RESULTS OF THE QUANTITATIVE ASSESSMENT OF THE QUALITY OF A HUMAN SERVICE

PROGRAM **Name of Assessed Service(s):** **Group Residence**

Name of Operating Agency, if different from the above: [redacted]

Address: [redacted]

City: [redacted]

Date(s) of Assessment: **14** (DAY) **Nov.** (MONTH) **2007** (YEAR) **to 16** (DAY) **Nov.** (MONTH) **2007** (YEAR)

Method of Assessment: _____PASS XX PASSING_____COMBINATION (Specify)

Assessment Context*: XX___Practicum Training Assessment, conducted as part of a PASS/PASSING Training Workshop held in [redacted], ON, on November 14-16, 2007

_____ Practice Training Assessment, not conducted as Part of a PASS/PASSING Training Workshop

_____ Self-assessment by Assessed Service/Agency

_____ Official PASS/PASSING Assessment:

_____ Invited by Assessed Service/Agency

_____ Externally Mandated

This Report is Submitted (check as many as apply):

_____ Following a verbal presentation of the assessment results to service/agency presented
XX__ Without any verbal presentation (at least to date) of the assessment results
_____ As a lengthy, detailed report of the assessment findings
_____ As a brief summary report of the assessment findings
_____ Using a set of individual rating feedback forms

Persons Responsible for the Report(Please give full names, degrees, titles, and addresses)

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Degree of Confidentiality that Evaluation Team Members & Assessment Sponsors Must Adhere to (to be filled in by authorized recipient of this report):

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_____ May be released ONLY for restricted teaching and illustration purposes
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_____ Other (specify) _____

* Reports resulting from any type of assessment other than an official one are typically of a lower quality, due to the severe time constraints imposed by most training events, and to the relative inexperience/learner role of the person(s) on such practicum teams who record the information for feedback. Services assessed under such circumstances are asked to be understanding of this constraint.

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RESUMÉS OF PASSING TEAM PARTICIPANTS

Elizabeth Neuville, Team Leader and Report Writer

B.A., English and Psychology, Bucknell University, 1986. Previous work experience as the Executive Director of Keystone Residence of Lancaster County, 1988-2000. Currently works as Executive Director of The Keystone Institute, 2000-Present.

Suzie Robinson

MBA, BSW, with specialized training in trauma, sexual abuse, and family mediation. Two years as a clinical supervisor, with over 20 years of experience in the human service field in Children's Aid and family mental health.

Bobbi Stephen

A parent of a woman with a disability, Ms. Stephen has served on Boards of Directors of various social service organizations, has worked as a residential manager as well as a group home worker, and has been a student of Social Role Valorization for over 15 years.

Madeleine LaLonde

With a B.S from the University of Ottawa in Mathematics, Ms. LaLonde has served as a Quality Assurance manager for Prescott-Russell Services to Children and Adults for the past five years. Her prior experience includes coordinating Family Resource Centers for Canadian military forces in Germany, and elsewhere.

INTRODUCTION

This section is intended to orient the reader to this assessment report, beginning with a description of the context of the assessment, and a general overview of the service and its recipients, followed by an overview of the assessment tool used, and of the report as a whole.

The Context of the Assessment

On November 14 – 16, 2007, a team of four persons visited and evaluated the service named on the cover of this report. All members of this team were participants in an intensive workshop on the assessment of the Social Role Valorization* quality of human services by means of the PASSING tool, to be described later. This workshop was conducted by the Training Institute for Human Services Planning, Leadership and Change Agentry, and sponsored by [redacted].

The participants in the workshop were, with one exception, workers in a variety of human services, and came from different locales. It should be noted that one additional team member participated in the site visit, but was unable to participate in the remaining portions of the workshop due to receiving news of a death in her family. One team member had no current work role with a human service agency, and had the primary role of being the parent of a person with mental retardation. A list of the members of the team that assessed this service can be found on the back of the cover sheet of this report, and a brief description of their backgrounds preceded this section. Three additional workshop teams also visited and assessed one service each.

A PASSING assessment is an in-depth evaluation of the quality of a service project, program or even agency. In order to conduct such an assessment, team members must have access to many and varied sources of information about the service, including documentary material on it, interviews with service representatives and others who may have relevant information, and long periods observing the program in operation. This assessment team spent approximately 8 hours at the service site.

About 4 hours were spent in a formal inquiry with the program managers, and the remaining time observing, reviewing certain records, and spending time with the recipients and workers. The team also ate a meal at the site with the service recipients. If the evaluation had been for real rather than primarily for training purposes, then there would have been much more extensive evidence collection, including more observation of the program.

*For an explanation of Social Role Valorization, abbreviated SRV, see the article "An Overview of Social Role Valorization," which is attached to the end of this report as an appendix.

There is also an intermediate-length book which is longer than the article, but shorter than the PASSING Manual, namely: Wolfensberger, W. (1998). A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services (3rd ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry (Syracuse University). It is available for purchase from the Training Institute, 800 South Wilbur Ave., Suite 3B1, Syracuse, NY 13204, USA.

While the members of the visiting team were mostly novices in the use of the assessment tool, every member had previously completed a three- or four-day Social Role Valorization workshop in which the principles that underlie the tool had been taught in great depth.

Overview of the Assessed Service

The assessed service was a group residence, which was referred to as [redacted], after the street on which it was located. The service was located in [redacted], a small town of approximately 8000 residents, located in a mostly rural area east of [redacted]

There were 5 women who lived in this group residence. It was initially opened in 2005 specifically to serve one young woman, Ms. J S, who had proven difficult to serve within both the children's foster care system and in adult services. Several housemates moved in and out since then, but Ms. J. S had remained in this home.

At the time of our visit, Ms. S was 21 years old. She had lived in a variety of foster care and residential homes since approximately the age of 8 years. We were told that she had a long history of violent behavior towards others as well as herself. It was reported that she experienced both physical and emotional abuse within both her family setting and other places she has lived. Other human service agencies have attempted to serve her in many settings with little success. At one point, she lived in a large residential service where a wing was designated just for her. In addition to being moderately mentally retarded, she was deaf and was thought to have mental disorders as well.

Several people moved into this home soon after Ms. J. S, but had moved on to other living situations. Two former residents of the home moved into more independent settings, and another woman moved into a nursing home.

In 2006, Ms. T S (apparently unrelated to Ms. JS) moved into the residence. Ms. T. S was 23 years old at the time of our visit. She also had a long history of many placements within the children's care system, including multiple foster care arrangements and group homes. She was very articulate, had a very mild developmental disability, and was described as being very depressed.

The same year, Ms. MR moved in. Ms. R was 23 years old. She was also very capable and independent, with mild mental retardation. She moved into the home after an unsuccessful attempt at living in a more independent setting.

In 2007, just a few months prior to our visit, Ms. S C moved into the residence. She was placed in this residence on a short-term basis while placement in an adult foster care family was being secured. At 19 years old, Ms. C also had a history of many foster care placements since an early age. She had severe mental retardation, was non-verbal, and autistic. She also had severely protruding teeth. Ms. C is black, and was the only non-Caucasian resident in the home. Because of all these factors, including her more significant mental retardation, she stood out from the other residents as markedly different.

In 2007, just a few months prior to our visit, Ms. F D also moved into the home. Ms. D was 45 years old, and had lived in a large institution since the age of 8 years. She was moderately mentally retarded, was deaf, and also had scoliosis and severe dental problems. She moved to this residence because of the closure of the institution.

The team was told that the purpose of this service was threefold. First, the purpose was to assist the women to move into other settings, most probably either independent living or adult foster care. Another purpose was to facilitate social integration for the women, and the third purpose was to teach independent living skills.

The service occupied a five bedroom home located in a residential neighborhood. There were three bedrooms in the upstairs portion of the home, as well as a large living room, den, and kitchen. The basement was finished, with a recreation room as well as two bedrooms located there. There was an in-ground swimming pool in the backyard, as well as a deck and small lawn area. This service setting was a part of a larger multi-component agency which provided a variety of services to adults and children with a range of impairments and life conditions. These services included other residential services, as well as vocational, community support, foster care, child welfare, and family assistance services.

