

# A Community-Based Group Home in New Orleans

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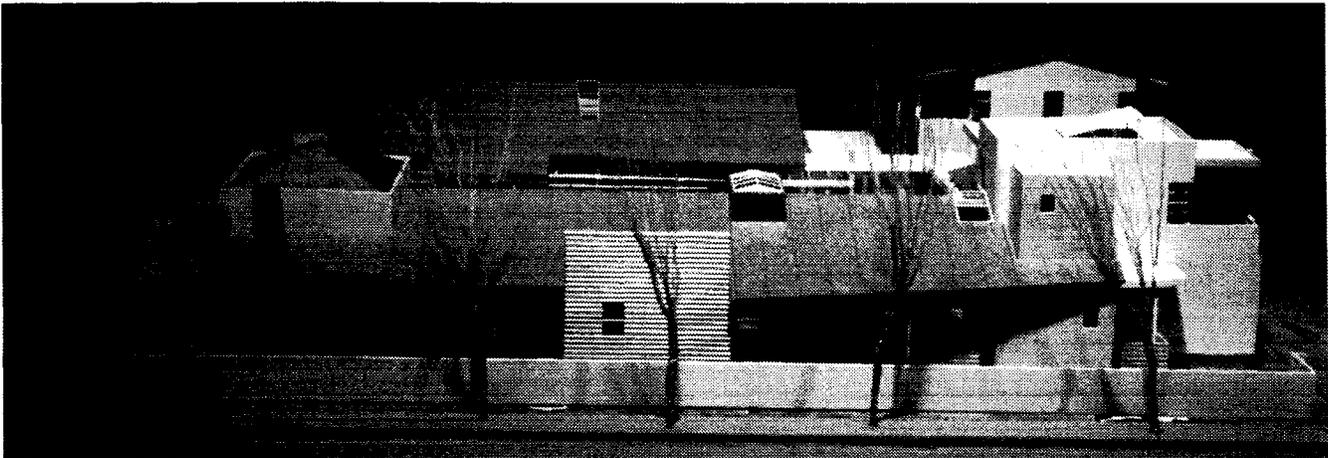
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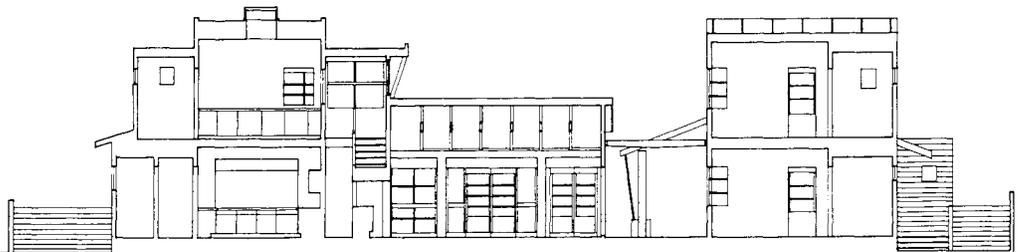
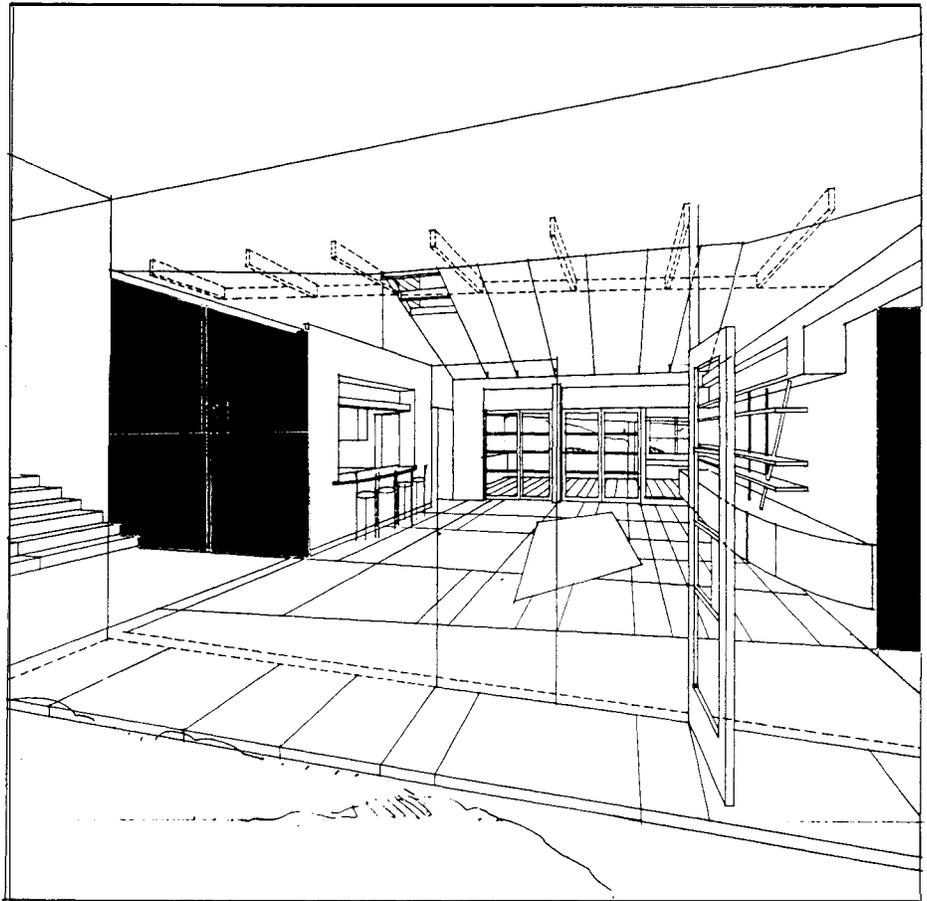
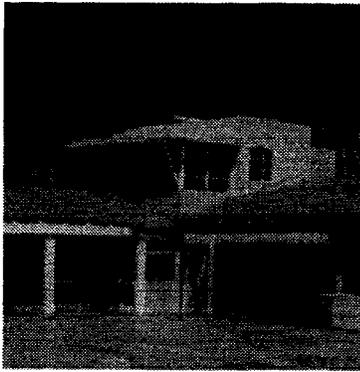
The community, as opposed to the institutional milieu, is becoming more and more accepted as the core ingredient to the well-being of persons with developmental disabilities in the U.S. In the past ten years, thousands of persons have been relocated from state-operated institutions, still referred to in many states as State Schools, to community-based residential settings. The 24-hour comprehensive care institutions, consequently, are undergoing a process of restructuring and downsizing partly in response to changing societal values and in part due to the skyrocketing cost of institutionalization on a per person basis. The result, for the disabled individual, one would assume, would be a better life and lifestyle at a more affordable cost. In many cases this has been the result: in too many other instances, however, residents have been relocated to poorly run, ill kept, substandard, undignified residential settings. This is antithetical to the spirit of normalization and age appropriateness, two fundamental principles for the care and training of persons with developmental disabilities.

