



MDDC Community Conversation:

A Guide to Video Surveillance in Group Homes

Background

This resource outlines the potential benefits and concerns associated with using cameras in common areas of group homes. It does not take a position for or against their use, but instead presents considerations on both sides.

The use of cameras raises complex questions about safety, accountability, privacy, autonomy, and individual rights. These considerations are particularly important when discussing measures intended to prevent or identify abuse and neglect of people who may have difficulty reporting it.

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Why is this an important topic?

Abuse and neglect are big concerns for people with IDD and their families.

People with IDD have a significantly higher risk for experiencing abuse and neglect in their lifetime than nondisabled peers.[1] This is especially true for people who live in institutional and congregate residential settings like group homes.[2]

[1] Willi Horner-Johnson and Charles E. Drum, “Prevalence of Maltreatment of People with Intellectual Disabilities: A Review of Recently Published Research,” *Mental Retardation and Developmental Disabilities Research Reviews* 12, no. 1 (2006): 57–69; Mikaela Starke et al., “People with Intellectual Disability and Their Risk of Exposure to Violence: Identification and Prevention—a Literature Review,” *Journal of Intellectual Disabilities*, 2024, 17446295241252472.

[2] Marta Codina et al., “Better at Home or in Residential Care? Victimization of People with Intellectual Disabilities at the Hands of Caregivers,” *Research in Developmental Disabilities* 146 (2024): 104689.

Abuse and neglect are forms of violence.

- Violence is caused by perpetrators, people who use power to harm others.
- Certain settings and situations make it easier for a person to perpetrate violence.

For example, in group homes there are often power imbalances between staff and residents. Some residents with IDD may rely on the assistance of staff for daily activities, they may not communicate verbally, and they can be isolated with small support networks.[3]

Autonomy and privacy are human rights.

- Autonomy and privacy are important principles that distinguish life in the community from life in institutions, like prisons or psychiatric units in hospitals. [4]
- People with disabilities have been disproportionately denied access to autonomy and privacy in the name of protection.

Restrictions on privacy and autonomy are themselves a form of harm and characteristic of abuse.

There are many pathways to address abuse and neglect impacting people with IDD in group homes.

- Video surveillance is one proposed strategy. The use of video surveillance is, however, a contentious issue.
- This is because potential benefits of deterrence and identification of abuse come at cost.

You can read about other strategies to combat abuse and neglect MDDC's resource [HERE](#).

How might video surveillance be used in group homes?

The use of video monitoring is varied, and arguments for and against cameras may depend upon their intended purpose.[5] Not all cameras are used to identify abuse in common areas.



[3] Codina et al., "Better at Home or in Residential Care? Victimization of People with Intellectual Disabilities at the Hands of Caregivers."

[4] Prianka Nair, "Surveilling Disability, Harming Integration," Colum. L. Rev. 124 (2024): 197.

[5] Alistair R. Niemeijer et al., "Ethical and Practical Concerns of Surveillance Technologies in Residential Care for People with Dementia or Intellectual Disabilities: An Overview of the Literature," International Psychogeriatrics 22, no. 7 (2010): 1129–42.

- **MEDICAL MONITORING:** Cameras may be used to monitor health concerns, such as seizures, sleep activity, or other medical risks.
- **INDIVIDUAL SAFETY MONITORING:** Cameras may be considered for individuals with significant safety risks, such as severe pica. In some circumstances, remote or motion-activated monitoring may be less intrusive than continuous in-person observation.
- **SUSPECTED ABUSE OR NEGLECT:** Individuals or families may wish to use cameras in a resident's bedroom, with appropriate consent, for a limited period when abuse or neglect is suspected. This raises different considerations from routine surveillance of common areas.
- **STAFF TRAINING & SUPERVISION:** Providers may consider temporary camera use to review how staff respond to residents' individual needs and whether established strategies and best practices are being followed.
- **BEHAVIOR MONITORING:** Cameras could be used to monitor an individual's behavior or inform decisions about activities and privileges.
- **EXTERNAL SECURITY:** Exterior security cameras are treated differently under DDS policy and are permitted.

It is important to be specific about the purpose of video camera monitoring. Without safeguards, general surveillance could be used to police resident activity and behavior—not staff.

How can video surveillance HELP group home residents?

Video surveillance in common spaces may deter staff seeking to perpetrate abuse and visible cameras may discourage staff or others from engaging in inappropriate conduct, especially if they know their actions are recorded.



Video surveillance may increase some people's sense of safety.

A person may feel reassured knowing that there could be a record of what happened if there is an incident, especially if they have concerns about abuse, neglect, or how they are being treated. Other people may feel less safe or comfortable knowing they are being recorded. How a person feels about cameras may depend on their own experiences, preferences, and how the cameras are used.