THE ASSESSMENT TOOL, PASSING: ASSUMPTIONS, PURPOSES, STRUCTURE, AND INTENDED USES

Below is a description of the assessment tool and the assessment process.

The Assessment Tool

The method of service assessment being applied to the service was the PASSING technique (Wolfensberger, W., & Thomas, S. [2007]. PASSING: A tool for analyzing service quality according to Social Role Valorization criteria. Ratings Manual (3rd rev. ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry [Syracuse University].)

PASSING is different from all other service quality assessment tools in that, being based on Social Role Valorization (SRV), it looks at services from a social roles perspective. Reports of PASSING assessments thus tend to interpret a great many issues in terms of the constructs that play a major part in SRV. Very prominent among these is social roles, including whether the people served are interpreted in various deviancy roles, as well as in terms of past, present or potential future social roles for them. This discourse helps one think more clearly about what the roles are of service recipients, how the negativity of any of their societally devalued roles could be diminished, how social value might be added to the roles that they hold, and/or how they might be helped to become ensconced in social roles that are positively valued (or at least less devalued) in society.

Further, it is crucially important to understand that PASSING measures service quality from the perspective of what is needed by the people who are being served -- i.e., the service recipients -- in order for them to fill (more) valued roles in society. Even when service recipients already hold valued roles and places in society, they are often

exposed to greater-than-average risk of losing these. In such cases, one of the major challenges is usually how to maintain their valued roles. In other cases, one of the challenges is to recover for recipients previously-held valued roles; and in yet others, replacing negative roles with positive ones is a major challenge. Thus, PASSING users try to step into the shoes of the people who are being served, and as noted, to examine whether service practices are good or bad from the perspective of what these people need in order to have valued roles in society.

PASSING does not assess administrative, management, or financial issues, but rather focuses solely on programmatic issues. However, there are all sorts of things that go on in services that are done because of non-programmatic reasons, such as certain laws, regulations, historical momentum, decisions that were made by others prior to the arrival of current senior personnel, availability of a physical facility, resource shortages, what funders require etc. More often than not, things that are done for non-programmatic reasons act as constraints on doing what recipients need, rather than as facilitators thereof. It is precisely because PASSING looks at service quality **only** from the perspective of the people who receive it that PASSING does not make allowance for the various reasons **why** service quality may be less than optimal. For example, because of union rules or a shortage of money, a service may not be able to do something for recipients that would benefit them, and therefore quality may be lower. Many such constraints on service quality are not the fault of a service provider; some may even have good rationales behind them. Nor are they irrelevant in terms of understanding the source of a service shortcoming, and the charting of improvements. This does not change the reality that they may have less than optimal, or even detrimental, impact on the people who are served. Similarly, PASSING does not make allowance for the fact that some quality-diminishing conditions are unintentional or may even be the result of servers intending to do something helpful. As far as recipients are concerned, unintended problems impact just as severely as intended ones, and may even be more difficult to change.

Explanation of PASSING Scoring and Application

The appendix entitled "Overview of PASSING" explains in more detail that PASSING is a quantitative instrument that measures service quality on 42 separate quality elements (i.e., "ratings"), and that each rating is weighted with a certain number of points that represent its contribution (relative to the other ratings) to overall service quality. In other words, more important ratings are more heavily weighted. The highest-weighted rating is worth 50 points, and the lowest is worth 7 points.

Further, each rating specifies five levels of service quality within the quality domain that the rating addresses. Each of the five levels of each rating is assigned a percentage of the total weight for that rating. Level 1 represents the poorest service performance in regard to an issue, and is weighted with **minus** 100% of the rating weight; Level 2 represents poor service performance in regard to an issue, and is weighted **minus** 70% of the rating weight; Level 3 represents "neutral" performance on an issue, and is worth zero; Level 4 represents positive service performance in regard to an issue, and is worth **plus** 70% of the rating weight; and Level 5 represents the "attainable ideal" of service performance in regard to an issue, and is awarded **plus** 100% of the rating weight. Thus, services receive **negative** points for any Level 1 or Level 2 performance on a

rating; 0 points for any Level 3 rating performances; and **positive** points for any Level 4 or 5 that they achieve on a rating. Accordingly, the possible total score (i.e., the sum of scores on all 42 ratings) that a service might achieve on a PASSING assessment ranges from -1000 to +1000. That is, the best a service could do is +1000, and the worst a service could do is -1000.

The so-called "expected" level of performance is +695, which is the sum total of all the next-to-the-best levels (all Level 4s) of performance on all 42 ratings. In other words, services are "expected" to attain a clearly positive level on each rating of PASSING, even when there is still room for additional improvements.

A total overall score of zero is called "minimally acceptable," meaning that, **taking all 42 ratings into account** (i.e., subtracting any negative scores from any positive ones), the service is doing neither more good than harm, nor more harm than good, at least in overall balance. There may actually be some areas where harm is being done, but these are balanced out by some areas in which the service is making a positive contribution to its recipients' social roles.

However, if a total score is less than 0, this means that overall, more harm is done than good, notwithstanding the possibility that some good may also be taking place in some rating areas.

Altogether, PASSING is a demanding instrument that sets very high standards for services. In fact, it compares service practices to an ideal -- though one which is attainable. At the same time, a suboptimal score does not necessarily imply that the service is to blame for the shortcomings. Rather, PASSING simply identifies both the shortcomings and the positive elements of a service, regardless of where they came from, when, or why, or on whose initiative. As mentioned, some of the shortcomings of a service might be due to circumstances that are beyond its control.

The Assessment Process

In many ways, a PASSING assessment that is conducted as part of a PASSING training workshop is the practicum part of a preceding course in Social Role Valorization, since as noted, all participants in a PASSING workshop had been to a three- or four-day Social Role Valorization course which taught the principles that underpin PASSING. A typical PASSING workshop is a five-day event, and participants are divided into several teams (typically five to ten members each), with each team being led by a team leader who has acquired the prerequisite skills in earlier PASSING workshops. In most training assessments, each team visits and assesses two practicum sites. Because this workshop was intended for participants who already were familiar with PASSING, the teams only assessed one site. In PASSING workshops with more than one team, multiple services are assessed. Also, in most cases, each team and its team leader is supervised by an even yet more experienced person who may be referred to as a "floater" or "senior trainer." Each team meets to clarify the sequence of assessment activities, and the roles, responsibilities and expectations for each team member, and then embarks on the actual PASSING process. (This process follows standardized procedures, laid-out in Wolfensberger, W. [1983]. Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality. Toronto: National Institute on Mental

Retardation. Assessments which do not follow these procedures may lack validity, or comparability to other assessments.) The usual schedule of assessment activities is the same for each practicum site, as follows.

The team begins by reading documentary material on the service. Then the team makes a tour of the neighborhood surrounding the service, typically by car, but also possibly walking through the neighborhood. The team then conducts a lengthy interview of several hours with people in senior positions in the service, such as the director, supervisors of direct service workers, and sometimes one or more members of the governing board. The team then observes the program in operation.

If the service is a residential one and conditions permit, the team has a meal at the service with the residents. At some day services, the team may also eat a meal with service recipients. At some point, the team is given a guided tour of the interior (and maybe again of the exterior) of the setting, usually while the recipients are there. The team may then peruse additional documentary material, and take the opportunity to talk with other workers, and with recipients.

The Derivation of an Assessment Consensus

After having collected as much information on the service as possible during a short practicum, each team member then spends several hours privately reviewing this information, and making his or her own personal preliminary judgment as to how the service performed on each of the 42 ratings assessed by PASSING. After each team member has completed this individual determination, the team meets again for a lengthy and intense discussion on the service, called "conciliation." It starts with a lengthy discussion on what the service is, its purview, and the identity of the people that it serves: what they are like, what defines them, and what their needs are. In this process, the team is not constrained by what a service claims to be, what its literature says, what its staff say or believe etc. (PASSING teams are actually privileged in this regard, because so many service workers never have the opportunity to spend as much time looking at the identities and needs of the people they serve in a prolonged **collective** context, and with the aid of a structured problem-solving discipline, as PASSING teams do.) After this, the team discusses and analyzes all of its observations and other information for each of the 42 PASSING ratings.

