PASSING

A Tool for Analyzing Service Quality According to Social Role Valorization Criteria.

Ratings Manual
3rd (revised) Edition

Wolf Wolfensberger and **Susan Thomas**

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ACCORDING TO SOCIAL ROLE VALORIZATION CRITERIA

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3rd (revised) edition
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Introduction and Overview

Background

This book, called the PASSING *Ratings Manual,* is one of several volumes (as explained below) that make up, or are related to, an instrument for assessing the quality of a human service, and for teaching adaptive service practices. The previous edition of PASSING[1] was published in 1983, and the acronym PASSING initially stood for Program Analysis of Service Systems' Implementation of Normalization Goals, but no longer does. PASSING is distinct from, but partially inspired by, the PASS (Program Analysis of Service Systems)[2] method of evaluation.

Both PASS and PASSING are tools for the objective quantitative measurement of the quality of a wide range of human service programs, agencies, and even entire service systems. PASS measures service quality in terms of the service's adherence to (a) the principle of normalization,[3,4] (b) certain other service ideologies, and (c) certain administrative desiderata, all believed to contribute to service quality. On the other hand, PASSING measures service quality almost entirely by criteria of Social Role Valorization, or SRV.[5] Each instrument is comprised of "ratings," i.e., statements of issues related to service quality, and criteria that a service must meet in regard to that issue in order to be of high quality. PASS has fifty ratings, of which thirty-four are based on normalization. In PASSING, there are forty-two ratings, all of which incorporate SRV implications to the quality of a service.

PASS and PASSING are both designed to be applied to just about any type of human service, be it formal or informal (educational, vocational, residential, medical/health, counseling, advocacy, rehabilitation, transportation, correctional, etc.). Further, both are meant to be used to assess services to any type of person, but especially to those who are societally devalued or at risk thereof (people who are mentally retarded, elderly, physically impaired, mentally disordered, impaired in a sense organ, racial or ethnic minority members, poor, illiterate, disordered in conduct/behavior, criminals, severely/chronically ill or dying, etc.).

How PASS and PASSING resemble each other, and how they differ, is spelled out in the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality,*[6] and can also be appreciated by examining the PASS *Handbook.* For further information on how the two instruments differ, contact the Training Institute for Human Service Planning, Leadership & Change Agentry; 800 South Wilbur Avenue, Suite 3B1; Syracuse, New York 13204 USA; phone 315/473-2978; fax 315/473-2963.

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[1]Wolfensberger, W, & Thomas, S. (1983). *PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals): Normalization criteria and ratings manual* (2nd ed.). Toronto: National Institute on Mental Retardation. (A first experimental edition came out in 1980.)

[2]Wolfensberger, W., & Glenn, L. (1975, reprinted 1978). *PASS (Program Analysis of Service Systems: A method for the quantitative evaluation of human services). Handbook & Field Manual* (3rd ed.). Toronto: National Institute on Mental Retardation. (Earlier editions appeared in 1969 and 1973.)

[3]Wolfensberger, W. (1972). *The principle of normalization in human services.* Toronto: National Institute on Mental Retardation.

[4]Wolfensberger, W. (1980). The definition of normalization: Update, problems, disagreements, and misunderstandings. In R. J. Flynn, & K. E. Nitsch (Eds.), *Normalization, social integration, and community services* (pp. 71–115). Baltimore: University Park Press.

[5]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 rev. ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry (Syracuse University). (Earlier editions appeared in 1991 and 1992.)

[6]Wolfensberger, W. (1983). *Guidelines for evaluators during a PASS, PASSING, or similar assessment of human service quality.* Downsview (Toronto), Ontario: National Institute on Mental Retardation.

In PASSING, some terms or phrases are printed in **bold** letters, some in *italics*, and some in ***bold italics***. Bold, or italics, are used to indicate titles--such as in headings and sub-headings for ratings and rating clusters, or names of publications--and bold print in the text is also used to indicate emphasis. A combination of bold and italic lettering is used to indicate great emphasis or importance, especially in instances where short words, such as "if," "or," etc., would be difficult to see in bold letters only. Also, although PASSING is applied outside the United States, US spellings and usage have been used throughout.

Within ratings, we tried not to break paragraphs over two pages, but instead to have a paragraph end on a page, and the next paragraph start on a new page. For this reason, there are sometimes one or a few inches of blank space at the bottom of a page, and the text continues on the page following.

Purposes and Applicability of PASSING

PASSING has three major purposes: to assess the quality of any human service according to SRV criteria; to teach SRV; and to plan and analyze services according to SRV.

As noted, as an evaluation tool, PASSING is meant to be applicable to just about any type of human service. Some render a direct form of service, others an indirect one. Teaching someone, providing someone with a place to live, or with medical treatment, are examples of direct serving. Making a referral to another body so that it can deliver the needed medical care, or giving someone guidance on how to apply for a job, or for welfare, are examples of indirect service. In applying PASSING, it is very important that raters be very clear what type of service(s) is/are being provided, as will become evident in the various ratings of PASSING.

The PASSING *Ratings Manual* (hereafter called *Manual* for short) contains the material that a trained evaluator (i.e., a "rater") would need in order to assess the quality of a service in relation to the criteria of SRV, and/or that a student of SRV would need in order to study SRV via the PASSING service evaluation approach even if the person did not want to assess a specific service, or to learn the PASSING discipline of service assessment. The *Manual* contains the complete forty-two ratings of PASSING, as well as additional narrative that may provide background to the ratings and to rating "clusters" (a cluster is a group of two or more ratings that have some common elements). The *Manual* is the book that raters and students of SRV must study thoroughly in order to understand:
  a. how the implications of SRV are embodied in PASSING;
  b. how PASSING structures SRV into "ratings" to be applied in the assessment of the quality of a service;
  c. what each rating (or SRV implication) addresses; and
  d. how each rating (or SRV implication) differs from the others.

The *Manual* is also the book that raters must take with them "into the field" (i.e., when they go out to a service to conduct a PASSING assessment), and which they will constantly need to refer to during all stages of an assessment, e.g., during data gathering, while making their rating level assignments, and during the deliberations ("conciliation") of an evaluation team. In fact, raters will use the *Manual* in detail and repeatedly at each step as they apply PASSING, in order to:
  a. frame questions to guide their study, observations, and inquiry of the service being assessed;
  b. guide them in deciding on a level of service performance for each rating every time they do a service assessment;
  c. clarify team members' understanding of each rating while a rating team engages in conciliation in order to come to a consensus decision on all the rating levels;
  d. help decide what information is to be reported back to an assessed service.

However, **even thorough knowledge of the PASSING *Manual* is not sufficient to enable a person to master PASSING as a tool, and to participate in the conduct of a valid PASSING assessment.** To that end, even otherwise very learned people must still (a) attend an introductory SRV training workshop, in which SRV is taught systematically; (b) attend an introductory PASSING training workshop, in which participants go through supervised practice assessments using the tool;

and (c) read, study, and learn other publications, especially the major current text on SRV (see footnote 5 on page 4). Therefore, a reader should not feel discouraged if, after reading this *Manual,* many questions remain. A complex work such as this cannot be understood just by being read, but has to be **studied**. However, by thoroughly studying this volume, a reader can gain a solid basic understanding of most of the implications of SRV for any service.

Further, this *Manual* can be very useful even to people who never attend SRV training, nor PASSING training, nor ever use PASSING to assess a service. The reason is that just by reading and studying PASSING, one can learn an awful lot not only about SRV, but also about adaptive principles and strategies for human services in general, and especially services to devalued people.   For instance, PASSING sets forth a systematic framework for designing a service to optimize role-valorization via such aspects as its: location; internal and external facility appearances; service language practices; juxtapositions, groupings, and interactions of service recipients with each other, with servers, and members of the public; program functions; timing and rhythms of service activities; image-related issues of rights and autonomy; balance between overprotection and underprotection; comfort of the facility; individualization of service arrangements; fostering of recipients' socio-sexual identity; presence and use of possessions; effective use of program time; etc. For many readers, PASSING will be much more useful for designing a service properly from the beginning than evaluating its quality later on when a lot of things will no longer be readily changeable.

SRV can also be used to structure elements on the highest societal level, as well as on the level of informal personal relationships in the family, among friends and casual contacts, and in a person's own life situations. People who use PASSING for purposes of service design and analysis can of course ignore the evaluation-specific parts of the book, namely the sections in each rating entitled "Suggested Guidelines for Collecting and Using Evidence" and "Criteria and Examples for Level Assignments."

However, when used as an evaluation instrument, PASSING is meant to be applied only to human services, be they formal or informal ones. It is therefore a misunderstanding to say that PASSING somehow "fails" as an instrument when it is used for purposes other than those for which it was primarily designed, or even worse, that SRV fails as a theory. For instance, while PASSING is meant to be a tool for analyzing services, it is not **sufficient** as a tool for structuring a party's life outside of services. For such a purpose it can be very useful, but it was not specifically designed for such applications. Thus, a distinction must be made first between the application of SRV versus the application of PASSING; and secondly between applications of PASSING for the purposes for which it was designed, and other kinds of applications.

Structure of PASSING

This volume of PASSING contains the following (see Table of Contents for a quick overview):

a. a glossary of important and commonly-encountered terms and phrases in the PASSING text;

b. an overview of the issues of social image enhancement and personal competency enhancement, which are the two primary overall goals of SRV;

c. all forty-two ratings of PASSING, each of which embodies one or a few distinct SRV implications. Each rating contains the following:

c1. an explanation of the SRV rationale(s) for the rating, and of the issues at stake therein;

c2. a chart containing a very brief statement of the SRV issue in the rating, some common expressions of that issue in the mainstream of society (i.e., outside of human services), some positive examples of human service practices that implement the SRV issue at stake in the rating, and some examples of human service practices which violate it;

c3. an explanation of the differences between the rating at hand, and any other ratings with which the rating might be confused;

c4. a chart containing a list of sources of evidence for making a judgment on the rating, a list of questions that might be asked in order to obtain information useful for judging the service's performance on the rating, and brief summaries of some important and potentially difficult clarifications of the rating issue;

c5. criteria and examples for five levels of quality and performance, from very low to very high. In an actual assessment, a rater would have to decide on which one of these levels the service being assessed falls.

The forty-two ratings are allocated into two major categories: social image issues (twenty-seven ratings) and personal competency issues (fifteen ratings). Service practices that have more impact on recipients' social image than on their competencies fall into the first category; service practices that have more of an impact on recipients' personal competencies than on their social image are in the second category. Within both categories, ratings are subdivided as to whether they apply to: (a) the physical setting in which the service is located; (b) the ways in which the service groups its recipients and otherwise structures and supports relationships and juxtapositions between them and other people; (c) the activities and programs that the service provides or arranges, and other ways in which it uses or structures its recipients' time; and (d) (applicable only to the image category) miscellaneous other imagery associated with the service, and not covered by any of the other ratings. Thus, there are ratings that have to do with how the physical setting of a service affects the social image of recipients; there are ratings that look at how the physical setting of a service affects recipients' competencies; there are ratings that look at how the service-structured groupings and relationships affect the image of recipients; there is another category which has to do with how the service-structured groupings and relationships affect recipients' competencies; yet another group of ratings assesses the image impact of miscellaneous other service practices; and so on. Altogether, there are seven major cells of ratings, and a rating is placed in whichever of the seven categories it has the greatest relevance to, granted that some ratings have relevance to more than one category. The chart which follows illustrates this.

	1 PROGRAM ELEMENTS RELATED PRIMARILY TO RECIPIENT SOCIAL IMAGE ENHANCEMENT	2 PROGRAM ELEMENTS RELATED PRIMARILY TO RECIPIENT COMPETENCY ENHANCEMENT
01 PHYSICAL SETTING OF SERVICE	11 ratings, coded 11	6 ratings, coded 21
02 SERVICE-STRUCTURED GROUPINGS, RELATIONSHIPS, & SOCIAL JUXTAPOSITIONS	7 ratings, coded 12	6 ratings, coded 22
03 SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME	3 ratings, coded 13	3 ratings, coded 23
04 MISCELLANEOUS OTHER SERVICE PRACTICES	6 ratings, coded 14	no ratings— not applicable

Even within the seven categories, the same service feature may be rated by more than one rating. For example, there are two ratings in the category coded 11 which both measure the beauty of a service setting, but one measures the beauty of the setting exterior, and the other that of its interior. Two or more ratings that separately measure different aspects of a service feature are called rating "clusters," and such clusters may have anywhere from two to three ratings, or may be comprised themselves of two or more smaller clusters. For example, the rating cluster "11 Image-Related Physical Setting of Service" is comprised of five rating clusters, each of which in turn contains two or three ratings.

Every rating and rating cluster is preceded by a sequence of code numerals in front of its name. The first number in the sequence indicates whether a rating or rating cluster falls into the image or competency domain. All those ratings and rating clusters in the category of image enhancement are preceded by the code number 1, and those in the category of competency enhancement by the code number 2. Each sub-category is also numbered (see the chart above): physical setting of service is 01; service-structured groupings and relationships among people is 02; service-structured activities and other uses of time is 03; miscellaneous other service practices is 04. Thus, the second digit in the series of numerals that precedes a rating or rating cluster name indicates the sub-category into which it falls. For example, in the rating cluster "11 Image-Related Physical Setting of Service," the first number 1 indicates that this cluster falls in the category of image enhancement, and the second number 1 indicates that it falls into the sub-category of physical setting of a service. Thus, **all** the ratings within that cluster would also have as their first two numerals "11."

A rating is indicated by the capital letter "R" in front of the sequence of numbers at the start of its name, e.g., "R1122 Internal Setting Aesthetics." This R distinguishes ratings from rating clusters.

Each PASSING rating has five "levels" of service quality, and each level of each rating is accorded a certain number of points; this number is called its weight or score. For example, the rating R1111 Setting-Neighborhood Harmony has a weight of 16, meaning that a service could conceivably attain 16 points if it fully met the criteria of that rating. The sum of the weights of all the ratings in PASSING is 1000. However, as is explained in further detail in the aforementioned *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality,* the weights for each rating are not shown in the *Manual.* This was done in order to avoid biasing a rater's judgment of the performance of a service by knowing how many points the service could gain or lose on a particular rating. Instead, the rating weights are listed on a scoring form, called the *Scoresheet/Overall Service Performance Form*. During the evaluation process, raters record their judgments on a *Checklist* that does **not** show the rating weights, and only after the completion of the evaluation team's conciliation are the team's final judgments transferred from the *Checklist* to a *Scoresheet*. A sample each of the PASSING *Checklist* and *Scoresheet* can be found in the back of the *Guidelines*, though in the 1983 edition of the *Guidelines*, these differ slightly in their language from this 2007 edition of the PASSING *Manual.* A sample *Checklist* can also be found at the back of this *Ratings Manual*, and both forms, being consumable, must be purchased separately from the publisher, since each rater will need at least one of each for every assessment.

Note that the wording of the text for all ratings and rating clusters (starting with the text for "1 Ratings Primarily Related to Social Image Enhancement," and ending with the last rating R233) assumes that social role-valorization of service recipients is the desired outcome of a service. However, the larger SRV literature points out that SRV itself consists of a hierarchy of "if this, then that" propositions.[7] The theory itself does not use a language that one should or should not do this or that, but that *if* one does or does not do this or that, *then* such-and-such an outcome can be expected to occur, and should not be surprising. PASSING **does** use "should" and "should not" language because it is based on the premise that at least overall, a service **should** be role-valorizing for its recipients, even if it cannot optimize all service quality dimensions.

The forty-two ratings in PASSING are not totally self-contained, in that the introduction to a given section or cluster of ratings contains material that is relevant to all the ratings within that section or cluster. Raters need to read, and become thoroughly familiar with, the introductory materials that precede a given rating or rating cluster in order to be able to master the rating itself, and especially when using only part of PASSING. For example, if raters are only applying some of the image-related physical setting ratings, they must know the introductory narratives to those ratings.

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[7]Wolfensberger, W. (1995). An "if this, then that" formulation of decisions related to Social Role Valorization as a better way of interpreting it to people*. Mental Retardation, 33*(3), 163-169.

Text that applies to more than one rating or rating cluster is inserted where it first comes up. For instance, some text applies to both some image-related and some competency-related ratings; therefore, it shows up where those image-related ratings are introduced, and its earlier appearance is cross-referenced where those competency-related ratings are introduced later on.

The Conduct of an Assessment

The conduct of a PASSING assessment follows a certain pattern. The instrument is applied by a team of no fewer than three people, called "raters." Each team is under the direction and supervision of a person who is highly trained and skilled in PASSING, called a "team leader," and each team does the following:

a. extensively review documentary materials (if available) regarding the program, including policy documents, statements of mission, recipient records, individual program plans, activity schedules, log books, position papers, job descriptions, regulations, publicity materials, etc.;

b. tour (usually by car and on foot) the neighborhood surrounding the service;

c. tour both the exterior and interior of the service setting itself;

d. conduct a lengthy, in-depth interview with service leaders, such as administrators and executives;

e. conduct interviews with servers, i.e., direct service providers, be they paid or unpaid;

f. observe the program/service in operation;

g. talk with the recipients, and possibly with recipients' family members, advocates, and neighbors in the service neighborhood.

After the team has done the above, each rater individually assesses the program on each of the ratings in the instrument. This is done by deciding which level of performance on a rating the service merits. As mentioned, each PASSING rating has 5 levels, which represent different degrees of adherence of service practice to the issue at stake in the rating. The lower levels represent poor performance and the higher levels good performance. Each rating carries a certain weight (i.e., score), and so does each level of each rating. Once a rater has privately assigned a level for each rating to the service being assessed, the team meets at length in order to come to a consensus judgment as to the service's performance on each rating. This process is called "conciliation." At the end of it, the team (usually via a designated team member) reports back to the assessed service on its performance, usually in writing, often also orally. Rules for conciliation are given in the companion monograph for conducting an assessment mentioned before, namely the *Guidelines* (see footnote 6 on p. 4). The *Guidelines* also contain many instructions for assigning the different rating levels, but in addition, some more current, and some additional, guidelines for applying the PASSING ratings specifically are given in the section of this *Manual* entitled "The Rationales for the 5 Rating Levels, and Guidelines for Assigning Levels to Ratings" on pp. 12-15.

Examples are used throughout the PASSING text, and in the explanation of the five different levels for each rating. Especially in the section of each rating entitled "Criteria and Examples for Level Assignments," the examples are often narrow, giving only the detail relevant to the specific issue under discussion. However, in conducting an assessment, raters will have access to much more information than the few bits given in illustrative examples. Therefore, in assigning rating levels, the examples are to be used as a guide to help raters understand the principle of a level, and what a service that merits that level would have to do, or not do. Particularly the higher levels are very demanding, and **a single example given in the text must not control a rater's mind**. Novice PASSING users have had a tendency in assigning levels to cling excessively to the examples because of their concreteness. In fact, this tendency has led some critics to suggest eliminating all the examples from the rating levels--a suggestion that the authors decided not to take. However, team members are challenged to "rise above" specific level examples, if need be, and to internalize and apply the higher-order rating level principles.

Once a rater has mastered the introductory and explanatory rationale narratives for a rating or rating cluster, he or she can take some or all of them out of the *Manual*, for easier use of the *Manual* while doing interviews and observations in the field. Some users hole-punch the *Manual* so as to put some or all of the contents into three-ring binders. In order to enable some such arrangement of sheets for different purposes, the *Manual* has been set up somewhat modularly, with

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each part of a rating starting on a separate page. This arrangement also makes it possible for a rater who plans to evaluate a service only on selected dimensions of SRV (i.e., using only some ratings) to leave the rest of the ratings out of the binder. A rater can thereby gain more rapid access to the pages that contain instructions for specific ratings, as well as lighten the material that must be taken into a service setting that is being assessed.

Raters will use the PASSING *Manual* over and over again. Consequently, there is no need to rigidly memorize any part of it. A rater will always have at least certain introductory parts, plus rating-specific parts, of the *Manual* with him or her all during an evaluation.

Of utmost importance in applying PASSING is to use it in certain standardized and consistent ways, as spelled out in the aforementioned *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality* (see footnote 6 on p. 4). Following these prescribed procedures makes the results of different evaluations more comparable, and enables meaningful research to be conducted on the results. If the rules for assigning levels to a rating, spelled out in the *Guidelines*, are not followed, then the results will not be valid, and also not comparable to the results from other evaluations. Because the administration of PASSING to a service is very complex, evaluators need to have thoroughly studied the parts of the *Guidelines* that are relevant to PASSING, and to have the *Guidelines* book **at hand** throughout the evaluation, so as to be able to look up procedural points as needed. Also, raters need to distinguish those parts of the *Guidelines* intended for practicum evaluations (i.e., teaching and learning) from those that apply to "real" evaluations.

The 1983 *Guidelines* book also explains, on pp. 62-63, why PASSING generally rates service features without regard to the reasons why such features are present, or what the motives behind them are.   All that matters is to what degree they contribute to the role-valorization or devalorization of service recipients.

When the 1983 edition of PASSING was published, the authors had hoped that other monographs on PASSING would also be developed, as had happened in part for PASS previously. However, so far--aside from several published research studies--only some informal unpublished user manuals have appeared, e.g., for assessment team leaders. Although unpublished, and circulated informally in the PASSING teaching culture, these can be very useful to members of PASSING evaluation teams. For information on obtaining any of these, contact the Training Institute, 800 South Wilbur Avenue, Suite 3B1, Syracuse, New York 13204 USA; phone 315/473-2978; fax 315/473-2963. Also useful to evaluators are certain passages in the PASS *Handbook* (3rd 1975 edition), such as the discussion of quantitative measurements of service quality (pp. 25-28, 30-31), and of the relevance or irrelevance of apparent recipient satisfaction with a service (pp. 31-32).

In addition to the PASSING *Ratings Manual,* and the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality*, there are also a number of forms that are needed in order to conduct a PASSING assessment. These forms fall into three categories.

a. Those needed by each member of a rating team during each assessment. These are the *Checklist* and the *Scoresheet/Overall Service Performance Form.*

b. Those which would be very useful for a rater, but are not essential. So far, this includes only the *Individual Rating Evidence Organization Sheet*, of which a rater may want to use one for each rating during an assessment.

c. Those which only certain team members in specific roles (e.g., the team leader) need to have. These are the *Findings and Comments for Specific PASSING Ratings* form (of which one may be needed for each rating) and the *Research Data Form* (of which one is needed per assessment).

Actually, any team member might want to have copies even of those forms that he or she does not necessarily need, just to keep a complete record of the assessment. Also, the team leader will need **several copies** of the *Checklist* and *Scoresheet/Overall Service Performance Form* for each assessment.

As already noted, the forms are copyrighted, and therefore any forms that a team member needs or wants for an assessment should be purchased from the publisher, not copied from the samples in the *Guidelines* monograph.

Conclusion

Because PASSING is so big and complex, and because many distinctions must be made among the issues covered by different ratings, we have deliberately been a bit repetitive in explaining in different parts of the book what some of the distinctions are among ratings, and what are some of the more important rating points and principles. For instance a point or distinction made early in the book may be mentioned later several more times. Also, the "Differentiation From Other Ratings" section within each rating has often been expanded from the earlier (2nd) edition. This also helps if only some sections of PASSING are used.

As noted, PASSING can also be read just to learn more about SRV, rather than to evaluate services. However, in that case, readers should be aware that there is a steady flow of SRV publications, and that some of these can also be read profitably to learn SRV better. As such publications appear, the list of the most recommendable items changes. For the most recent edition of such a list, readers can contact the Training Institute for Human Service Planning, Leadership and Change Agentry, Syracuse University, 800 South Wilbur Avenue, Suite 3B1; Syracuse, New York 13204 USA; phone 315/473-2978; fax 315/473-2963.

For information about upcoming SRV and PASSING training events, any active SRV or PASSING trainer can be contacted, as can the Training Coordinator at the above Training Institute.

Alphabetic Glossary of Special Terms

There are a number of terms and phrases which occur and are used repeatedly throughout the ratings in PASSING. In order for someone to accurately understand and use PASSING, it is **imperative** that he or she be very familiar with the specific meanings of these terms **as they are used in this instrument.** Many of the terms have other additional meanings, both in ordinary use, and more specifically in human services. However, it is the meaning below, and only that meaning, which applies when these terms are used in PASSING. Individual readers may also discover that there are some terms used in PASSING with which they are unfamiliar (e.g., the term "appurtenance," used in several of the physical setting ratings, might be an example), and which are not included in this section. In those instances, readers should refer to any dictionary. If understanding is still not reached, please let the authors know. Raters are instructed to refer to this section frequently for clarification of issues, as they complete their individual ratings, and during team deliberations.

The terms are listed alphabetically.

Age-appropriate: Within the values of a given culture, that which is considered typical, expected, desirable, or valued for persons of a particular age. Within the range of what is culture-appropriate (see definition on p. 31) in a culture, certain behaviors, personal appearances, activities, rights, possessions, facilities, facility decors, etc., are expected and valued only if they are associated with persons of a certain age, but not with persons of another age. For example, in North American culture, short pinafores, anklet socks, "Mary Jane" shoes, and plastic flower barrettes and jewelry are some components of what is considered age-appropriate appearance for young girls. When behaviors, personal appearances, activities, etc., that are culturally valued, expected, and legitimized **only** for people of a certain age are associated with people of a different age group, such associations are called "age-inappropriate."

Any characteristics that might be judged as age-appropriate must first be culture-appropriate, i.e., it must be valued by the culture for at least some of its valued members. For example, the playing of games is a culture-appropriate activity in most societies, and the playing of certain games (e.g., Farmer-in-the-Dell) is considered age-appropriate for a certain age group (i.e., children) within North American culture, but not for other age groups (i.e., adults). On the other hand, being unclothed in the presence of strangers is not considered culture-appropriate for hardly anyone in North American society, and thus, in most contexts, it has no age-appropriate dimension.

Citizen advocate: A competent, unpaid citizen volunteer with minimal conflict of interest and who is not controlled by the serving entity being assessed, who relates to, and/or represents and advocates for, the interests and needs of a person in need. The person represented by a citizen advocate is called the advocate's "protégé." The citizen advocate is recruited and supported by a Citizen Advocacy office that is independent (especially from the assessed agency) and that finds and matches advocates for/with people in need. A citizen advocate may be a family member, a friend, a member of the public, a legally-appointed guardian or trustee, etc. However, a person may function in the role of a **personal** advocate even if he or she has not been officially designated as a **citizen** advocate by a Citizen Advocacy office.

Citizen or personal advocates are not the same as volunteers to a service, because such volunteers ordinarily do not primarily represent the needs of individuals, but of the service entity (see definition on p. 37). Often, service/agency volunteers are assigned to assist staff in their functions and help out with administrative work. Even if a service volunteer helps out with individual recipients, he or she often does so with many recipients; or even if with one at a time, it is often not the same recipient over time. Furthermore, such volunteers are under at least some degree of control by the serving entity, whereas a citizen advocate is a freely functioning citizen whose relationship with an impaired person is free from the conflict of interest that would be present (by definition) if the advocate were paid, or if the entity that served the person had **any** control over the advocate. For this reason, individual servers who may be assigned to advocate for individual recipients (and who would more properly be called "in-house advocates" or "staff advocates") are not to be counted as citizen advocates.

Community: The geo-demographic area which includes, but is usually larger than, a neighborhood (as defined on p. 34), and which is typically characterized by at least a loose sense of "belonging together."   Ordinarily, any city, town, or village would constitute a "community." However, there are some instances in which areas outside a city, town, or village would also be included, such as the area that surrounds a rural village.

Most commonly, one of the forces which contributes to this sense of "belonging together" is the presence of a wide range of basic resources (see definition of "generic" on p. 33) such as post offices, banks, stores and shopping centers, physicians, dentists, other professional services, etc., which are used by the members of the community, and for which a resident of the community would not have to go elsewhere. In an urban area such as a city, the urban area itself as well as the adjacent suburbs would usually constitute the community. However, even some parts of larger urban areas are relatively self-sufficient communities in themselves. In some rural areas, the community may include a very large geographic area in which the population is oriented toward some center of population concentration (e.g., a town) and basic resources.

Conservatism corollary: One of the implications of SRV, which states that *the more impaired, devalued, or otherwise at risk of social devaluation a person or group is, the more important it is to (a) do things which are the* **most** *image-and/or competency enhancing for that person or group, so as to increase the likelihood of their role-valorization, and (b) at the very least, avoid doing anything which would even slightly harm the party's image or competencies, and thereby their valued roles,* even if these practices might otherwise be typical or valued in the culture. This corollary has profound--and sometimes surprising--implications for the application of SRV in a service, especially where devalued people are served. Some examples are the following. As much as possible, groupings of devalued people should be small because large groupings only compound the image jeopardy of each member. Overt negatively valued elements of the appearance of a person, or of members of a group, should be corrected and minimized, and/or compensated for with valued elements. Activities which have historically been associated with devalued people (such as the use of poster children for fund-raising, broom-making by blind people) should be avoided, even if typical people also engage in them, and even if they bring other benefits, because they perpetuate sometimes ancient negative stereotypes and associations. Efforts to enhance the competencies of competency-impaired persons should be even **more** intensive, and should begin at an earlier age, than similar efforts in the lives of ordinary people, because the competencies of devalued people are so much more at risk. Certain names, styles of dress, hobbies and pursuits that valued people may engage in without loss to their image should be avoided where devalued people are at stake, because these risk eliciting in the minds of observers negative stereotypes to which the devalued party is vulnerable, and/or because devalued people may not have sufficient compensating positively valued qualities to counteract or balance off some of the problematic imagery that may be associated with such practices.

In other words, the conservatism corollary implies that services "bend over backwards" to both enhance the image and competencies of their recipients, and to protect their recipients' image and competencies from any further diminishment.

Contacts: This term will be found in a number of ratings as a shorthand for *both social interactions,* **and** *direct juxtapositions of person(s) to person(s)*, in contrast to juxtapositions of persons to objects, symbols, or verbal phrases.