Video footage could help investigate potential instances of abuse or neglect.

When an individual cannot communicate what has occurred, video may provide information that is otherwise difficult to obtain following an unexplained injury or suspected incident.

Video footage could also provide evidence when there are allegations or concerns involving injury, abuse, or neglect.

This evidence could further assist investigations, help establish what occurred, and provide additional information when accounts of an incident differ. Not all substantiated abuse is reported to the abuse registry.

When Commission for the Protection of Persons with Disabilities (CPPD, formerly DPPC) determines that abuse is reportable, an employee has the right to a hearing before an administrative law judge (ALJ), where the agency carries the burden of proof. Corroborating evidence, including video when available, may assist in establishing what occurred.

Video surveillance may reduce some monitoring costs.

In some circumstances, video surveillance may allow providers to monitor certain areas without relying on the same level of in-person observation, potentially reducing staffing or other operational costs. Cameras may allow staff to check certain areas or situations without needing to be physically present at all times.

How can video surveillance HARM group home residents?

The potential for harm may depend on how video surveillance is designed and used, including what safeguards are in place. Important safeguards may address privacy, consent, who can access video footage, how footage can be used, and whether audio recording is prohibited.



Video surveillance may blur the lines between community living and institutionalization.

Video surveillance may make a group home feel less like a home and more like a place where a person is supervised and managed.[8] Cameras are now common in many places, including apartment buildings, workplaces, schools, healthcare settings, and public spaces. Some people may therefore see cameras as a normal part of everyday life rather than something that makes a setting feel institutional. At the same time, a camera inside the shared space of someone's home may feel different. Questions about privacy, choice, consent, and who controls the footage may be especially important when people receive residential services. [6]

Video surveillance can also reinforce institutional practices when it adds to existing limitations on privacy, autonomy, choice, and community integration. This concern may be particularly relevant when camera use exists alongside other restrictive practices, including alarmed doors and windows, as well as:

- o Restrictions on independent access to outdoor areas or the surrounding community; including those affecting friendships, intimate relationships, or sexuality;
- o Regimented daily routines in which paid staff oversee meals, activities, transportation, personal routines, and other aspects of daily life, sometimes followed by attendance at day or employment programs supervised by another set of paid staff.

Camera use alone does not determine whether a setting is institutional. It should instead be considered as part of the person's broader experience of the home, including who controls the technology, who has access to recordings, whether the individual meaningfully consented to its use, and how it interacts with other restrictions on privacy, autonomy, choice, and community integration.

[6] Anita Ho et al., "Continuous Surveillance of Persons with Disabilities: Conflicts and Compatibilities of Personal and Public Goods," *Journal of Social Philosophy* 45, no. 3 (2014): 348; Nair, "Surveilling Disability, Harming Integration."

Constant video surveillance may have a negative psychological impact on residents.

The presence of cameras may affect how residents experience and use their home. Some individuals may feel safer knowing that interactions are being recorded. However, others may feel anxious, mistrustful, or less comfortable expressing themselves when they know they are being observed. This can affect social interaction, relationships, and overall well-being.

Video monitoring may curtail honest efforts to address the direct care workforce crisis

Given the workforce crisis, many individuals, families and advocates are concerned that technology will be used as a substitute for adequate staffing. There are also concerns about using AI to screen footage and substitute for human judgment.

Nationally, the increasing involvement of for-profit providers and private equity in residential care increases concerns that cameras will be used to minimize costs and maximize profits for investors.

Video footage could be misused to monitor residents

Cameras could be used to monitor residents for reasons unrelated to safety, such as controlling behavior or limiting independence. [7] For example, residents of a community residence frequently experience tension with residential staff over freedom to access outdoor areas and the surrounding community.

Video surveillance in common areas may invade the privacy of residents as well as support staff.

Some types of constant surveillance are invasive, undermining dignity and autonomy for anyone. Privacy can be especially important to residents with disabilities living in group homes because they often have less control over their environment than people living in private residences.

[7] T. Lowry and K. Dunbar, Watching Over or Watching Out? Ethical Practices in Camera Use: The Rights, Risks, and Responsibilities Involving the Ethical Use of Cameras and CCTV. (The Council on Quality and Leadership (CQL), n.d.), <https://www.c-q-l.org/resources/newsletters/watching-over-or-watching-out-ethical-practices-in-camera-use/>; Clara Berridge et al., "Cameras on Beds: The Ethics of Surveillance in Nursing Home Rooms," *AJOB Empirical Bioethics* 10, no. 1 (2019): 55–62.