Conciliation is structured according to a discipline that has evolved over time based on the experience of many evaluations (since 1969), and which is spelled out in the 1983 Guidelines mentioned above. Its object is to collectively pool and/or verify data and observations, weed out faulty interpretations, and reach a judgment of the team as a whole as to the performance of the service on each of the 42 ratings.

During this discussion, and in light of the team's total evidence, individual team members will often be persuaded to change their minds about a level that they had previously considered to be the correct one for a given rating during their private, individual, and preliminary level assignments. However, in training assessments, such as this one, if a team consensus cannot be attained on a particular rating, then the more experienced team leader has the final say on what the level of the rating should be. The team also tries to identify the major overarching issues that the service faces, its major

strengths and weaknesses, what other noteworthy issues may be, and the recommendations that it would like to offer to the service. The major issues identified by a team may well be ones that "sit above" a service, so to speak, that may affect a great many specific things that go on in it, and that may also affect other services--maybe even an entire class of services. It is the team's judgments that are recorded and reported on the Scoresheet/Overall Service Performance Form, attached to the end of this report.

RESULTS AND INTERPRETATIONS

The following section of this report contains information on the scores obtained by the assessed service, and how to read those scores. Later sections of this report will detail significant findings.

A Perspective on the Assessment Findings: How to Read the Resultant Scores

The major emphasis in a PASSING training workshop is to train participants in service evaluation, the use of PASSING, and in the application of Social Role Valorization. Agencies which serve as practicum sites in connection with such training workshops contribute to the development of more aware and sensitive human service workers and leaders, and thereby hopefully to a general improvement in, or defense of, human service quality overall and in the long run. In return, workshop leaders try to provide some feedback about the service's quality and operations, usually in the form of a written summary of the team's impressions and findings, or a longer report. However, whatever form such feedback takes, it cannot be as extensive, valid, or authoritative as it might be if the assessment had taken place as an officially commissioned evaluation at greater length, and with fully qualified team members, rather than as a training exercise. As spelled out in the aforementioned 1983 Guidelines, under non-training conditions, the team would consist of already qualified raters, and the assessment would have been much more exhaustive. Perhaps twice as much (or even more) time would have been spent by the team on site, interviewing servers and recipients, contacting related agencies and individuals, and extensively reviewing documentation on the service.

Naturally, because this assessment took place within a training context, and because some team members were novices to the PASSING tool, we do not feel fully confident of all our findings and recommendations. For instance, since the time spent by the team in collecting data and conducting observations in a training context is necessarily limited, errors in some rating level assignments are practically inevitable.

With this explanation in mind, a service should feel free to attach as much or as little significance to this report and the assessment results shown on the attached Scoresheet/Overall Service Performance Form as it feels they merit.

However, it should also be noted that even training assessments and assessment reports **have** been found in most cases to be fairly accurate in respect to the global score and major subscores, and that repeat or concurrent evaluations by different teams have tended to come up with similar results.

Also, some assessment reports have been extensively utilized by the services assessed, usually helping them in their pursuit of improvements, as attested to by follow-up evaluations. Even in the case of weaker assessments and assessment reports, at least some of the team's ratings and conclusions can be assumed to have validity.

Readers of the report should also note that the overall score of a PASSING assessment does **not** reflect service efforts to improve a situation, a service's recognition of its own weaknesses, nor that the service might consciously reject the implementation of Social Role Valorization. This should be kept in mind in any interpretation of and reaction to the total score. As was explained already, this is because PASSING assesses service quality primarily from the perspective of the persons who receive it, and therefore does not make allowance for all the many "whys" that may explain a particular service shortcoming.

Also, in order to maintain standardization of the assessments, PASSING does not allow for the fact that service practices may be less than optimal because of regulations and rulings "from above" over which the service may have no control. Again, the effect of these rules and regulations on service quality is all that is assessed.

As one reads the report and the attached Scoresheet/Overall Service Performance Form, it is almost imperative to examine the criteria for each rating as spelled out in the PASSING Ratings Manual, mentioned earlier, especially in those areas in which a score was obtained that the reader finds surprising. Otherwise, the Scoresheet/Overall Service Performance Form may have little meaning.

The Scoresheet shows the score attained by the service on each of the 42 PASSING ratings, as well as the scores for each cluster of ratings. The Overall Service Performance Form (on the other side of the Scoresheet) shows the score received on each of the five subscores of PASSING, and in the different sections of PASSING. The Overall Service Performance Form also notes the context or nature of the assessment. The major issues in the service as identified by the assessment team, and some major recommendations of the team for service improvement, may also be listed on the Overall Service Performance Form, or may be discussed at greater length in the text of this report.

Whenever the report makes reference to a specific rating in PASSING, this will be indicated as follows: the rating number, name, and page in the PASSING Manual on which the rating appears, will be given in parentheses following the reference or discussion of the rating in the report. For instance, reference to the beauty of the exterior of the service setting may be followed by the notation: (R1121 External Setting Aesthetics, p. 73).

A Note about References to the Service Recipients

Consistent with the SRV principle of using language in a way that conveys and contributes to positive roles, the recipients in the service assessed are referred to in this report by first and last name when they are first identified (e.g., Ann Jones, Mark Smith), and by last name thereafter, e.g., Mrs. Jones, Mr. Smith. We often ask that an assessed service release the report for wider dissemination, so that other parties can benefit from

the analysis, insights, and lessons that the team offers in the report. However, some services may perceive such full identification of recipients as an obstacle to doing so. Also, with some services, such as detentive ones to which clients have been sentenced, this may even be a bigger problem than with other services, such as an independent living setting or a children's education program.

There are several ways to deal with this potential problem. One is to release the report on the condition that all but the first initials of the recipients' last names are deleted from the released report. For instance, a person could be identified as A.J. and thereafter as Mrs. J. Alternatively, each recipient could be given a pseudonym.

Global Quantitative Scores

The assessed service received a total PASSING score of -312, which is within the range of "Below Acceptable/Poor." Since PASSING assessments first began to be conducted in 1983, the majority of assessed services have attained negative scores, and even among those that have scored positively, not many have scored very high.

In PASSING, there are a variety of sub-scores, broken down by rating areas, as described in the aforementioned appendix to this report, entitled "Overview of PASSING." The assessed service performed as follows on the PASSING subscores:

Program Relevance:	-35	from a range of -50 to +50.
Program Intensity:	-118	from a range of -188 to +188.
Program Integrativeness:	-25	from a range of -217 to +217.
Program Image Projection:	-58	from a range of -339 to +339.
Program Felicity:	-76	from a range of -206 to +206.

For a breakdown of the service's score on each rating, please consult the Scoresheet/Overall Service Performance Form, found near the end of the report.

Major Findings and Interpretations

This section of the report will summarize the major findings of the assessment, including program strengths, overriding issues which were identified, and resultant recommendations.

Major Strengths

Several strengths were recognized by the team.

Several Aspects of the Physical Setting

Several aspects of the physical setting stood out to the team as highly positive and even ideal. The organization's SRV focus and training was evidenced by the careful attention that had been paid to the physical location of this service. The harmony between the neighborhood and the setting both in purpose and appearance, the location of it in convenience and close access to families, and the ideal location near a plethora of community resources were very positive. In particular, the external aspects of the setting were generally very positive. It is possible that several aspects of the physical setting could have been rated even higher had the team had the time to gather more information. The specifics of this issue will be detailed later in this report (see R1111 Setting-Neighborhood Harmony, p. 57; R1112 Program-Neighborhood Harmony, p. 63; R1131 External Setting Appearance Congruity With Culturally Valued Analogue, p. 87; R1141 External Setting Age Image, p. 101; R1151 Image Projection of Setting--Physical Proximity, p. 115; R1152 Image Projection of Setting--History, p. 121; R212 Availability of Relevant Community Resources, p. 303; R214 Challenge/Safety Features of Setting, p. 317; and R215 Individualizing Features of Setting, p. 325).

