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Measuring the Quality of Human Service Programs*

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Social Role Valorization (SRV: Wolfensberger 1991) is a philosophical and theoretical perspective that has come to exercise an important influence, in many countries, on current policy and practice in human services for intellectually, physically, or emotionally impaired persons. SRV subsumes and replaces the principle of normalization (Wolfensberger 1972, 1980a, 1980b), the well known theoretical perspective out of which it grew. First articulated in Denmark (Bank-Mikkelsen 1969) and Sweden (Nirje 1969), normalization was refined and recast for a North American audience by Wolfensberger (1972), who defined it as the "utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible (p. 28). More recently, Wolfensberger (1983a, 1985) reconceptualized normalization as Social Role Valorization because of the insight that the occupation of valued social roles by persons with handicaps or other potentially devaluing conditions greatly enhances the likelihood of their attainment of other desirable things, including being socially valued and experiencing life conditions of a

high quality. SRV may be defined as the "enablement, establishment, enhancement, maintenance, and/or defence of valued social roles for people—particularly for those at value risk—by using, as much as possible, culturally valued means" (Wolfensberger 1991, p. 21).

As a human service approach concordant with certain key values (e.g., integration, developmental growth and competence-enhancement, positive imagery, individualization, etc.) as well as with the findings of social science (Wolfensberger 1980b), SRV reposes on several key assumptions. (These are stated without elaboration here; the interested reader should consult Wolfensberger 1991, for a more detailed discussion.) First, the evaluative nature of social cognition renders it virtually certain that some members of any society will be perceived as socially deviant and become the objects of individual and collective devaluation. Although deviancy and devaluation are universal phenomena, they are a function of specific societal values and are therefore variably expressed. In Western societies, for example, the primacy of social values such

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as wealth, material prosperity, health, physical beauty, and achievement places at high risk of devaluation persons who are (or are perceived to be) poor, chronically ill, physically deformed, old, retarded, incompetent, dependent, or unproductive. Second, societal perceptions of a particular individual are strongly influenced by the social roles (responsibilities, privileges, expectation, and behaviors) of which he or she is an incumbent. An important means of improving the social image of devalued persons is thus to make it possible for them to attain valued social roles. Third, two complementary strategies may be used to improve people's access to valued social roles: enhancing their competencies, so that they will be better able to meet the demands of various roles, and enhancing their social image, so that they will be perceived more positively and will be granted greater access to positive opportunities and roles.

Rehabilitation, health, or social service agencies that wish to promote, through the application of SRV principles, the valued social participation of clients who are at value risk will locate their services in culturally desirable buildings and neighborhoods, integrate clients with ordinary, valued citizens in residential, educational, work, and leisure settings, foster media and other interpretations of clients that enhance their status in the eyes of the public, and employ clinical procedures that are as powerful as possible to maximize clients' developmental growth, competencies, and independence. Such agencies will also locate their programs in proximity to community resources relevant to different services, foster in service personnel high expectations concerning clients' developmental potential, and impose no more restrictions on clients' rights than are program-matically necessary.

During the 1970s, the principle of normalization became a very influential paradigm for planning and evaluating habilitative and rehabilitative services in mental retardation (e.g., Bronston 1976, Grunewald 1975, Menolascino 1977), mental health (Goldmeier 1978, Turner 1977), and physical impairment (Falta and Cayouette 1977). Across service fields, the impact of normalization extended to most kinds of community programs, including residential, vocational, educational, and recreational services (Flynn and Heal 1981).

During the 1980s, the influence of normalization and its successor, SRV, continued to grow, Heller et al (1991) reported that a panel of 178 mental retardation experts in the field of special education judged Wolfensberger's (1972) book on normalization to be the most important among a group of 25 classic works. The same panel rated his more recent (1983a) article on Social Role Valorization as the 17th most influential classic. Other notable evidence of impact includes the frequency with which central normalization/SRV emphases such as "social integration," "community living," the "developmental model," the "least restrictive environment," the "dignity of risk," etc., are found in current legislation and social policy in Canada, the United States, and many other countries. Around the world, segregated and congregate service forms have begun to be abandoned, with numerous jurisdictions deemphasizing, phasing down, and even phasing out altogether large residential institutions in fields such as mental retardation, mental health, sensory impairment, and aging.