Is video surveillance effective at reducing abuse and neglect?

While there is limited evidence that cameras prevent abuse or neglect [8], prevention is not the only way video surveillance may be useful. Cameras may provide information after an incident, help clarify conflicting accounts, document interactions that would otherwise be difficult to reconstruct, or provide additional evidence during an investigation. These potential uses are different from demonstrating that cameras reduce the overall occurrence of abuse or neglect.

Rollout of camera surveillance in other states has been complicated. A few states currently permit by statute the use of cameras in common areas of private or state operated community residences. These include Arizona and Ohio.[9]

Case Study – Arizona

Arizona permits video and audio cameras in common areas unless “any client or responsible person objects...” It is unclear who is a “responsible person” and how disagreements between the individual served and the responsible person are to be resolved. There are few guardrails related to use of recordings or HIPAA compliance. In the alternative, residents or a responsible person may install cameras in an individual’s bedroom which may not be moved or obscured in recording a chosen perspective.

There are no statutory protections to ensure that consent is informed and that no pressure is applied to the individual being asked to consent. Providers may also use recordings to document disability-related behavior by the individual, leading to a loss of privileges, relocation to another residence, or the use of medication.

Video surveillance may not show the whole picture: Cameras in common areas and sleeping areas are already common in institutional settings. This includes prisons, and residential settings that use “aversive” techniques to attempt to change behavior.

However, abuse and neglect persists in these settings, especially outside of the view of CCTV cameras. Cameras may create “dead zones,” and individuals could intentionally move inappropriate conduct to areas that are not monitored. Cameras also provide only a limited view of an incident. Video may not capture the circumstances leading up to an event or interactions out of view.

[8] Brent A. Hayward, “The Arguments against Camera and Closed-Circuit Television Surveillance in the Homes of People with Disabilities to Protect from Abuse and Neglect,” *Research and Practice in Intellectual and Developmental Disabilities* 4, no. 2 (2017): 121–37.

[9] Lowry and Dunbar, *Watching Over or Watching Out? Ethical Practices in Camera Use: The Rights, Risks, and Responsibilities Involving the Ethical Use of Cameras and CCTV*.

Is video surveillance ethical and/or legal?

The use of cameras in group homes raises significant ethical and legal questions, particularly related to consent, privacy, autonomy, and the use and retention of recordings. Any camera policy would need to account for existing federal and state protections for people receiving residential services.[13]



Federal guidelines for Home and Community-Based Services (HCBS) are relevant to the implementation of cameras

The **Home and Community-Based Services (HCBS) Final Settings Rule** is a federal regulation that protects the rights of people receiving services. Some protections include:

- Privacy, dignity, and respect: HCBS settings must ensure an individual's rights to privacy, dignity, and respect. [10]
- Privacy in the home: People living in provider-controlled residential settings must have privacy in their sleeping or living unit. [11]
- Individualized decision-making: When an HCBS right is modified because of an individual's specific needs, the modification must be based on an individualized assessment, documented in the person's service plan, and include appropriate safeguards. [12][13]
- Autonomy and independence: HCBS settings must support individual initiative, autonomy, and independence rather than regiment daily life.[14]

Together, these requirements mean that restrictions on privacy or autonomy cannot simply be applied broadly to everyone living in a group home. Restrictions must be connected to an individual's needs and follow the protections required by the HCBS Settings Rule.

[10] Lowry and Dunbar, Watching Over or Watching Out? Ethical Practices in Camera Use: The Rights, Risks, and Responsibilities Involving the Ethical Use of Cameras and CCTV.

[11] Home and Community-Based Services (HCBS) Settings Rule, 42 C.F.R § 441.301(c)(4)(iii) (2024).

[12] Home and Community-Based Services (HCBS) Settings Rule, 42 C.F.R § 441.301(c)(4)(vi)(B) (2024).

[13] Home and Community-Based Services (HCBS) Settings Rule, 42 C.F.R § 441.301(c)(4)(vi)(A)-(D) (2024).

[14] Home and Community-Based Services (HCBS) Settings Rule, 42 C.F.R § 441.301(c)(4)(vi)(A)-(D) (2024).

Massachusetts regulations provide additional protection.

