves. They raise their voice when their directions were not followed as expected, and become emotional. They try to have close relationships with residents by calling them my children and behaving like their parents.

In the process of conducting support activities brought by the consciousness of [my own logic of le], sense of achievement, complacency and pretension seem to be accumulated by the care staff who is proud of the fact that they operated their group home alone in their own way. Thus, clear image of care staff characteristic of [my own logic of le] is created. [my own logic of le] is further reinforced by care staff’s evasive feeling against the supervisor and other supporters whose sense of value and support methods are different from their own.

The interfering factors of the person centered support are caused by the fact that daily support activities at a group home are conducted by a single care staff member who scarcely has opportunities for being objectively observed or compared with other supporters, and whose training is not sufficient.

2) The facilitating factor

In the process of conducting support activities, some care staff members become aware of the fact that they spoke sharply and hurt residents by being unable to control their emotion. Then, they reflect on and question their support activities, and realize their influence on residents. These experiences are categorized into the core category of [awareness of one’s own support]. Through this category some care staff members become conscious of the importance of acquiring knowledge and support methods as care staff.

[awareness of one’s own support] makes care staff realize the importance of respecting resident’s will, and this recognition leads them to the possibility of their starting the person centered support.

3) The interaction between the facilitating factors and the interfering factors

It became clear that a single care staff member at a group home has few opportunities to compare his/her support activities with others making it difficult for him/her to reflect on his/her support. But through group discussion, he/she gets opportunities of listening to other care staffs’ opinions and seems to be influenced by various senses of value. Care staff tend to formulate their individual sense of value, but associations with other care staff who have [awareness of one’s own support] and [a sign of the person centered approach] could possibly lead them to acquire [awareness of one’s own support]. Therefore those two factors seem to be interacting with each other.
2. Toward the support oriented to the person centered approach

By gaining opportunities of reflecting on their own daily support activities [awareness of one’s own support], care staff outgrow from their sense of value related to interfering factors. There is a possibility for care staff to gradually become conscious of the support oriented to the person centered approach by the concept of [a sign of the person centered approach].

This study collected data from group discussions at the training workshop for care staff. It is expected that care staff exchange their opinions about their present support activities in an accepting atmosphere, and start thinking about their own support in order to improve, and finally change their behavior accordingly. From now on, this type of workshop for care staff is expected to be developed in order to provide them with such empowerments.

This paper is based on the master thesis presented to the graduate school of health and social welfare, Okayama Prefectural University (2004), and it was revised for the publication.

Footnotes:
1) Ie means many things, including household, the building itself and family. Both metaphorically and conventionally, it can mean one’s people, boundaries, and something like “inside” depending on how it is positioned in usage. (Sonia Ryang (2006): Japan and national anthropology: A Critique, Routledge, East Asia Series, p.142).
2) WAM NET (Welfare And Medical Service Network System) managed by Welfare And Medical Service Agency (2005.1.27) http://www.wam.go.jp.
3) According to Yakushiji’s data (2005), the training workshop held once a year is the main training program for the care staff, and 10% of the care staff also participated in the national workshop for group home.
4) Division of Community living, Okayama prefectural Association on Intellectual Disability administers the training workshop for care staff at “group home” (subsidized by the national and the local government) and “home living” (subsidized by the local government) for two days since 1994.
5) According to Yakushiji’s data (2005), 10% of the care staff had experiences in working in the social welfare field.
6) The exchange program for residents is held at the same hall as the training workshop in a separate room, and group discussion and recreational activities planned by the residents are conducted. It is planned on the same day so that both residents and care staff can attend each program.

References
Yakushiji Akiko (2005) A Report on the result of questionnaire to the direct care staff members of group home and “Home Living” in Okayama prefecture.