Culturally valued analogue: *A societal practice (a) which can be encountered with at least reasonable frequency in the valued sector of society, (b) with which most members of the society would be familiar, (c) of which most members of the society would hold positive expectations and images, (d) which constitutes a valued parallel to a practice performed by or with devalued people.* With very rare exceptions, all human services have some culturally valued analogue; some types of services have several. For instance, the culturally valued analogues to a residence for impaired people might be a family home, an adoptive home, a boarding house, an apartment that two or three age peers share, a fraternity or sorority house, a boarding school, a relative taking in an orphaned niece, nephew, grandchild, etc. Similarly, the culturally valued analogue to an educational service could be an early education program, kindergarten, elementary school, high school, or university, an evening or weekend adult education program, a home-making "extension" course, a correspondence

school, apprenticeship, a combination work-study program, etc. The analogue to a vocational program for impaired people might be regular industry or an office, vocational preparation and training during adolescence, apprenticeship, etc. A culturally valued analogue for a counseling program might be informal advice given by a friend, older person, pastor, etc.; for meals-on-wheels, it might be a neighbor bringing over a dish to a sick neighbor; etc.

So far, only one type of "service" has been discovered to lack a culturally valued analogue, and that is a prison. However, even for prisons, more valued cultural practices can be identified for at least some people, such as intensive social supervision rather than total physical isolation, segregation, and detainment.

Culture-appropriate: *That which is in keeping with the values, ideals, and mores of the culture, which are accepted, agreed upon, and generally adhered to by most people throughout the culture.* Things which are culture-appropriate are typically regulated through laws, customs, heritage, tradition, and other forms of both formal and informal social sanction, and are expressed in behaviors, personal appearances, activities, routines and rhythms, facility structures and appearances, rights, etc., which are considered typical, normative, and even valued for members of the culture regardless of their age. For example, personal cleanliness is a characteristic which is valued in North American culture, no matter what the person's health, age, wealth, education, sex, etc. Cleanliness can thus be called a culture-appropriate aspect of a person's appearance.

In contrast, behaviors, personal appearances, activities, routines and rhythms, facility structures and appearances, etc., which are negatively valued for virtually any member of a culture are called "culture-inappropriate." For example, total inactivity and nonproductivity in one's waking hours is not valued for anyone (not even babies) in North American culture, and is thus considered culture-inappropriate there. In many cultures, culture-inappropriate practices are those that are alien to *that* culture, and would be viewed by its members with suspicion or opprobrium.

Developmental activities: *The major means by which people grow, learn, develop or contribute as members of the culture, especially in terms of their personal identities, skills, experiences, social roles and status, and through which they establish and maintain a major portion of their peer associations and relationships.* Developmental activities are extremely diverse, are often socially structured and sanctioned, and persons are usually expected or encouraged to engage in them for a significant portion of their waking hours. In our culture, developmental activities for children would heavily include education and, to some degree, play; for adolescents and young adults, they include a combination of learning and education, and work or work training; for adults, they largely include work, work enhancement, and civic and cultural activities. For people of any age, they might include cultic and religious activities.

Deviancy: *A sociological term referring to the social status (see definition on p. 40) into which a person is cast, often unconsciously, by others, and especially by the larger society, when he or she is perceived as (a) different from most others in the society, (b) in one or more dimensions which are perceived as significant by a majority or norm-setting segment of the society, and (c) when these perceived significant differences are valued negatively by the society or its norm-setting segment.* For example, people who are physically impaired are commonly cast into a deviant social status in our society because (a) their bodies are different from those of most people in society, (b) these physical differences are perceived as significant ones, and (c) being physically impaired or limited is not a condition which the society values, nor to which people in the society aspire. Deviancy is not the same as mere differentness; it is society's **negative** perception of a differentness that makes a differentness into a deviancy. For example, one may have an IQ of 165 and therefore be markedly different in a significant dimension from the rest of the population, but high intelligence is much more valued than devalued in our society, while low intelligence (also a significant difference in that dimension) is overwhelmingly devalued.

Direct services, & Indirect services: Direct services are those helping and serving forms that involve a personal interaction of a helping or serving nature between a server and a recipient. Examples of direct services include: teaching, in the broadest sense; physical therapy; most kinds of medical diagnosis and treatment; counseling and providing guidance, encouragement, direction, ego-building; providing companionship, affection, love; instrumental supplementation, i.e., assisting a person to accomplish instrumental (problem-solving) tasks or to overcome instrumental challenges, such as providing a person with a wheelchair so that the person can get from here to there, or reading to a blind or illiterate person. People who perform direct services in most human service settings might be such personnel as physicians, nurses, nurses' aides, teachers and teachers' aides, counselors, psychologists, and psychiatrists, provided that the persons filling these roles actually interact directly with people in need, rather than conducting strictly supervisory functions, preparing other servers to work directly with recipients, etc. Many direct services are performed by paid workers, but unpaid servers can also provide such services; in fact, the bulk of all serving that humans do for each other they do on an unpaid basis.

In contrast, *indirect services are those that are rendered from a distance.* Some of these are of a helping nature (e.g., getting money for a poor family), while others merely facilitate direct services (administering a service, giving consultation or training to direct service workers, advocating that a person receive a direct service, etc.).

Distantiation: The creation or placing of some kind of distance between oneself and something else (person, animal, object, etc.), usually something that one fears or dislikes. Distantiation can take either physical or social forms. Physical distantiation occurs when some sort of physical distance is employed to separate the object of fear or dislike from the person or group of people who fear or dislike that object. Some examples of physical distantiation are banishment, exile, segregation, and exclusion via physical barriers such as fences. Social distantiation occurs when some kind of "mental" or "metaphysical" distance is created, which is often done when physical distantiation is not an available option. Some examples of social distantiation include verbal degradation, treating people as if they were less than human, denying people the rights typically accorded to others, ignoring people who are actually present, avoiding eye contact, etc.

Domiciliary function: The sphere of life functioning having to do with residing somewhere, usually in one particular place and for a prolonged period. The "domiciliary function" is thus typically played by "the place where one lives," i.e., one's domicile. In contemporary developed societies, the domiciliary function is usually considered to be carried out in certain settings, and especially ones of relatively long-term nature. However, the domiciliary function is not always carried out in a long-term residence. For instance, college dorms definitely serve a domiciliary function, even if their student residents consider "home" to be someplace else. Similarly, hotels, motels, inns, camps, etc., also play a domiciliary function; for some residents, it may be a long-term one, as for people who live in a hotel, and for others (such as overnight visitors), it may be a short-term one. Some people who travel constantly (e.g., gypsies), or homeless people, may spend their nights in many different places (e.g., a camp, or shelter), but have no one single place that serves the domiciliary function for them.

In addition to the domiciliary function, people typically engage in numerous other distinct life functions and social processes in ordinary society, including formal education, remunerative employment, recreation, religious worship, and so on.

Facility: The physical structure (usually a building) in which a service is located and/or rendered, including any additions, signs, etc., that are attached to the structure itself. However, the term "facility" does not refer to the grounds around the facility (see definition of "service setting" on p. 37). Not all services are located or rendered in a facility, although they are always rendered in some kind of setting.

Generic: *Anything which is available to virtually anybody who wishes or needs to use it, and which is neither designed, operated, nor intended to only be used by or applicable to a specific devalued person, group, or class.* The term is usually used in reference to resources ("generic resources") or services ("generic services"). Generic resources include such things as banks, stores, public entertainment and recreation centers and facilities, churches, many governmental offices, post offices, public transportation, public parks, etc. Some facilities are available to any citizen, such as parks and shopping malls. Some services too are available to anyone, though some require payment. Examples are professionals, agencies, or bodies in the fields of health, education, employment, etc. such as public schools, many adult education services, lawyers, dentists, most private physicians, most hospitals, public employment offices, community colleges, and so on-- which aim to serve citizens in general rather than a particular (devalued) target group.

A service is not generic if it is addressed only to a specific group of devalued people, as would be the case with a work program for mentally retarded adults, a weekend recreation program for residents of an institution for the elderly, or a prison work-release program.

There are also generic events, which may also cost money to attend. An example would be events at a symphony hall or civic center that are open to anyone who purchases a ticket.

Grouping: See definition of "program grouping" on p. 35.

Impaired/impairment: *Any conditions of bodily or functional abnormality that reduce, or interfere with, the acquisition or exercise of competency, regardless of the source or causation of such a condition.* Examples are blindness, deafness, mental retardation, mental disorder, senility or dementia, missing limbs, inability to walk.

Integration: *The valued participation by people in the culturally normative and valued activities and settings of their society, in culturally normative amounts, and with ordinary and valued people.* In PASSING, the term integration is used mostly to refer to the participation of devalued people with non-devalued ones in valued activities and settings. Integration can range from zero to extensive.

One can speak of **physical integration** of both persons and services. Persons can be physically integrated when they are in ordinary settings, activities, and contexts where non-devalued people are also present, but have no--or only token--interactive contact with the non-devalued people. For example, a group of impaired children could be physically integrated into a typical school for ordinary youngsters, and although the children share the same facility and perhaps even attend some of the same functions (such as school-wide assemblies and athletic events), the impaired children might not have any genuine social contact with their fellow non-impaired students. A great deal of what after ca. 1970 was often called "mainstreaming," and then after ca. 1985 was called "inclusion," was only physical integration.

A service can be said to be physically integrated when it is located in the midst of all sorts of suitable integrative resources, but its recipients experience no--or very little--social interaction with non-devalued people. An example might be a group home located in a residential area with many potentially integrative resources nearby, but the residents socialize only with each other, paid staff, and other devalued people.

Numerous ratings deal with the issue of physical integration.

In contrast, **social integration** goes beyond the mere presence of both devalued and non-devalued people in the same physical space, to where real social interaction between them takes place, and does so in valued, or at least normative, settings, contexts, and activities. And in order to be truly role-valorizing, the presence and participation of the devalued parties must be wanted and valued by the non-devalued integrators, or at least not resented.

There are rationales in favor of social integration of devalued people into valued society that do **not** derive from SRV, and these must not be confused with rationales for integration that have to do with its contribution to the development of positively valued social roles.

Readers are referred to published materials on SRV (see point No. 8 on p. 18) for further discussion of integration (e.g., see the three items mentioned in point No. 17 of the section entitled "How This Third (2007) Edition Does and Does Not Differ From the 2nd (1983) Edition," on p. 20).

Isolated dislocation: *A service that would usually be found in a certain type of neighborhood is instead located in an area in which, for all intents and purposes, there is no neighborhood.* For example, a residential service would usually be found in a residential neighborhood, but a residential institution for orphaned children might be set in the middle of a field where there is nothing but other fields and woods for miles around. Or, a work site--which would usually be located in a commercial or industrial area--might instead stand at the edge of the ocean, surrounded on three sides by water, and on the fourth by acres of sand and undeveloped property. In such instances, not only is the service **dislocated** (i.e., not in the appropriate type of matching environs), but it is also **isolated** from any neighborhood in the usual sense of the word--in other words, it stands in **isolated dislocation**.

This term does not refer to the isolated location of services that are **appropriately** distanced from what might typically be considered a neighborhood. For example, such services as camps, retreats, possibly certain types of residential working farms, agrarian communes, etc., might be quite isolated, but given the nature of such a service, such isolated settings would generally not be dislocated ones.

Neighborhood: *The physical area around a service (but **not** including the service setting itself) which is within reasonable walking distance for an adult in good physical condition.* Even if the service and its setting are quite large, the neighborhood is that area within reasonable walking distance which is *outside* the grounds of the service.

Normative: *That which is not perceived or experienced by members of a society as odd, peculiar, outlandish, or even as deserving of unusual attention, because either: (a) it is culturally typical, conventional and encountered commonly in the societal mainstream* (e.g., it is typical in our culture for males to wear trousers); *and/or (b) due to typical cultural experiences, the phenomenon is well within the range of the "expectable," or consistent with an aspired norm, even if that norm is rarely actualized or attained* (e.g., it is an aspired norm for adults to vote at every election, even though not everyone does).

Normative does *not* necessarily mean the following: (a) normal, if for no other reason than that there may be no agreement on the concept of normality; (b) good or bad, or moral or immoral, because there may be some things in any culture which may be typical or even culturally valued, but which may be judged as immoral by many people; (c) being or acting like everyone else, because in any culture, there is a range of typical and acceptable behaviors, and different members of the culture may engage in highly diverse behaviors which all still fall within that normative range; or (d) being deprived of all choices, because, at least in North American culture, independence and an individual's freedom to choose among available alternatives are themselves culturally valued, and normative.

PASS (Program Analysis of Service Systems): *An evaluation tool, comprised of 50 ratings, for measuring the quality of a human service according to criteria of normalization, other adaptive service ideologies, and administrative effectiveness.* PASS has been issued in three editions (1969, 1973, 1975), and in two volumes: the *Handbook*, which explains the background and uses of PASS, and the *Field Manual*, which contains the ratings. PASS came out at about the same time that normalization emerged onto the human service scene in the early 1970s, and was used extensively to teach normalization. Much of its content, and especially its normalization-based ratings, can be considered the predecessor of PASSING. PASS is referenced in footnote 2 on p. 4 in the "Introduction and Overview" section of this *Manual*.

Program: *An activity carried out by a human service (in the broad sense) in order to serve, provide or facilitate a specified function in the lives of its recipients.* Human service programs typically (a) have a defined structure (in terms of times, places, actors, and roles), (b) carry out identifiable patterns and routines of behaviors and activities, (c) tend to be focused on presumedly similar needs, problems, and/or groups of people, (d) have aims and purposes which are at least implicit or expected, even if not specified, and which (e) at least on the surface are more or less agreed upon by the public, servers, and recipients. For example, a residential program may consist of providing certain persons with a place to live, in which certain activities and expected behaviors

take place; an educational program could be a place where people go to school during the day, five days a week, and are taught certain subjects in small groups with other people their own age; a service which provides adults with productive, remunerative daytime activity is a work program

Some services provide only one, or one type, of program, while others provide several, or several types of programs. For example, a residential services agency may provide only residential programs, but may offer several different such programs, such as a group home for children, a series of sheltered apartments for adults, a group home for adolescents, a nursing home for elderly people, etc. On the other hand, a community mental health organization might provide more than one type of program, such as a "day treatment" center for adults, a residence, an educational program for children and teenagers, a walk-in counseling program, a dispensing clinic for prescribed psychoactive drugs, and a self-help program for adults.

A service program is usually thought of as being carried out by a service agency, but may also be carried out by an individual service practitioner (e.g., a free-lance clinician); or even informally by an unpaid individual or group, as exemplified by a family that establishes an intensive developmental regimen at home for one of its family members who is impaired, or recovering from surgery.

A program should not be confused with a setting (there may be several different programs in one setting, or less commonly, several settings may be used by only one program); an agency (an agency may run several different programs); a service-related name (names may not reflect the real nature or number of programs); the recipients' ages (one program may serve people of all ages); or recipients' conditions (people with all types of conditions may be served in the same program).

Program grouping, or grouping: The population of recipients selected and/or constituted so as to receive a particular program. Groupings may consist of one person, or any larger number. In other words, in SRV and PASSING contexts, one can speak of "a group of one." A grouping may also be divided into smaller groupings, called "sub-groupings," within a program. Some examples of program groupings and sub-groupings are: in a group residence for impaired adults, the program grouping consists of the impaired adults who live there; in a school for children, the program grouping consists of the student body, and each classroom within the school would constitute a different program sub-grouping; in an adult literacy program, the program grouping consists of all the adults who receive literacy training, while program sub-groupings may each consist of one adult receiving individual tutoring from a mentor; in a sheltered workshop, the program grouping consists of the impaired trainees/employees of the workshop, and there may be smaller program sub-groupings for certain work tasks; in a nursing home for elderly people, the program grouping consists of the nursing home residents, and the program sub-groupings consist of the people placed in the different wards of the nursing home according to the severity of their conditions; in an institution, the program grouping consists of all the residents, and there may be program sub-groupings (such as a unit for children, one for adults), which may be further sub-grouped (by ward, floor, wing); etc. Not every program, even if it is very large, has sub-groupings, while sometimes even very small programs do.

Recipients may also be served in a series of groupings within one program. For example, in secondary schools, most students are divided into groupings by year (freshman, sophomore, etc.), and are then serially grouped into different groupings for each subject area (chemistry, languages, etc.). In fact, in many educational programs, it is not uncommon for recipients to be both sub-grouped and serially grouped within a program grouping.

Program groupings and sub-groupings are composed only of recipients of the service; servers, recipients of and workers in other services, and members of the public, do not constitute members of a program grouping being assessed.

Purview: *The scope or limit of influence, authority, competence, responsibility, or concern in recipients' lives that would generally be perceived as the appropriate and/or properly delegated one for a particular service or server.* Different purviews usually imply different measures of legitimate relationship toward, possibly even authority and control over, a recipient. For instance, a telephone crisis counseling service would not be perceived as having within its purview a responsibility for providing hot meals, while a hospital emergency room would be perceived as having the proper purview for emergency medical services. Most residential services would have considerable authority over what recipients do on the premises. Some, such as some psychiatric services, even have legitimate authority to prevent certain recipients from leaving, which is not generally the case for services with other purviews, such as a recreation program, adult education programs, or a transportation service.

In order to delineate what the appropriate purview of a service to devalued persons might be, it is very important to examine the culturally valued analogue (see earlier definition) to such a service. For example, the purview of a group home for troubled children would be similar to that of a normative family or an adoptive home; the purview of a vocational service for impaired adults would be similar to that of typical businesses and industries; etc. However, this does **not** imply that a service to devalued people must never exert greater authority, control, responsibility, etc., than would its culturally valued analogue. For instance, a residence for typical valued adults (such as an apartment shared by several single working men) does not have it within its purview to determine what all its residents will do at night in their spare time, what clothes they will be encouraged or discouraged from wearing, etc. Rather, this would usually be up to each individual resident of the apartment to decide for himself. But a residential service for adults who are impaired in competency (such as a group home for retarded adults) may very well have it within its purview to control (or at least exert extensive influence over) these same, and perhaps other, aspects of its recipients' lives.

Certain kinds of services have, by their very nature, a broad purview to both address recipient needs, and to pursue the address of certain such needs by other parties. In fact, the more authority, supervision, and management control a service exercises over its recipients, the greater purview it generally has to see to it that recipients' needs are met, either by that same service itself, or by some other party. Residential services that exercise some degree of supervision or even control over their residents, and educational services for young children, are examples. For instance, a residential service to elderly people of impaired mentality has a much greater purview--and responsibility--to see to it that its residents are not just clean, fed, and dressed, but also that they receive medical attention when they need it, that their minds are engaged, that their health and strength is preserved or even enhanced, etc. A residential service to elderly people with fully competent minds has much less such responsibility; its elderly residents can probably be expected to see to such address of at least some needs themselves.

Recipient: *A person who receives a service that is provided by a server.* Examples of recipients would be students in an education program, apprentices in a work training program, sick persons receiving nursing, persons who receive counseling in a guidance service, etc.

A clear distinction must be made between those people who are the recipients of a human service program, and those who may be on the scene for any number of reasons but who are not recipients. For instance, when a child welfare agency places a foster child with a family that also has several natural children, only the foster child is considered a recipient of the service agency, not the other children nor the foster parents. A classroom may serve both retarded and non-retarded students together, in which case both would be considered recipients of the educational program. However, if a special segregated classroom for impaired children that is being assessed recruited non-impaired children from **other** classrooms or schools to come in as volunteers to work with the impaired students for part of the day, the non-impaired students would not be considered recipients of the special class that is being assessed. Or, a vocational services agency for impaired people may hire non-impaired, competent workers who do not require work training, with the intent of having them work alongside its impaired trainees in order to provide these trainees with models of what productive workers are like. In this case, the non-impaired co-workers would be considered servers rather than recipients of the vocational agency, **unless** the primary reason for their presence was to provide them also with a program of work training/preparation or sheltered work.

Server: Any person who--either on their own initiative, or deployed by a human service agency--performs, carries out, or supports functions of service to one or more recipients. Such a server may be either paid or unpaid for rendering this service.

Paid servers would usually include such people as direct-level/clinical workers (caseworkers, paid foster parents, teachers, rehabilitation counselors), and indirect servers such as janitorial staff, clerical workers, program supervisors, administrators, and executives. However, people are sometimes referred to as "volunteers" even though they do, in fact, receive some payment (even if very minimal) for their service. For example, in many services for retarded children, there are elderly people called "foster grandparents" who are usually matched by the service with an individual retarded child to accompany the child on trips, implement the child's programming, read to the child, provide the companionship and affection from adults that the child needs, etc., and where these servers work part-time at low wages even though they are commonly called "volunteers."

Other servers might not be paid by the service that deploys them, but that service may still extensively and fundamentally control their actions. For example, in a church-run meals-on-wheels program, all of the cooks and drivers who deliver the meals and visit with the recipients while they are eating may be unpaid volunteers. However, such people are deployed to carry out the service mission, and are virtually totally under the control of the program (e.g., as to hours of service, what procedures to follow, etc.). Most service volunteers (though not most citizen advocates; see earlier definition) also fall into this category.

There may be some workers present in the service being assessed who are actually paid and/or controlled by a **different** agency (e.g., inspectors or auditors from outside regulatory agencies, chaplains or other religious personnel who are employed by a church but who are sent in to conduct worship services for the recipients). For PASSING purposes, such people are not to be considered servers **of the service being assessed**, but as members of the public, or "others."

In some instances, a service uses recipients of other services (such as students of another classroom or school) to assist service workers in their supervision of the recipients. For PASSING purposes, such persons are considered servers in this capacity. However, in other instances, a service may use recipients of the program being assessed to perform staff functions vis-à-vis other recipients of the very **same** program (an example might be prison trusties). In such instances, such persons are **not** considered servers, but recipients (see definition of "recipient" on p. 36).

Service: This term is used in two senses in PASSING. One is to refer to *any action that is intended to address some need of a person, group, or class, as in "one person performs a service for another."*

The term also refers to *any person, practitioner, body, group, or organization that claims to, or is intended to, or does, provide such service to people, as in "a human service agency."* Another term used in PASSING for this meaning of service is **serving entity** or **service entity**. Serving entities could include: a voluntary association that recruits unpaid citizens to provide a service, such as to transport impaired people to shopping or appointments; a voluntary non-profit agency that hires people to perform some serving function; a public government body that provides a service, such as a public assistance ("welfare") office, or a state-run residential institution; a free-lance professional who provides a service, such as a physical therapist in private practice; a foster family; etc. Any of these parties may also be referred to as a "service provider."

Service setting: The physical environment in which a service is rendered, comprised of (a) the geographic tract or site on which it is located and which it controls, (b) any facility or facilities (see definition above) it contains, and any additions thereto, (c) the grounds or estate around the facility, and (d) fences or walls that might surround and belong to the grounds, signs on the facility and grounds, etc. The physical setting of a school would include the school building(s) and the surrounding grounds, such as possibly other buildings (e.g., library or portable classrooms), parking areas, and play or athletic grounds. The physical setting of a residential program located in an apartment building might include the entire apartment complex, its parking lot, outside swimming pool, lawn area, etc. However, some service settings consist only of either a facility or grounds, but not both. For example, a service in a densely populated urban area may be in a building which is surrounded by no grounds at all that pertain to it and, in fact, may hardly be physically separated from other adjacent buildings. As well, it is at least conceivable that some services (e.g., recreation and camping) may have extensive grounds, but no actual buildings. The setting is usually demarcated by commonly understood, natural or artificial, and/or legally constituted, boundaries.

Setting exterior: *Any aspect of the physical setting that an observer would be able to view without having to gain access to the inside of a facility in the setting.* If there is no service facility, then the setting is considered to have only an exterior. The setting exterior does not include any parts of the facility interior that are not visible from outside, nor does it include any outdoor parts of the setting that are only accessible from within the facility, such as an inner courtyard surrounded by a building.

The exterior of the physical setting would thus generally consist of: (a) the building's exterior(s), including those modifications, renovations, additions, or other features such as attached signs, etc., which are visible to an observer from the outside of the building(s); (b) the grounds or site on which the building(s) is/are situated (even if these are quite extensive and are not fully visible from the setting's boundaries), including any inherent, built-in, or quasi-permanent features of the site other than building(s) per se, such as landscaping, parking areas, on-grounds driveways or access roads, sidewalks and pathways, lawns and gardens, playground equipment, fences and walls, etc.; (c) any part of the interior of the facility that is **visible from the outside**, even if it is actually indoors, such as decorations hung in the windows.

Sometimes, the exterior of a setting may be so extensive that not all of it is visible to a passer-by or other observer on the perimeter of the setting. Examples might be camps, or institutions that have quite sizeable grounds, much of which may not be visible until one penetrates some distance into the setting. Or, the public might not be able to see much or any of the service setting because of some kind of barrier surrounding the service which blocks vision. An example would be a prison entirely enclosed by a very high stone wall. In such cases, the exterior still consists of everything on the outside of the facility (if there is one) plus the exterior of the facility itself. In the above examples, the entire camp grounds, except for the inside of any facilities such as cabins, would be considered the exterior of the setting; the entire grounds, fields, driveways, etc., of the institution would constitute the setting exterior, except for the inside of the institution buildings themselves and any spaces they enclose; the prison walls and any spaces between them and prison buildings, as well as the outside of the prison buildings, would constitute the setting exterior.

Often, a service does not occupy its entire setting. This would be the case when the service is (a) located in only some of several buildings on the same grounds or site (such as one building of an institution that has several buildings), (b) only one of several occupants of a single building (such as one apartment within an apartment building), or possibly (c) the only occupant of a building or site, but does not utilize all of the available space within the setting. But the image of recipients will be affected by the external appearance of the **entire** setting, including all of its parts or features, because an observer is not likely to focus consciously only on the relevant human service part and to exclude all of the other parts from his or her vision, and may not even be able to do so should he or she so wish. Also, the external appearance of a service setting projects an image of its recipients to an observer even before the observer knows which part of the setting is occupied by the service. In other words, most observers are likely to form unconscious interpretations of recipients based on the impressions conveyed to them by the whole of the setting as well as by any of its parts. Therefore, for PASSING purposes, when raters assess a program that takes place in only a part of a larger setting, the external appearance of the entire setting should be assessed in all the external setting ratings, while for the internal setting ratings, only those parts of the setting would be rated which are actually used by the program being assessed.

Setting interior: *That part of a service's physical setting which is only visible once an observer has gained access to the inside of any facilities in the setting.* Thus, the interior of a setting would generally consist of: (a) rooms, hallways, stairways, inside walls, floors and ceilings, windows and doors, closets and storage areas, and other interior spaces such as basements and attics; (b) private, interior, though not necessarily "inside," aspects of the facility, such as breezeways that are hard to see from the public outside area, enclosed patios, courtyards or sundecks, garage interiors, etc.; and (c) any other aspects of the service facility that an observer must get inside the building in order to see.

In extremely rare instances, the service has no facility. For instance, emergency counseling or medical treatment following a disaster may be given wherever recipients happen to be, which may be outdoors or scattered in a multitude of natural settings. Or, some campgrounds may have no facility, except perhaps toilets. In such cases, the setting is considered to only have an exterior, and all the PASSING ratings which are applicable to a setting's interior would be pro-rated.

Where a service occupies only part of a facility (such as one ward in one wing of a large psychiatric institution), then raters should apply the internal setting ratings only to the part(s) of the setting interior that are used by a program being assessed and by its recipients. However, the appearance of the areas in which recipients spend most time would be given greater weight than areas in which recipients spend little time.

(Social) devaluation: *The process of attributing less value to a person, group, or class of people than is accorded to typical or most persons and groups, usually because the devalued party is perceived as having some undesirable characteristic which differentiates that party from others.* In other words, the adjective "devalued" does not imply that a devalued entity *is* of low value, but that the entity is *attributed with* low value. Devaluation can range from mild to extreme, and thus, some groups are much more devalued than others. Devaluation of individuals and groups takes place both by individuals and by whole collectivities of people--even societies--and, at least in Western cultures with a Judeo-Christian value orientation, it is largely unconscious. Some people/groups who are widely socially devalued in Western society are: mentally retarded people; mentally or behaviorally disordered persons; the elderly; prisoners, and those who are accused of having committed criminal offenses; severely ill people, especially if they are chronically or terminally ill; people who are addicted to alcohol or other drugs; people who are physically impaired, or impaired in a major sense organ, such as hearing or sight; poor people; people from a different (non-Western) culture, such as foreign immigrants; people who are of a racial or ethnic minority; people who are unassimilated into the culture, such as members of religious enclaves who live a life-style very different from that of most other people in the culture. In addition to these commonly societally devalued people, each individual almost invariably has his or her own personal list of people whom he or she devalues, and would rather not associate with. While people who fall into one or more of these categories are said to be "socially devalued," those who do not belong to one of the above groups are said to be "typical" people, or even "valued" if they fall within the upper range of the value continuum.

Social role: *A combination of behaviors, privileges, duties, and responsibilities that is socially defined, is widely understood and recognized within a society, and is characteristic or expected of a person occupying a particular position within a social system, or who performs certain functions within it.*

The responsibility or duty expectancies of a role often come in the form of "you must," "you should," or "you shall not." For instance, in our society, two obligations of the parent role are that parents should rear and take care of the children they bring into the world, and should not mistreat them. Similarly, it is expected that an employee should carry out the duties of a job, obey the dictates of the employer who pays the worker's salary, not loaf, and not steal from employers. A person in the sick role is expected to want to get well, and to seek and accept treatment to this end. One of the obligations of the role of husband is to be willing to provide--or at least contribute to-- economic support to his family.