DDS' current regulations protect privacy, human dignity, self-determination, and the right to receive services in the least restrictive and most typical setting possible. The regulations also recognize the concept of dignity of risk, while making clear that safety and well-being should not be unreasonably jeopardized. [15]

Massachusetts regulations also protect the right of people to not be exposed to public view by photograph or video recording without prior written consent from the individual or guardian.[16]

Currently, DDS has specific requirements for cameras in common areas

In November 2025, DDS issued its "Cameras in Common Areas" advisory and companion requirements. [17] The policy recognizes that cameras may provide information about interactions or incidents, while also affecting the privacy, dignity, comfort, and normalcy of a person's home. Providers must receive DDS authorization before using cameras in common areas. Requirements include:

- Providers must have an agency policy governing camera use.
- There must be a defined safety, security, or service-quality purpose.
- Written informed consent must be obtained from all individuals and guardians or legal representatives.
- If one individual objects, cameras cannot be used in the common area.
- Consent must be reviewed and renewed annually.
- Cameras must be visible and surveillance signage must be posted.
- Individuals must be able to refuse or withdraw consent.
- If consent is withdrawn, the camera must be turned off immediately.
- An individual cannot be denied services because they refuse camera surveillance.
- Providers must have procedures for complaints about camera use.

DDS prohibits cameras in bedrooms, bathrooms, changing areas, and other locations where there is a reasonable expectation of privacy.

[15] 115 CMR 5.03.

[16] 115 CMR 5.04(2).

[17] Cameras in Common Areas Requirements, November 2025

<https://www.mass.gov/doc/cameras-in-common-areas-requirements-november-2025/download> & Cameras in Common Areas Advisory, November 2025

<https://www.mass.gov/doc/cameras-in-common-areas-advisory-november-2025/download>

Audio recording is prohibited under current DDS policy

DDS prohibits audio recording as part of its camera policy. Massachusetts also has strict legal protections against secret audio recording under the state's wiretap law. [18]

Questions about informed consent, disagreements between individuals and guardians, the use of recorded footage, and oversight of provider compliance are discussed further in the sections below.

What are other important considerations for implementation of video surveillance?

If cameras are used in group homes, additional safeguards may be needed to address how surveillance operates in practice.

- **ACCESS AND RETENTION OF FOOTAGE:** Policies should clearly address who can view recordings, when footage can be accessed, how long it is retained, how it is stored, and when it must be deleted.
- **USAGE OF FOOTAGE:** Clear limits should address whether footage collected for one purpose, such as safety or investigating abuse, can later be used for another purpose, including monitoring a resident's behavior or restricting their activities.
- **STAFF TRAINING:** Staff should understand residents' rights, privacy and confidentiality requirements, and the limits on how cameras and recordings may be used.
- **OVERSIGHT AND PERFORMANCE:** Clear monitoring and enforcement procedures are needed to ensure providers follow approved camera policies. This could include review of provider practices and unannounced inspections.

[18] G.L. c. 272, §99.

What legal questions need to be answered to build a responsible camera surveillance policy?

Informed Consent - Who has the authority to consent to surveillance?

When an individual can understand and express a preference, can a guardian consent to camera use over the individual's objection? Current DDS policy appears to allow guardians or legal representatives to make decisions about camera use even when an individual understands the issue and wishes to withhold consent.

How should disagreements be resolved? If an individual and their guardian disagree about camera use, should the individual's decision control, or should the disagreement be resolved through a court, DDS, or another neutral process?

What happens when an individual cannot express a preference? Additional questions arise about who should make the decision and what standard should be used to protect the individual's privacy interests.

Hidden Cameras - A separate legal question is whether, and under what circumstances, an individual or family may install a hidden video camera in the individual's bedroom to document suspected abuse or neglect by staff.

Video surveillance in group homes raises difficult questions without simple answers. Cameras may provide useful information, support investigations, or help some people feel safer. At the same time, they can raise concerns about privacy, autonomy, consent, and how people experience their own home.

Whether cameras are helpful or harmful may depend on why and how they are used, what safeguards are in place, and the preferences and rights of the people who live in the home.

Video surveillance is one possible strategy to address abuse and neglect, but it should not replace adequate staffing, strong oversight, meaningful relationships, and other protections.

As Massachusetts considers video surveillance policy, people who live in group homes should have a meaningful voice in decisions that affect their homes, privacy, and safety. MDCC can help you share your story and opinions.

YOUR VOICE



MATTERS

About the MDDC

The Massachusetts Developmental Disabilities Council (MDDC) is an independent agency, funded by the federal government, dedicated to empowering people with developmental disabilities and their families to enjoy full productive lives by promoting self-sufficiency, community inclusion & opportunity.



The MDDC works to improve the system of supports for individuals with developmental disabilities and their families by bringing advocates together with policymakers to be sure people with developmental disabilities are included in policy decisions that impact their lives.

The MDDC also serves as an objective resource to inform public policy at the local, state and federal levels, to better meet the needs of individuals with developmental disabilities and their families.

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