Not surprisingly, these conceptual and philosophical developments of the last 25 years have had an important impact on program evaluation theory and practice. Two SRV/normalization-based methods for evaluating service quality

have been particularly noteworthy in this regard: Program Analysis of Service Systems (PASS; Wolfensberger and Glenn 1975) and Program Analysis of Service Systems' Implementation of Normalization Goals (PASSING: Wolfensberger and Thomas 1983, 1989). Both rating scales are often used at present by program planners and evaluators in Canada, the United States, England, Scotland, Ireland, Australia, France and Switzerland to assess and improve service quality in special education programs, work and employment-related programs, community residences, residential institutions, rehabilitation facilities, psychiatric settings, nursing homes, homes for the aged, etc.

PASS, the first service quality assessment instrument, is composed of 34 normalization-based and 16 administration-related items and is administered by a team of trained raters. Research with PASS (e.g., Andrews and Berry 1978, Eyman et al 1979, Fiorelli and Thurman 1979, Flynn 1975, 1977, 1980, Flynn and Heal 1981) has suggested several broad conclusions. First, adequate levels of interrater reliability and internal consistency are achievable with the tool. Second, the instrument appears to have good factorial, discriminant, convergent, and criterion-related validity. Third, overall service quality is only modest in many of the human service programs evaluated with the instrument, and program components central to SRV and normalization (e.g., the promotion of social integration, the clarity and coherency of the service model, the intensity of relevant programming, etc.) are often particularly weak. Fourth, community programs consistently outscore institutional programs, and integrated community services score higher than segregated ones.

PASSING, the second program

of the two main conceptual emphases of SRV, social image-enhancement and competence-enhancement. PASSING differs from PASS in that it is based on updated SRV concepts rather than on normalization, focuses on programmatic but not on administrative issues, and is accessible to a wider range of users. A team of trained raters uses PASSING to assess whether a service conveys positive images about the persons it serves, by various means: the location of the service setting and its architectural and aesthetic quality; the juxtapositions and relationships between clients and other people that are mediated by the program; the activities, routines, and rhythms experienced by service clients; the language and labels used by the program in communicating about its clients and mission; the personal appearance of clients; and the kinds of funding sources and fund-raising appeals that support the service. PASSING also assesses the extent to which the service strives to improve the competencies of its clients, mainly through being as relevant as possible to its clients' needs and by being maximally intense, powerful, and effective in meeting those needs.

Although limited in amount to date, research with PASSING has produced results consistent with those found with PASS. In a preliminary investigation based on 95 of the 213 programs analyzed in the present study, Flynn (1988) found that community residences were of significantly higher quality than vocational programs and that both scored higher than institutional residences. Also, Canadian programs were of significantly higher quality than American programs. Dansereau et al (1990), using the French-language version of PASSING (Wolfensberger and Thomas 1989),

persons. The overall level of service quality in the residential programs was only modest (the mean total PASSING score was only 42% of the maximum possible). Also, marked weaknesses were apparent on conceptually central aspects of service quality, including the relevance of the programs to residents' most pressing life needs ($M =$ only 25% of the maximum possible score), the frequency and quality of socially integrative relationships between residents and nonhandicapped people ($M = 18\%$), and the intensity and efficiency of program-mediated activities and time use ($M = 17\%$).

Instrument and Raters

PASSING assesses two major SRV dimensions, client social image-enhancement and client competence-enhancement, in four program domains: the physical setting (facility and neighborhood), groupings and relationships among people, activities and other uses of time, and language, symbol, or image-related issues. The PASSING rater teams typically consist of 5-11 members, including the team leader and are made up of participants in PASSING training workshops who carry out field assessments under the close supervision of experienced team leaders. Following standardized procedures (Wolfensberger 1983b), each team begins its assessment of a particular program with a tour of the surrounding neighborhood and program facility. This is followed by a lengthy interview with one or more senior staff members, conversations with clients and other staff, observation of the program in operation, and a review of pertinent documentation. Team members then rate the program individually, using the guidelines for each of the 42 ratings contained in the PASSING ratings manual (Wolfensberger and Thomas 1983). Finally, under the direction of the team leader, team members meet in

a consensual rating of the program on each of the 42 PASSING items.