In contrast, the privileges of a role might be thought of as "you may" or "you are permitted to" types of expectancies. For instance, a person in the sick role is permitted to stay home from school or work. And it is expected that a grandparent may spoil the grandchildren a bit. Ordinarily, the higher a person's social status, and the more valued a person is in society, the more options the person has about what social role(s) he or she will play. For example, valued persons can usually choose what occupation they would like to pursue, whether they want to marry, what they will wear, etc. On the other hand, people of low social status, or who are socially devalued, often have their social role(s) imposed on them, and their options curtailed.

Social Role Valorization, or SRV: *Social Role Valorization is a theoretical framework that, based on empirical knowledge and drawing on multiple theories in sociology and psychology: (a) posits a relationship between the social roles people occupy, and how these people are then perceived, evaluated, and treated; and (b) predicts how shaping the social roles of individuals, groups, or classes is likely to influence how perceivers of these roles respond to, and treat, the parties in these roles; and (c) provides a basis for designing a great many strategies for shaping people's roles.*

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People seen to occupy roles that are positively valued by perceivers are likely to be positively valued by the perceivers, and people seen to occupy roles that are negatively valued by perceivers are likely to be negatively valued by the perceivers. In turn, how people are perceived profoundly affects how the perceivers act toward, or in respect to, them. People seen in a positive light (in large part because of the roles they are seen as occupying) will be much more likely to be accorded the good things of life by their perceivers than people whom the perceivers see in a negative light. In fact, bad things are very likely to be done to individuals, groups, or classes who are devalued, and/or who are seen in devalued roles.

Therefore, if the roles of a person, group or class are positively valued by a perceiver, this increases the likelihood that the perceiver will afford to the perceived access to whatever good things the perceiver has control over.

Any action that contributes to role-upgrading, or to defense against role degradation, can be said to be **role-valorizing**. Any action that contributes to role-degradation, or the enlargement of devalued roles, is said to be **role-devalorizing**.

Social Role Valorization posits that on a probabilistic basis, the two major means and sub-goals towards valued roles are the enhancement of people's social image and enhancement of their competencies. Accordingly, the overall Social Role Valorization sub-goals for a particular human service (especially one to devalued people) are enhancement of the social image and the competencies of the (devalued) recipients, and of other people like the recipients. All of the multitude of implications of SRV can be classified as contributing primarily to one or the other of these two ends of image- and competency-enhancement.

Social status: *The perceived rank or position of a person in relation to others within a hierarchy of social prestige.* Social status is determined by standards that prevail and are widely agreed upon (though not necessarily overtly stated) by the majority of members of a society. People to whom high social status is attributed are considered valued and important, and are accorded respect, power, privilege, and opportunity; people to whom low social status is attributed are viewed and treated as of lesser value, unimportant, powerless, unworthy, and in extreme cases, even as expendable, and are denied participation, experiences, rights, etc., that people with high status can take for granted.

The perceived social status of a person may vary from group to group that the person belongs to or participates in. For example, while a person may be attributed with low social status within and by the larger society, the person may have achieved high status within a social sub-group, such as an ethnic sub-culture, school, prison, the person's family, etc. This is possible because the standards that determine a person's social status may vary across sub-cultures within a society.

Stigma: *A visible or otherwise obvious sign that marks a person as being devalued or as having some socially devalued characteristic or identity.* Stigmata (the plural term) are usually quite visible, or at least obvious. Examples are physical deformities; facial scars or other disfigurements; devalued skin color; a shuffling walk; clothes that are filthy, tattered, do not fit, or are inappropriate to the person's age or sex; poor grooming; and bizarre stereotypic gestures and mannerisms such as self-mutilation. Stigmata may also be obvious via hearing and smell, e.g., a person may ceaselessly babble or shout, or may have offensive body odor. Sometimes, a stigma not only identifies a person as devalued, but also indicates to which devalued group the person "belongs," i.e., whether the person is addicted to alcohol or drugs, retarded, etc.

Valued: *That which is seen as positive by a perceiving party.* As an adjective, "valued" means the entity--including a person or group--is attributed with positive value, in contrast to an entity that is attributed with little or no value, and referred to as "devalued." The term does not imply that an entity *is* of high value, but only that the entity is **perceived** that way by some party.

1 RATINGS PRIMARILY RELATED TO SOCIAL IMAGE ENHANCEMENT

Introduction to the Issues of Social Imagery and Image Enhancement

As noted in the definition of Social Role Valorization (pp. 39–40 of the "Alphabetic Glossary of Special Terms"), the two major avenues towards valued social roles are a valued social image and competencies. The more of either of these a party possesses, the more that party will be likely to have access to social roles that are valued by society; and in turn, the more valued social roles the party holds, the more that party will likely have access to--and will be granted--the good things of life.

This section deals with the first SRV sub-goal of image enhancement, which also includes defense of image against (further) degradation. **Readers should take note that all the ratings in this section of PASSING that emphasize how a service can affect the image of its recipients are to the end of valued social roles for recipients, and ultimately to the good things of life for them, rather than being concerned with image enhancement for its own sake.**

This section explains the reality and power of social imagery, and the reality and impact of image transfer. These concepts are extremely important to a deep understanding of the following: (a) the ways in which imagery determines how some people come to be valued or devalued in the eyes of others; (b) how people or societies communicate the fact that they perceive a person or group as valued or devalued, especially when overt communication of such judgments is inhibited; (c) how the status of a person or group is perpetuated through the use of imagery; (d) how images can be used to increase the likelihood that a devalued person or group will become more valued; and (e) why twenty-seven ratings on social imagery are included in PASSING. (Of course, many rating issues contribute partly to both image enhancement and competency enhancement, but for the purposes of assessment, they have been placed in the category to which they generally contribute the most.)

The Reality, Power, and Prevalence of Social Imagery

Humans tend to attach some sort of value to every human experience: places and positions (e.g., high/low, in/out, front/back, right/left); appearances (light/dark, beautiful/ugly, order/chaos); actions (virtuous/evil, responsible/irresponsible, lawful/criminal, powerful/weak, loving/cruel); objects (well-made/shoddy, useful/useless); sounds (soft/harsh, melodious/raucous); colors (cheerful/somber); textures (smooth/rough, soft/hard); and so on. Some concepts and images, such as clean, light, and whole, are typically attributed with positive value in our society, while negative value is attached to other concepts and images, such as dirty, dark, and broken. The value that can be attached to any characteristic, quality, or phenomenon ranges from extremely negative at one end to highly positive at the opposite pole. For example, the state of dying or being near death is much more negatively valued than is the state of chronic illness, which is itself more devalued than the state of minor short-term illness. Similarly, honesty is more valued than cheating and stealing; intelligence is more valued than mental dullness; first place is more valued than second, third, or last; etc. Usually, if positive value is attached to some entity, then negative value is attached to its opposite.

The value that is ascribed to a particular phenomenon may vary across cultures, time, place, and to some extent, even individuals. For example, being left-handed has been a devalued trait in certain countries and at certain times, but not (or less so) in others; in many cultures, fair skin untouched by the sun was highly valued at least at one time, or at least for women, while today, even year-round suntans are highly valued in many cultures. However, despite such differences in what is valued or devalued, the process of attaching value to phenomena is universal, and is now believed to be part of the very process of perception.

These positive and negative value judgments are ever present in human life, and are communicated in social interactions via symbols and imagery. Language is one such set of symbols that represents and expresses qualities and values by means of spoken, written, or signed words; for example, the words "good" and "goodness" symbolize positive qualities. A variety of perceptual processes--especially visual ones--can communicate value quality judgments. For example, a drawing of a smiling face might be used to symbolize "happiness." The power of these image communications is so strong that they can induce an observer to sense and respond to the value quality they represent, such as when a person feels fear and revulsion on seeing a picture of a skull, or on hearing the words "human skeleton," because these symbolic representations elicit the negative connotations of dying, death, and decay.

There are three reasons why symbolic communication via imagery is so effective, and can be so much more powerful than purely rational (verbal) abstract communication.

1. Symbols and images are the language of affect, which is the oldest and most shared language of human beings. Abstract verbal languages are much later developments. The difference in the power of the two types of communication can be illustrated by the fact that people who speak unrelated verbal languages (e.g., English and Chinese) can convey very little meaning to each other unless they have learned both languages, whereas the language of affect (using facial expressions, gestures, etc.) enables such people of very dissimilar verbal languages to communicate to at least a degree.

2. Because symbolic communications are very often directed towards the unconscious (as in art, advertising, and politics), they are very resistant to conscious verbal resolution. For example, in modern advertisements, powerful images are so subtly embedded that often, only one's unconscious perception will take them in. If symbolic communications can therefore bypass conscious detection, analysis, censorship, and evaluation, and yet be deeply absorbed into the unconscious, then they can of course be highly effective.

3. Symbolic communications are often attached with centuries of accumulated meanings-- meanings that are communicated to the recipient of the communication along with the more obvious or intended ones. For example, one theory holds that at least one reason why red is such an emotional color for people is because of the very long, deep, and primitive association of red with blood.

Sometimes, symbols are consciously and deliberately attached to something in order to rapidly convey important meanings. For instance, a skull and crossbones may be placed on the door of a power transmission station as a warning that entry into the station is dangerous to life. Similarly, advertisers consciously and consistently try to attach positive symbols to their wares, as when US ads show a beautiful, well-groomed young woman smoking a cigarette, with the Statue of Liberty in the background and words such as "pride" and "freedom" in prominent type on the picture--even though the ad also grudgingly notes in fine print on the bottom that smoking can kill.

The practice of deliberately attaching culturally positively valued images to an object in order to promote or sell it is universal. A good example of this universality is that there was once a US advertising jingle, "Baseball, hot dogs, apple pie, and Chevrolet." And there was an Australian ad which was an exact parallel to the US cultural values expressed in this jingle, capitalizing on symbols of Australian national identity, i.e., "Football, meat pies, kangaroos, and Holden cars." The strategy, the rhythm, and the tune were exactly the same--only the content was varied to capitalize on the values of the particular culture.

It is not yet fully understood why so much about human mentation and communication is unconscious, and why so much imagery and symbolism is attached unconsciously to emitted or received communications. However, at least five important reasons are fairly well established.

1. If there is a serious inconsistency between the values a person holds in his or her conscience and what he or she **really** feels, wants, or perceives, then the person will repress awareness of the "unworthy" sentiment into the unconscious. There, however, it constitutes a powerful force that strives for expression. Because direct and honest expression is denied by one's conscience, the repressed sentiments are expressed indirectly, i.e., symbolically, in a disguise which slips by the person's conscious "censor." An example might be when a city zoning council forces a nursing home to be located next to a cemetery, thereby acting out the widely-held (but usually unconscious) perception that old people are as good as dead, or ought to be.

2. When symbols have historically been attached to something, the reason for the attachment, or the complete meaning of the symbol, may in time be forgotten, although the practice of attaching that same symbol to that same entity may continue, thereby deeply unconsciously perpetuating the original meaning. For instance, some forms of greeting (e.g., raising one's favored hand while saying hello) were once probably meant to show that one came in peace and carried no weapon. Today, giving a hand greeting is still imaged as a positive and peaceful thing, although few people are conscious of its historic connection to peacefulness. A current human service example would be the prevalence in the names of services of words which suggest height and separateness (such as "crest," "hill," "mount," "top," "knoll"), even if the service is located on level ground, or down in a valley. Centuries ago, because it was widely believed that diseases and disorders were propagated by mists and winds, hospitals and asylums were placed on mountains and hills away from the places where people lived, so that the ill winds would not blow onto the population and give them the diseases, and so that the institution residents would benefit from good air themselves. Today, a great many human services are still imaged with names reminiscent of height and distance, although few people are aware of the old rationale, or even of the absurdity of attaching elevation names to facilities that are not on elevated ground, or of giving more elevation names to human service settings than to similar non-service settings.

3. A great deal of human learning takes place unconsciously. For instance, it is estimated that millions of bits of sensory information bombard the waking human mind every few seconds-- yet only a very minute fraction of that input is stored in the memory, and much of that only in the unconscious. Thus, images and symbols, constituting such a big part of human communications, are also apt to be taken in and stored in the unconscious.

4. The human mind is limited in dealing with the complexity of most phenomena by what the French anthropologist Levi-Strauss has called "binary thinking," which means that humans tend to try to deal with issues and decisions as if they involve only two options (either-or). This type of simplistic thinking may be, in a sense, natural to humans, but is a hindrance in one's orientation to the complexity of the universe. Thus, the simplistic explanations and responses that people make to many phenomena are not only inaccurate, but can even become a barrier to a more accurate conscious perception of reality. Where reality perception is reduced, even if unintentionally, unconsciousness is apt to set in.

5. Some "self-survival" dynamics of groups and organizations often require or reinforce unconsciousness. Social scientists have noted that groups and organizations, from the most informal to the most formal ones, tend to seek their own survival and continuation, usually above all else. Thus, organizations will generally pursue their own survival despite their overtly stated mission which is supposed to be the most important focus. However, if the organization's real purpose is to survive above all else, then obviously, unconsciousness must usually operate in the repression of this fact, so that the organization can pretend that its stated mission is its real and most important one.

The Process of Image Association ("Juxtaposition") and Transfer

Placing one entity in physical or mental (perceptual or conceptual) closeness to another is called juxtaposition. When a symbol or image is juxtaposed to another entity, including possibly another symbol or image, it is called image juxtaposition. Thus, there can be juxtapositions between and among persons, objects, places, and images or meanings. When a **negatively** valued entity or symbol is juxtaposed to another entity or symbol, it is called deviancy image juxtaposition (in PASS, by Wolfensberger & Glenn, 1975, referenced earlier in footnote 2 on p. 4).

Through the process of association, further discussed below, when a symbol is juxtaposed to an entity (including a person or group), the meaning of one can be transferred to the other. For instance, the positive images associated with the Statue of Liberty can transfer to cigarettes when the two are juxtaposed in advertisements, making the cigarettes themselves valued and desirable. Negative images of cruelty, savagery, and inhumanity can become attached to the enemy during times of war when posters depict enemy soldiers committing atrocities. Similarly, the originally negative symbol of the cross (a tool of execution of law-breakers) became positively valued for many people because it assumed the positive value of a person, Jesus, with whom it was so strongly associated.

Not only do symbols attached to places, objects, people, etc., convey some kind of value message, but symbols may eventually even become attached to other symbols, and thereby express a sentiment about such other symbols, or (more likely) about what they represent. For instance, after someone has put a swastika symbol on the door of a building in order to indicate that the local branch of the Nazi party has its office therein, someone else may come along and paint a large "X" symbol over the swastika in order to express a negative feeling--not so much towards the swastika, but towards what it stands for. Thus, a chain of image communications is established, starting with one object or idea (i.e., the Nazi party) that eventually becomes represented by a symbol (i.e., the swastika), which in turn communicates with another symbol (i.e., the X), which in turn stands for yet another object or idea (i.e., dislike or negation).

The world is full of juxtapositions of symbols with objects, places, people, ideas, or other symbols. While most people may not (be able to) verbalize it explicitly, they are aware of at least some of the messages contained in the juxtapositions which they perceive, and are certainly influenced by a great many of the image juxtapositions to which they are exposed, even ones of which they are not fully conscious, e.g., ones they may merely glance at, but not consciously remember, as they drive down the road. The power of (unconscious) image associations to affect behavior is well-known and documented in the psychological literature. In fact, image associations are one of the most powerful influences over people's attitudes and behaviors towards any number of things they may encounter in the world.

Furthermore, a person can be influenced by a symbolic message even if that message contains a falsehood--as many a consumer has discovered after bringing an advertised product home from the store. If a person is associated with images of wealth, such as expensive tailored clothes, gold jewelry, and a luxurious automobile, the person is likely to be perceived as wealthy-- even if that is not actually the case. In fact, because wealth is generally highly valued in our culture, the person with whom images of wealth are associated may come to be highly valued him or herself. Similarly, if the logo of a human service agency for impaired people shows a twisted human-like figure that looks very sad, the recipients of that service (and other impaired people like them) will come to be perceived as unhappy people with broken bodies--even if the people are neither very impaired nor sad, or even if they are quite joyful. Unfortunately, as mentioned, because so much symbolism is used unconsciously or reflexively, much of it escapes explicit rational, verbal, and conscious analysis. Once more, experts in certain fields such as propaganda, advertising, etc., are very much aware of this reality, and use it with great ingenuity and even ruthlessness.

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The Facilitation of Image Transfer

Even though the above theoretical discussion is limited and oversimplified, one can nevertheless conclude that a transfer phenomenon exists whereby the meanings, sentiments, values, etc., attached to one place, object, person, class, idea, or symbol can become attached to another such entity to which it is juxtaposed. In most cases, this transfer will only take place where a number of facilitating conditions prevail. These conditions include the following.

1. Several theories of learning hold that things which occur **contiguously** (i.e., next or near to each other) in time and/or space will come to be associated with each other. For example, in Pavlov's famous experiments, dogs were given food soon after they heard a bell ring. The bell and food were contiguous in time, and to some degree in space. Soon, the bell took on some of the stimulus qualities of food, and the dogs began to salivate when they heard the sound of the bell by itself. In other words, the sound of the bell had become positively-imaged for the animals because it was contiguously associated with a positively valued object, food. Human beings also learn a number of things through contiguous juxtapositions. Thus, language, pictures, symbols, and miscellaneous other imagery that are contiguous with an object, person, action, image, etc., are more likely to be mentally (though often unconsciously) associated in the future with that entity, and with others like it.

2. An image transfer from one juxtaposed entity to the other is also facilitated if the juxtaposition occurs repeatedly, with **high frequency**, or even only more frequently than an observer would expect on the basis of chance alone. One single contiguous juxtaposition rarely brings about a lasting association in a perceiver's mind unless it is a particularly intense one, as explained in number 3 below. Whether lasting associations will form depends in good part on the frequency with which juxtapositions are encountered. For example, the ringing of the bell along with the presentation of food to Pavlov's dogs was not only contiguous but, at least in the beginning, it happened each time the food was presented. If the juxtaposition had happened only rarely, the dogs' association of the bell with food might never have developed, or might have taken a much longer time. Similarly, even very young children in our society were once able to rapidly distinguish the "good guys" from the "bad guys" in cowboy movies on the basis of the color of the hats (white or black) that the characters wore, because the association of white with good, and black with bad, has been an extremely frequent one in our culture. And when the name or picture of a brand of liquor or automobiles is consistently juxtaposed with images of sex appeal (as is the case in a great many advertisements), then in the minds of people who have been frequently exposed to this juxtaposition, liquor and cars will become much more closely associated with sexual prowess, glamor, and attractiveness, than would a product which is less frequently sex-imaged, such as mothballs or mouse traps.

3. Contiguity between a symbol and an object, place, person, or other symbol can bring about a lasting association if the perceiver experiences the association very strongly. Sometimes even one single **intense** instance of association can endure a lifetime, as is often the case with people who developed a dread fear (phobia) of something on the basis of a single experience. Such associations can be established by intense sensory stimuli (e.g., a loud noise such as a thunderclap, a very bad or very pleasurable taste sensation, extreme pain), as well as by stimuli which have important personalized meaning to the observer. An example of the latter might be to a patriot the national flag or the major government building. Especially if an intense juxtaposition is also frequent and contiguous, a particularly strong association will usually take place.

4. Related to intensity is that the more **noticeable** an image juxtaposition is, the more likely is it that an association will be made in the minds of observers. Usually, a more visible juxtaposition is more noticeable. For instance, a prominent notation on an agency's letterhead that the agency receives money from the "Fund for Incurables" is apt to establish a connection between "incurable" and the agency's recipients, much more than if this fact were not publicized. Similarly, if a court sentences offenders to serve on the residents of a nursing home, this will be more damaging to the residents if the offenders have to wear tags or clothing that signifies their status than if the offenders were dressed and addressed like all the other servers in the nursing home. However, sometimes noticeability can also relate to other senses, such as smell. A bad odor that is very noticeable in a service will tend much more to be associated with the service and its recipients than one that only the most sensitive nose can detect.

5. If a person is positively **reinforced** for making associations between entities and images, then such reinforced associations are more likely to be maintained. For example, if a human service agency organizes a fund-raising campaign that associates its recipients with images of, and appeals to, pity and charity, and if the campaign is successful (i.e., brings in a great deal of money to the agency), then the agency is likely to try the same approach again, because it has been rewarded for doing so. This is particularly likely to happen if the association is also contiguous and frequent, as mentioned earlier.

Reinforcement for an association may also take the form of having one's pre-existing expectations and stereotypes confirmed. For example, if a person associates the color red with "stop," and if traffic and pedestrians do stop when a red light flashes, then the person will probably continue to associate stopping with that color; whereas if traffic and pedestrians continued to move despite a red signal light, the person might begin to question whether the color red was really a dependable indicator that traffic would halt or pedestrians would wait.

6. The **greater the number** of images present that stand for a given phenomenon, the more likely it is that whatever these images are juxtaposed to will become associated with what the images represent. For example, a rubber ball is a symbol that is representative of children and childishness. If not only a rubber ball, but other images that are also representative of children, such as a swing set, a sandbox, and a rocking horse, were all present on the front lawn of a house, then an observer would be much more apt to associate children with that home than if only the rubber ball had been present. If, in fact, impaired **adults** live in that home, observers may come to think of them (perhaps unconsciously) as children, childish, immature, etc.

7. Some symbols and images have more "representative power" in regard to a given phenomenon than do others. Symbols and images which are **strongly representative** of a certain entity are more likely to elicit an association to that which they represent than are symbols and images which are less representative of the quality. For example, a black suit and a prominent white collar that goes completely around the neck are images strongly representative of the religious ministry, much more so than is an ordinary suit, or the name "World Concern." Therefore, an association of a person to the ministry is much more apt to occur if the person wears a black suit and inverted white collar than if the person wears some other clothing, works for an organization entitled "World Concern," or just wears a badge that says "World Concern."

8. If a person has already formed an association between one object, person, place, idea, etc., and another, and then encounters something else that he or she perceives as similar to one of the components of the established association, it is likely that the person will generalize the earlier association to the new entity that is perceived to be similar. This is called "**stimulus generalization**." Probably most people are familiar with this phenomenon in the case of a child who generalizes a negative association of unpleasant taste with a certain vegetable, such as lima beans, and thereafter will not eat any kind of beans, or possibly even any kind of green vegetable. In the same way, people are apt to generalize the associations that they have already made to persons who have certain characteristics, to other persons whom they perceive as being somehow similar to the first group. For example, if someone has developed negative associations to one or several persons of a certain race, ethnicity, age, physical appearance, socioeconomic status, mannerism, mental capacity, etc., then the person is apt to make the same association to other people who are perceived as similar in racial origin, ethnicity, age, appearance, etc. Thus it is that people may be suspected of any number of things of which they are innocent, because they share some characteristic with a guilty party.

9. **Response generalization** can also facilitate image transfer. This phenomenon occurs when responses that differ slightly from the original response to a stimulus come to be emitted over time to the same stimulus. To return to Pavlov and his dogs, the dogs first responded to the bell and the delivery of the food by salivating, then sniffing and pacing in anticipation, etc. Thus, an entire chain of responses (in this case, associations) comes to be built up over time. Similarly, a person may have made an original association of discomfort to being in the presence of an impaired person, and over time, this discomfort may generalize into responses (and associations) of fidgetiness, stereotyped trite verbal phrases, fear, dislike, flight, even hatred.

The Power of Image Transfer in Social Relationships

Obviously, people who are associated with positively valued characteristics will tend to become valued themselves, and people associated with negative characteristics will tend to either become devalued, or at least "at risk," i.e., more likely to become devalued than other people to whom those negative associations are not attached. In turn, once certain characteristics of a group of people have become valued or devalued, other characteristics of theirs may also come to be valued or devalued, through a process of stimulus generalization discussed earlier. Thus, in a typical high school, the fashions, opinions, and associates of the school athletic stars or cheerleaders often come to be the fashion, opinions, and crowd of friends that are adopted and aspired to by other students in the school. Similarly, in "hawk" circles during the 1960s and 1970s, characteristics often associated with "doves" who protested against the Vietnam War, such as long hair, beads, beards, and blue jeans, came to be highly devalued.

The way in which socially devalued people are presented and interpreted to the larger society by human service settings, servers, agencies, funders, regulatory and administrative bodies, etc., is very directly affected by these dynamics of social imagery and image transfer. These dynamics have a powerful impact on the ways in which individual members of the society (including servers and families of devalued people), and society as a whole, behave towards devalued people, and eventually on how the devalued people themselves behave. If the images associated with human services to people who are impaired, elderly, retarded, mentally disordered, blind, etc., are negatively valued ones, then negative associations will be made (often unconsciously) to the recipients of the services. For example, if services to impaired people are disproportionately often located next to garbage/sewage plants, if they frequently employ their recipients in salvage work and garbage recycling, if they commonly solicit other people's cast-off, useless, broken, or irreparable items (perhaps even with the slogan, "Recycle an item, recycle a person"), then the impaired recipients of the service, and other people like them, are extremely likely to be associated in people's minds with decay, worthlessness, discard, and garbage. Because garbage does not have a favorable connotation in the language and imagery of most cultures, and because negative associations between garbage and impaired people have been constructed by these practices in the public (un)consciousness, societal response to impaired people is much less likely to be positive.

Especially when the people to whom negative images are juxtaposed are **already** perceived as, or suspected of being, deviant, these image associations tend to elicit in observers not merely the expectation, but even confirmation, that "those people" will act in negatively valued ways, or that they constitute an undesirable presence. If positive images were consistently associated with services to societally devalued people, then at least some of the positive value contained in this imagery would be apt to transfer to such persons, who would then be more likely to be seen (at least over time) in a more positive--or less negative--light. For example, if impaired people were served in valued locations that had positive names and appearances, and if they were involved together with valued people in valued activities, then the recipients (and people perceived as similar to them) would be associated with positively valued images. As a result, it is likely that they will become (more) valued as members of society, believed to belong in the community, and expected to be competent, contributive, and productive. Unfortunately, people who are impaired and otherwise widely socially devalued have been much more systematically associated with negative images than with positive ones.

Important Value Attributes of People That Imagery Can Convey or Affect

As one studies, and tries to understand and do something about, the issue of image transfer, it is important to (a) believe that image transfer is real and does take place, (b) understand how the transfer takes place, and (c) appreciate what perceived qualities of people are critically at stake, especially if the people at issue are devalued.

We have already discussed the fact that image transfer is real and how it takes place. We will now explain which value perceptions about a person are most apt to be affected by image juxtapositions.

The meanings and symbolism inherent in speech, signs, writings, sounds, smells, settings, objects, and other sources of imagery can carry value messages about all sorts of important attributes of people, of which we will lift out seven for special consideration: (a) their social status; (b) their social roles; (c) their membership in the society; (d) their age identity; (e) their similarity to other people; (f) their competence; and (g) miscellaneous personal characteristics and attributes. These are discussed below.

1. *Social status.* A person's social status consists of the person's perceived rank or position in relation to others in a hierarchy of prestige. Obviously, social status is determined by standards that are widely agreed upon (though not necessarily overtly stated) by the majority of the members of a society. People with high attributed social status are considered valued and important, and are accorded respect and power; those with lower perceived social status are viewed and treated as of less value, importance, power, and worth. In extreme cases, they may be seen as having none of these, and even as being expendable.

Various images associated with (devalued) people can either enhance or demean their social status and reputation. For example, when a vocational service is located in a prestigious neighborhood or across the street from a convention center, employs staff who are highly valued themselves and respected in the community, and provides work which is considered meaningful and important (such as manufacturing automobile parts), then the positive images associated with the service's location, staff, and work tasks will transfer to its (devalued) recipients, thereby improving their status. On the other hand, if a work service is located next to a garbage dump, provides a very unattractive and uncomfortable facility for its recipients to work in, and engages them in the repair and sale of other people's discarded objects, or in "fake work," then the social status of the recipients is likely to suffer, especially if they were already devalued or at risk thereof to begin with.

2. *Social roles.* As noted earlier, a social role may be defined as a combination of behaviors, privileges, duties, and responsibilities that is socially defined, is widely understood and recognized within a society, and is characteristic or expected of a person occupying a particular position within a social system, or who performs certain functions within it. For instance, the social role of "husband" is expected to be filled by an adult male, and men in that role are expected to abide by the obligations of a marital relationship, provide for a family, help raise children, and so on.

Images associated with a person, or with a service to that person, can interpret him or her as filling a variety of positively or negatively valued social roles. For example, images might enhance a perception that the person plays positively valued roles, such as those of citizen, student, worker, friend, parent, developing human being, etc. On the other hand (and frequently where devalued people are concerned), image associations may project a person into negatively valued roles. These commonly include the roles of: (a) subhuman, e.g., animal, vegetable, or object; (b) menace to society, or at least an object of dread; (c) person to be pitied; (d) burden of charity, to be reluctantly supported (usually on a bare subsistence level) by more privileged people; (e) a person who has not grown into maturity, perhaps never will, or has regressed back to the child level; and (f) a sick, diseased, or even dying organism. None of these roles are widely valued; some are virtually always devalued; rarely do people aspire to enter them--yet they are roles into which impaired and devalued people have historically been cast and portrayed, often largely as a result of strong and persistent negative image associations.

For example, devalued people have literally been called "animals" and "vegetables"; they have been served in settings directly across from or next door to places associated with animals, such as zoos; and they have been associated with animals in research, e.g., as in language training for chimpanzees and severely impaired people. They have been interpreted as menaces by association with walls, locks, fences, barred windows, and service staff who wear military-type uniforms (as was the case in the early 20th century in a number of institutions), and by being sent to places far removed from the rest of society. They have been portrayed as objects of pity by innumerable fund-raising appeals designed to elicit sympathy and guilt, and by the sale of useless objects which people were asked to buy merely in order to support "poor unfortunates." They have been cast into the role of eternal children or people in their "second childhood" by such image associations as: calling adults (even elderly people) "children," "kids," "boys" and "girls"; services teaching children's games to adults and following children's schedules; dressing adults like children; use of children's decorations in adult settings; funding of services for adults with money from departments charged with serving children; and names such as "day care center" for programs for adults and the aged. And they have been interpreted as diseased by association with medically-trained staff; by names such as "hospital" or "clinic" for the places where they live, go to school, and work; and by having every conceivable activity of their lives interpreted as a form of "therapy," e.g., "work therapy," "reading therapy," "religion therapy," "garden therapy," "recreation therapy."