Clear Organizational Culture of Openness to Feedback and Critique

Another relative strength of this program noted by the team was a clear organizational culture of openness to feedback accompanied by a desire for positive change. Each employee that we met, and particularly the management employees, were frank and open with us. They expressed a desire to learn more about PASSING as well as to learn the results of this training assessment. The team was impressed with the non-defensiveness of the management staff, and the clearly expressed desire to make positive change in the lives of the women served.

Resources of Money, Energy, and Manpower

A third relative strength involved the resources which appeared to be available to the women in this home. These resources included manpower and energy already in place to support the women. The home had a good number of program workers, and committed management staff. Flexible, focused and well-directed use of these resources would allow the service many options and choices about how to plan and proceed for the future.

Overriding Issues

In the team's judgment, there were two major overriding issues discovered which are covered sequentially in the following section of this report.

The Most Pressing Needs of the Service Recipients Are Not Being Met

Analysis of the histories and current circumstances of each of the recipients revealed that they had experienced a lifetime of repeated and relentless wounding. Loss of home from an early age was a theme in each woman's life. Ms. D was placed into an institution at the age of 8, and was a resident there from 1970 until 2007. The discontinuities experienced by the other four women consisted of removal from the

family home at an early age, and subsequent placement in a long series of foster homes, group homes, yet more foster homes, independent settings, and, finally, this group home.

An unfortunate result of this physical discontinuity was a great deal of relationship discontinuity. Countless paid staff and paid substitute families have come and gone in and out of their lives, and continue to do so with nearly no continued contact for them with anyone. Although several women did have regular visits with family, several have none at all, or quite minimal.

A major result of this is that the histories of most of the women were not known in any depth by the service workers around them. It is probable that important parts of their personal histories may not be known by anyone, and may be lost forever.

Along with these major wounds came a host of others. For instance, the accompanying rejection which must have been experienced by each of the women is hard to comprehend. Rejection by family, by service workers, by care workers, by foster families, by the community was a fact of life for each of them. Several of the staff at the home expressed disappointment in the progress of some or all of the residents. This could engender even more rejection.

A major life experience of all the women was that, during childhood, their lives were "derailed," as the team put it, and they were removed from the typical flow of life. They experienced segregation and congregation early on in their foster families (most of which appear to have had a number of foster children with disabilities in and out of their homes), group homes (for many children with impairments), segregated special education, and it continued in their present residential circumstances.

This experience of being removed from the typical flow of life has resulted in gaping holes of typical experience for each person. Never having experienced a typical family and community life has led to a much narrowed course of life. Family vacations, rituals, traditions, positive role models, lifelong friends, regular educational experiences, valued roles early on, and increasing as they grew--all of these were probably not a part of the women's experiences. Having a lack of typical life experiences makes the idea of "choice" less meaningful. We heard many times that a primary driving force behind what was offered to the women hinged on their personal choice, "what they wanted," which is problematic when there is not a solid base of experience on which to draw for making choices.

Another life experience which we saw in the lives of each of the women was an extreme lack of valued roles which would be expected of other women in society at their ages: student, family member, church congregation member, girlfriend or wife, neighbor, voter, worker, home owner, friend, club member. If they had any of these roles at all, they filled them in a very superficial manner. Instead, the roles of human service client, burden, and menace were ones that the women seem to have been cast into.

The women had also been subjected to a high degree of control over the course of their lives. This control continued to be evidenced in and by the program assessed. Although the staff were pleasant and friendly, there was no question in the team's minds that the staff were fully in charge, stand at the ready in case one of the women became

upset, were in full control of what would happen on a day to day basis, and in the long run. There were many examples of control being exerted by the service: the use of physical restraints, a peephole into Ms. J. S's bedroom, the use of mind drugs, rules about who may have soda and by whom and when the house computer may be used, and the use of Depo-Provera to stop the menstrual cycle. When staff were asked by the team what the women would perceive the role of staff to be, the response was "as babysitters." When asked what the staff would perceive their role to be, the response was "keeping girls that are not in foster homes and not independent." Some of the restrictions and control exerted by the service may have been necessary and justified for some of the women in some circumstances, but some were probably not. Even if justified, they must have been experienced by the women as very onerous.

We were informed that each woman had, in all likelihood, been subjected to physical, emotional, and sexual abuse, whether by family, foster care providers, fellow recipients of various programs, or others.

During the interview, program leaders stated that each of the young women had experienced very difficult lives. For instance, as noted, Ms. D had been in an institution since the age of 8 years, although staff thought that her life there was probably not so difficult, as she had been in a "transitional unit" for people expected to leave the institution for 18 of her 24 years there. Overall, staff showed little concrete knowledge about the life histories of each of the women; there was an acknowledgement that they had moved around a lot, but with little consciousness of the extent of the moving, what each living circumstance was probably like, or might have been like. The Program Manager was not able to answer questions about where each woman had lived and for how long in each place with any specificity. Additionally, the team's review of records was unable to shed light on these important facts about the women's lives and identities. The sheer woundedness of the women is a reality which the team concluded must be difficult for the staff to maintain consciousness of.

Based upon a thorough discussion of the above life experiences of the women, the team identified several major needs which it thought were most important to address and most pressing. The first need which was identified was that of experiencing home, the second was filling valued roles, and the third was a need for relationships. But the service did not demonstrate a sense of urgency about the need to act quickly and correctly to meet the most pressing needs of each of the women.

Though the staff recognized "home" as a need of each of the women, the staff appeared to have a superficial understanding of what a home for these particular women would need to be. Because the repeated loss of home was a characteristic shared by all the women, it would be essential that home for them be a safe haven, and a firm foundation from which to step out and experience the world, and then return to. Yet the team did not see focused energy of staff spent on creating a sense of warmth, establishment of roots and a sense of place, or of individual expression of the unique identities of each person living there. The home itself seemed "unfinished," bare, and somewhat cavernous. Indeed, except for Ms. J. S, none of the women seemed to be expected to remain there.

In addition, there was a high level of anxiety within the home and a sense that an altercation or upset was imminent. This was communicated by the staff, who spoke of the volatility of the women and their behavior, by the physical environment (by some modifications, such as shatterproof glass and a bedroom door observation hole), and by the quick escalation of incidents and upsets. The use of restraint is another factor contributing to a general sense of anxiety in the household. Frequent, anxious episodes helped to create an atmosphere of expectant waiting for "the next incident." Given the overwhelming negative life experiences each of these women probably had with abuse, violence, abandonment, and fear, the creation of a home environment completely free from these, even a safe haven from these, is an essential need which seems to be shared by each of them. The negative impact of on-going stress on the emotional and physical health and well-being of humans is well-known.

Most of the general living areas had few or no decorations on the walls, and the ones that were there were "generic," i.e., hallways and staircases were completely bare of decoration. There were few sources of lighting other than overhead fixtures. The basement (said to be an important living space for the women) was dimly lit, with poor furnishings and almost no decorations. There were virtually no indications in the common areas of the household of the identities of the people living there, yet we were told that this home had been in use for over 2 years. If this home was intended to serve as a temporary place for people to live, as was mentioned, it would be understandable that the common areas might be more generic, while the bedrooms would be expected to reflect the individual identities of the people living there. However, in a more permanent home, it would be expected that the common areas would reflect more of the identities of the people living there. At the very least, the home was described as being the long-term home for Ms. J. S, and it seems likely that several of the other residents could reside there for a long time as well.

The bedrooms of the women were a stark example of the failure to assist the women to create true home. To a great extent, the bedrooms of each of the women were shockingly bare. Ms. C had lived in the home for 6 months, yet in her bedroom was virtually nothing except a bed, dresser, nightstand and a very few possessions. In contrast, even college students who do not expect to live a full calendar year in a campus dorm or apartment would have many tokens of themselves and their own identities in such a place.