All of the 42 PASSING items (ratings) comprise five levels, each of which is defined in the ratings manual. Level 1 represents extremely poor service quality (as defined according to SRV criteria), level 3 neutral quality (neither obviously beneficial nor harmful), and level 5 near-ideal but attainable quality. These levels are then translated into weighted scores, which were rationally determined by the authors of the scale on the basis of the relative centrality (in SRV terms) of each item. After the team conciliation, the weighted scores are added up to form the total PASSING score and 5 subscores. The total PASSING score can range from a minimum of -1,000 (extremely poor service quality) to a maximum of +1,000 (near-ideal quality), with a score of zero (midway between these two poles) representing "minimally acceptable" service quality. The 5 rationally derived subscales consist of Program Relevance, a 1-item scale measuring the pertinence of the service to key client needs that fall within its purview; Program Intensity, a 6-item scale assessing the extent of effort by a service to enhance client competencies; Program Integrativeness, a 9-item scale tapping the physically and socially integrative aspects of the service; Program Image Projection, a 19-item scale assessing the social imagery conveyed by the service about its clients; and Program Felicity, a 7-item scale measuring the aesthetic, comfort-related, and individualizing aspects of the service.

Conclusion

Research has shown that there are few services that are of more than adequate quality. (For a thorough SRV-based analysis of why service performance is often weaker than it could be, Wolfensberger 1991) and PASSING itself

described that was evaluated by PASSING that demonstrates good quality. Project Citizenship was a "supported employment" program for 6 developmentally handicapped persons, 4 of whom had Down's syndrome. After a year of on-the-job training, 4 of the 6 trainees became permanent employees in the copy room and maintenance department of the *Ottawa Citizen*, the major newspaper in the area. They were hired to work 22.5 hours a week, earning \$11.64 to \$11.75 an hour. The project implemented many SRV criteria of service quality: intensive, highly job-relevant training that produced dramatic competence-enhancement and image-enhancement (the training incorporated effective and efficient use of a MacIntosh computer and on-the-job, "real work" experience at the *Citizen*, with both components improving trainees' work skills, image, social integration, and acceptance by other employees); a high degree of individualization, which was facilitated by the fact that only a few handicapped trainees were being integrated into the work setting; experienced, competent project staff who had high expectations concerning clients' performance; use of the *Citizen* as a "real world", attractive, dynamic setting for the work-experience component of the project; excellent accessibility of the project to clients, to their families, and to skill-enhancing community resources such as banks, restaurants, and shops (the computer-based portion of the training took place in a busy shopping centre adjacent to the *Citizen* building); and, ultimately, access to the highly valued social role of permanent *Citizen* employee, for 4 of the 6 trainees (the fifth proved unsatisfactory, and the sixth moved away from Ottawa shortly before the training period ended). In short, Project Citizenship incorporated numerous goals and procedures that are central to the conceptualization of service

incorporated into PASSING.

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Long Term Care Redirection and Community Recreation

The Journal of Leisurability will devote its Fall 1992 issue to the above topic. This is especially timely as many communities are turning their attention to supporting adults with disabilities and older adults in their home setting as opposed to institutional facilities. Within the Province of Ontario, for instance, the Long Term Care Redirection initiative is aimed at enabling individuals who might once have faced institutionalization to remain in their communities. In other parts of Canada and elsewhere people are now actively engaged in efforts to better understand and support the leisure interests and preferences of those individuals who have traditionally been bypassed in mainstream recreation and leisure.

We are interested in hearing from groups and individuals who can address current research and/or have practical experience relating to the issue of integrated recreation and leisure for older adults with disabilities. This means recreationists and users of segregated and integrated leisure services, community members involved in supporting individuals, as well as educators and researchers who are interested in contributing to the issue, are invited to submit an abstract for consideration.

We look forward to hearing from as wide a range of potential contributors as possible so that people may bring their unique perspectives to this important issue.

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