3. *Membership in valued society.* By means of imagery, people may be interpreted as deserving of membership and participation in the culture, or of separation and segregation from the rest of society. For example, if people who are devalued were to live, work, go to school and church, and recreate in the same places in the community where other people do these things, if they were served in places that look very much like similar places for valued people in the society, and if they did the same kinds of things at the same times and in the same ways as do most other people (e.g., work eight hours a day five days a week, celebrate holidays at the appropriate time of year), then those associations would promote an image that such people belong as participants in society. In contrast, when they are served in places that are very different, and separate or even far away from communities where valued people can be found, then they would be viewed as belonging outside the societal mainstream, as being in "need" of separateness and segregation, and as being properly placed and served by or in settings where only other devalued people are also served.

4. *Age identity*. Imagery can interpret people as younger or older than they are, or as the age that they are in fact. For instance, language such as "kids" and "little ones" interprets people as children--even if they are elderly. Wearing face make-up and revealing clothing interprets females as mature women--even if they are in their teens, or younger. Decor such as posters of rock music bands interprets people as youths, teens, or young adults. And so on.

5. *Similarity to others*. By means of imagery, (devalued) people may be interpreted as either similar to valued people, or as very unlike them. For instance, if servers actually live with their (devalued) service recipients on as equal a basis as possible, in a home that looks like typical homes for typical people, share in common activities with the recipients, and speak of and to recipients in respectful terms and tones, then recipients are apt to be seen as similar to the (valued) servers, and to valued people in society in general. But an impression is conveyed that the recipients are very much unlike valued people if these recipients live in a building that looks like a warehouse or a prison, have servers who try to keep themselves separate in spaces which recipients cannot enter, are spoken to by servers mostly in sharp tones of voice or called by last name only, and presented to members of the public as "vegetables."

6. *Competence*. While imagery cannot directly bestow competence on a person, it can help to do so indirectly by conveying messages and expectations that a person can or cannot learn and grow, thus affecting the behavior of observers toward the person, such as the extent (if any) of encouragement and support they will provide for the person's development. For example, if a person who is only mildly impaired is grouped with people who have much more severe impairments, and/or if that person is not presented with meaningful and developmentally challenging activities but is served in a setting in which potentially risky features of the environment have been reduced or eliminated, then a very strong impression is likely to be conveyed that the person will not--indeed cannot--grow and develop. On the other hand, if a (devalued) person is involved in a full-day program which is intensely challenging, is served by well-trained and committed servers who are skilled in pedagogy and human development, and works on equipment which necessitates that the user exercise skill and care, then these images combine to create the impression that the person is competent and can become even more so. It is important to remember that the **impression** of actual or potential competence can be created by imagery even if the person is presently lacking in such--much like an impression of sex appeal can be created for toothpaste. However, once the image of competency has been established, or at least once the image of incompetency has been neutralized, then it is much more likely that real opportunities to develop competency will be offered, and that the person will actually act more competently. It is thus that the power of positive imagery combines with the power of positive expectations and positive role demands.

7. *Other personal attributes or characteristics*. Imagery associated with people can also emphasize any number of positively or negatively valued personal attributes: beliefs, habits, appearances, physical/social/intellectual life circumstances, group membership, personal history, etc. Examples of positive image associations for (devalued) people along these lines are: clean, neat, fashionable, and flattering grooming and dress; language used to and about the person which underlines his or her strengths and individuality, rather than the impairment, diagnosis, condition, etc.; ownership of the type and amount of possessions that would be expected for valued people of the same age in the rest of society; the display of items which positively express the uniqueness and abilities of the individual, e.g., handcrafted objects, drawings or paintings, family photographs, hobbies.

In contrast, miscellaneous negative image associations can create or sustain the perception that (devalued) people have no positively valued attributes or characteristics, e.g.: language which equates a person with his or her devalued condition ("epileptics," "retardates," "CPs," etc.), as if the person were no more than the impairment; grooming or dress which exaggerates impairments and unnecessarily draws attention to devalued physical characteristics, such as a close-cropped brush haircut on a man whose head and ears are malformed; a bare and ugly environment which carries the message that people in the setting neither deserve a pleasant place to be, nor would or could appreciate one; and so on.

In regard to all these points, it should be remembered that imagery impacts directly, or eventually indirectly, on both the perceiver and the perceived.

Conclusion to the Issues of Social Imagery and Image Enhancement

Because imagery is such a powerful and prevalent form of human communication, and because it has such powerful effects on people's behavior, then in order to be role-valorizing, every aspect of a human service that conveys any image message at all should, as much as is possible and honest, (a) convey positive messages about its recipients' social status, roles, membership in society, age, similarity to valued members of society, competencies, and miscellaneous other attributes, in order to make the life conditions of such (devalued) people more valued; and (b) refrain from *unnecessarily* conveying negative images about people. In order to know how to juxtapose positive image messages onto recipients, and to avoid the juxtaposition of unnecessary negative images, it is important to know the many different ways by which any human service can convey image messages about its recipients. For the purposes of PASSING, the service features or actions which can cast images onto the service's recipients have been classified into four major categories, and each is briefly explained below.

1. *Physical settings and their features.* A number of characteristics of the physical setting can affect the image of recipients associated with the setting. These include the setting's history, its nearness to other settings and sites that themselves carry images, the degree to which it blends in with other settings in its neighborhood, and a number of other dimensions of its appearance.

2. *Groupings and juxtapositions with other people and programs.* The people with whom a human service associates its recipients can also image a recipient in various ways. Included here would be the image that servers project on their recipients (e.g., via servers' appearance and identity), the other people a recipient is served with and whether these other people are positively or negatively imaged/valued, the images of any other people with whom a service might put its recipients in contact, and the images of other service programs that are located in close proximity to the service.

3. *Activities of a program.* The activities that a service provides for its recipients, and the ways in which it structures their time while they are in the service, also can influence recipients' image. A person's image is especially tied to the ways in which he or she is occupied, especially during the daytime hours, and by the daily, weekly, monthly, and even yearly schedules and customs that he or she follows.

4. *Miscellaneous other service practices.* Such things as the terms used to address and describe (potential) recipients, and the name of the service itself, can also juxtapose images onto recipients. Other service features that can image the recipients to whom these are juxtaposed include the name and other images attached to the service's funding sources, the service's logo, and the kinds of equipment (if any) that the service uses to conduct the program.

Each of the twenty-seven ratings that fall under this section entitled "1 Ratings Primarily Related to Social Image Enhancement" describes a service aspect in relation to one of these four categories by which a service can either damage or enhance the image of its recipients' social status, roles, age identity, competencies, similarity to other valued people, and miscellaneous other attributes.

As mentioned before, categories 1, 2, and 3 have competency parallels in PASSING, and the fifteen competency-related ratings are also divided into these three categories; but category 4 has no competency parallel in PASSING.

11 IMAGE-RELATED PHYSICAL SETTING OF THE SERVICE

Just as every other aspect of a human service can affect the image of the people who use it, so can various characteristics of the physical setting in which the service is rendered or headquartered. The physical setting of a service is so closely identified with the service itself that when people hear the name of a service, they may almost automatically picture in their "mind's eye" what the service setting might look like. Because there is such a strong association of a human service with the physical setting in which it is located, it is very important that the physical setting be as positively imaging as possible. A service setting can have features that jeopardize the social image of the service recipients, or that can bring to an observer's mind positive ideas about the value, status, roles, age, competency, etc., of recipients. And of course, a setting can have features that convey multiple, and even mutually contradictory, images and messages that can be confusing to beholders. Services rendered in settings which are positively imaged will cast positive images on their recipients (or, at the very least, will not do their recipients' image any harm), while services located in negatively imaged settings can only harm the image of their recipients, especially if recipients are already devalued or at high risk of being so. While much of the association of the images of a setting to its users takes place unconsciously, it is nonetheless very impactful.

The image of a service setting will convey messages about recipients regardless of whether these are valued or devalued in society. However, the image and value of already valued people is usually at much lesser risk of degradation, and can generally survive occasional negative image juxtapositions much better than can the image and value of already devalued people. For instance, while the location of a nursing home for elderly people on top of or next to a cemetery would be devastating to the image of its elderly residents who are already seen (largely unconsciously) as being dead, near-dead, or better off dead, such a location is very unlikely to do harm to the image of valued occupants of an expensive apartment complex built on such a site. Similarly, a vocational training center or weekend college prep program being located in a poor, run-down section of a city would not do nearly as much damage to the image of its students if they are ordinary high-schoolers as it would if the students were impaired, or poor minority youths.

However, there can still be drawbacks to some image-degraded locations even for services to valued people. For one thing, unless they absolutely have to, valued people will be less likely to use a service that is located in a negatively-imaged area, especially if the area is extremely negatively-imaged. Secondly, access to the setting, at least for recipients and their families, may not be very good, since it is unlikely that many valued people would live in a devalued area, and since public transportation, parking convenience, and safety of access--all important factors which contribute to setting access--are often not very good in devalued areas. Thirdly, and especially if fewer valued people use the service than expected or "needed," it may be very hard for some types of services to resist accepting a lot of devalued recipients, perhaps even changing the very nature of the service in order to do so, and thus creating yet another deviancy congregation in a deviancy-imaged locale. And lastly, SRV neither recommends nor endorses improving the social image of devalued people by causing currently valued people to be negatively imaged and cast into low social status against their will. Rather, SRV supports reduction of the negative image of devalued people while, at the same time, preserving a positive image for valued ones.

What all the above means is that generally, no human service is image-enhanced by being located in a negatively-imaged setting. This has the unfortunate implication that it will be impossible for services in certain locales to escape at least some image-degradation. This situation is most likely to occur where devalued people have been concentrated in such isolation, and/or in such large numbers, that a service which is reasonably accessible to (potential) devalued recipients would be almost totally inaccessible to non-devalued people, or at least, much less apt to be used by non-devalued people. Examples would be "deviancy ghettos" such as exist in a great many cities.

These kinds of situations are often the result of long-term destructive societal policies. However, as explained in the 1983 *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality* (see footnote 6 on p. 4), PASSING does not excuse service shortcomings that compromise recipients' image and/or competency enhancement even if these result from societal policies rather than from the service's practices, and even if this means that optimal conditions (and therefore rating levels) cannot be achieved for some services.

While SRV points out various ways in which a given service might resist being compromised by such policies, and might even work to change these somewhat (e.g., via using image-enhancing service names and forms of address, improving the personal appearance of its recipients, not congregating too many devalued people together in one spot), some social policy issues that impinge on service quality must be resolved on a higher societal level.

Relevant to all setting image ratings is that a service may be located in a setting that was initially founded and/or constructed for a different purpose than its present one. For instance, what is now a school may once have been a factory, a former church may have been converted into a soup kitchen, a bar into a drop-in center, a military hospital into an institution, etc., etc. Often, the exterior and/or interior of what is now a service setting still looks like what the setting was initially designed for. The image-related ratings only deal with the setting **at the time of the evaluation**, regardless whether a current setting feature is the result of an earlier use of the setting for another purpose, or the result of more recent arrangements.

The meanings and images conveyed by the **exterior** of a setting are largely determined by local norms and practices, whereas the meaning and images conveyed by a setting's **interior** are much more determined by larger cultural/societal norms. For example, Spanish-style exterior architecture is much more common in certain parts of North America than in others; in some very wealthy neighborhoods, it may be very typical for many houses to be surrounded by high stone walls or security fences; certain apartment complexes and other housing developments are characterized by a very distinctive style--perhaps even unusual building materials--that would not commonly be found elsewhere. On the other hand, there is little variation in factory interiors across North America; kitchens would be much more alike, and very easily identifiable as such, throughout North America, as would bedrooms; etc.

There are several characteristics of a physical setting which carry image messages about the users' social status, roles, age, competencies, membership in society, similarity to valued people, and miscellaneous other attributes. These characteristics include: (a) the harmony of the service setting and service program with the neighborhood in which it is located; (b) the aesthetic appearance of the setting; (c) the congruity of the setting's appearance with the appearances of settings that house or conduct analogous programs for valued people; (d) the age image projected by the setting's appearance; (e) the setting's proximity to other sites with their images; (f) the history of the setting; and (g) various other miscellaneous internal physical features. Several of the above are broken down further, and assessed by more than one rating.

111 SERVICE–NEIGHBORHOOD HARMONY

A human service that blends harmoniously with its neighborhood helps to foster an enhancing identification of the recipients with the neighborhood, and symbolically strengthens a positive perception that recipients have a rightful place in the community. Thus, both human service settings and program functions should enhancingly match both (a) other settings, and (b) other program and life functions in the neighborhood.

The context, services, settings, and facility characteristics and features that are found in a neighborhood may clearly identify it in the minds of most observers as being of a certain type, such as old, modern, urban, rural, commercial, industrial, recreational and entertainment, residential, and so forth. Zoning regulations and ordinances have long required that buildings in a given area conform to a range of particular styles in that area, and they typically restrict the types of activities, services or programs that may be located within a specific area. By means of these measures, communities try to reduce a clash of settings and functions within a neighborhood which could create (un)conscious dissonance, and possibly lead to a decline in property values and/or a flight of owners from the neighborhood. One finds these issues commonly addressed in zoning hearings regarding construction of new buildings, or improvements and renovations to existing settings, as well as in other real estate and marketing considerations.

The issue of service–neighborhood harmony is of special concern to human services because it affects social image transfer and transmission in at least two ways.

1. Settings and programs which are not harmonious with their surroundings contribute to an overall sense of incoherency and disorder. For a similar reason, people would feel a sense of dissonance and maybe even of (unconscious) discomfort if a single building incorporated components of three grossly different architectural styles.

2. If a human service does not conform to typical cultural expectations about what kinds of settings and programs ought to be in a particular neighborhood, then a (sometimes subtle) message of differentness is transmitted, and negative images generated by this message may be transferred to the recipients of the program. So, for example, if a building looks like it "doesn't belong," then observers are apt to think that the people who use it, and possibly even its designers and owners, "don't belong" either. Such negative perceptions tend to elicit negative role expectancies, and inhibit the development of (positive) social relationships. Thus, any neighborhood mismatches which make the program stand out may create image barriers which may greatly inhibit the recipients' assimilation into the neighborhood.

Even if the dimension that marks the service as different is not in itself a negatively valued one, any sense of distinct differentness about the service may turn into a sense of differentness about the people associated with it. If these people are not devalued and are therefore not confronted with major (perhaps even overwhelming) problems of social acceptance and participation, then such perceptions of differentness usually are inconsequential. However, people who are already devalued and/or perceived as deviant, or are at risk of being so perceived, cannot easily afford to be set apart any more, or perceived as even yet more different.

Most observers will be able to fairly clearly identify the function, program nature, and architectural ambience of a given neighborhood, and will therefore hold clear expectations about what types of facilities and programs would or would not ordinarily be found in it. The more distinct the character of a neighborhood, the stronger these expectations are likely to be, and thus, the fewer will be the kinds of services that can achieve harmony with the neighborhood. On the other hand, in some (heterogeneous) neighborhoods, there is already such architectural and service variety that many fewer services would offend against neighborhood harmony.

The following two ratings assess the degree of harmony with its neighborhood of (a) a service setting, and (b) the program function conducted in the setting.

General Statement of the Issue

The **physical setting** in which a human service takes place should blend enhancingly with its surrounding physical neighborhood, e.g., by being of a size and style which is similar to, or at least harmonious with, other settings in the neighborhood, and by appearing to serve a function similar to those which other settings in the environment appear to serve.

There appear to be two major sources of disharmony between a service setting and its neighborhood.

1. The appearance of the service setting may clash stylistically with the external appearance of most other settings in its neighborhood. For example, the service setting may: (a) be much bigger or (less commonly) much smaller in size; (b) be of a different or unusual architectural style; (c) be much more modern than the rest of the settings in the neighborhood, or else appear "quaint" because it is much older; or (d) have some other external features that are unusual to the neighborhood, such as attached signs and other symbols, a modern wing added on to an older facility, etc.

The external features of most newly constructed facilities tend to clash at least somewhat with pre-existing settings in their surrounding neighborhood, unless the neighborhood itself is new and still developing. However, even some older or existing settings fail to blend well into their neighborhoods. For example, there may be only one four-story, 20-room Victorian mansion in a residential neighborhood that has mostly two- and three-story one-and two-family homes.

In some cases, a service setting may have blended in very well with its neighborhood before external modifications were made (renovations, addition of a new wing, a fire escape, a cyclone fence, etc.); in others, external setting modifications may aggravate an already existing clash between the service setting and its neighborhood.

2. Secondly, the external appearance of the service setting may suggest to an observer a function which clashes with the function suggested by the external appearances of other settings in that neighborhood. For example, a building which looks like it is a school will stand out from buildings that look like they house various industries; or only one building within an industrial park has a children's playground on its grounds.

Rating Requirements and Examples Chart
R1111 Setting-Neighborhood Harmony

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance recipients' social image--& thereby their social status, perceived similarity to valued people, & ultimately their social roles--a service setting's external physical appearance should blend enhancingly with its physical neighborhood. It should not clash with the appearance of other settings in the neighborhood due to service setting style differences, additions, renovations, or other physical features, or by appearing to serve a function which clashes with those that other settings in the neighborhood appear to serve.	A 2-story brick building that looks like a family home is in a residential neighborhood consisting of 1- to 3-story family homes with similar appearances. A factory building is in an industrial area that has many buildings, most of which look commercial & industrial in nature.	A residential program for 8 women with alcohol problems is in a house which is of the same style, & has the same general type & amount of lawn furniture, as most other houses in its residential neighborhood. (Highly Positive) The kitchen of a small restaurant serves as a sheltered workstation for 3 physically limited adults. The restaurant is located in a shopping center in which all the stores, shops, etc., are in the same kind of building, & thus, the setting blends well into its neighborhood.	In the middle of an industrial district comprised of large, sedate-looking factory buildings, there is a building that houses a human service that is conspicuously painted on the outside in several bright colors. (Extremely Negative) In a neighborhood of buildings which show that they were designed expressly for commercial purposes, & where there are only 2 houses, one of these is a group residence for 8 adolescent boys. An industrial building housing a sheltered workshop for mentally retarded persons is located in a primarily industrial neighborhood, but it is the only facility in the area that has a playground attached; & it has a huge sign on the roof which can be seen from many parts of the city, while the other buildings in the neighborhood have much more modest signs.

R1111 Setting–Neighborhood Harmony

Differentiation From Other Ratings

1. This rating should not be confused with any that deal with the **interior** of settings. For instance, R1153 Image Projection of Setting--Other Internal Physical Features rates any negative images projected by, and derived from, internal service setting features.

2. There are several other ratings (R1121 External Setting Aesthetics, R1131 External Setting Appearance Congruity With Culturally Valued Analogue, and R1141 External Setting Age Image) which assess the images projected by the **exterior** of the service setting, and this rating should not be confused with these others.
   a. Any external features which affect the exterior beauty of the facility (e.g., peeling paint, external setting upkeep and beautification) would be rated under R1121 External Setting Aesthetics. A setting may be distinguished from other settings in its neighborhood by being uglier than they are, or by being very conspicuously more beautiful, either of which would be slightly penalized on R1111 Setting–Neighborhood Harmony. However, R1121 External Setting Aesthetics assesses the setting's attractiveness regardless of how it compares with the attractiveness of neighboring settings.
   b. R1131 External Setting Appearance Congruity With Culturally Valued Analogue rates only the match of the setting's external appearance with the program function that is conducted within, not the match of the service setting's appearance with the appearance of other settings in the neighborhood.
   c. R1141 External Setting Age Image assesses the age–appropriateness of the external service setting features in relation to the service recipients, regardless of how these features blend in with the appearance of other settings in the neighborhood.

3. This rating is concerned with whether a service **setting** fits in with other settings in the neighborhood, and R1112 Program–Neighborhood Harmony is concerned with whether a service **program** matches its neighborhood. A setting can be harmonious or disharmonious with its neighborhood, regardless of what program and/or recipients it houses. Vice versa, a program can be harmonious or disharmonious with its neighborhood, regardless of how its setting blends in, or whom it serves.

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
In determining the neighborhood's ambience, it is sometimes helpful to imagine that the service setting did not exist, so as to picture the neighborhood as it is (or would be) without the service setting. Look at the typical structural features (building size, style, design, materials, construction, age, major exterior furnishings, etc.) of the other settings in the neighborhood. Consider only the external appearance of the setting, but include all visible exterior aspects, such as size, additions, renovations, attachments, signs, grounds, etc. External features of a setting meant to make it more usable to people with certain impairments (rated by R213 Physical Comfort of Setting) might incur a penalty on the rating here. Some people are at much graver risk of being imaged in negative ways than others. Raters should give more weight to service features that reinforce already existing negative stereotypes of recipients. Some services have an administrative or major central setting, but carry out many/most of their services in dispersed community settings that are not operated by, or part of, the service, as in the case of Meals-on-Wheels, child placement, etc. In that case, the building/setting in which the administrative office, or the bulk or centralized part of the service, is located should be assessed on this rating. The more heterogeneous (mixed) the ambience of the neighborhood, the wider the range of service settings that may fit into it without an image- or expectations-clash. Some services may be in "isolated dislocation"; see p. 34 in the "Alphabetic Glossary of Terms" & Level 3b. Any external service setting features that do not seem to be covered by another rating should probably be assessed here.	What is the overall physical character of the neighborhood in which the program is located? What is the external physical character of the service setting? Does the external physical character of the service setting match the general physical character of the other settings in the neighborhood? If the service setting matches the neighborhood, does it enhance the image of the recipients? If the service setting does not match, what kinds of negative images about the recipients are conveyed thereby? Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Tour of the neighborhood; Tour around the service setting; Pictures of the service setting & the neighborhood; Architectural drawings; Direct interviews with service leaders & servers; Written & oral descriptions & observations of program functions.

R1111 Setting-Neighborhood Harmony

Criteria and Examples for Level Assignments

Level 1. Considering their image risks & needs, recipients are strongly (though perhaps totally unconsciously) imaged in **severely damaging** ways by the serious clash between the external appearance of the service setting & the general external appearance of other settings in the neighborhood. Especially where recipients are already societally devalued, & are very much at risk of being very negatively stereotyped (as worthless, dangerous, etc.), the images projected by this service feature will have a serious negative impact on them, even if these same images would have a less serious impact, or even no impact, on other (even other kinds of devalued) people. Even the presence of some positive setting-neighborhood harmony features may be irrelevant as long as the images which communicate most decisively to the general public are the very damaging ones. E.g.: in a heavily populated neighborhood with a large number of small family homes, a large institution for mentally retarded people is comprised of 3 huge buildings that cover an entire 6-square block site; a hyper-modernistic, architecturally unique 3-story building that serves as a residence for mentally disordered people is located in a neighborhood of older, single-story or split-level brick ranch-style houses; a "day treatment center" for youths who are addicted to drugs is surrounded by a 12-foot high fence topped with barbed wire, unlike any other setting in its surrounding neighborhood.

Level 2. Considering recipients' image risks & needs, the disharmony of the setting with its neighborhood impacts negatively on recipients' image in one of two ways:

  a. it is **significantly damaging** to the image of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: in a heavily populated neighborhood with a large number of small family homes, a small institution for physically impaired people is comprised of several attached buildings made to look like 2-story apartment buildings, occupying an entire city block; a hyper-modernistic, architecturally unique 3-story building that serves as a recreation/community center for mostly poor & elderly people is located in an area of older, single-story or split-level brick ranch-style houses; all the other settings in the neighborhood are well kept up, but the human service setting looks shabby in comparison because its appearance has been poorly attended to; an industrial-looking building housing a work service for mentally retarded people is located in an industrial park with many other industrial-type facilities, but the building is the only one that has a playground & basketball court attached while all the other facilities in the park look "all business" (the disharmony with the neighborhood caused by these setting features is rated here, while the age image of the features is rated under R1141 External Setting Age Image);
  or
  b. it is **severely damaging** (as in Level 1) **to the image of a significant minority of recipients**, even if not to the other recipients.

  N.B. – Note that the first two examples in Level 1, and the first two examples in Level 2, are almost the same, **except** that the people served in the Level 2 examples are not at the same serious image risk as those in the Level 1 examples. Therefore, as explained earlier in the section entitled "The Rationales for the 5 Rating Levels, and Guidelines for Assigning Levels to Ratings" (pp. 12-15), the same service practices can have different impacts on different recipients, depending on their degree of devaluation and risk of being imaged in certain ways. In this instance, the same practices have a less negative impact on the recipients in the Level 2 examples than they would on the recipients in the Level 1 examples. There are similar example parallels in other ratings.

Level 3. Considering recipients' image risks & needs, the image impact of the degree of setting–neighborhood harmony is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:

      a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;

      or

      b. the degree of setting–neighborhood harmony neither significantly diminishes nor significantly enhances recipients' image. Most likely, this is because the setting neither blends in nor clashes, because it stands in "isolated dislocation" (see "Alphabetic Glossary of Terms"). (This may incur significant penalties on other ratings.)

Level 4. Considering recipients' image risks & needs, the degree of harmony between the external appearance of the service setting & that of its neighborhood is highly conducive to enhancement of their image, but falls short of the near–ideal requirements of Level 5, because **either**:

      a. setting–neighborhood harmony is mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients.** E.g., in an industrial area in which almost all the other industries have signs, a building housing a sheltered work program for impaired adults bears no sign at all; the external setting of a human service is significantly more attractive than any others in its neighborhood, which draws attention & sets it apart, but is hardly likely to generate any significant image drawbacks for its recipients;

      or

      b. image enhancement is optimal for all recipients, as in Level 5 (e.g., a walk–in counseling center is in one of the typical storefront buildings within a neighborhood comprised of small shops, stores, & office buildings), but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* recipients' image is apt to be so enhanced by the maximum harmony that has been achieved between the entire service setting exterior & its surrounding neighborhood that no significant improvements in practice are conceivable. E.g., a work program for physically impaired adults that is located well within an industrial park has a parking lot, surrounding fence, signs, & other setting aspects that were consciously chosen to be comparable to those of other settings in the industrial park.

R1112 Program-Neighborhood Harmony

General Statement of the Issue

In our culture, certain functions are very likely to be carried out in specific areas or neighborhoods that serve similar or related functions. For instance, people typically reside in residential areas; government and other civic functions are usually located in a downtown or multi-purpose area; etc. The fact that it is both culturally valued and expected for some service functions to take place in certain types of neighborhoods rather than others has important implications for the location of human service programs.

The recipients' social image, sometimes even their competencies, and their potential for assimilation into and by the surrounding social systems, are affected in three ways by the degree of harmony between the nature of a human service program and its neighborhood.

1. If the nature of a program clearly matches the nature of its surrounding area or neighborhood, then such a match conveys a message of harmony with general cultural expectations, and the recipients of such a program are more likely to be positively imaged. Therefore, vocational training and sheltered work programs would optimally be located in areas where work functions are being carried out for non-devalued people, such as in industrial parks, business areas, or mixed areas; residential services would be in residential neighborhoods where non-devalued people live; schools would be where schools for valued people are found, usually in residential areas; etc.

2. People quite naturally expect to--and do--relate differently to people in different locales or neighborhoods. For example, typical citizens expect to, and are apt to, interact quite differently with each other in residential and recreational contexts than in business and industrial contexts. If people are confronted with a function being conducted that is out of character in a particular neighborhood (e.g., people manufacturing automotive parts in the middle of farmland, or children going to school in the midst of several factories), they are somewhat surprised and find it more difficult to act normatively. It is more role-valorizing for recipients if a service's location facilitates normative types of relationships with other citizens.

3. Different types of resources tend to be found in different types of neighborhoods. In an industrial or business area, there are usually inexpensive eating establishments; in many residential neighborhoods, one is apt to be within walking distance of a church; etc. Thus, a program which is located in an appropriately matching neighborhood is also likely to be well-located in regard to relevant present or future community resources. And, as noted in R212 Availability of Relevant Community Resources, recipients are likely to meet and interact with typical citizens in those resources. (However, whether such proximity or interaction actually exists is rated elsewhere.)

Some programs have a rather narrow range of types of neighborhoods in which they are considered to "fit," and others have a broader range. For instance, urban elementary schools are expected to be in fully or partially residential areas; in rural areas, the school may be located among the farms, or in a small town that may be the business hub of the farming area; colleges and universities may be in quiet suburban villages, in the very center of busy downtown areas that are a mix of businesses and residences, or in between residential areas and commercial ones. A training program in horticulture may be located in an area that is zoned industrial, or one that is zoned commercial, or in a relatively rural setting, and all three of these neighborhood types could be considered an appropriate neighborhood match for it.

This rating assesses the harmony between the neighborhood in which the service is located, and the program function that the service is perceived or purported to render, or apparently renders, even if what the service **actually** does is not what most observers would infer or perceive. For example, the major proclaimed program function of a sheltered work program may be to provide work training and work. Thus, a team conducting an assessment of such a sheltered work program would have to determine whether its work/work training function is harmonious with the neighborhood in which the work program is situated--even if the "work program" provided little or no real work and work training, but fake work, arty crafts, and lots of recreation and education. Similarly, a convalescent home for elderly and impaired people may purport to offer a medical rehabilitation program and treatment, but in reality, it may provide little more than custodial care. In this case, the assessment team should rate the degree to which the apparent, popularly perceived, or purported residential medical program function blends in with the neighborhood in which the "convalescent home" is located.

The reason this rating requires a match between the neighborhood and the service function that appears to be or is purported to be provided, rather than between the neighborhood and what the service entity actually provides, is that this rating is concerned with images, and the relatively naive observer (e.g., a member of the public) will judge the appropriateness of the service's location based on his or her perception of the nature of the service.