The second and third most pressing needs of the women as perceived by the team were for valued roles and relationships. These two needs are closely associated. It is well-known that one of the primary ways that relationships form is out of the social roles that one holds. But for all of the women, very few valued roles were either held or being pursued. Ms. D's involvement in an Aquafit Class with typical people appeared to be one of the few exceptions. The sole way most of the women's lives intersected with the typical world seemed to be through activities (trips to Tim Horton's, WalMart, the bank, the movies etc.) which were <u>not</u> tied to roles. Opportunities for integration through valued roles were often minimized because the women were associated with other devalued people or with a service agency when they went to these places. Ms. R had several part-time jobs, but they both were closely connected to the organization [redacted]) that served them, e.g., cleaning the [redacted] offices or delivering its inter-office mail. The opportunity to establish a valued

work role in a valued work setting and where she would have on-going contact with valued people was thereby lost, and the role of "Client of [redacted]" had become her dominant role.

Ms. D belonged to a typical community bowling league, but attended it in the company of a resident of another group home, who also had a devalued identity. This increased the likelihood that Ms. D would be prevented from being fully seen in the role of an ordinary league member by other participants. Instead, she would likely be seen as "one of two disabled people who come to the bowling alley together." Although the activities may be enjoyable to the people served, when they are done outside of the context of a specific valued role, the possibilities that relationships with valued people would emerge decrease drastically.

The need for each of the women to have relationships with ordinary and valued people on society was clearly understood and articulated by the staff of the program. In fact, it was named as one of the major needs of the women and one that they put a great deal of effort into attempting to meet. Many of the service planning documents that we read stated this need, and it was described by several of the staff as the most pressing need for each of the women. Despite this understanding, the team was told that none of the women have even one freely-given, unpaid relationship outside of their family members. In fact, Ms. T. S has literally no close relationships in her life with anyone who is not paid staff. We were told that she is completely alone, with no family since her mother committed suicide when she was 13 years old. The team felt that this was a huge unmet need that was recognized by the staff, and yet not met effectively. The staff were troubled by this fact, and interested in finding more effective ways to assist the women to have relationships.

This failure to take immediate, urgent action to address needs was also evidenced by the drugs that the women were taking. Most of them were receiving prescribed mind drugs in large amounts, and had been over the majority of their lives. We were told that the drugs were initially prescribed by a psychiatrist, but once the person was seen to be stable, the management of the drugs was placed in the hands of the general physician, and apparently, unless new problems arise, administration of these drugs will continue over time. There was acknowledgement that a consultant would be reviewing these prescriptions at some point over the next year, for some of the women. This demonstrated to the team a lack of understanding of the true physical danger that the use of these drugs was posing to each woman.

Two women were receiving Depo-Provera injections every three months. There was a great deal of confusion over the reasons for this. We were told, alternatively, that it was for the convenience of the staff (so as to avoid their having to deal with the women having their menstrual periods), to regulate menstruation, and for birth control. The program manager was unaware that Ms. D had been sexually active for many years (according to the written records), and even while in her last placement. In her current placement, there was virtually no possibility of her being sexually active, and yet the injections continued, with serious effects (e.g., hormonal and carcinogenic effects) that are associated with the drug.

Probably the most compelling example of a failure to take urgent action to address needs was that two of the women had no effective means to communicate. Both Ms. C and Ms. D used what we were told were "their own" form of sign language, with a mix of signs. Both women tried continuously to communicate with team members as well as the staff at the service. Although efforts had been made to teach some signs, not one server knew sign language. The team was told that the staff were "learning together" with the women by looking at sign language books. A consultant had been contacted to develop a way for each woman to communicate more effectively, although nothing had happened so far. Ms. C was considered a priority, because the service was trying to find a foster home for her, and some means of communication for her would have to be established. Next in line was Ms. D. In the meantime, neither of these women had any way to communicate effectively. It was unclear to team members whether Ms. C would be able to learn standard sign language given her significant mental retardation, but serious efforts to assist her to develop some way to communicate should be made without delay.

A very problematic situation which the team felt was associated with a failure to meet the most pressing needs of the women for home, relationships, and valued roles, was the grouping of these five women together. The women had enormous differences from each other that were causing disharmony in the home, poor role modeling in numerous directions, and image damage to each of the women. Two of the women, Ms. T. S and Ms. R, had very mild mental retardation, along with significant emotional problems and mental disorders. Ms. C and Ms. D appeared to have much more severe competency impairments. Ms. J. S was said to have more significant mental retardation, accompanied by severe behavioral problems, aggression, and self-injurious behavior. Ms. C was the only black resident in the home, which was located in what appeared to be an overwhelmingly Caucasian town, which, when combined with her obvious dental anomalies and more severe impairment, accentuated her difference from the others even more strikingly, and added cultural and image challenges.

This wide variety of types and degrees of impairment had led to several significant problems. One is that the image of all the women was being harmed by their association with all of the others. Ms. T. S and Ms. R were already at risk of being seen as much more severely impaired than they were by being continuously juxtaposed with people with more severe mental impairments. Ms. D, a 45 year-old mature woman, was at grave risk of being seen as an eternal child by being constantly juxtaposed with the much younger women. In fact, staff continuously referred to her as one of "the girls." All the women experienced image degradation by being associated with Ms. J. S, who had a well-known reputation among the service providers and provincial agencies as dangerous, uncontrollable, and violent.

The grouping also had significant negative impact on the competency development of the women. Ms. T. S, Ms. J. S, and Ms. R were in need of role models of stable, mature, and emotionally healthy young women around them. All were in need of people around them who could model and teach the many competencies involved in taking care of a home, having friends, and being involved in valued roles in their communities. The team inferred from the life histories of these women that models such as this have been rare in their lives.

The degree of woundedness of each of the women, their history of abuse and mistreatment, as well as their lack of experience in the valued world (all described earlier in this report) should have led service workers and leaders to look with a great degree of care and forethought at how people are grouped together. This had apparently not been the case. As noted, the home was initially opened to serve Ms. J. S. Then, in order to make it cost-efficient (a non-programmatic rationale), four other people were added, and not because they were compatible or needed the same kind of setting, but because of non-programmatic issues again, such as the closure of an institution, having "aged out" of the foster care system and entered into the adult system, and "failure" in independent living, not because the home was well-suited or structured to address their needs. In fact, it sounded like the home was a place of last resort for women whom others had found too difficult to serve, or who had no place else to go.

An episode that occurred while the team was visiting illustrated the problems of this grouping. Ms. R returned home very upset after a problem at her work. Soon, she became agitated, threatened staff, and then ran towards a staff member, resulting in two staff physically restraining her in the kitchen, followed by her crying a great deal and being upset as well as staff holding her close and comforting her. During this time, each of the other women reacted strongly and obviously, either trembling with fear (Ms. T. S), withdrawing to their rooms and expressing fear (Ms. J. S), or themselves becoming aggressive and adding to the level of upset in the home (Ms. C). This level of upset was apparently a familiar part of the routine in this house, with the problems experienced by one resident causing significant problems in others. Considering the life experiences of each of these women (abuse, violence, and lack of stability), this would be a very harmful experience to live with. And yet, there appeared to be no consciousness on the part of the staff that this was a problem. In fact, the grouping was described to us as quite positive, neither too large nor too small, with the right combination of people.

A third problematic practice which was associated with the needs of the women being met poorly or not at all was the level of effort applied to address needs. An understanding of the degree of vulnerability of each of the people served would drive a service to make the most valued option available in every possible circumstance. The chances to do this in a residential service are innumerable. Several examples are as follows:

a. Assisting people to have highly valued and age-congruent personal possessions in copious quantities.

b. Helping people to have an exceptionally good personal appearance, with careful attention paid to the finer details of grooming, dress etc.

c. Assuring that the physical aspects of the home, both internally and externally, communicate a strong message of valued home in the most positive sense.

d. Assuring that the unique and individual identities of the people served are reflected in that home.

e. Helping the people served to acquire competency-enhancing personal possessions, such as computers, arts and crafts materials, grooming items, games, cameras etc.