Non-supportive and undersupportive community-based residential settings may also tend to dishabilitate — *disempower* — their users, and the role of architecture in this equation is far from insignificant. Presumably, the architectural environment should provide habilitative support in a least restrictive manner. An architecture of empowerment in

this sense is also inextricably linked to issues of gender and age appropriateness. A further complicating factor is the NIMBY (Not in My Backyard) syndrome, which has arisen in numerous instances due to poorly sited, adapted or designed residential settings and/or neighborhood hostility.

The program called for a residence to house from six to ten individuals, and 1-2 full time residential coordinators. Support amenities consist of a community living room, with a fireplace and adjacent terrace, a staff workstation and adjacent activity room, a combination of private and semi-private bedroom suites, a main dayroom adjacent to a kitchen and dining room, exterior shaded side courts, a laundry room, and various storage spaces for staff and residents. Parking is provided on site for a van and for four autos. The four main realms—private, social, outdoor recreation and horticultural, and support — are organized around a central inner courtyard; an interior/exterior walkway links all major program elements. Spatial and visual hierarchy is achieved through moveable screens, layered planes, daylight, and transformational interior space. The intent is to promote the highest level of independence in residents to assist in their successful integration in the community. The design is the culmination of a four volume report for the client — the State of Louisiana Department of Health and Hospitals, Office for Citizens with Developmental Disabilities.





SECTION A-A