Rating Requirements and Examples Chart
R1112 Program-Neighborhood Harmony

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance recipients' social image--& thereby their social status, perceived similarity to valued people, & ultimately their social roles--there should be complete harmony between the nature of a program that a human service appears or purports to provide, & the nature of its surrounding neighborhood.	Elementary education programs, churches, & places where people live are generally located in residential areas. Light industries, warehouses, & factories are commonly located in industrial parks. Government offices are commonly located in mid-town or business districts.	A small nutrition service for elderly persons which provides a free daily lunch is located in a combination residential/commercial area with many small shops. The office of a Citizen Advocacy program is located in a suburban office park where numerous small business & generic professional service enterprises (e.g., dentists, lawyers, tax consultants) are also located. (Highly Positive)	A summertime recreational program for young adolescents from poor families is located in a heavily commercial downtown area, with many bars, nightclubs, & sex stores. (Extremely Negative) An intensive early education program for young physically impaired children is located in the midst of an industrial park.

R1112 Program-Neighborhood Harmony

Differentiation From Other Ratings

1. This rating is concerned with whether a service **program** matches its neighborhood, and R1111 Setting-Neighborhood Harmony is concerned with whether the external appearance of a service **setting** matches the external appearance of other settings in the neighborhood. A setting can be harmonious or disharmonious with its neighborhood, regardless of what program it houses.   Vice versa, a program can be harmonious or disharmonious with its neighborhood, regardless of how its setting blends in.

2.   R1131 External Setting Appearance Congruity With Culturally Valued Analogue is concerned with the degree to which the appearance of the setting matches the nature of the program which it houses, regardless of the kinds of other programs that may be around it in the same or other settings.

3.   There can be good program-neighborhood harmony in a certain location, but the location can be a problem for a service for other reasons. For instance, the neighborhood may have very poor conditions of access (rated by R2111 Setting Access--Recipients & Families, and R2112 Setting Access--Public), or few relevant resources (rated by R212 Availability of Relevant Community Resources).   The neighborhood may convey all sorts of negative images of vice, poverty, dirtiness, and undesirability (rated by R1151 Image Projection of Setting--Physical Proximity).
In this rating, only the match of the type of program being conducted with the type of neighborhood is considered.

4.   The degree to which a neighborhood is saturated with congregations of devalued people--either from within the service being assessed, or from other sources--and the presence or dearth in the neighborhood of assimilative resources, are both rated by R122 Service-Neighborhood Assimilation Potential. A neighborhood can be of the type that is a fitting match for the nature of the program, but still have very poor assimilation potential, and vice versa.

Suggested Guidelines for Collecting and Using Evidence
R1112 Program-Neighborhood Harmony

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
Some settings house services that are ambiguous in nature (e.g., work training), or that conduct several programs in one setting (e.g., schooling & work), in which case good program-neighborhood harmony might be (but is not necessarily) difficult to attain. However, when a service renders several distinct types of programs (e.g., residential ones & work training ones), then the different types of programs can be assessed separately, & the results either reported separately or combined into an overall score (see Appendix C of the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality*).

   The **service** function (e.g., work training) of the program is to be assessed here, & not the deeper societal function it may serve (e.g., keeping people dependent). Also, this rating assesses the degree of harmony between the neighborhood & the service's purported or apparent program function, even if the actual program function conducted is not what the service purports or appears to do, e.g., if a purported work service actually conducts art therapy.

   A difficulty in this rating is that the nature of a program is not entirely separable from whom it serves. This interaction between program & recipients has to be taken into account, but the greatest weight is given to the program function, not the nature & images of the recipients. In other words, this rating is concerned primarily with an appropriate match between a service program & its neighborhood, & only secondarily with whether the service recipients are "a good fit" with that neighborhood.

   The more heterogeneous (mixed) the nature of the neighborhood, the wider the range of services that may fit into it without an image- or expectation-clash.

   Some people are at much graver risk of being imaged in negative ways than others. Raters should give more weight to program-neighborhood combinations that reinforce already existing negative stereotypes of the recipients.

   Some programs may be in "isolated dislocation"; see p. 34 in the "Alphabetic Glossary of Terms" & Level 3b. This may also incur penalties on other ratings. | What is the nature of the program provided by the service?

   What is the nature or general character of the neighborhood in which the program is located?

   Does the nature of the program match the general nature of the neighborhood? In what way(s) do they clash?

   If the program matches the neighborhood, does it do so in a way which is enhancing to the recipients' image?

   If the program does not match, what kinds of negative images about the recipients are conveyed thereby?

   Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating? | Observations of programs;

Tour of the neighborhood;

Direct interviews with recipients, service leaders, servers, neighbors, & others;

Program descriptions, statements of mission;

Service brochures, news articles. |

Criteria and Examples for Level Assignments

Level 1. Considering their image risks & needs, recipients are strongly (though perhaps totally unconsciously) imaged in **severely damaging** ways by the serious clash between the nature of the program & the general character/ambience of the neighborhood. Especially where recipients are already societally devalued, & are very much at risk of being very negatively stereotyped (as worthless, dangerous, etc.), the images projected by the program-neighborhood combination will have a serious negative impact on them, even if these same images would have a less serious impact, or even no impact, on other (even other kinds of devalued) people. Even the presence of some positive program-neighborhood harmony features may be irrelevant as long as the images which communicate most decisively to the general public are the very damaging ones. E.g., a residential service for unmarried mothers is located in the warehouse section of town, next to the docks.

Level 2. Considering recipients' image risks & needs, the program-neighborhood combination impacts negatively on recipients' image in one of two ways:

a. it is **significantly damaging** to the image of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: an education program for deaf children is in a neighborhood of almost all medical services (hospitals, clinics, rehabilitation centers, doctors' offices, etc.), thus reinforcing the image of the children as sick; a day center for senile elderly people is located in the middle of an industrial area;

or

b. it is **severely damaging** (as in Level 1) **to the image of a significant minority of recipients**, even if not to the other recipients.

Level 3. Considering recipients' image risks & needs, the image impact of the degree of program-neighborhood harmony is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:

a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;

or

b. the degree of program-neighborhood harmony neither significantly diminishes nor significantly enhances recipients' image. E.g., a vocational training program for adolescents is located on the border between a residential area & a commercial one with many small shops & businesses.

Level 4. Considering recipients' image risks & needs, the degree of harmony between the nature of the program & its neighborhood is highly conducive to the enhancement of their image, but falls short of the near-ideal requirements of Level 5, because **either**:

      a. program-neighborhood harmony is mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**. E.g., a sheltered work operation with industrial components is located in a neighborhood that is comprised of many different types of programs & functions, such as stores, service & repair shops, & residences, but no industrial operations;

      or

      b. image enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* recipients' image is apt to be so enhanced by the maximum harmony that has been achieved between the nature of the program & its surrounding neighborhood that no significant improvements in practice are conceivable. E.g.: a sheltered work operation is in an industrial area; an apartment project for elderly people is in a mixed residential-shopping area which includes generic apartment housing; a residence for young adults who were once on drugs is located in a residential area where mostly university professors & young professionals live.

General Statement of the Issue

In Western society, the development and expression of one's individuality (including one's personality, unique talents and abilities, personal beliefs and preferences, etc.) is highly valued and is related to competent identity. Therefore, if a human service is to be social role-valorizing, it must support the development and expression of the individuality of each of its recipients, especially so if they are devalued people, because historically, such people have been treated both within and outside of human services in a very deindividualizing, even dehumanizing, fashion, sometimes in order to make it easier to control and manage them. Accordingly, to the maximum degree that recipients' identities and conditions permit, structural and quasi-structural features of the physical setting should **elicit** and **support** recipients' individuality, and **facilitate** programmatic efforts to help each recipient develop and express his or her own uniqueness. Indeed, the physical environment of the service should make almost irresistible positive role demands upon recipients to develop and express their own separate identities (personality, interests, talents, skills, etc.)--keeping in mind that if thereby the bounds of what is acceptable in society are exceeded, an image cost is incurred.

This rating examines only four relevant **structural or quasi-structural** aspects of a service setting: (a) the presence of well-defined, adequate spaces for personal functioning of each recipient within the setting (e.g., a bedroom, office, work station, desk); (b) options for recipient privacy; (c) movable furniture in recipients' areas; and (d) any major features and appointments of the physical environment that bear on individualization and that are not more appropriately covered under R213 Physical Comfort of Setting.

1. *Presence of well-defined personal spaces for each recipient.* Each recipient in a service should have one or more well-defined areas that the person can legitimately call and treat as his or her own, unless the service is of a type (e.g., a walk-in counseling office) that would not be expected to have such spaces even if it served very privileged people. In residential services, people should have their own beds, and sometimes their own bedrooms (though not necessarily always) rather than having to call a ward with rows of beds one's bedroom. In school and work settings, personal functioning spaces for recipients are usually less stationary than they are in residences. However, in many non-residential settings, it would be appropriate for each regular recipient to have a locker for (outdoor) clothes, rain boots, carrying case, etc. Also, in at least some businesses, workers have their own offices, desks, chairs, or work areas, etc. Similarly, students usually have their own desks.

2. *Options for privacy of recipients.* There should be options provided by the physical setting for recipients to have privacy if they so desire and if their identities/conditions permit it. However, in only a **very** few rare instances would recipients' identities be such that not even a small degree of privacy would be feasible and consistent with SRV. For example, in residential services, bedrooms almost always should have doors or some other type of barrier. As well, where there is more than one toilet, bath, or shower in a bathroom, these should be as private as those for valued people if recipients' identities permit, keeping in mind the SRV guideline of "as much as possible." Furthermore, options for privacy can even be extended to many kinds of settings in which it is often denied. For instance, some people do not work well if they have to work in large open spaces with a lot of other people. Provision of special separated nooks and tables, or offices with doors that can be closed or partitions that can be raised, would allow such persons greater privacy in order to enhance their productivity, progress, or feeling of well-being.

3. *Mobility of furnishings.* In typical society, it is largely taken for granted that in most settings, a person may manipulate his or her physical environment at least to some degree in order to provide him or herself with opportunities to express or discover personal preferences, allow for privacy, distinguish him or herself from others, and even merely vary the environment in order to feel more content. In fact, when people find themselves in settings in which they would ordinarily expect to be able to move the furnishings, but the setting prevents them from doing so (such as in many college dorms), it can be unsettling and disturbing--so much so that some people would refuse to stay in the setting if they could help it. This is one reason why many college students do move out of dormitories into more normative, less restrictive residential settings, such as apartments. Thus, in order for a setting to allow for greater individualization of the people who use it, furniture should generally not be built-in or otherwise immovably fixed, and especially not if the setting is a residential one.

4. *Major features and appointments of the environment that bear on individualization and are not primarily related to the comfort of users.* Most of the major features and appointments of the environment that are related to the individual identity of people functioning therein are probably issues of physical comfort, and should be rated under R213 Physical Comfort of Setting. However, there may be some that are not related to comfort that could be rated here, e.g., in a work setting, every worker has some wall space on which he or she may post pictures, art work, seasonal décor, etc.

Rating Requirements and Examples Chart
R215 Individualizing Features of Setting

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance recipients' competencies, & thereby their social roles, the structural or quasi-structural aspects of the physical setting should maximally elicit & facilitate, rather than inhibit, individualization & self-expression of recipients, by providing: (a) well-defined personal life spaces for each; (b) options for the maximally feasible recipient privacy that recipients' condition(s) permit; (c) movable furnishings; & (d) other major setting features & appointments that bear on individualization.	In typical homes for valued people, bedrooms (even for children) have doors, & most of them can be locked. Bathrooms also have doors which can be locked for privacy. Bedrooms rarely accommodate more than 2 people. In most residential, work & educational settings, furniture is neither built into the walls nor bolted to the floors. With the exception of some restrictions in certain settings (such as schools), the people who use the settings are free to re-arrange the furniture according to their individual preferences.	A cooperative apartment program for elderly women has an individual, lockable bedroom for each of the women. A work setting for impaired adults has plywood partitions which can be used to divide each employee's work space from those of others.	In a psychiatric institution for people who are mentally disordered, there are very few individual (or even double or triple) bedrooms; rather, most of the beds are all laid out in rows in one or more large rooms, thereby denying privacy to almost all the residents. (Extremely Negative) In a home for elderly people, all the bedrooms have built-in furniture. (Extremely Negative) At an adult work setting, the showers for people to cleanse themselves at the end of the work day are not separated by partitions or curtains.

R215 Individualizing Features of Setting

Differentiation From Other Ratings

1. Any environmental features--such as ramps and widened doorways--that are meant to make a setting more usable by physically impaired recipients are rated under R213 Physical Comfort of Setting. However, certain such adaptations that can make a setting more usable by some physically impaired people might be deindividualizing if other recipients also have to use them.

2. The presence and nature of certain built-in or major appliances (such as large playground equipment) may have implications to several ratings, including R215 Individualizing Features of Setting. Any recipient comfort aspects of such an appliance would be rated by R213 Physical Comfort of Setting; its contribution to program challenge/safety would be rated by R214 Challenge/Safety Features of Setting, and possibly R232 Intensity of Activities & Efficiency of Time Use; and the degree to which it makes allowance for individual differences among **recipients** (not server convenience) who have to use it, or who may benefit from such use, would be assessed by the rating at hand.

3. The presence and use of equipment which may be necessary to promote recipient competencies is rated under R232 Intensity of Activities & Efficiency of Time Use. The individualizing nature or potential of any equipment which is **part of the physical setting itself** is rated by the rating at hand.

4. R224 Service Support for Recipient Individualization rates any **non-structural and programmatic** aspects which affect individualization of recipients, including any that either enhance or interfere with the use of individualizing setting features. For instance, bedrooms may have doors (rated by the rating at hand), but servers may unnecessarily prevent residents from closing them, which would be rated by R224. Similarly, the presence of a desk for each student is rated here, but placing name tags on each student's desk, or teacher-made equipment for a specific physically impaired student, would be rated under R224.

5. Whether the service provides physical space for recipients' individual personal possessions is not rated here but in R142 Image-Related Personal Possessions and R233 Competency-Related Personal Possessions.

Suggested Guidelines for Collecting and Using Evidence
R215 Individualizing Features of Setting

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
Neither servers nor raters can accurately & adequately determine how individualizing the setting can or should be unless they thoroughly understand the identities, limitations & needs of the people served. Devalued people have historically been treated in ways which were often highly deindividualizing. Thus, in order to combat negative historical trends, it is important that services "bend over backwards" to enhance individual competencies, & to convey respect for the individuality of their recipients. Particularly important in long-term residential settings is whether furniture in recipient areas is built-in & hence relatively immobile, reducing a resident's options for individualizing his or her space by rearranging the furnishings, or by bringing in one's own. It is therefore unlikely that such a space can earn the highest level here. Because built-in furnishings can also restrict what & how many possessions a person can bring, it is also likely to prevent a high rating on R142 Image-Related Personal Possessions, & possibly also on R233 Competency-Related Personal Possessions. Some services are headquartered in a physical setting that recipients rarely or never use. Examples would be services that take place "long distance" (such as a correspondence school or a telephone counseling service), or that are rendered to recipients outside the agency's premises, such as an in-home nursing service. Other services, such as some day camps, may have a setting that has **no** structural or quasi-structural features. In such instances, the setting can hardly be individualizing for recipients. Therefore, this rating would not be applied, & the service's total score should be computed using the pro-rating method explained on pp. 82-84 of the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality.*	What are recipients' conditions/identities? Given these conditions/ identities, does the design of the physical setting allow maximally feasible privacy for the recipients? What, if any, individual private spaces do recipients have in the facility? In recipient areas in the setting, is the furniture & its arrangement moveable? Are there any other features of the physical structure which maximize the options for recipient individualization, or which are obstacles or even impediments to such individualization? Are relevant direct service personnel & service leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Tour of both the exterior & interior of the setting; Observations of recipients in program; Direct interviews with servers, service leaders, & recipients.

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R215 Individualizing Features of Setting

Criteria and Examples for Level Assignments

N.B. – If the service is one where recipients never are, then this rating would not be applied, & the service's total score is pro-rated, as explained on pp. 82–84 of the 1983 *Guidelines* monograph (see footnote 6 on p. 4).

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that the **structural or quasi-structural physical features** of the service are unnecessarily grossly diminishing of the potential development & expression of maximally feasible recipient individuality. This is apt to be true when **any one** of the following conditions is present:

a. important life spaces are very deindividualizing or poorly-defined. E.g.: a bedroom with 6 beds & residents, & no room dividers, for teenagers in a drug rehabilitation residence; in the type of work setting in which one would expect to find physically defined separate spaces for each worker, there are none;

or

b. gross violation of privacy that is **not** necessitated by recipients' conditions or identities. E.g., in a day program, there are bathrooms with multiple toilets & showers that have no partitions;

or

c. the major furniture that would be mobile in a normative environment is fixed or immovable. E.g., the closets, bureaus, beds, & writing tables in the bedrooms of a psychiatric institution are built into the walls.

Level 2. The lack of individualizing setting features has a negative impact on the competencies of the recipients in one of two ways:

a. it **significantly impedes or impairs** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g., in a work training setting where work is dirty, & workers sometimes have to change clothes, there is one big changing room without any lockers, & only a few clothes hooks;

or

b. it **severely impedes or impairs** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the individualizing features of the setting is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:

a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;

or

b. individualizing features of the setting neither significantly diminish nor significantly enhance recipients' competency. E.g.: the setting may neither readily elicit nor strongly inhibit recipient individuality; the service is one that recipients might come to for brief periods, but would spend so little time in it that individualization of the setting is irrelevant, such as an office that signs people up for eligibility for food subsidies.

Level 4.   The potential for individualization in the structural or quasi-structural features of the setting is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because **either**:

a. conditions are mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**. E.g., just about all the physical features of a children's school encourage & permit individualization, except for the playground equipment;

or

b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5.   Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the maximally feasible individualizing nature of the structural or quasi-structural physical features of the setting that no significant improvements in practice are conceivable. E.g., in a small cooperative residence for elderly women, the bedrooms are of different shapes & sizes & do not have built-in furniture, plus the size & style of furniture varies from bedroom to bedroom.

22 COMPETENCY-RELATED SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS

A great deal of the introductory/background material relevant to competency-related service-structured groupings and relationships is contained in the sections entitled "Overarching Considerations Shared by the Thirteen Ratings Under the Rubrics 12 Image-Related Service-Structured Groupings, Relationships, & Social Juxtapositions, & 22 Competency-Related Service-Structured Groupings & Relationships" on pp. 133-136, and "Overarching Considerations Shared by the Four Ratings Under the Rubrics 123 Image Projection of Intra-Service Recipient Grouping Composition & 221 Competency-Related Intra-Service Recipient Groupings" on pp. 155-158. Raters must be sure to go back and re-read that material before reading, and especially before applying to a service, the following six ratings that begin with "R22..."

Every program structures certain relationships among people, including those it fosters among its recipients, between recipients and servers, and among recipients, servers, and members of the public. Some of these service-structured relationships primarily affect recipients' competencies, and it is these that are the concern of these ratings. Specifically, these assess the: (a) competency-related size and composition of recipient groupings; (b) service-mediated competency-related interactions of recipients with people other than servers and other recipients of the same program; (c) quality of interactions among the various people in the service, as well as between the people in the service and members of the public; (d) degree of programmatic individualization of each recipient; (e) and development of a valued socio-sexual identity for recipients.

A challenging element of several ratings in this rating cluster--namely R2211, R2212, and R222--is that they affect both broad competency-related development, and at least for certain recipients, also the acquisition of certain specific competencies. That is, groupings and relationships will affect all sorts of competencies of people of all ages, and especially so children because of their receptivity to imitation and modeling. As well, groupings and relationships may be structured in order to affect very specific competencies, such as manner of speech, impulse control, social graces, a specific role skill, etc.

Also, via groupings and relationships, people can acquire any number of competencies that they cannot be said to "need," in the sense that the competency acquired does not address such needs as for food, shelter, love, belonging, etc., but that nonetheless have a bearing on their roles. For instance, by being immersed in certain groupings, a person may learn to speak six languages, even though the person does not need to do so in order to function well in life. Whether they are "needed" by recipients or not, competencies developed by groupings and associations with others are all considered in this cluster of ratings. To the degree that a competency acquisition does address a recipient need, there may be an interaction between some of the ratings in this cluster, and the rating of R231 Service Address of Recipient Needs.

Recipients' competencies are directly affected by the other people with whom they come in contact, primarily as a result of (a) the expectancies that other people create for and impose on recipients, and (b) the models of behavior that these other people provide. These two avenues of competency enhancement via relationships with other people are discussed below.

1. *The power of expectancies.* A well-known and extremely powerful behavior change strategy is the use of role expectancy. When an expectation for a certain kind of behavior is placed upon a person by other people, by settings in which the person functions, by activities that are provided to the person, and/or by imagery attached to the person, then the person is very likely to conform to the expectancy, thereby reinforcing the expectancy in the expector and observers. Reinforced expectancies lead to further role demands which tend to elicit yet further expectancy-conforming responses, and so on. Often, this dynamic has worked to the detriment of many human service recipients, especially if they are devalued people, because such people have very frequently, consistently, even massively been expected to act in ways which are not valued by the culture, not appropriate to their ages, and may even be offensive. For example, if a mildly impaired person is served within a program grouping with mostly more severely impaired persons, then the expectancies that will be imposed on that person are apt to be lower and less developmental.

However, the expectancy dynamic can also work for adaptive purposes. For instance, role expectancies can shape adaptive and age-appropriate interactions in general, and appropriate sexual identities and behaviors for recipients. And the dynamic of role expectancies can be used to

attain recipient competency enhancement via integration, because in typical settings, people almost automatically expect others in those environments to behave in culturally normative ways. Therefore, when devalued people are interspersed in open settings with non-devalued people, it is very likely that they will be exposed to normative behavioral and role expectancies. In such open settings, even non-devalued people who **are** aware that devalued, impaired, possibly less competent, persons are present may still expect at least some normative behaviors from them, and may contribute to their competency development even if they did nothing more than model expected behaviors, as discussed next.

2. *The power of modeling and imitation.* A second extremely potent behavior change strategy is to induce imitation in a person whose behavior is to be changed. Imitation of demonstrated behaviors is one of the most primitive, easiest, and painless ways to learn, and is within the capacity of almost all human beings from early infancy onward. Learning via imitation and modeling often even takes place unconsciously, i.e., the learner is unaware that he or she is imitating. Just as the dynamic of role expectancy and circularity has not always been employed to the benefit of devalued people, so with imitation. For example, when people are served in groups in which members have different degrees of need, or different impairing/devalued conditions, the people who are more impaired or devalued often do not provide good models for the people with less severe needs, particularly when the more impaired persons are in the majority. The power of modeling/imitation is demonstrated by the fact that research has shown that even the non-impaired teachers of severely retarded people occasionally and unconsciously adopt some of the inappropriate behaviors of their students, such as rocking, hair twirling, and other stereotyped behaviors.

The power of modeling makes it particularly important that devalued or impaired persons of distinctly different age groups **not** be served together in the same program grouping or sub-grouping, even in instances where the competency levels of all members might be approximately the same. Younger persons quite commonly perceive older persons in their environment as models and identify with them ("I want to be like _____ when I grow up"). If devalued children and adults are grouped together, or even younger and older children (or adolescents), then the older recipients provide devalued role models for the younger ones. For example, if mentally disordered youngsters and adults live in the same group residence, or participate in the same day activity or recreational program, then the children are very likely to learn devalued disordered behaviors from the adults, such as repetitive stereotyped movements, inappropriate conversation, odd social interactions, and so on.

But imitation could be employed in order to enhance the competencies and skills of the recipients of a human service, and especially devalued people. If recipients were exposed systematically and consistently to people (such as non-impaired/non-devalued persons) who model appropriate and adaptive behaviors, then recipients would be apt to pick up those adaptive behaviors by imitation. Especially if recipients were helped to identify with the people who modeled the adaptive behaviors, tremendous gains in recipient competencies could well be achieved. However, even where more competent and less competent people interact (either within program groupings or otherwise), the competency benefits that might come to the less developed persons are likely to be lessened if the **majority** of group members are impaired or act deviantly, or if the devalued members are the older or otherwise more respected models. For example, if 20 or even 30 of the 40 children in an early childhood education program are impaired, then the 10 or 20 non-impaired children will have to carry too great a load of serving as positive models, relating to impaired peers constructively, providing stimulation, etc. In fact, the non-impaired children may even begin to imitate the inappropriate behaviors of the impaired youngsters. On the other hand, if only five or 10 of the 40 children were impaired, then the overwhelming majority of the models for both the impaired and non-impaired children would be more positive and valued ones, and each impaired child would have a high number of non-impaired ones to relate to. The probabilities would then greatly increase that peer modeling would contribute to positive competency development for all children. Thus, for competency enhancement, services should structure their recipient groupings and other recipient relationship patterns so that the competent/positive/adaptive/valued models far outnumber the less adaptive or devalued members. Furthermore, recipients must be exposed to people who can model adaptive interpersonal relationships of different kinds, adaptive socio-sexual roles, culturally valued ways of expressing one's individuality, or whatever competency it is that recipients are to acquire.

The six ratings below assess the degree to which a service capitalizes upon the power of role expectancies and imitation/modeling in its recipient groupings and other service-structured relationships in order to enhance recipient competencies.

221 COMPETENCY–RELATED INTRA–SERVICE RECIPIENT GROUPINGS

Readers are reminded that they need to be familiar with all the material covered under the two earlier headings entitled: "Overarching Considerations Shared by the Thirteen Ratings Under the Rubrics 12 Image–Related Service–Structured Groupings, Relationships, & Social Juxtapositions, & 22 Competency–Related Service–Structured Groupings & Relationships" on pp. 133–136, and "Overarching Considerations Shared by the Four Ratings Under the Rubrics 123 Image Projection of Intra–Service Recipient Grouping Composition, & 221 Competency–Related Intra–Service Recipient Groupings" on pp. 155–158; as well as with the immediately preceding material on "22 Competency–Related Service–Structured Groupings & Relationships" on pp. 333–334.

The people with whom one is grouped have a powerful effect on one's competencies. In addition to the relevant factors discussed in the earlier sections above, recipients' competencies will also be affected by the degree to which the size and composition of an intra–service recipient grouping allow servers to (a) effectively manage the group and accomplish certain goals for group members, and (b) provide the individualized structure and supervision (no more and no less) that a recipient needs. Both issues are explained below.

1. *Likely ability of servers to effectively manage the group.* If recipient groupings are too large or too diverse, servers very typically lose whatever control they may need to promote the competencies of group members. For instance, a class of five or 10 students who have disruptive behaviors poses much less of a management challenge than does such a class of 20 or more. If it takes all of a floor manager's time to properly supervise 10 industrial trainees, then adding an eleventh trainee means that some members are apt to be neglected, and their work and/or progress will drop off in quantity and/or quality. And while a teacher's time is occupied in teaching some students in a large or very heterogeneous class, other students may be stirring up trouble in another corner of the room, and students will experience considerably less growth if the teacher has to spend time patrolling and controlling rather than teaching. (How many servers there are per recipient can also be an issue of R232 Intensity of Activities & Efficiency of Time Use. However, no amount of servers can defeat some of the competency–related drawbacks of grouping together large numbers of recipients, especially if these are competency–impaired.)

Similarly, the greater the range of ages, abilities, impairments, or degrees of need among the people who are grouped and served together, the more likely it is that the competencies of at least some recipients will not be enhanced. For instance, it is commonly harmful to the competency enhancement of the recipients if both impaired children and adults are grouped and served together in the same program, because the administrators and staff of such a program would have to be highly skilled in programming both for children and for adults. This competency combination is rare, and therefore, usually either the adults receive child–level expectations and programming from staff who are trained to work with children (this situation has been common in fields such as mental retardation), or the children will suffer because adult–oriented staff may not be able to empathize with their needs (this situation has been common in fields such as mental health). Further, even if the servers had the competencies to serve both children and adults, combining together in one grouping people of such widely differing ages would probably carry image costs, and be penalized accordingly, as explained in R1232 Image Projection of Intra–Service Recipient Grouping––Age Image.

2. *Provision of the needed structure and supervision for each recipient in an individualized fashion.* When servers are unable to control or manage a group or its structure, or even to get to know its members as individuals, then in order to function, they are apt--almost forced--to adopt impersonal, less flexible, outright restrictive, regimentative, or even dehumanizing approaches and structures in an effort to maintain control, and all recipients are apt to receive the same, more restrictive level of intervention. This phenomenon is referred to as the "lowest common denominator" approach, wherein the structure necessary to meet the demands of one or several recipients is applied indiscriminately to other recipients who do not require that degree of structure. Although this can happen as a result of poor server ideology or competency, it is almost certain to happen when people (even valued ones) are grouped together in too large a number, or with degrees of impairment and needs that are too diverse.

For example, if four, or even fewer, of the six children in a group residence for mentally retarded youngsters have severe behavioral disorders, then it is highly likely that, in order for staff to handle the demands placed upon them, the less impaired residents will be forced to abide by at least some of the same rules and restrictions as are really only needed for the more impaired. Similarly, if one person in a too large or very diverse grouping would like to participate in an activity that either does not interest other group members, or for which other group members do not have the capacity (e.g., because they are more impaired), then that individual will often not be able, or even allowed, to pursue it.

Another scenario that commonly elicits the lowest common denominator structure is an excessive range of ages in a recipient group. For one thing, older persons are often bigger, stronger, and more experienced and sophisticated than people who are younger, and thus, the older ones could physically or psychologically control the younger members of the group. Especially with certain devalued people and in certain types of programs, this could be very counterproductive, and could even lead to abuse of the younger persons--as has frequently happened in prisons, juvenile detention centers, institutions, etc. On the other hand, when older or elderly members of a grouping are weak and frail, the older members might be at the mercy of the younger ones who are bigger and stronger. Historically, this has also been the case in many institutions for impaired people; currently, such abuse of elderly people by their children and other younger relatives has been becoming more common even in typical homes in the community.