With each of these examples, and many others, comes the chance to "bend over backwards" to compensate for vulnerability. But this opportunity appeared to be consistently missed. Although some positive efforts were made (e.g., assisting Ms. D to purchase a bedroom suite, offering community activities on a regular basis, and assisting people to find part-time work), these efforts often did not take full advantage of the chance to make up for the vulnerability. For example, one of the focus areas for Ms. T. S was to assist her to find work. The team was informed that, on most weekdays, she spent part of the day working on her resumé, visiting the job center, and putting out applications (up to 5 per week). The team was told she had been doing this for some time, but had not yet secured work. If the servers were acutely aware of the need to do the very best in light of Ms. T. S's vulnerability, we may have seen attempts to identify areas of interest, help her to take courses in those particular areas, develop relationships with mentors who are working in that field, consider home businesses or entrepreneurship, network with people who could potentially open career doors for her, and develop friendships with other young people who are working in careers she may wish to emulate. These are the ways that valued people usually explore careers and search for work.

Another example which we saw was the readiness with which the staff responded with a physical restraint. A full awareness of the impact of restraint on people who are at great image risk, who have been over-controlled, and who have been physically and sexually abused would in all likelihood generate an attitude of extreme reluctance on the part of the servers to use restraints. In fact, we were told by staff that the use of what they referred to as "CPI" (the acronym for Crisis Prevention Institute, the organization which teaches the physical restraint techniques) was only done as a last resort.

But the restraint which happened in the kitchen was done in response to a relatively minor incident to which staff could have responded with numerous options other than restraint. We were later told that Ms. R had initially not wanted to do her cleaning job, and walked out of her place of employment that evening. When she decided that she was ready to clean, the staff with her decided that she should return home and not work that evening. This resulted in Ms. R being distraught because she thought that she would be fired from her job. When she returned to the home, she was verbally expressing how upset she was, and put her two hands in the air in a threatening gesture, and came towards the staff in an aggressive way. She was restrained by two staff members at that time, initially standing but soon sinking to the floor. Other options, such as leaving the room, getting out of the way, offering her comfort, and giving her some time alone were all possible. These options were available both prior to and during the incident itself. We were later informed that the workers restrained her because they had learned that, when Ms. R becomes upset, a short restraint causes her to begin to weep, and her anger and emotional upset is defused. Perhaps she had even learned to find it rewarding in some way, for example, because it resulted in staff holding her and comforting her when she was upset. It should be noted here that the significant risks associated with restraint increase dramatically when the people being restrained are also taking psychoactive drugs, as is well-documented.

Acute awareness that the use of physical restraint is a form of violence against the people served appeared to be absent in the servers. The repeated use by the staff of the neutral-sounding term "CPI" instead of restraint was a further sign that such restraint had apparently become an ordinary part of living at this home for all the women, who either were subjected to it or witnessed it.

Absence of Effective, Proven Strategies to Work towards Needed Changes

The second overriding issue the team identified was an absence of valid, potent and efficient strategies to meet the goals and objectives of the programs. The Program Manager was able to clearly articulate the purpose or mission of this program: he described the major goals as social integration, independence, and a safe environment. He was also able to quickly and easily describe what he saw in the future (2-10 years) for several of the women. His vision of the future was quite positive, and showed high expectations: that the women would have friends, a connected community life, marriage, meaningful work, a rich home life, and be living with people who care about them. All of these elements were identified as important.

And yet, there was a lack of focused strategies applied with consistency to assure that each of these goals was likely to become a reality. First, in the area of social integration, as noted already, not one single freely-given relationship existed in the lives of any of the five women, with the sole exception of family. Existing family relationships were weak in the lives of a majority of the women, or even non-existent, in Ms. T. S's situation.

Program management staff expressed clear knowledge that hoped-for relationships had not materialized in the lives of any of the women, but seemed at a loss to account for why this was. In fact, virtually none of the strategies that are known to work in helping people achieve social integration were being consistently used in a focused way. Some of these strategies are outlined as follows:

1. Pursuit of valued social roles: It has already been mentioned that valued roles are the natural pathway for people to experience, or at least to have access to, the good things in life, including relationships, belonging, a positive reputation, a strong self-image, and material wealth, among others.

2. Focus on physical appearance: A major strategy to facilitate relationships would be to increase the approachability of the person through meticulous attention to their personal appearance so that, in grooming, dress and other aspects of appearance, they would give a distinctly positive impression. This area was clearly not fully attended to by this program. In general, the women wore clothing that was not elegant, did not fit or was out of style, with hairstyles that were not flattering, and hair that was not clean or brushed. Additionally, one of the women had a bad, strong body odor. Ms. C has dental anomalies that present an extremely unflattering personal impression that probably could have been addressed. All of these factors combined to make it less likely that the women would be considered approachable by others, and thus more likely that people they met in the community or the neighborhood would keep their distance and perhaps even avoid contact with them.

3. Focus on multiple areas of imagery**:** Attention to other areas of imagery besides appearance can also facilitate integration, but at [redacted], the chance for social integration was decreased by the lackluster aesthetics of the home itself and the lack of personal imagery that would communicate "this is an interesting person worth knowing." The barrenness of the environment, the behavior of the housemates, the extreme impoverishment of the bedroom environments (i.e., lack of décor, and valued personal possessions), would communicate negative messages to any visitors who might consider a friendship with any of the women. Every single chance, including subtle ones, to increase the approachability of each of the women not only through personal imagery, but also through the living environment, should be taken to "stack the deck" and maximize the chance for a friendship to develop.

The second stated goal area of the program was independence. There were quite high expectations stated by the staff when asked what types of competencies they hoped the women would attain towards that independence. Budgeting, household management, laundry, and cooking were stated as skills that were being taught towards eventual independent living for some of the women. However, during its visit, the team saw little evidence that there were planned, sequential methods for teaching these skills, as a part of an individualized, focused, developmentally appropriate plan for each woman. For example, there were chore lists that assigned the women rotating tasks around the preparation, serving and clean-up of the evening meal. But we were able to observe both lunch and dinner on the day of our visit, and it was apparent that these schedules were not followed with a high degree of rigor or oversight.

The residents who were assigned preparation may have participated in a portion of that preparation, but it was not a focused effort. The same was evident in all other tasks. Budgeting was to be a major part of Ms. T. S's learning program, but it was explained to us that her money is controlled by the staff, the records are kept on the computer, and the real learning opportunity present in the day-to-day management of funds was absent. The staff was unable to consistently name anything specific the women were working on to increase their independence beyond generalities, and we saw little evidence of teaching specific competencies around the house. We did see people participating to some degree in the routines of the household, such as Ms. C carrying her laundry to her room, all the recipients assisting here and there, chipping in with clearing the dinner table etc. However, this falls far short of identifying and systematically teaching competencies.

The above two issues speak to a larger phenomenon that appeared to be happening within this service. Namely, the women were given expectations but without being given the tools to make the meeting of said expectations possible. For example, the residents were given instructions to "be more independent" without getting the necessary teaching and training to be independent. Expectations were held that the women will develop friendships, but they were not given the methods to do so. They were told to be calm, to communicate better, to keep their behavior under control, but the necessary means to accomplish these were simply not available to them. Staying calm in a household where major and minor behavioral outbursts and upsets were commonplace and the anxiety level was high, could be a virtual impossibility.

Having expectations repeatedly placed upon one, but with few or ineffective means to achieve those expectations, would be a painful, frustrating, and difficult circumstance to be living under. When in fact people failed to calm down, failed to manage their emotions, failed to budget properly, failed to get a job (after distributing countless resumés week after week), it can be expected that the "failure set" mentality that has been so much a part of all these women's lives thus far would be perpetuated.

Efforts to develop competencies will be hindered in an environment where one is uncomfortable (e.g. the cold temperature of several of the bedrooms, the dimness of the lighting, the echoes in the house, R213 Physical Comfort of Setting, p.311). Efforts to develop effective communication will not happen when there are people who cannot understand the person, and housemates who also have communication problems.