The size of a grouping and its composition, as these affect the competencies of the grouping members, are each addressed by a separate rating.

Readers are reminded that they need to be familiar with all the material covered under the two earlier headings entitled: "Overarching Considerations Shared by the Thirteen Ratings Under the Rubrics 12 Image–Related Service-Structured Groupings, Relationships, & Social Juxtapositions, & 22 Competency–Related Service-Structured Groupings & Relationships" on pp. 133–136, and "Overarching Considerations Shared by the Four Ratings Under the Rubrics 123 Image Projection of Intra–Service Recipient Grouping Composition, & 221 Competency–Related Intra–Service Recipient Groupings" on pp. 155–158; as well as the immediately preceding materials "22 Competency–Related Service Structured Groupings & Relationships" and "221 Competency–Related Intra–Service Recipient Groupings" on pp. 333–336.

General Statement of the Issue

The grouping, and any sub-groupings within it, that are to be assessed here in respect to competency impact must be the **same** that are assessed by R1231 Image Projection of Intra–Service Recipient Grouping—-Social Value and R1232 Image Projection of Intra–Service Recipient Grouping—-Age Image.

The size of the intra-service recipient grouping is an issue that has both image and competency dimensions. Therefore, there is a partially parallel image rating to this competency rating, namely R122 Service–Neighborhood Assimilation Potential, and some of the text of this rating will make reference to that parallel rating.

Other things being equal, if a service grouping is to be optimally social role–valorizing, then it must be comprised of that **number** of recipients which will best facilitate the development of their competencies. When an activity that is best learned and performed in a group of a certain size is carried out in a group that is either smaller or larger, then the potential benefit which group members might have derived from the activity may be reduced, abolished, or even counteracted. For competency–related purposes, a grouping size will have to achieve up to five objectives: (a) promote the competent transaction of relevant tasks by group members; (b) enable servers to both manage the group, and be individualizing of its members; (c) provide the stimulation to elicit whatever activation and vitality is desired from group members; (d) promote a suitable outward–directedness of group members (especially if they are devalued) towards participation in valued society; in certain cases (e) promote feelings of security, intimacy, and "belongingness" within the group; and (f) recognize individual differences and preferences among recipients for functioning alone or in groups. Obviously, some of these objectives are more applicable to some people and services than others; and in order to accomplish any of these objectives, the optimal size of a grouping will depend on its purpose.

In order for certain competency–related service goals to be pursued, it is important that there be neither **too few** nor **too many** recipients in a grouping. For example, if a child spends much of its time in a group with only one or two other people, it will not learn many things that it needs to learn about living in the world, and getting along with many different kinds of people in many different sizes of groups and in many different situations. This is one reason why families will often enroll an only child at a young age in an early education–type program where the child can learn to be social and to benefit from others. Adults as well may need to be with at least a certain minimum number of people in order to carry out, or benefit from, certain competency–related life functions, though perhaps for different reasons than children. For example, an adult who has recently suffered bereavement or other relationship loss may need to live with friends or relatives so as not to become depressed, withdrawn, stop eating or taking care of him or herself, etc. Thus, in order for a recipient to become well–socialized, to develop or practice certain competencies, and to overcome the negative effects of some life experiences, a service may have to constitute groupings with several members who have salient interests, personality orientations, experiences, etc. A service for very few people (or even for only one person) may have to recruit additional persons other than its own recipient(s) in order to constitute a grouping or sub-grouping that is optimal for certain competency purposes.

On the other hand, there can be **too many** people in certain groupings. For example, elementary schools strive to keep their classes small, in part so that teachers will be able to give better attention to the students, and have better classroom control--in other words, so they will be better able to tend to the competency-enhancement of the students. Similarly, a remedial reading group may be composed of only a handful of pupils, so that the teacher can devote the necessary intensity of attention to each. Almost inevitably, groupings which are too large tend to invite deindividualizing "mass management."

Thus, for some purposes, small groupings will be better. For example, in a small grouping, people are more apt to feel recognized and known as individuals, secure, accepted, and that they really belong, because it is easier to relate to members as individuals and to get to know each of them. In a small group, some people who are relatively lethargic are less able to hide in the crowd, and more likely to be provided with the necessary stimulation to make them more participative, which is particularly a concern for people who are shy and insecure, perhaps because of an impairment, a history of rejection, or because it is "their nature"; whereas in large groupings, such people are very apt to be overlooked or neglected, or they may feel overwhelmed, so that whatever inclination they may have to be sociable and active would be lost. Members of certain small groupings may also be more motivated to seek interactions with people outside the group. For example, a small number of people living together in an apartment or home are unlikely to be able to meet all of each others' relationship or other needs within that group because there will usually not be enough group members present, interested, and/or able to support all necessary and desirable activities. In response, such residents will tend to be drawn outside the group and its setting in order to seek (other) friends, shop at the local market, and go to community sites to skate, play bingo or tennis, see films, etc. On the other hand, if the number of people in a grouping were large, its members would be likely to be able to meet more of their needs within the confines of that social system, and form so many of their personal relationships there as to have little motivation for reaching outwards. In turn, this can be very life-constricting. Further, a number of life functions and activities are likely to be brought into a larger group and its setting. For instance, in the case of a residence for 25 or 50 people, it will be inconvenient to shop for food for that many people at the local grocery store, so food is apt to be shipped in by the truckload instead; it may be deemed more economical (or at least more convenient) to have a number of washers and dryers in the building than for people to go out to the local laundromat; etc. Such a large residence increasingly tends to resemble, or even become, an institution. Each time a life function is brought into a grouping of **devalued** people, an opportunity for developmental interaction with other people is lost, as well as an opportunity for interaction with valued models, and for exposure to normative expectancies, learning, and reinforcement of positively valued skills and behaviors.

But for certain purposes, larger groupings can be more enhancing of their members' competencies. For example, there is a phenomenon known as the "risky shift," which means that people are apt to be more adventurous, willing to take all sorts of risks, and to make difficult decisions when they are part of a (larger) group. A familiar example of this phenomenon is a person who is reluctant to sing solo in front of others, but who is quite willing to sing as part of a chorus. Of course, the risky shift phenomenon is not always positive; for example, some adolescents would be less apt to get into trouble if they spent less time with a group of their peers. But at least for some people and some purposes, the elicitation of curiosity, gregariousness, a spirit of adventure, and courage that can be brought about by participation in a modest-sized or even large group can be very positive.

Also, the requisite stimulation, interests, demands, and group spirit necessary to activate people may also not be present in a grouping that is very small. For example, if an older, not very outgoing man of low intelligence who has lived most of his life in institutions is placed into a one–person apartment, it is quite probable that he might lead a lethargic life, and mostly watch TV rather than making more creative use of his time, receiving visitors, going outside the apartment to meet people, or otherwise pursuing activities which require the presence of more people--especially people who would be active, outgoing, energetic personality models. If he lived with just one or a few others, there might be a "critical minimum" of people to generate interest in pursuing activities, outside involvements, and new and challenging opportunities. Thus, contrary to current human service lore, extremely small groupings of recipients are **not necessarily** optimal, because not all the competency-enhancement needs of a recipient are best met in an isolated, one-to-one, or mini-group fashion.

The very same group size that is favorable to one person can be unfavorable to another. Thus, the above statements and examples to the effect that a small group can be both isolating to some people and yet activating to others are not really contradictory. The point is that group size exerts important influences upon people, but its specific impact will depend on the characteristics and needs of a person and on the type of activity at issue.

For yet other purposes, it is not even an issue of whether a smaller or larger grouping is preferable; rather, a criterion must be met of having either a minimal or an exact number of people together in order for a certain activity to be able to take place at all, or to take place in an optimal fashion. For example, many sports and games require a precise, specified number of players--no more and no less. Bridge requires four. In order to hold a baseball game, there need to be two teams of at least nine players each; anything less than nine players per team gives the impression of "playing at" baseball, rather than really playing the game. Still other activities may also necessitate a certain number of people in order to be carried out, such as a telephone conversation (at least two), a Jewish worship service (at least 10 men), the performing of a symphony (enough people to play each of the instruments required by the score), etc.

It is not merely numbers of people in a group which can affect a recipient's competencies; the **type** of other people in the group is also a very important factor, e.g., are the other people passive, inactive, incompetent, skilled, energetic, vivacious, outgoing? However, the issue of the different kinds of people who constitute the members of a grouping is rated by R2212 Competency-Related Intra-Service Recipient Grouping--Composition, rather than here (see also "Differentiation From Other Ratings").

Unfortunately, people in human services commonly fail to grasp all of the complex issues at stake in determining appropriate grouping size, and therefore go to maladaptive extremes. At one extreme, in an effort to avoid the problems that arise from groups that are too large, some bodies will serve **only** very small groups of people, will isolate recipients, and/or erroneously perceive one-to-one server–recipient ratios as the ideal for everyone. For example, some services place everyone who comes out of institutions into single-room occupancy apartments in the community. In some locales, residential groupings above a certain small size (e.g., three) are actually prohibited by regulating or funding agencies. Although such measures may prevent the creation of large congregate residential settings, they also effectively prevent the development of viable, desirable groupings of, say, four to eight people, that could provide community spirit and activation for those people who do need a slightly larger number of people around them in order to become active and participate.

At the other extreme, because of the (alleged) benefits that interactions with people in groups may bring, or even for purely ideological reasons, services and servers sometimes practically force recipients to participate in group activities--perhaps even all the time--with apparent disregard for the individual's need for solitude and quiet, capacity for solitary learning and work, like or dislike for the other members of the group, etc.

Neither of these indiscriminate and deindividualizing approaches is consistent with SRV.

Rating Requirements and Examples Chart
R2211 Competency-Related Intra-Service Recipient Grouping--Size

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to promote recipient competencies, & thereby the enhancement of their social roles, the number of recipients in a service grouping or sub-grouping should: (a) promote the transaction or accomplishment of the relevant tasks by group members; (b) allow servers to effectively manage the group & provide the individualized structure & supervision appropriate for each group member; (c) provide sufficient stimulation; (d) facilitate interactions of the recipients with people outside the group; (e) promote recipients' security, intimacy, & well-being; (f) recognize individual recipients' differences in functioning better alone, or in small or large groups. Pursuit of these goals may be subverted by group sizes that are either too big or too small.	Many people do not get very involved in outside activities when they live by themselves; but if they live with just one or 2 more people, they often become more active, meet more people, open their home to guests, etc. Despite the problems that large families may have, there is typically a great deal of activity within them, & a diversity of contacts of members with others outside the family. Teachers' unions often lobby for small classroom sizes so that they will be better able to teach. Many settings that contain large numbers of people--e.g., an army, a factory, some schools--will divide their numbers into smaller groupings that are more manageable & facilitate goal attainment.	An institution for 60 physically impaired people is divided into "cottages" of between 4-6 residents each. A residential services agency for mentally limited adults operates 2 group homes (one for 4 men, & one for 3 women), as well as 2 sheltered apartments for 2 people each, & 2 for one person each. (Potentially highly positive) A work training program for poor youth who have dropped out of school serves 100 students, but groups them into work groups of 5 to 12 each, in order to instruct them in different work tasks & skills. A family with 2 adolescent children fosters one toddler who is both mentally & physically impaired.	An apathetic man who has spent much of his life in an institution is "deinstitutionalized" into a single-room occupancy hotel. (Extremely Negative) A residential ward of a psychiatric center houses 60 residents. (Extremely Negative) A day activity center for elderly people serves 100 people daily, & sub-divides the group into "activity clusters" of 25-35 people for each activity, no matter what the activity is.

R2211 Competency-Related Intra-Service Recipient Grouping--Size

Differentiation From Other Ratings

1. Potentially difficult distinctions need to be made between this rating and R2212 Competency-Related Intra-Service Recipient Grouping--Composition. Namely, both ratings take into consideration the characteristics and needs of the members of a group, with this rating examining how these interact with the effects of group size, and the other rating how they interact with group composition. For instance, where senile people are involved, even groupings of three may be taxing on the development--or even only maintenance--of their competencies. In contrast, in order to constitute a soccer team, having 11 players is more important in many contexts than who these players are. Usually, the larger a grouping of people of mixed identities becomes, the less conducive it is to competency-acquisition, unless (in at least some instances) suitable sub-grouping takes place.

Even though the two ratings may not be as independent from each other as would be desirable, it is possible for a service to receive a Level 1 or 2 in R2211 Competency-Related Intra-Service Recipient Grouping--Size (i.e., to have competency-inimical grouping size), but to receive a Level 4 or 5 on R2212 Competency-Related Intra-Service Recipient Grouping--Composition (i.e., for having an optimal composition for whatever grouping size there is). Conversely, a service might receive a high level on the size rating, but a low one on composition, or at least a lower one for composition than for size.

2. R2212 Competency-Related Intra-Service Recipient Grouping--Composition, R1232 Image Projection of lntra-Service Recipient Grouping--Age Image, and R1231 Image Projection of Intra-Service Recipient Grouping--Social Value, are all concerned with the **range** of ages, impairments, and abilities of the recipients in a service grouping, but not with **how many** recipients are being served, as is the rating at hand.

3. This rating assesses the **preconditions** to competency enhancement that the size of the grouping(s) provides. Whether this potential is actually capitalized upon is rated by other ratings, including R232 Intensity of Activities & Efficiency of Time Use and R231 Service Address of Recipient Needs.

4. R122 Service-Neighborhood Assimilation Potential rates the **image** barriers to, or facilitators of, assimilation of recipients into the valued community that are created by either the massing or dispersing of devalued people in a neighborhood. It does not address the obstacles to **competency** enhancement which may be created by serving too many people in a service grouping, as does this rating. A grouping of devalued people in a certain neighborhood may be so small that service-neighborhood assimilation potential is very good, but competency enhancement may still be greatly hindered; e.g., a single-room occupancy dwelling for one very passive and withdrawn, elderly, mentally limited individual may be very good in terms of assimilation potential, but devastating in terms of competency enhancement and well-being for that person.

5. R224 Service Support for Recipient Individualization assesses the degree to which servers recognize the individuality of each recipient, know and treat each recipient as a unique individual, encourage each recipient's expression of his or her individuality, and provide individually-tailored programming, regardless of the number of individuals in the group or service. Thus, the only individualization-related issue in the rating at hand is the degree to which the size of the grouping **enables** or **hinders** ease of individualization, regardless of the degree to which individualization actually takes place.

6. The size of the intra-service recipient grouping is not the same as the ratio of the servers to recipients, i.e., a recipient grouping is not necessarily considered small because it has a server-recipient ratio of one-to-one, nor is a recipient grouping necessarily considered large because it has a server-recipient ratio of one-to-30 or one-to-40. The issue of optimal server-recipient ratio as it is relevant to the enhancement of recipients' competencies would be considered under R232 Intensity of Activities & Efficiency of Time Use, as would the intensity of the interactions between servers and recipients. There is no guarantee that even small recipient groups served by a large number of servers will contribute to recipient competency enhancement; hence in this rating, raters must assess only the likely contribution of the grouping size to the recipients' competency development.

How a server-recipient ratio affects recipients' image, if at all (e.g., by making recipients appear to be more impaired than they really are), would be considered by R145 Image Projection of Miscellaneous Aspects of a Service.

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
Before coming to a final consensus on this rating, a team must be sure that **all** team members are using the **same** definition of grouping. The grouping of people under consideration in this rating is the same as that for R2212 Competency–Related Intra–Service Recipient Grouping––Composition, R1231 Image Projection of Intra–Service Recipient Grouping––Social Value, & R1232 Image Projection of Intra–Service Recipient Grouping––Age Image. Optimal group size will differ for different activities, competency goals, & different kinds of recipients. Thus, groupings can be too small for some competency-enhancing purposes, & too large for others. However, a general rule of thumb is that big is rarely good. The term "grouping" can refer to a single individual-- a "grouping of one." The more time recipients spend in a particular grouping or sub-grouping, the more impact the composition of that grouping will have on them. Thus, if recipients are (sub-)grouped within the program (e.g., at different times, for different activities), raters should give more weight to the groupings in which recipients spend a great deal of time, or which constitute the basis for major program activities, e.g., classes in a school. Even services that serve large numbers of people may still be able to sub-group people in ways that meet the requirements for social role-valorizing competency enhancement. Thus, when raters assess a service/agency to large numbers of people, they must carefully determine whether & how the service sub-groups its recipients, & what effects these sub-groupings are likely to have on recipients' competencies. Server-recipient ratio is not a consideration in this rating. The problems of too large a recipient grouping can usually not be overcome by increasing the number of servers.	What is/are the service project(s) being assessed? Who are the recipients? How many recipients are served by each grouping of the project being assessed? Does/do the project(s) being assessed sub-group recipients into smaller sub-grouping(s) within the project(s)? If so, how many recipients are in each sub-grouping? What are the needs &/or impairments of the recipients? Does the number of recipients in the grouping(s) & sub-grouping(s) being assessed inhibit or facilitate: a. effective server management of group? b. individualization? c. activity, stimulation, & vitality? d. interactions of the recipients with other (valued) people outside the grouping? e. recipients' security, intimacy, well-being? Are relevant service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Program descriptions & rationales; Observations of the program in progress; Direct interviews with servers, service leaders, & recipients.

R2211 Competency-Related Intra-Service Recipient Grouping--Size

Criteria and Examples for Level Assignments

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that the program grouping(s) or sub-grouping(s) being assessed are **either** so large *or* so small as to be **major** impediments to competency enhancement. E.g.: a lonely inactive elderly woman has been placed by a housing service into a one-person efficiency apartment in which she lives in misery by herself; 2 severely mentally disordered adult men, both of whom are passive & withdrawn, share an apartment, & thus remain isolated, lethargic, & spend much time passively watching TV; a special classroom for disturbed retarded children in a regional middle school has 40 students; 35 unruly older adolescents & young adults who have been addicted to drugs live together in a large group residence.

Level 2. The size of the recipient grouping(s) has a negative impact on the competencies of the recipients in one of two ways:
    a. it **significantly impedes or impairs** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: a day program for 30 multiply sensorily impaired (e.g., deaf & blind) children has divided its recipients into activity groups of 15 children each, but even with good staffing, this grouping is still a distinct constraint upon competency-enhancing processes;
    or
    b. it **severely impedes or impairs** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.   E.g., a couple with an older child of their own also have 3 younger foster children, 2 of whom have medical conditions that require much time & attention, which deprives the other foster child of the time & attention the child requires.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the size of the intra-service recipient grouping(s) is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:
    a.   there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**. E.g., perhaps a program groups its recipients differently for different purposes, & the appropriate & inappropriate groupings are approximately in balance in terms of their respective competency impact;
    or
    b. the size of the recipient grouping(s) neither significantly diminishes nor significantly enhances recipients' competencies. E.g., a widowed elderly man is helped by a program for the aged to live alone in his own apartment where he is managing on his own, but there is a question whether he could benefit from the companionship & help of a housemate.

Level 4. The size of the intra-service recipient grouping(s) or sub-grouping(s) being assessed is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because either:

      a. recipient grouping size is mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients.**   E.g., a couple with an older child of their own also have 3 younger foster children, none of whom are impaired or troubled;

      or

      b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the size of the service grouping(s) or sub-grouping(s) being assessed that no significant improvements in practice are conceivable. E.g.: 3 elderly women share an apartment, 2 of whom are active, & one is relatively inactive; a student receives individual instruction in some academic subjects from a tutor for 2 class periods daily, & otherwise participates in activities with his 17 other classmates.

R2212 Competency-Related Intra-Service Recipient Grouping--Composition

Readers are reminded that they need to be familiar with all the material covered under the two earlier headings entitled: "Overarching Considerations Shared by the Thirteen Ratings Under the Rubrics 12 Image-Related Service-Structured Groupings, Relationships, & Social Juxtapositions, & 22 Competency-Related Service-Structured Groupings & Relationships" on pp. 133-136, and "Overarching Considerations Shared by the Four Ratings Under the Rubrics 123 Image Projection of Intra-Service Recipient Grouping Composition, & 221 Competency-Related Intra-Service Recipient Groupings" on pp. 155-158; as well as with the earlier material "22 Competency-Related Service-Structured Groupings & Relationships," and "221 Competency-Related Intra-Service Recipient Groupings" on pp. 333-336.

General Statement of the Issue

The grouping, and any sub-groupings within it, that are to be assessed here in respect to competency impact must be the **same** that are assessed by R1231 Image Projection of Intra-Service Recipient Grouping--Social Value, R1232 Image Projection of Intra-Service Recipient Grouping--Age Image, and R2211 Competency-Related Intra-Service Recipient Grouping--Size.

The composition of the intra-service recipient grouping is an issue that has both image and competency dimensions. Therefore, there are two parallel image ratings to this competency rating, namely R1231 Image Projection of Intra-Service Recipient Grouping--Social Value and R1232 Image Projection of Intra-Service Recipient Grouping--Age Image, and some of the text of this rating will make reference to those parallel ratings.

In order to be able to optimally address competency acquisition and enhancement for recipients, human service programs should select and serve their recipients in groupings which capitalize positively upon (a) the power of known pedagogic principles (such as peer modeling and role expectancies) that bear upon group composition; and (b) grouping dynamics that facilitate servers' abilities to address competencies for each recipient. The relevance of these issues to competency-related recipient groupings has already been explained in depth in the earlier sections entitled "22 Competency-Related Service-Structured Groupings & Relationships" and "221 Competency-Related Intra-Service Recipient Groupings."

In addition to the points covered in the above narratives, there are two further considerations relevant to this rating.

a. Servers' ability to address recipients' competency needs is often facilitated if group members share approximately the same or similar characteristics or level of functioning or impairment. For instance, language instruction is given to a group of immigrants, all of whom do not speak the language of their new country; a hospital treats people who are all sick; a school serves children who all need an education, and groups them roughly according to ability and/or achievement; and so on.

b. Also, because people of the same age **tend to** (but do not always) have similar characteristics or levels of functioning, serving people together who share similar characteristics or levels of functioning, and who are of about the same age, also increases the probability that everyone's competencies will be well addressed. So, children will almost always receive instruction in a new language apart from adults; elementary schools serve children from about five to 13 years of age, while high schools serve mostly adolescents approximately 13 to 19 years old, and both types of schools probably further sub-group their students into classrooms with an age span of one to three years; a children's hospital would treat only sick youngsters, not adults or elderly people. Thus, the more homogeneous are the members of a group in characteristics or levels of functioning and in age, the more likely it is that servers will be able to adequately address competency for each member.

Various considerations of how a grouping of people affects their competencies can conflict with each other: the expectancies for the group as a whole; the intra-group models for imitation; the demands placed on servers by the range of recipient identities; and the likelihood of individualization created by the range of recipient identities. For instance, in order for there to be positive models within a grouping, the grouping may have to include people who are more advanced in order to provide adaptive models to those who are less advanced. However, grouping people who are more advanced together with those who are less advanced places higher demands on servers that makes it harder for them to address the competencies of each grouping member. Also, such more advanced models might have to be (much) older.

Thus, in order to be optimally role-valorizing in this service dimension, a service would **strive** to maximize **each** of the considerations, even though in many situations, this will not be totally achievable.

The criteria and principles embodied in this rating apply no matter whether the recipient grouping consists of only competency-impaired people, only unimpaired people, or both. However, the issue is particularly sharp whenever even only one devalued person is served, because the competencies of devalued people are usually much more at risk than are those of non-devalued persons.

Rating Requirements and Examples Chart
R2212 Competency-Related Intra-Service Recipient Grouping--Composition

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
The composition of human service groupings & sub-groupings should facilitate the development of recipients' competencies, & thereby the enhancement of their social roles, by capitalizing upon: the dynamics of role expectancies, & imitation & modeling; & the abilities of servers to address recipients' competencies. This usually means that recipients with relatively the same types & degrees of characteristics & levels of functioning, & who are approximately the same age, would be grouped in with a sufficient number of more adaptive & advanced recipients. The relative proportions of less advanced/competent recipients to more advanced/competent recipients within a program grouping should be such that the **large majority** of recipients provide adaptive, positive models to a much smaller minority of (more) impaired or less advanced persons.	Young adults who are ready to move out of their parents' home & live on their own often share an apartment with similarly situated other young people, &/or with other young people who have a little more experience in living independently, & who can provide good models. Many community colleges & other institutions of higher education group together in their continuing education programs adults who are older than the age of typical college students, & who are interested in furthering their careers or in starting new ones.	Several mentally retarded young adult men share a cooperative apartment. They are mildly & moderately retarded, & have all reached approximately the same level of skill in terms of getting around in the community, budgeting, cooking, keeping house, & so on. A health education & nutrition program serves a group of elderly recipients of similar identities & needs, & teaches them how to keep in good health & good physical condition. (Extremely Positive) An after-school recreation program includes 2 youngsters with mild cerebral palsy, for whom the more agile & athletic other participants constitute good models. (Extremely Positive)	In a residential ward of a psychiatric institution, a young mildly disordered adolescent lives together with 35 older men who are severely disturbed. (Extremely Negative) A mildly impaired teenage girl lives as a resident in a group residence with a number of young children who are severely & profoundly retarded, & who have very inappropriate behaviors. (Extremely Negative) Adults with widely varying degrees of achieved competency in reading are enrolled in the same literacy class.

R2212 Competency-Related Intra-Service Recipient Grouping--Composition

Differentiation From Other Ratings

1. This rating assesses only the effect which a particular grouping of recipients is likely to have on the development of their **competencies**, not its effect on their image, which is rated under R1232 Image Projection of Intra-Service Recipient Grouping--Age Image, and R1231 Image Projection of Intra-Service Recipient Grouping--Social Value. Depending on a number of factors, such as the identities of the recipients, groupings that are most competency-enhancing may not be the most image-enhancing, and vice versa.

2. This rating is not concerned with how many recipients are served in one program (R2211 Competency-Related Intra-Service Recipient Grouping--Size), or near to each other (R122 Service-Neighborhood Assimilation Potential), but only with whether the people **in** the service grouping(s) being assessed are suitably grouped for purposes of competency enhancement.

3. This rating does not cover contacts of recipients with people who are neither recipients nor servers of the program being assessed, which are rated by R222 Competency-Related Other Recipient Contacts & Personal Relationships and R124 Image-Related Other Recipient Contacts & Personal Relationships.

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
Before coming to a final consensus on this rating, a team must be sure that **all** its members are using the **same** definition of the recipient grouping being assessed. The grouping under consideration for this rating will be the **same** as that for R2211 Competency-Related Intra-Service Recipient Grouping--Size. The term "grouping" can refer to a single individual--a "grouping of one." The more time recipients spend in a particular grouping or sub-grouping, the more impact the composition of that grouping will have on them. Thus, if recipients are (sub-) grouped within the program (e.g., at different times, for different activities), raters should give more weight to the groupings in which recipients spend a great deal of time, or which constitute the basis for major program activities, e.g., classes in a school. The wider the range of ages in a grouping, the more difficult it often is to provide appropriate & individualized services to each recipient. Problems that arise from grouping devalued people of widely differing ages together in the same program or sub-grouping usually occur when the **older** persons in the grouping are impaired or devalued themselves, & thus do not provide adaptive models for the younger members. However, even if there are competency benefits, there may be negative image effects on some recipients as a result of such mixed age groupings, which are rated only under R1232 Image Projection of Intra-Service Recipient Grouping--Age Image. In programs that serve both valued & devalued people, raters should consider the relative numbers of devalued/impaired & valued/unimpaired people in the service as a whole, & in each of its groupings & sub-groupings. Even services that serve people with a wide variety of characteristics & levels of functioning may still be able to compose groups that are competency-enhancing, namely by sub-grouping their recipients into appropriate clusters, perhaps in separate spaces or locations. E.g., a residential services agency may serve people from infancy through adulthood, but may do so in various group homes, apartments, adoptive & foster homes, boarding houses, etc., which each serve people of only certain ages. Thus, when raters assess a service to a wide range of people, they must carefully determine whether & how the service sub-groups its recipients, & what effects these sub-groupings have on recipient competencies.	What are the program grouping(s) being assessed? What are the identities of recipients? What is the range of abilities, levels of functioning, & impairments/ competencies of the recipients within the service grouping(s) & sub-groupings? What is the range of ages within the (sub-)grouping(s)? In what ways do the ranges of recipient characteristics, abilities, & ages in the grouping(s) & sub-groupings being assessed contribute to the service's ability to optimally address recipients' competencies? What are the likely long-term competency impacts on recipients because of the way they are grouped together? Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Program descriptions & plans; Data on recipient characteristics; Individual program plans & records; Observations of people in the program; Direct interviews with service leaders, servers, & recipients.

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R2212 Competency-Related Intra-Service Recipient Grouping--Composition

Criteria and Examples for Level Assignments

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the range of competencies, conditions, levels of functioning, degrees of impairment, &/or ages of recipients in the program grouping(s) or sub-grouping(s) being assessed. E.g.: very young emotionally disturbed children are enrolled in the same "day treatment" program as severely & profoundly impaired adults, whose presence lowers staff expectancies for the children, & who act as very poor models for the children; because a community residence for children is the only one in town, mildly retarded youngsters live together with adolescents who have multiple & severe impairments, which has a very negative effect on the competencies of the less impaired residents; teenagers who have only recently become addicted to drugs are served with adults who have long histories of addiction; a day activity center for mentally retarded people serves recipients from age 5 through old age in the same programs and activities; a housing service for the physically impaired insists that each recipient be housed alone, with the result that many recipients end up very isolated, lonely, & even getting into trouble because they go looking for companionship in ways that are harmful to them.

Level 2. The composition of the recipient grouping(s) has a negative impact on the competencies of the recipients in one of two ways:
    a. it **significantly impedes or impairs** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features are somewhat positive. E.g., the difference between the levels of functioning, degrees of severity of impairment, &/or ages of the recipients is not extreme, & therefore the negative effects of such a grouping on recipients' competencies are less than if the grouping were even more heterogeneous;
        or
    b. it **severely impedes or impairs** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the composition of the intra-service recipient grouping(s) is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:
    a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients.** E.g., approximately half of the workers in a factory are very competent work models, & the other half are people who are learning the jobs done at the factory, where in an optimal composition, the models would be a large majority & the learners a small minority;
        or
    b. the composition of the recipient grouping(s) neither significantly diminishes nor significantly enhances recipients' competencies.

Level 4. The composition of the program grouping(s) or sub-grouping(s) being assessed is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because **either**:

a. the grouping composition is mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**. E.g., 4 men ranging in age from 24 to 40, & all with physical impairments, live together in a staffed residence, & the older 3 residents are more competent than the younger one;

or

b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration. E.g., a special residence for adolescents all awaiting trial for minor offenses serves only relatively compliant male teenagers without serious emotional &/or intellectual impairments, but staff do not appreciate how such a grouping can facilitate their programming, so they are prepared to accept a few older & younger youths, as well as some with much more serious problems.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the composition of the program grouping(s) or sub-grouping(s) being assessed that no significant improvements in practice are conceivable. E.g.: a young man of 18 who has been delayed in school performance is enrolled in a class with 15- & 16-year olds who are performing at slightly above his academic level & therefore constitute very good achievement models for him; a group of profoundly & multiply impaired people, ages 10 through 18, of approximately the same level/degree of impairment, constitute the recipient grouping of an intensive medical/physical rehabilitation program. (**N.B.** – in this example, the relevant competencies can be very precisely addressed even without the presence of non-impaired models, though the grouping does not enhance their image.)

Readers are reminded that they need to be familiar with all the material covered under the earlier heading entitled "Overarching Considerations Shared by the Thirteen Ratings Under the Rubrics 12 Image-Related Service-Structured Groupings, Relationships, & Social Juxtapositions, & 22 Competency-Related Service-Structured Groupings & Relationships" on pp. 133-136; as well as the material "22 Competency-Related Service-Structured Groupings & Relationships" on pp. 333-334.

General Statement of the Issue

Recipient contacts and relationships with people other than fellow recipients and servers of the program(s) being assessed is an issue that has both image and competency dimensions. Therefore, there is a parallel image rating to this competency rating, namely R124 Image-Related Other Recipient Contacts & Personal Relationships, and some of the text of this rating will make reference to that parallel rating.

This rating is concerned with the enhancement of recipients' competencies by their exposure to--and in most cases, interactions with--people other than servers and fellow recipients. These "people other than servers and fellow recipients" will in most cases have to be of a greater level of competency than the recipients.

These (more) competent, (more) adaptive people at issue are likely to be from the world of valued persons, in which case integrative interactions ("real integration") will *de facto* play a role, but is not an absolute requirement of this rating. In other words, for competency enhancement, it is important that people be associated with competent or adaptive (or at least more competent or adaptive) persons, even if these are not highly valued. In contrast, for image purposes, it is important that **devalued** persons be juxtaposed to, or associated with, valued--or at least more valued--persons, as rated by R124 Image-Related Other Recipient Contacts & Personal Relationships.

There are also rationales in favor of the social integration of devalued people into valued society that do not derive from SRV; these must not be confused with rationales for integration that have to do with its contribution to image or competency enhancement of people, and thereby to valued social roles for them (see also No. 8 on p. 18 in "How This 3rd (2007) Edition Does and Does Not Differ From the 2nd (1983) Edition").

At least some people can acquire some competencies by merely observing others perform or learn, i.e., by personal contact with little or no interaction. Other competencies are acquired or practiced better--or only--through interactions.

Who the (more) competent contact persons or interactors need to be for competency purposes depends on the kinds of competencies that recipients are to acquire. As competency was defined (see "2 Ratings Primarily Related to Personal Competency Enhancement," pp. 283-286), it includes skills of social adaptiveness, and the actual performance of competencies already possessed. Generally, a recipient should be around people who (a) are of high or higher competency or performance in the domain in which the recipient is to grow, learn, and perform, but who at the same time (b) do not pull the recipient down in other areas of competency. The competencies at issue here are primarily those valued in the larger society, though there may occasionally be links between devalued and valued competencies. For instance, the devalued skill of pocket-picking may have links to a valued skill of manual dexterity.

Certain kinds of recipients will be deficient in--or need to grow in--almost all competency domains. Examples are mentally retarded people, and children. The more competencies a person needs, the more important is it that the person have exposure to people of a high or higher level of competency in many (perhaps all the culturally normative) competencies. For instance, a child may need exposure to at least some other children who are more competent (perhaps because they are older), and to some competent adults. An immigrant may need exposure primarily to other people who model the speaking of the prevailing language, and the prevailing cultural customs that can be a mystery to an immigrant.

The competency impact of a person's contacts with more competent, adaptive people will generally be affected by the six conditions discussed below.

1. *Number of (more) competent contact persons.* A person who interacts with a large number of more competent people will probably experience more competency enhancement than a person who relates to only one or a few such people, because the person with more contacts will be exposed to a wider range of expectancies, personalities, models of behavior, models of social interaction, and probably (but not necessarily) activities and settings as well. For example, a less advanced person could be exposed to, and learn a great many different things from, people with different backgrounds (e.g., people who grew up in the local area, as well as those who lived elsewhere), who fill many different roles (e.g., auto worker, business representative, sales clerk, parent, single adult), and who have a wide range of interests and experiences (e.g., people who like to tinker with cars, enjoy carpentry, are avid readers, sew, go to sports events regularly).

2. *Variety of occasions and settings for contacts.* The wider the variety of activities, experiences, and settings in which people are constructively engaged with more advanced persons, the greater will usually be the variety and number of competent (and probably also valued) people interacted with, and the more competency enhancement a person is likely to derive. Variety here refers to range of groupings (intimate, small, large gatherings), times (daytime, evening, weekend hours), formality (casual, semi-formal, formal occasions), functions (for fellowship, education, work, worship), etc., that characterize the interactions. If an impaired adult interacts with non-impaired people only while waiting for the bus, or only while shopping in the stores in the community, then he or she will not have opportunities to sufficiently learn and practice appropriate ways of interacting in other settings, such as at work, school, home and church.

3. *Frequency of contacts.* Generally, the more often a person interacts with competent people, the more opportunities that person will have to learn and practice more competent behaviors. Thus, an impaired person who lives in an institution and goes out once a week to his or her advocate's home will have more opportunities to benefit from the presence of, and interactions with, ordinary, competent people than another impaired person who also lives at the institution but never goes out, or does so only once a month. An impaired person who works in a typical industry with typical skilled workers five days a week will probably have even more frequent competency-enhancing contacts during the course of his or her daily life than would the institutionalized person who sees his or her advocate only weekly.

4. *Depth and continuity of interactions.* A person may have a very satisfactory amount, variety, and frequency of interactions with (more) competent people, yet still not derive maximum competency benefits therefrom unless those interactions also have a certain depth and continuity over time. Interactions on a deeper level (such as between friends rather than merely passing acquaintances) should be sought and structured for competency-impaired people for four reasons. First, it is more likely that people will identify with and emulate other people with whom they have deep relationships than they will people who are merely their acquaintances. Second, people in intimate relationships usually have a greater quantity of contact with each other than do people in relationships that are less intense. Third, even a few deep, intimate relationships which can and do endure the tests of time and other stresses might enable a person to experience social participations which are not only individualized, very meaningful, and genuine, but also highly ego-strengthening, and enhancing of both the person's social development, and his or her ability to contribute to--and receive from--society. Fourth, while most people can take for granted that they have supportive ongoing relationships in their lives, devalued people have often been stripped of these relationships, and as a result have become even more vulnerable to harm or abuse. Especially under adverse conditions, a vulnerable person who is embedded in an intimate relationship network of competent valued people will be much more strongly defended from all sorts of potential social, emotional and physical damage than a person who does not have such supports.

5. *Respect and valuation conveyed by the interactions.* Interactions between less and more competent people, or people of the same competency level learning together, that are conducted in an atmosphere of mutual respect and valuation will usually be much more positive and constructive than those which create or emphasize social distance and status differential. A person is much more likely to be the object of high positive expectancies, and thus to derive certain competency benefits, if he or she is perceived as a competent (or at least learning) participating member of society who has something to contribute to it (e.g., as when an impaired person is a friend, roommate, or fellow student of a competent valued person), than if he or she is perceived as incompetent, in need of constant instruction and supervision, etc.

6. *Individualization of interactions.* Interactions with (more) competent people are more likely to be competency-developing if they are tailored to the individual identities of recipients than if they are not. For example, the introduction of a group of impaired people en masse into a setting of typical people (e.g., group bowling in a community bowling alley) is not very individualized nor individualizing. It would be preferable for one or two impaired people who are really interested in bowling, and reasonably promising at it, to join a league with non-impaired people, and go to the bowling alley with them. Also, if there is not at least some attention to the individual needs and identities of recipients, then purportedly competency-enhancing interactions may be totally irrelevant to them, and therefore not competency-enhancing. For instance, joining an adult book study club would not be relevant for almost any child; if a devalued child is to learn to play baseball, or to be an amateur astronomer, this will not be accomplished if the child interacts only with people who are not competent in baseball, or astronomy.

Raters should note that while respectful and individualizing contacts and interactions (Nos. 5 and 6 above) are more likely to be competency-contributing and role-valorizing, the degree to which a service fosters individualization of recipients (including in recipients' interactions with others), and positive interpersonal interactions of recipients with others, is not rated here (see Nos. 4, 5, and 6 in "Differentiation From Other Ratings" section).

Raters should also note, in regard to all the above six points, that the issue in this rating is not primarily whether **integrative** interactions are being promoted, but whether competency-enhancing ones are, and competency-impeding ones are eschewed.

Even if recipient contacts and interactions with people other than servers and fellow recipients of the service being assessed are not marked by all six of the above characteristics, but only one or a few of them, they are still apt to be contributive to recipient competency-enhancement, and should be credited.

It is very important that raters fully appreciate the intent of this rating, and judge it against its explicit criteria rather than against their previous experience with human service practices, particularly as regards devalued groups. Specifically, raters should regard Level 5 as the **maximum feasible personal** interaction of the recipients with (more) competent persons, to the degree that (a) the recipients' conditions, and (b) the legitimate scope of the service provider's purview, allow it. For instance, if the project being rated is a vocational one, Level 5 can only be attained if the recipients are **as fully engaged** with (more) competent models in their service-mediated vocational training, guidance, and work situations **as their current competencies permit**--which implies that such individuals would have to be vastly more integrated than is the case in the great majority of vocational services, or at least as such services for impaired persons or groups are concerned.

Rating Requirements and Examples Chart
R222 Competency-Related Other Recipient Contacts & Personal Relationships

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance the competencies of its recipients, & thereby their social roles, a human service should provide opportunities for, & encourage, support, & where appropriate, structure & develop **personal** social **interactions** for its recipients with (more) competent people, & therefore often also valued ones, in generic settings, & in a wide variety of activities. As much as possible, these interactions should be: (a) with many different competent people, (b) in many different contexts, (c) frequent, (d) individualized, & (e) intimate & ongoing. As well, the service should minimize competency-degrading interactions of its recipients with other people. This rating only covers service-mediated interactions of the above type between recipients & people who are neither servers nor fellow recipients of the program(s) being assessed.	Everyone learns from people with whom he or she interacts. Young children typically encounter many different people in a number of contexts, usually in the company of their parents, e.g., when shopping, going to church, visiting relatives. As a person grows up, his or her interactions with different people & contexts tend to increase in number, variety, & independence. Thus, school-aged children engage in numerous interactions with classmates, in & outside of the classroom, before & after school, as part of structured academic activities & extracurricular ones. In addition, they meet other people on field trips & at athletic events, & so on. Similarly, adults in their day-to-day activities meet & learn from a wide number of people & contexts, e.g., at work, on the bus, with neighbors, eating lunch, shopping, banking, in clubs.	Staff of a class of impaired children arrange to take their class on a weekend camping trip to a state park, together with typical children who have camped before. A housing service for impaired people arranges for a retarded recipient to share an apartment with 2 non-impaired young businessmen of the same age. This arrangement is made primarily so that the retarded man can learn from his non-impaired roommates what he needs to know in order to live independently (cooking, cleaning, laundry, housework & repairs, paying bills, etc.). (Highly Positive) A young impaired child is placed in a foster home with a typical family that has several of their own children living at home with them. (Highly Positive) With the support of the residential service, several elderly women who live in a cooperative home for the elderly join a generic travelogue club at the local museum. They attend semi-monthly lectures, films, & meetings, in which they learn about architectural digs, historical events & treasures, natural wonders, etc., in other parts of the world. (Highly Positive) An industry employs 3 mentally retarded workers in its main plant along with approximately 150 typical workers, many of whom are highly skilled, & has a sheltered work operation in another plant, in which 5 impaired adults train together on the factory floor with other skilled workers under the supervision of a special foreman, for future placement in open employment. (Highly Positive)	A child placement & family support service fails to act promptly to provide the supports it should provide for a family to keep its severely impaired child at home, thus resulting in the segregated & debilitating institutionalization of the child with other impaired & devalued children. A prison makes visits to the prisoners so unpleasant & stressful for both prisoners & their visitors that many prisoners' family members & friends stop coming to see them, thus reducing the prisoners' capacity to cope, & the likelihood of later community adjustment. (This example is also relevant to R223 Life-Enriching Interactions Among Recipients, Servers, & Others.) A work service for blind adults that is located within a large industrial park actively keeps its workers isolated from employees of other firms in the park during breaks, lunch, en route to & from work, & even discourages its recipients from participating in the park's sports teams & events unless they do so in large groups.

R222 Competency-Related Other Recipient Contacts & Personal Relationships

Differentiation From Other Ratings

1. There are several distinctions between this rating, and R124 Image-Related Other Recipient Contacts & Personal Relationships.
   a. Recipients may enjoy image-enhancing contacts with people who are neither fellow recipients nor servers of the service being assessed that are not necessarily competency-enhancing.
   b. Recipients might have extensive exposure to, and interactions with, competent--and even valued--people, but it cannot automatically be assumed that such are image-enhancing to the recipients.

2. R2212 Competency-Related Intra-Service Recipient Grouping--Composition assesses only whether the **grouping of recipients within the program(s) being assessed** increases the probabilities that each recipient's competencies will be enhanced. The rating at hand is concerned with recipients' participation with competent people **outside** of the program grouping, or in "extracurricular" activities.

3. The degree to which the size of the recipient grouping affects the likelihood that recipients will be socially assimilated is assessed by R122 Service-Neighborhood Assimilation Potential.

4. R215 Individualizing Features of Setting assesses individualizing features of the physical setting, not of contacts and relationships.

5. R224 Service Support for Recipient Individualization assesses both the kind of individualization that contributes to competency-enhancing relationships of recipients with people other than servers and fellow recipients, plus other kinds of individualizing measures by the service. A service could be individualizing in things other than the kinds of relationships at issue here in R222. However, a service may not be very individualizing about anything, in which case a low level on R224 would make it unlikely that a service could receive a high level here.

6. Similarly, R223 Life-Enriching Interactions Among Recipients, Servers, & Others assesses the degree to which the service fosters positive interpersonal relationships in general, including those of recipients with people who are neither servers nor fellow recipients. A service could foster positive interactions in relationships other than the kind at issue here in R222. However, a service may not foster positive relationships in general, in which case a low level on R223 would make it unlikely that a service could receive a very high level here.

7. R231 Service Address of Recipient Needs rates only whether the needs of recipients are accurately and adequately addressed by programming in the service. However, it cannot automatically be assumed that a person who has a high need for competency development can only gain the competencies at issue through program-mediated interactions with people who are not part of the program.

Suggested Guidelines for Collecting and Using Evidence
R222 Competency-Related Other Recipient Contacts & Personal Relationships

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
Raters must bear in mind the legitimate purview of the service in regard to the kinds & degree of competency-enhancing contacts it can be expected to facilitate for its recipients, though this purview should be relatively broadly interpreted. More is to be expected of services with a wider purview of control & influence than of services with a narrower one. E.g., most residential services have both domiciliary control over recipients, & control over at least some of their social, recreational & other activities; typically, developmental programs also engage their recipients in other social activities. Thus, even in programs with similar structures, the range of contacts & interactive opportunities mediated could vary considerably, e.g., one segregated vocational center could provide work training, recreation facilities, & transportation (all segregated), & limited contact with competent people in the community; another vocational program may train workers in open business settings, teach them to utilize public transport, & involve them in other competency-enhancing community social resources.

If the service being assessed has no conceivable purview as regards this issue, then this rating is not applied, & the service is pro-rated (see pp. 82–84 of the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality*).

Some competencies can be acquired by merely observing others learn or perform, even in the absence of actual interactions.

This rating will in most cases--but not invariably--reflect the degree of competency-enhancing **social integration** of recipients. However, while contacts of recipients with competent people, & especially valued competent people, would often take place in open & valued settings, this cannot be taken for granted.

Some people cannot be placed into the presence of other people in open society, or only in very limited ways. E.g., an adaptive mildly retarded man could probably interact in competency-beneficial ways in a very large number of settings of & with ordinary/valued people; but someone who is in the habit of committing violence could probably be placed in only very limited or highly controlled competency-enhancing contacts & interactions. A profoundly retarded child with serious medical conditions can probably also be placed into only certain & limited contacts & interactions of a competency-related nature. However, raters should embrace a developmental model in conceptualizing what is possible. It is helpful to remember that until recently, it was widely believed that all mentally retarded people needed to live in institutions, & that integrative interactions were virtually impossible for anyone with a serious impairment. Yet vast strides have been made along these lines for even very severely disturbed, physically impaired, & retarded people. Thus, raters must be aggressive in their expectations that a service do **all that is possible** to pursue **maximal** competency-enhancing contacts & interactions for recipients, even in the face of very difficult challenges along these lines. However, while certain limitations may justifiably be imposed by recipients' current competencies, less than the feasible interactions cannot be excused if due to administrative, etc., limitations.

The more control & autonomy recipients are capable of exercising, the more capable they are of making a legitimate decision to reject interactive opportunities promoted by the service. | What is the service's proper scope of influence in this area?

What are the nature & degree of recipients' impairments or devalued conditions, if any?

Do recipients of the service have personal social interactions with competent people other than the servers & other recipients of this service being assessed?

Are the activities recipients engage in with competent people likely to contribute to recipient competencies?

Could recipients' competencies potentially be further enhanced by other &/ or additional interactions with competent people in open settings, which do not currently take place?

Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating? | Observations of the program in operation;

Activities schedules, logbooks, & program plans;

Recipient records & individual program plans;

Direct interviews with recipients, service leaders, servers, & family members. |

R222 Competency-Related Other Recipient Contacts & Personal Relationships

Criteria and Examples for Level Assignments

N.B. – As explained on p. 13 in "The Rationales for the 5 Rating Levels, and Guidelines for Assigning Levels to Ratings," *if* the service being assessed has no purview in regard to this rating issue, *and* if it does not act outside its purview in ways that are either detrimental or beneficial to recipients, then this rating would not be applied. Instead, the service's total score is pro-rated, as explained on pp. 82–84 of the 1983 *Guidelines* monograph (see footnote 6 on p. 4).

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that within its legitimate purview, & considering the nature & characteristics of the persons served, the service provides **few or no** feasible structures &/or activities which promote & support the competency-enhancing social contacts & interactions of recipients with more competent persons who are not servers or fellow recipients. E.g.: except for occasional visits by their families, the residents of an institution have practically all of their daily activities with other impaired people who provide negative, competency-diminishing models; a segregated school for impaired children does virtually nothing to see that its students have any contact with much more adaptive, competent children either during school hours, or after school, such as in inter-school sports.

Level 2. The service-mediated contacts & other relationships of recipients with people who are neither fellow recipients nor servers of the program(s) being assessed have a negative impact on the competencies of the recipients in one of two ways:
      a. they **significantly impede or impair** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: some feasible contacts with competent others are being arranged, but given the characteristics of the recipients & the nature of the program, the quantity & quality of these is much too limited; a segregated recreation program for retarded teenagers involves its recipients in certain recreation activities (such as ball games & running races) for more competent members of the community, but only on rare occasions; some interactions by recipients with competent people take place, but only in those activities in which recipients are already fairly competent, & not in those in which they could probably become much more skilled;
      or
      b. they **severely impede or impair** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the other contacts & relationships that the service arranges or mediates is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:
      a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**. E.g., the service mediates some slightly competency-restraining contacts, & some slightly competency-enhancing ones;
      or
      b. service practices in this regard neither significantly diminish nor significantly enhance recipients' competencies. E.g., perhaps the recipients are devalued but not significantly competency-hindered, & some shortcomings therefore do them hardly any harm.

Level 4.   The degree of service-mediated feasible contacts & socially interactive activities for recipients with competent people other than fellow recipients & servers of the program(s) being assessed is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because either:

a. service practices in this regard are mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**. E.g.: an education program for children with "learning disabilities" enrolls its students in integrated programming & activities with non-impaired children in regular classes, but only for half of each school day; an early education program for impaired youngsters takes place in a generic Montessori school where both impaired & non-impaired children share the same open space & participate jointly in some activities & all the meals; severely retarded teenagers receive their education in a special class within a typical high school where they also participate in assemblies, gym, & at lunch, & work at part-time jobs on school grounds together with the non-retarded students, but they do not ride the same buses to & from school although they could; a group home provides extensive integrative activities (such as film-going, parties, worship) for its residents in small groups with competent citizens in generic facilities, although some few activities (such as bowling, vacations, weekend excursions) still take place in groups with an unnecessarily large number of other impaired/devalued peers, which limits the potential of learning from more competent persons;

or

b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5.   Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the service-mediated competency-enhancing contacts & interactive activities of recipients with more competent people other than servers or other recipients that no significant improvements in practice are conceivable. E.g.: all the activities of a recreation program for impaired people take place in community recreation facilities **jointly** with a large number of non-impaired, athletically competent citizens; a home support service for elderly people finds & matches aged persons who want to share their homes &/or need extra income with unimpaired/competent other persons (college students, single working people, etc.) who need places to live; a Citizen Advocacy program pairs severely & profoundly retarded people on a one-to-one basis with competent, non-impaired individuals who interact with them while representing their interests.

General Statement of the Issue

The assumption in this rating is that social interactions--regardless of their image impact--can be life-enriching, and have at least an indirect impact on competencies and social roles. Research has amply supported this assumption, as by showing that people in amicable or happy relationships tend to live longer, be healthier, less anxious, therefore learn and remember better, etc. Thus, as much as possible, a human service should foster constructive interactions within its purview, which certainly includes interaction among the people within its service, and may also include those of recipients and service personnel with at least certain people outside the service. Such life-enriching interactions can conceivably occur with people who are more, or less, competent or socially valued. In order for such service-mediated interactions to be life-enriching and competency-enhancing to recipients, a number of elements must exist.

1. Interactions should be honest, yet still be as positive as possible. This includes encouragement of the appropriate expression of feelings, opinions, criticisms, etc. (even if they are negative), and servers should model such appropriate expression to recipients.

2. There should be mutual valuation of each other that comes from the heart, and is not merely a matter of compliance with formal regulations or requirements of a job description, or of maintaining superficial appearances. Optimally, people would genuinely like (maybe even love) each other--or at least, they would try very hard to do so.

3. Thoughtfulness, sensitivity, and warmth should be apparent in the way that people are concerned with each other, try to attend to the needs of each other, and engage in positive interactions. Servers would model, and recipients would be taught, identification with others with whom they interact, so that people's needs are often anticipated and met even before they can be expressed. For example, before they even have to ask, visitors may be offered a chair and a cup of coffee, and directed to the rest rooms and waiting area. **At a minimum**, recipients should be encouraged and assisted to interact appropriately and positively with each other, as well as with visitors and family, as explained below; and members of recipients' families and of the general public should be helped to feel welcome at the service setting, to develop/increase understanding and positive feelings towards the people there, and hopefully, towards other devalued people.

4. The practice of physical or social distancing between recipients and servers, among recipients, and between either of these and the public, should be kept to an **absolute minimum** that is consistent with developmental goals.

In all of the above, service personnel bear a heavy responsibility for modeling and otherwise teaching recipients what is appropriate in different circumstances.

This rating assesses the service's **efforts** to promote interactions among its recipients, servers, and others that are competency-enhancing to its recipients. There might prevail good interactions even though a service does nothing to promote such, and may even create obstacles to good interactions; and there might prevail bad interactions even though a service exerts great effort to promote good ones.

It is within the purview of virtually any human service of any type to mediate and influence, and sometimes even control, the interactions of: servers with recipients; servers with each other; recipients with each other; and at least to a certain degree, those of servers and recipients with some other parties, such as family members of recipients, or members of the public. Each of these will be elaborated below.

1. *Interactions of servers with recipients.* In order to be competency-enhancing and thereby role-valorizing, server-recipient interactions should be characterized by respect, directness and sincerity, cordiality, and in certain services even warmth and affection. Servers should have a positive attitude towards the recipients, and a real desire to be able to like and love them; and generally, the social atmosphere should encourage recipients to feel positively towards servers, and to want to emulate their better qualities. It is also important in some services that adaptive interactions between service personnel and recipients be carried over into occasions outside the setting, e.g., if a teacher meets a student and his or her family while grocery shopping, or if a supervisor and employee run into each other in a bar after work, or at worship services on the weekend.

Certain physical features of the service environment will influence server-recipient interactions. For example, if servers and recipients live together and share some of the same spaces with each other (as is done in a typical home), then all sorts of interactions are inevitable, and should be positive. On the other hand, if certain server areas are "off limits" or locked to recipients, while servers can enter any recipient areas, then this may indicate a desire by servers, and a belief in the need for servers, to "escape" from recipients. Even when this desire or need is justified, it may be wounding to recipients.

Sometimes, obvious--or even very subtle--distinctions between recipients and servers may indicate an (often unconscious) attempt to exalt the status of the servers. For example, in places where people live, and in services to children, it is practically impossible for servers to conduct the service without being in the physical presence of recipients. But if servers devalue the recipients (even unconsciously), then they may try to distantiate themselves from recipients in some other way. A mild form of such distantiation might be servers wearing uniforms or name tags, so as not to be mistaken for recipients; and if recipients also wear uniforms or name tags, these may be of poorer quality, or a different type than servers'. If service personnel and recipients both eat in the facility, the servers may receive better food or better service, or eat at a separate or classier table, in a different dining room, or at a different hour. Similarly, conspicuous (usually unconscious) emphasis by servers of terms such as "them, they, those, these" about recipients also often implies that workers perceive a marked social distance between themselves and their recipients.

Thus, raters should be sensitive to even relatively minor or subtle--and especially unnecessary--differentiations between servers and recipients. (It may be helpful to reflect on the fact that in many services during the Middle Ages, the poor, sick, and impaired recipients were given **better** food, utensils, beds, and sometimes clothes than the servers, in a conscious effort to exalt the recipients.)

2. *Interactions of servers with each other.* Interactions among servers will often set the tone for interactions with and among recipients, and thus impact on the development of recipient competencies. For example, if servers are hostile towards, or rarely communicate with, each other, then recipients' programs may be implemented in fragmented, even contradictory fashion; a server who is angry with his or her supervisor may "take it out on" the recipients; etc. Interactions among servers will also often be models for recipients' interactions with others, much as children look to their parents as examples for how to treat each other and what to do in new social situations. For instance, if servers are foul-mouthed or loud, recipients may become so too.

However, raters should beware of "halo effects" in their judgments that may derive from positive interactions among servers, in that positive interactions among servers may sometimes disguise their poor interactions with recipients.

3. *Interactions of recipients with each other.* To some degree, the quality of the interactions among the recipients will depend on their personalities (e.g., outgoing nature, friendliness, shyness) and their previous experiences. This is one of the things that was meant when we said earlier (on p. 363) that not all positive or negative interactions can be attributed to the efforts of the service. However, every service is apt to have at least some--and sometimes a great deal--of influence and control over the interactions of recipients with each other, at least during the time they are in the service. Thus, a service should structure situations that are apt to facilitate and reinforce positive interactions among recipients (e.g., in making room assignments), and should also encourage and reinforce positive such interactions when they occur spontaneously.

Of course, there are many things a service can do to thoroughly undermine the relationships among recipients, especially by poor grouping practices (rated by R1231 Image Projection of Intra-Service Recipient Grouping--Social Value, R1232 Image Projection of Intra-Service Recipient Grouping--Age Image, R2211 Competency-Related Intra-Service Recipient Grouping--Size, and R2212 Competency-Related Intra-Service Recipient Grouping--Composition), and bad setting features (rated by R1121 External Setting Aesthetics, R1122 Internal Setting Aesthetics, R2111 Setting Access--Recipients & Families, R2112 Setting Access--Public, R213 Physical Comfort of Setting, R214 Challenge/Safety Features of Setting, and R215 Individualizing Features of Setting). However, even under at least some such circumstances, there still may be much that can be done to promote life-enriching competency-enhancing interactions between and among recipients by other means.

4. *Interactions of servers & recipients with other parties, such as families & the public.* The reception that families and members of the public are given in human service settings will affect their willingness to become and remain involved with the recipients. If servers treat visitors warmly and with consideration, and convey to visitors the impression that they are glad to have them (e.g., by encouraging them to visit, tour the facility, observe the program and get to know the recipients), then visitors are much more apt to develop positive attitudes towards the recipients and devalued people in general. If recipients are helped to treat visitors with courtesy and warmth, then the latter are much more likely to want to come back to the service and other comparable ones, to feel positively about the recipients and other people like them, and to interact constructively with them in other contexts. If members of the public are discouraged from coming to the service, or from interactions with the recipients during a visit to a program (e.g., by very restrictive visiting hours and regulations, by not providing separate areas for recipients and their visitors to talk quietly and privately), or if the service treats visitors indifferently or even disdainfully, then a message is conveyed that members of the public ought to stay away from people like the recipients, perhaps that the recipients are sick, or dangerous. Furthermore, members of the public are likely to associate recipients (and people like the recipients) with their negative experiences of unwelcome, confusion, and possibly even maltreatment, and will therefore be reluctant to interact anywhere with such people in the future.