Another major programmatic goal was to create a safe and risk-free environment for the women. This is another area where it seemed that effective ways to safeguard the well-being of the women were not fully understood. Ms. J. S's aggressive and destructive behaviors were detailed to the team, and efforts to preserve her safety through the use of restraint as well as environmental protections (e.g., plexi-glass covering on her window and an observation peep-hole in her door) were explained. But other issues, equally significant, related to the safety of each individual living there appeared to be not fully understood nor safeguarded against. As noted already, the long term use of psychoactive mind drugs and Depo-Provera was posing imminent and real harm to at least three of the five women. To make matters worse, the staff appeared to be unable to explain which drugs people were taking for what conditions. Anti-convulsants, anti-anxietal agents, hormonal suppressants, anti-psychotics, and anti-depressants were all being used with apparently little awareness beyond the fact that the women did take a lot of medications. What types of medications (even in general) the women were taking, why, potential side effects, how long they had been on them, and the long-term and short-term effects of them, were virtually unknown by the very people who were administering them. This seemed a dangerous and potentially disastrous situation.

This situation was compounded by the fact that the oversight was provided by a general physician for most people, which meant there was probably little aggressive monitoring of these drugs, or efforts to reduce them, and to understand the impact of them on a day to day basis. For instance, compromised breathing, decreased muscle control, and body sensitivity are well-known effects of these drugs. The use of these types of drugs combined with physical restraint has resulted in many deaths, particularly of younger people. But the relaxed and accepting attitude of the staff around this issue showed a low level of consciousness about this critical safety issue.

Another area bearing on the safety of the women included the use of physical restraint, which the team was told happened at least on a monthly basis for Ms. J. S, and regularly for Ms. R as well. Although staff told the team that restraints were used as a last resort only for the protection of the women, the restraint which was applied on the night of our visit was done as a matter of course, as noted, and not after other measures had been tried. In fact, one of the staff people indicated that the use of this technique has a calming effect on Ms. R and usually helped to end the incident quickly. This information, instead of justifying the restraint, could have been used to formulate other ways to manage these situations without resorting to violence against her.

Salient to all of the above issues was the absence of on-site leadership in the house who would be able to help discern the women's most pressing needs, and lead efforts to meet those needs in a coordinated fashion. The management staff was exceedingly open, energetic, and positive about their work and the women who live in the residence. The staff working under them also seemed open and could indeed do much of the planful work that needs to be done. As noted, there were also a great many resources in place -- economic, people, and physical site -- which could make it possible for things to be much better. There were four staff members on duty the evening the team visited. What may have been most needed in this area was for a leader to marshal these resources, to raise consciousness about the needs of the women, to direct efforts to work in an integrated fashion towards stated program goals of social integration, independence, and safety.

Driving change in the needed areas -- for instance, helping each woman develop and move into valued roles, aggressive monitoring of their medications, communicating a sense of urgency that the changes in Ms. D's life after 37 years in the institution cannot wait another day, that Ms. C cannot wait for a way to communicate until the school gets around to it, that Ms. T. S must get connected with young people who are in her community right now--will require a leader on-site who would continuously push for, inspire, and motivate correct and concerted action. All the while, the leader must be able to keep their eyes on the harder tasks, such as addressing the grouping problem in a highly individualized way.

Specific Rating Clusters

To further illustrate the findings of the team, assessment results within each ratings cluster area are described below.

Physical Setting of Service

As noted, several ratings within this grouping of both competency and image ratings were relative strengths of this service. It was clear that the agency and the service designers had paid a great deal of attention to the physical setting. The outstanding harmony between the neighborhood and the setting both in purpose and appearance, its location in terms of convenience and close access to families, and its ideal location near a plethora of community resources are examples (R1112 Program Neighborhood Harmony, p.62; R1131 Exterior Setting Congruence with Culturally Valued Analogue, p.87; R1151 Image Projection of Setting--Physical Proximity, p. 115; R1152 Image Projection of Setting--History, p.121). Altogether, this resulted in some very positive "pre-conditions" for assimilation and personal social integration for each of the people living in the home. It is possible that several of these positive ratings could have been rated even higher. However, the team was unable to ascertain the intent and consciousness of the people who made the decision to purchase this home, which could have resulted in the attainment of Level 5 on several ratings. If this had been a true evaluation instead of a training workshop, more time would have been spent pursuing the information needed to rate these areas accurately.

The overall scores in both the competency-related as well as the image-related physical setting areas fell in the range of "Acceptable/Fair." The reason for this is that several internal setting imagery ratings received negative scores, drawing the overall score down. These areas included R1153 Internal Setting--Other Physical Features (p. 127), R1132 Internal Setting Appearance Congruency with Culturally Valued Analogue (p.93), and R1122 Internal Setting Aesthetics (p.77).

Service-Structured Groupings, Relationships, and Social Juxtapositions

Within the imagery area of this rating cluster, the program fell in the "Below Acceptable; Poor" range. This is an area in which the grouping problems noted earlier greatly impacted the score. The variety and degree of multiple and different impairments among all the recipients led to significant problems with image transfer among and between them (R1231 Image Projection of Intra-Service Recipient Grouping--Social Value, p. 161). This was less problematic in the area of age image (R1232 Image Projection of Intra-Service Recipient Grouping--Age Image, p. 169), as the presence of one person several decades older than the majority was the only perceived weakness.

The competency ratings in this cluster were more problematic, with the overall score falling in the "Totally Inadequate; Disastrous" range. Of significant concern was the acute impoverishment of relationships with valued citizens, the composition of the grouping, noted earlier, and the size of the grouping, all contributing to lessened opportunities for competency enhancement (see R2211 Competency-Related Intra-Service Recipient Grouping--Size, p. 337; R2212 Competency-Related Intra-Service Recipient Grouping--Composition, p. 347; and R222 Competency-Related Other Recipient Contacts and Personal Relationships, p. 355).

An area which deserves special attention is that of the rating R225 Promotion of Recipient Socio-Sexual Identity (p. 379). During the interview, a number of questions around the issue of what the service was doing to support the development of each person's identity as an adult woman, and to address needs in the area of male-female relationships, were met with little response. In fact, when the staff members were asked if they ever provided any education or support in this area, the team was told that they would contract with an outside party to do so, if they ever felt this was a need. The area of socio-sexual identity is a big life area for young women in the age range of 19 – 23, and this period of life could be considered one of rapid growth and maturation and development in this area. Especially given the consistent lack of family and friends in the lives of each of them, we could expect a need for factual teaching around sexuality, for sensitive support and guidance in relationships, for teaching self-protection and awareness of potential for victimization, for safeguarding people, and in support for the development of each woman's emerging identity as a woman. The service seemed to be ignoring the need to play a strong role in addressing these essential issues. For instance, the staff informed us that Ms. D had a long-term relationship with one man she knew from the institution, and this relationship continued after they both were discharged, until his recent death. Although staff communicated to the team that they were good friends, staff did not seem to be aware that this had been an ongoing, intimate relationship. In fact, we were initially told it was not a sexual relationship. However, the records indicated that Ms. D had been sexually active in the past, both at the institution and with other partners as well in a later group home placement.

While we were there, the Program Manager called a previous program staff member who confirmed that this was the case. The romantic nature of this relationship was made clear in the many photos that Ms. D showed to team members. This important lack of awareness was complicated by great confusion over the use of Depo-Provera injections (which can be used as birth control or as a means to stop the menstrual cycle altogether). Several reasons were advanced as to the purpose of this drug for both Ms. J. S and Ms. D. Some staff members said it was so that the staff would not have to clean up the women during their menstrual periods, others said it was to stabilize the menstrual cycle, and the records themselves stated that it was for birth control purposes. All of this presents a great deal of confusion around an issue that should be paid much more attention to. Given the supervision that Ms. D was living with, the likelihood of her having a sexual relationship with anyone seems improbable at best.

Assisting and encouraging each of the women to pursue relationships with both men and women their age, to engage in group activities with friends of both genders in and out of the home, and to experience everyday relationships which are characterized by warmth and affection would be important efforts on behalf of these women. In summary, this area of competency-related groupings, juxtapositions, and relationships is a major area for service improvement.

Service-Structured Activities and Time Use

In the image domain of this cluster, the service's scores fell in the "Below Acceptable/Poor" range. The major factor influencing this score was the poor match between the age of the women and their activities and activity timing (R132 Image Projection of Service Activities and Activity Timing, p. 215). Although it was mentioned by the staff that activity level in the home is high, the team was unable to witness this in the time that we observed. Despite the fact that there were many servers on duty (4), there was very little activity happening, especially as compared to the pace of life for valued people of the same age as these women. Ms. R went to work, Ms. T. S and Ms. R took a short walk, and Ms. T. S played a bit of cards in the evening. A few chores were done (assisting piecemeal fashion in dinner and clean-up, and laundry) but there were large blocks of time in which the ladies were sitting, or walking around the house. For some of the women, there were hours of virtual inactivity. That is a significant departure from what would be expected from people of a valued status at these same ages, and impacts seriously and negatively on their image as being competent and capable.

In the competency domain, the score was considered "Totally Inadequate/Disastrous." Two major rating areas of the highest importance are factored here. The first is how well the service addresses recipient needs (R231 Service Address of Recipient Needs, p. 389), the highest weighted item of the PASSING instrument, and already covered at length in preceding sections of this report. The second highly important rating area covered in this section is R232 Intensity of Activities and Efficiency of Time Use, p. 403, and also discussed elsewhere at some length in this report.

Miscellaneous Other Service Practices

The overall score in this area was also in the range of "Totally Inadequate." Two ratings in this cluster drew down the scores from the acceptable level, and these ratings indicate areas of concern expressed elsewhere in this report. The first was the lack of good service address of the personal appearance of the women (R141 Service Address of Recipient Personal Impression Impact, p. 235), and the second was the image projection of the possessions belonging to the women (R142 Image-Related Personal Possessions, p. 243).

These are areas which, again, would be relatively easy for the service to address, and the poor performance here seemed to be due to the lack of understanding of the degree of vulnerability experienced by each of the women.

Recommendations

In addition to the recommendations already stated or implied in earlier sections, the team makes the following recommendations.

The first is to address the grouping issues which are highly problematic within this program. Each woman should be supported to have and create a home which reflects her own identity and needs. This may involve living with a family, living alone, or living with others who may or may not have impairments themselves. When considering groupings, the information about the impact of groupings on image and competency located in the PASSING Ratings Manual (pp. 155-160) should be considered.

The second recommendation is to clarify the purpose of the program. There was reference to this residence being transitional in nature, although this was not necessarily evidenced in the operations of the program, or in the understanding of the in-house workers. If this is a program where people are only expected to stay a short while, then program and program activities should be geared towards that, there should be a clear understanding of that by both workers and the people living there, and focused efforts towards a more permanent abode must be made. The lack of clarity around this issue seemed to be causing confusion and harm to the individuals. For example, because Ms. C was expected to move into adult foster care, she lived in a bare room for an indeterminate period of time. For other women, there appeared to be no means or plans to move on, although this was put forward as an expectation.

Other means of conceptualizing the arrangement of the home could be considered. For example, the home could be considered as primarily the residence of Ms. J. S, with the others living there as temporary guests, although this could cause more problems than it solves.

A third recommendation is to make major efforts to assist each woman to obtain a valued quantity of high quality personal possessions. One need only think of the type and quantity of items owned by most young women (aged 19-23) and also of women in their middle years to understand how to focus action in this area.

The team also recommended that each woman be assisted to have a positive personal impression. A great deal of image enhancement could be immediately gained by assisting each woman to improve her personal image. Stylish haircuts, attention to

personal hygiene, perhaps make-up and jewelry, stylish clothes that fit well and are a good match for the individual identities of each woman would go a long way towards helping them fill valued roles and meet people. For Ms. C, cosmetic dental work should be explored, which would greatly enhance her appearance. This is an area where the service can "bend over backwards" to compensate for vulnerability. Doing this does not necessarily require a great deal of money, but does require coaching and focused assistance by others who know the women well.

These women were at great risk for being seen as clients of the human service system, and for losing their histories and identities. The workers and management knew very few details about the women's lives before they came into this program. The team recommends immediate efforts to preserve the photographs owned by some of the women which represent perhaps the only history that is available. One of the very few personal possessions owned by both Ms. C and Ms. D are photo albums. Ms. D's album is filled with pictures of her life in the institution, and particularly her long-term relationship. The photos told her story, and painted a vivid picture of her life, in ways that she currently cannot. Yet these photos were fading, curling, and were stacked inside photo albums which were falling apart. We recommend that the program assist both these women to preserve these photos so they will last. There are many options and ways to do this. The most obvious is for them to be mounted in scrapbooks made specifically to preserve archival photos. Another way is to make a digital record of the photos.

Both Ms. D and Ms. C need a means to communicate, combined with a sense of urgency on the part of the staff to get this in place. Although there were plans for both women in the future, the team was told that Ms. C was a priority, and they were waiting for the school to get a program in place. Having workers who know sign language should be an immediate priority. Focused coaching and teaching by those who know sign language should also be implemented. The use of augmentative communication devices should be immediately and aggressively explored. One woman should not have to wait for such a vitally important aspect of life, while another gets her chance first. This is a time when relying on staff members who do not sign to teach sign language here and there is not a strong enough effort, and strong advocacy may be needed to assure that this major need is addressed.

Another recommendation is for the service to institute aggressive action to review and supervise the drugs which were being prescribed to at least three of the five women. At a minimum, all staff members could be made aware of all the effects of these drugs, the dangers, the purposes for which they are prescribed, and the need for them to be reduced to the lowest possible level.

The team recommends that the service focus on valued roles for each of the women rather than only on activities. The current focus on activities, such as trips to local stores, banks, and parks do not offer the benefits of valued roles. Efforts to assist each woman to move into valued roles, such as neighbor, voter, club member, student, scrap-booker, hiker etc. are more likely to result in positive outcomes that seem to have eluded them so far -- the development of freely-given relationships, a positive reputation, and a positive self-image.

Another recommendation is to apply concerted action to improve the appearance of the interior of the home. Consider the possibilities of recruiting and hiring staff, or at least a contractor or consultant, with a particular talent in this area. Helping each woman decorate her bedroom, warming up and personalizing the home by décor, lighting, and attention to personal touches, could create a more welcoming environment. Besides improving the conditions in which the women were living, such an environment could also attract families to be more involved, and would cause potential friends and neighbors to see the women, and their home, in a positive way. Besides the bedrooms, some of which needed a great deal of attention, the team recommends that the basement area be prioritized.

CONCLUSION

People who are familiar with evaluations conducted with PASSING, and/or related or similar instruments, such as PASS (Wolfensberger, W., & Glenn, L. [1975; reprinted in 1978]. PASS [Program Analysis of Service Systems]: A Method for the Quantitative Evaluation of Human Services [3rd ed.]. Toronto: National Institute on Mental Retardation) or Model Coherency Impact (Wolfensberger, pilot edition), are aware that reports of such assessments are not always well-received. Those who receive a report may not be familiar with the rationales that underlie such a tool, or--in the case of PASS and PASSING--with its specific ratings and rating clusters; or they may know the rationales, but disagree with them; or they may feel that evidence collection by the team, or team expertise, were deficient--and on occasion, this is correct. As noted earlier, only an assessment by a fully qualified team could be assumed to be competent and accurate, but such an assessment is also more expensive. No matter how this report is accepted, we routinely recommend that persons associated with the service assessed (such as board members, service workers, advisors, sometimes recipients or their families) avail themselves of the opportunity to become more familiar with PASSING and Social Role Valorization, as can be done by reading the PASSING Manual, the monograph on Social Role Valorization referenced on the first page of this report, as well as other publications. Even better would be to participate in future Social Role Valorization and PASSING workshops.

The team appreciated the cooperation of the managers, servers and recipients at the service, and their patience at having their routines disrupted, and in dealing with a barrage of questions. We very much hope that the findings of the team are helpful to the service, and that some other PASSING team in the future will have a similar opportunity for such a valuable learning experience.