Service personnel are apt to have a great deal of control over interactions of recipients with their families and the public. Servers may instruct, train, and support recipients in interacting in positive ways, e.g., by: asking an impaired employee to explain his or her job to a visitor; inviting one or a few recipients to take visitors on a tour of the facility; suggesting, assisting, and encouraging the residents of a group home to prepare coffee, tea, and cookies for visitors, to mow a neighbor's lawn, or shovel a neighbor's driveway; instructing students in the polite way to greet new acquaintances; etc. Or, servers might actively or indirectly discourage positive interactions by, for example, prohibiting residents from having guests for dinner, conducting all interactions with visitors themselves rather than involving recipients, and so on. If recipients do not have an opportunity to practice their social skills with visitors, then those skills may never be learned or refined, and may even deteriorate.

Servers themselves should also interact cordially with recipients' families.

In regard to interactions of both recipients with each other and recipients with their families or others, services may construct, "zone," or furnish areas for small group interactions (such as a "quiet corner," a family room, or a small bench under a tree on the lawn), out of a concern that people be able to remove themselves from the larger group for intimate talk. In contrast, chairs that are indiscriminately and almost chaotically scattered, or all lined up along the walls of a room, will discourage people from interacting with each other at all, let alone positively. In many services, the only spaces available for social interactions (e.g., waiting rooms, dining rooms, living rooms in residences) are dominated by TV sets (sometimes even several) that are constantly on, and that severely inhibit interactions. Such features of the physical setting that affect interactions are also assessed by this rating.

Servers (particularly in community residences) will occasionally explain that they do not encourage or allow visitors to come to the service because group tours are "not normal." While it is certainly true that few typical homes in the community host large groups who may even "interview" family members, it is also true that many families do hold social events in their homes and show guests (sometimes even people they do not know) around the house. A family may hold an open house for neighbors during a holiday season; tenants in an apartment complex may receive reduced rent in exchange for their allowing prospective tenants to tour their apartment; one person in a house may invite a number of his or her friends home for drinks or dinner, though the friends may be strangers to the person's roommates; and so on. In other types of services, such as schools and places of work, it is not at all uncommon to have people tour the service, often on a regular basis, and particularly if the service is considered a model or demonstration project. Thus, with the proper ideological orientation, the service can literally open its doors to the public in a manner which is appropriate, valued, and hospitable. Teaching recipients to be hospitable, and to show visitors around, contributes to their competency.

This rating only deals with actual interactions, or interactions that might be recruited or alienated by efforts of the service. It does not deal with attitudes "in the abstract," such as toward people one does not, and would not likely, encounter. For instance, a service would get no credit for a campaign to improve attitudes toward Nepalese if the recipients never meet Nepalese, and are not likely to.

Raters should be alert to the fact that certain kinds of promotion of assertiveness and so-called "self-advocacy" by recipients can become obstacles to competency-enhancing social interactions. For instance, these things may engender an adversarial atmosphere and attitude, and an obsession with one's own rights and entitlements, that is hardly compatible with an open and innocent friendliness, and unselfish mutual giving and helping. Faced with a confrontational, adversarial, or litigious attitude by devalued people such as service recipients, other people may eventually want to have as little as possible to do with them.

Rating Requirements and Examples Chart
R223 Life-Enriching Interactions Among Recipients, Servers, & Others

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
Positive, adaptive interactions among people are beneficial in their own right, & tend to facilitate the competencies of recipients, & thereby to enhance their social roles. Therefore, a service should initiate, promote, & encourage positive interactions: among the recipients; among the servers; between the recipients & the servers; & of both servers & recipients with others.	In most families, parents teach their children how to host guests by modeling cordiality & by giving the children responsibilities (such as bringing trays of appetizers to guests) when entertaining. Parents help children to solve their disagreements with others in constructive ways, by advising them during conflict situations, & by modeling appropriate ways of expressing anger & frustration. Many industries give regular guided tours through their plants, encourage their employees to describe their jobs to visitors, & provide special areas in which visitors can relax, obtain the firm's products, etc.	The staff of a counseling center for people who need guidance in their lives not only work well together on the job, but also get together as friends after work hours & at parties. The recipients in a group residence for mentally retarded adults host holiday parties for the neighborhood, provide a "welcome wagon" for people just moving in, & contact other people on their street before running errands, to see if they can be helpful to the neighbors too. (Highly Positive) Several trainees at a vocational training center serve coffee & tea to visitors at the trainees' own expense, & have been supported non-exploitatively in doing so by the service staff.	In a nursing home, staff retreat to a locked "staff only" lounge when they take a break, & never come to visit the residents when they are not on duty, or once they have quit that job. Visiting hours are very short, even on weekends. (Extremely Negative) People who wish to visit a model work service for impaired people must make an appointment months in advance, are allowed to view the program only from windows in the walls of the work area, & to speak only with supervisors & not with any of the impaired employees.

R223 Life-Enriching Interactions Among Recipients, Servers & Others

Differentiation From Other Ratings

1. The image message conveyed by the "tone of voice" of communications **of servers** with recipients (e.g., sing-song, or as if talking to a child) should be considered under R1431 Image Projection of Personal Labeling Practices.

2. Enhancement of recipients' personal appearance, even if it is done primarily to facilitate interactions between recipients and the public, is rated under R141 Service Address of Recipient Personal Impression Impact.

3. The degree to which server interactions with recipients are very individualized is not rated here, but under R224 Service Support for Recipient Individualization. It is conceivable that interactions between servers and recipients could be warm and constructive, but still be exactly the same for each person, although admittedly this is not very likely.

4. This rating is not concerned with the personal image projected by the servers, or the image projected by the grouping of recipients (rated by R1251 Server-Recipient Image Transfer, and R1231 Image Projection of Intra-Service Recipient Grouping--Social Value), even though such images might affect some of the interactions at issue in this rating.

5. The practice of warmth, gentleness, etc., may at times be at odds with other legitimate practices of a service. For example, in a boot camp for delinquent youths, there may need to be a certain severity, and a trade-off may occur between this rating and R231 Service Address of Recipient Needs, or R232 Intensity of Activities & Efficiency of Time Use.

6. This rating is not concerned with whether the people interacted with are more competent or societally valued than recipients. To be rated here are **all service-mediated** interactions of recipients with other people, be they fellow recipients, servers, or people who are neither, even if these other people are still devalued/impaired in some way. For example, retarded service recipients might have interactions with retarded peers from other services, and staff might do much to guide such interactions to be polite and friendly; a program for physically impaired children might enlist the help of a physically impaired volunteer who uses prosthetic devices in order to teach the children about these; etc. Any image or competency drawbacks or benefits would be encaptured by other ratings, including R124 Image-Related Other Recipient Contacts & Personal Relationships, or R222 Competency-Related Other Recipient Contacts & Personal Relationships.

Suggested Guidelines for Collecting and Using Evidence
R223 Life-Enriching Interactions Among Recipients, Servers, & Others

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
For this rating, "servers" & "service personnel" includes both full-time & part-time servers, board members, unpaid volunteers & similar workers. Any other persons except recipients associated with the service (such as family members of recipients) are considered members of the public. Recipients will usually be much more affected by their interactions with direct-level servers than by those with any higher-level administrative staff. Thus, interactions between recipients & direct servers (e.g., ward attendants, teachers, house managers, work supervisors) should be given more weight than those between recipients & more distant program personnel (directors, clerical staff, department heads, etc.). Raters should give more weight to evidence having to do with personal relationships than to features of the physical setting which affect interactions.	How do servers structure interpersonal relationships among recipients? If recipients are having difficulty resolving an issue among themselves, how do servers intervene? Do servers interact with the recipients? If so, are these interactions warm, genuine, & appropriate? Are they cold, distant, devaluing, or even hostile? Do servers willingly & gladly engage in activities with recipients in after-work hours? Are there separate areas (lounges, toilets, etc.) which are "off-limits" to recipients? If so, are these conducive to positive interactions, or do they act as social barriers? How do service personnel appear to get along with each other? Do service personnel socialize with each other in off-work hours? What is the service's position on having outside guests come in to observe & visit? Are there lounges & waiting areas for visitors? Are there refreshments available for visitors? Is there parking space for visitors? Are there small social areas in the setting which facilitate intimate, small social group interactions among recipients? For recipients & visitors? Are social areas dominated by TV, thus interfering with interactions? Are recipients encouraged or discouraged from interacting with visitors? In what ways? Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Observations of interactions between recipients & service personnel; Program rules & regulations; Individual recipients' program plans; Incident logbooks; Tour of both exterior & interior of setting; Signs regulating entry to & use of the setting & its areas; Descriptive brochures on service; Direct interviews with recipients, service leaders, servers, family members, neighbors.

R223 Life-Enriching Interactions Among Recipients, Servers, & Others

Criteria and Examples for Level Assignments

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that within its proper purview, the program being assessed engages in grossly inappropriate practices in regard to the promotion of life-enriching interactions among recipients, servers, & others. E.g., interactions are extremely devaluing, hostile, inappropriate, negative, distorted, etc., such as servers routinely committing violence against recipients, or servers encouraging recipients to openly ridicule & humiliate each other.

Level 2. Shortcomings in interactions among recipients, servers & others have a negative impact on the competencies of the recipients in one of two ways:
    a. they **significantly impede or impair** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: perhaps servers are cold or insincere towards recipients, or significantly distantiate themselves from recipients, as by staff & recipient areas that are excessively separated, such as separate dining, toilet, & lounge areas; staff wear conspicuous special clothes, badges, or insignia which serve primarily symbolic differentiating functions; servers do not knock on recipients' doors before entering, although recipients are expected to extend that courtesy to them; servers & recipients do not eat or play together, even though this would be appropriate & expected in analogous situations for valued people;
        or
    b. they **severely impede or impair** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the program's attention to personal interactions is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:
    a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;
        or
    b. service practices on this issue neither significantly diminish nor significantly enhance recipients' competencies. E.g.: practices are generally correct & expectable but without extensive warmth & commitment; servers appear to be trying to just meet rules & regulations.

Level 4. The program's purview-relevant address of life-enriching interactions among recipients, servers, & others is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because **either**:
    a. interactions are mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**;
        or
    b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.   E.g., interactions are generally positive, adaptive, respectful, considerate, & even affectionate, but without very deep consciousness of, or commitment to, the issue at stake.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; ***and*** the potential for development &/or practice of recipients' personal competencies is so enhanced by the address of life-enriching interactions among recipients, servers, & others that no significant improvements in practice are conceivable.

R224 Service Support for Recipient Individualization

General Statement of the Issue

As already mentioned in R215 Individualizing Features of Setting, the development and expression of individuality (including one's personality, unique talents and abilities, personal beliefs and preferences, etc.) is highly valued in Western society, and it is therefore important that human service program features also support the development and expression of the uniqueness of each recipient, particularly if recipients are devalued people who are characteristically very much at risk of deindividualization. (A reader should be familiar with the rationales covered in that earlier rating on p. 325.) If a service recognizes individual differences among recipients, responds to these, and helps recipients to express their individuality, then a number of recipients' competencies are apt to be enhanced, not the least of which are likely to be recipients' self-expression and respect for the individuality of others. This rating covers all those individualizing aspects of a program which are **not** specifically covered by R215 Individualizing Features of Setting.

There is no image-related counterpart to this rating, because there is an assumption that the image and competency benefits of individualization are relatively inseparable, and so a somewhat arbitrary decision has been made to rate the issue as primarily a competency enhancement one. (The closest to such a counterpart image rating would probably be elements of R133 Promotion of Recipient Autonomy & Rights.)

Individualization consists primarily of two components: (a) differentiation of each person from others; and (b) encouragement and support of self-expressivity of one's uniqueness. These two components of individualization can be manifested by a multitude of program structures and aspects: a valuation of each recipient as an individual; servers' intimate knowledge and understanding of recipients; server sensitivity to individual recipients; the absence of unnecessary regimentation, and the presence of individualized management; individualized and dignity-preserving "intake" or "admissions" procedures; positive server attitudes towards recipient self-expression; teaching of self-identity to recipients, and assisting recipients to discover and pursue their own interests; recognition of events of special meaning to individual recipients, such as birthdays; and resources and personnel patterns which permit the above.

Sometimes, unreasonable deindividualizing inconveniences and restrictions are imposed upon recipients because they are grouped with too many other recipients, or recipients of less advanced behavioral ability and habits, leading to the aforementioned "lowest common denominator" structure. While it may at times be necessary to impose certain restrictions upon recipients, this should only be done for highly individualized and appropriate reasons, and if a recipient is subjected to any restrictions because of the needs of **other** recipients, these should only be very few or minor. (See also the two competency-related grouping ratings--R2211 for size and R2212 for composition.)

Even services that prepare recipients for roles, positions, etc., where there is little room for individualization may be very individualizing in their preparation, as exemplified by a drivers' education program. It prepares its students to be licensed automobile drivers who must all obey the same rules of the road, pass the same licensing exams, and operate their vehicles following the same procedures, but its instruction of its students could be individually tailored to individual students.

Rating Requirements and Examples Chart
R224 Service Support for Recipient Individualization

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance recipients' competencies, & thereby their social roles, a human service should maximally encourage (a) differentiation of each recipient from others, & (b) the development & expression of the individual identity & uniqueness of each recipient, via service policies & procedures, server attitudes & actions, & actual programming & program activities.	Even in the largest & most extended families, members commonly know & give consideration to even the most intimate details of the lives of other members, including their likes & dislikes, preferences, interests, special dates, abilities, friends, work, possessions, clothes, etc. Office workers usually put up their own decorations & mementoes around & on their desks & work areas, even when many people share the same open office space. Teachers often decorate their classrooms with students' pictures, art, & other work. The teacher may also place students' name tags on their desks, chairs, &/or lockers. When a person's birth- or name-day is celebrated, it is done on the correct date, a cake is inscribed with the person's name, & gifts are selected to meet the individual needs & desires of the person being honored.	The staff of a residence for 4 adolescent girls have encouraged & assisted 2 of the girls to put together albums of photos of themselves, their families & friends, dating back to their infancies. One girl has been encouraged to start a scrapbook with items about herself, her friends, & classmates in the schools she has attended, & another girl is given assistance several times a week with writing letters to her various friends & acquaintances, including "pen pals" in other locations. (Highly Positive) An elementary school student who is confined to bed for 2 months due to a severe injury is provided by the school district with an itinerant ("home-bound") teacher, who comes to his home & gives individualized tutoring in certain subjects 3 days a week, & with a remote TV hook-up to his regular class so that he can follow the lessons & activities from his bed. (Highly Positive)	All the residents in a ward of an institution receive identical haircuts. (Extremely Negative) Six young boys live in a group home 5 days a week, & return to their families on weekends. On Sunday evenings when they come back to the group home, they are each assigned to a different bed, often in a different room, than the one they occupied the previous week. (Extremely Negative) Recipients of a weekend recreation program for impaired adolescents must all participate in the same activities together, & are not allowed or enabled to engage in individual sports, hobbies, etc. (Extremely Negative) In a small segregated classroom for emotionally disturbed children, all of the children always receive the same lessons together, even though the children read & cipher at very different levels of ability. (Extremely Negative) None of the 6 people living in a community residence has his or her name on the mailbox.

R224 Service Support for Recipient Individualization

Differentiation From Other Ratings

1. R215 Individualizing Features of Setting rates only the **structural** or **quasi-structural** aspects of the physical setting (mostly just the physical facility) which elicit/facilitate or deny/inhibit individual expression. The degree of individualization facilitated by all other aspects of the service are assessed under this rating. For example, if servers have decorated the walls of a service center with samples of individual recipients' work (such as paintings, needlepoint, weaving, etc.), this would be rated here rather than under R215 Individualizing Features of Setting, because such decorations are not major or structural features of the physical environment.

2. Individualizing aspects of recipients' appearance must be rated apart from their age- or culture-appropriateness (R141 Service Address of Recipient Personal Impression Impact). Recipients' appearances may be highly culturally valued, yet there may be very little individualizing difference between the appearance of one recipient and that of another. On the other hand, individual recipients may all be dressed differently from each other, yet not in a fashion which is valued by the culture.

3. Here are some clarifications on where to rate various objects and material supports, owned either by the recipients or the service.

a. The age-appropriateness and other value conveyed by recipients' possessions is rated by R142 Image-Related Personal Possessions, regardless whether these are very individualized.

b. The competency effects of recipients' possessions is rated by R233 Competency-Related Personal Possessions, regardless whether these are very individualized.

c. The service might promote the use and display of recipients' possessions to individualize a space, perhaps as decorations, or to mark a particular area as "belonging" to an individual recipient. For instance, a middle-aged mentally retarded man might decorate his bedroom with his child-like crayon drawings and his collection of toy cars. The **use** of possessions to individualize the physical and social space for recipients would be credited here, regardless of their image.

d.   Many material supports, pieces of adaptive equipment, etc. (e.g., most prosthetic equipment) must be specially tailored to an individual user's size and needs. Such adapting to make the equipment or other object usable for a specific recipient would be rated under R232 Intensity of Activities & Efficiency of Time Use, and/or R231 Service Address of Recipient Needs. However, things done to such equipment to "personalize" it and make it more reflective of a specific user or owner--such as decorations, name plates, "headlights" and fenders on a wheelchair, etc., that mark it as one specific person's--would be rated here.

4. An environment may be very attractive (see R1121 External Setting Aesthetics and R1122 Internal Setting Aesthetics), but be beautified in ways which do not reflect recipients' personal preferences and personalities. For example, the furnishings and decorations in a group residence may be attractive but may have been selected by house staff without maximally feasible recipient involvement. If the furnishings were selected with the tastes, interests, and preferences of the residents in mind, then raters could give at least some positive credit on this rating.

5. R223 Life-Enriching Interactions Among Recipients, Servers, & Others is concerned only with the quality of the interpersonal relationships and interactions fostered in and by the service. While server-recipient interactions that are not highly individualized may not be very positive, this is not invariably the case. For example, each patient of a physician or client of an unemployment service may be treated much like every other one, but each may still be treated relatively courteously and sincerely--though perhaps not very warmly. Thus, positive server-recipient interactions are not necessarily the same as server individualization of recipients, nor are negative interactions to be taken as conclusive evidence of a lack of appreciation by servers of recipient individuality.

6. Even if program personnel use language about recipients which is demeaning (rated under R1431 Image Projection of Personal Labeling Practices), there may still be individualization of recipients.

7. For recipients with certain identities, a service may virtually forbid any individual activities. This may be programmatically adaptive in order to address some recipient needs, and if so, it would be credited on R231 Service Address of Recipient Needs. However, such practices are nevertheless deindividualizing, and would therefore incur a penalty on the rating at hand.

8. Lastly, the encouragement of recipients' exercise of their rights and discretions (e.g., to accept or reject a service, to participate in an activity) may be somewhat relevant to this rating, but is assessed mostly by R133 Promotion of Recipient Autonomy & Rights. A service could encourage recipient autonomy and decision-making, but do so in the same way and to the same extent for each recipient--which would probably rate higher on R133 Promotion of Recipient Autonomy & Rights than on this rating.

Suggested Guidelines for Collecting and Using Evidence
R224 Service Support for Recipient Individualization

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues

There are a few types of services that by their very nature & societal mandate have hardly any purview to individualize. Usually, these are services that have to process large numbers of people very rapidly & for a very narrow scope of service, exemplified by a drivers' license bureau where each licensee must be asked the same questions, complete the same forms, & pass the same eye exams, & the agency cannot deviate from licensing criteria. Evaluation teams or team leaders have two options in such cases:
    a. to not apply this rating, & pro-rate the service's score, as explained on pp. 82-84 of the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality*;
    or
    b. to rate the service in relation to however much discretion it does exercise in respect to individualization. This would mean that small measures could make the difference between a Level 1 & a Level 4 or even Level 5.
 	
    Historically, devalued people have been much less likely to be perceived & treated as individuals than typical, valued members of the culture.
 	
    Programs with more extensive control over recipients, & those that serve more severely devalued people, are more likely to be able to impose extensive deindividualization on recipients.
 	
    Many devalued people have led such deprived lives that they do not have many ideas about what individual options are available to them. A service should be given credit for helping such persons to learn more about such options.
	What are the conditions/ identities of recipients?
	
	    Do servers allow, encourage, & support the maximally feasible expression of recipients' individuality, e.g., through decoration of personal spaces, pursuit of individual interests & hobbies?
	
	    Apart from encouragement given by servers to recipients, have servers themselves taken actions (e.g., designation of certain areas as "belonging" to individuals, putting up decorations) to differentiate recipients from each other?
	
	    Do servers actively "teach" the recognition & expression of personal uniqueness to recipients to whom it has been denied (e.g., because recipients have previously been served in highly deindividualized services, such as institutions)?
	
	    How much relevant personal information (e.g., birthdates, special habits & needs, family facts) do servers know about each of the recipients?
	
	    Are there individual programs, &/or individual goals, for each recipient? How are these programs &/or goals determined?
	
	    Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?
		Individual recipients' records & program plans;
		
		    Activities schedules & logbooks;
		
		    Observation of program in operation;
		
		    Tour of both the exterior & interior of the setting;
		
		    Direct interviews with recipients, servers, & service leaders;
		
		    Lack of spontaneity & initiative or timidity on the part of recipients during interviews may constitute indirect evidence that individual expression may not have been actively promoted by servers.

CONTINUED NEXT PAGE		

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
CONTINUED FROM PREVIOUS PAGE Many recipients who have previously lived in institutional settings, especially for long periods of time, are very apt to have been denied individual expression & treatment. Therefore, it is especially important that programs which serve people who have formerly lived in deindividualizing settings "bend over backwards" to encourage & support the individual expression & development of individual interests, tastes, & preferences of their recipients. The larger the number (& to some degree, the more diverse the identities) of recipients in a service grouping, the more difficult it will be for servers to know each recipient as a unique individual, & for individualized programming to be provided. Deindividualization is particularly apt to be explained away as due to funding limitations, but raters must assess shortcomings regardless of their cause. More than all other service aspects, server attitudes--as manifested by their encouragement or restriction of individual self-expression & identity--should be given high weight here. Neither servers nor raters can accurately & adequately determine how individualizing the program can/should be unless they thoroughly understand the identities of the people served. The program features called for by this rating should not be mistaken as a call for a service to abdicate responsible program structure & control.		

R224 Service Support for Recipient Individualization

Criteria and Examples for Level Assignments

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that program practices grossly diminish the potential development or expression of maximally feasible recipient individuality. Such disregard must be demonstrated in **any one** of the following programmatic ways:

a. **gross unneeded** programmatic violation of privacy. E.g.: staff unnecessarily watch while adult recipients use bathrooms; areas for personal interviews or counseling sessions are not closed off;
or

b. server attitudes & practices result in extensive deindividualization & "mortification," such as highly humiliating "intake" procedures of recipients in groups, imposition of uniform clothing & haircuts, identification of people by number;
or

c. excessive regimentation or restriction which limit the amount & forms of individuality that recipients are enabled & allowed to express. E.g.: all activities within a program are conducted in groups, & recipients are not permitted to engage in activities individually; recipients are subjected to highly unnecessary uniform rules & regulations which affect them significantly, though they are only needed for some recipients.

Level 2. Shortcomings in service individualization of recipients have a negative impact on the competencies of the recipients in one of two ways:

a. they **significantly impede or impair** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: the program limits individuality in one or 2 areas of importance, such as recipients not being allowed to apply personal decorative touches (artwork, photos, etc.) to definitely personal spaces like bedrooms & certain work areas; some, but not all, program procedures are very regimented & impose unnecessarily uniform practices, such as making all recipients go to the toilet at the same time;
or

b. they **severely impede or impair** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients. E.g., by conducting all activities in large groups, about a quarter of the recipients fail to acquire the competencies that they could reasonably be expected to acquire in small groups or in individual activities.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of service support for individualization is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:

a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;
or

b. the level of individualization in the service neither significantly diminishes nor significantly enhances recipients' competencies.

Level 4. The degree of service support for recipient individualization is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because **either**:

a. service support for recipient individualization is mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**. E.g.: in a group residence, there is much individualized programming, & each person's bedroom is very extensively decorated in ways & with objects that reflect its individual occupant's personality, interests, & tastes, but the amount of feasible individualized expressive decoration is limited in other parts of the house; some activities where some recipients would benefit much more if done individually are instead done in groups, thereby somewhat abridging the potential competency benefit of these activities to those recipients;

or

b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

N.B. – Note that the last example in Level 2b and the last example in Level 4a are almost the same, **except** that the proportion of recipients negatively affected is smaller in the Level 4a example, and the shortcoming in service practice is much less.

Level 5. Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the maximally feasible support for recipient individualization within the service that no significant improvements in practice are conceivable. E.g.: in an early education program for children, the service is based on an ideology of individualized management, & each child is allocated a substantial area of the physical setting as his or her own to do with as he or she pleases, instructional materials & levels of challenge are as individualized as is manageable, & there is a period during each program day in which the children are encouraged to pursue an individual interest; an annual public health flu shot clinic, where everyone has to answer the same questions, fill out the same forms, & receive the same injection, nonetheless extends as much individualization as it can, such as allowing the older & frailer recipients to be seated rather than stand, come to the head of the line, have a drink of juice if they need it, be escorted to & from the parking lot as needed, & allowing everyone who wants to make individual appointments for the shot rather than having them all show up at one time & have to wait.

R225 Promotion of Recipient Socio-Sexual Identity

General Statement of the Issue

The development of an individual's socio-sexual identity starts before birth and continues through life. In order to develop a coherent and valued socio-sexual identity, a person must: be exposed to positive role expectations and demands; receive relevant and appropriate education, guidance, and counseling; be positively associated with people who model the appropriate and valued interpersonal socio-sexual interactions; and have avenues for expression of gender identity which are appropriate to the culture, the person's age and estate, and his or her competence and drive. In all this, people must be guided and supported by significant persons and groups in their lives, e.g., parents, siblings, friends, schools, servers.

A role-valorizing human service would support--or even promote--the sequential development and expression of culturally appropriate and valued socio-sexual identities and behaviors for its recipients, in ways that match cultural expectations for what is appropriate and even valued for the ages and sexes of the recipients. However, such efforts must be appropriate to the purview and nature of the program, and thus, a service's responsibility may vary anywhere from very great to none. For example, work settings rarely sponsor or arrange for education on socio-sexual development, while most schools do, and a person's place of residence probably bears most responsibility in this regard.

Furthermore, services that have a legitimate purview in this area must be especially role-valorizing in their approach where children and/or devalued people are concerned. Many problems later in life can be avoided, or at least reduced, if children are given developmental and sequential attention and supports to their developing socio-sexual identities, if they are raised in nurturing and loving families, if they are exposed to positive and adaptive models of appropriate sexual behavior, etc. Also, devalued people who have suffered many emotional wounds such as rejection by their families, wounded upbringing in disfunctional homes, etc., who have lived for any length of time in non-normative settings such as institutions, or who are adolescents or older, are apt to have fairly immediate and pressing needs in this area.

It should not be surprising that the widespread ambivalence and even "craziness" about sexuality in our society is often reflected in human services. Consequently, one may encounter in human services any number of practices or approaches to the area of recipient socio-sexual identity and expression that are non-valued, even extreme or bizarre, or at best marginal. One common extreme approach has been excessive restriction and even suppression of people's socio-sexual identities and needs, as evidenced by such measures as extensive or total segregation of the sexes from each other, excessively strict curfews and surveillance, involuntary sterilization, etc. Some of these practices create situations that actually bring about the kinds of (inappropriate) sexual acts and behaviors they were intended to eliminate.

Another extreme, and increasingly common, response to this issue is a libertine promotion and celebration of sex that is stripped of any relationship context, or at least any positive one. Where this approach prevails, there may be a narrow--but often very enthusiastic--focus on technical sex education and facilitation of mechanical and hygienic sex acts, but apart from a context of social supports that can nurture the growth of respect, enduring relationships, love, reverence for marriage, etc.

All too often, servers, parents/guardians, and others involved in recipients' lives seem to see the issue of sexuality for devalued people only in the one light of physical sexual activity, and/or superficial, fleeting relationships. While the physical and biological aspects of sexuality should certainly not be hidden or denied, it is even more important that (a) there be support for, and development of, recipients' capacity and willingness to care and love, and that (b) not all love be sexualized.

Also, the competency-enhancing promotion of socio-sexual identity must not be confused with the promotion of sexual license that is very common these days. Whatever benefits people may think such license affords, competence is hardly one of them, considering the detrimental impact of such license on relationship and marital stability with all **their** proven benefits, the devastating impact of single parenthood, and the vast epidemic of diseases that have their primary or secondary origins in sexual license.

Raters should also keep in mind that when sexual issues are dealt with as **primarily health** issues, little benefits of a socio-sexual and developmental nature can be expected.

At least certain human services can play their appropriate role by creating environments and relationships which encourage, foster, and provide opportunities for **sharing**, **companionship**, and **affection** not only between pairs of men and women, but also within the sexes, and within entire groups. The importance of sharing, companionship, and affection is obvious: these are things for which virtually all people yearn, and for some people, they even serve as an alternative to sexual relations and marriage. Services can do these things by measures such as the following.

1. Providing age-appropriate relevant activities and privacy options, and teaching recipients to respect the privacy of others.

2. Having co-ed programs, where these are possible and would be analogous to practices in the valued culture, e.g., a Girl Scout troop would not be a Girl Scout troop if boys were also members, but boys and girls do learn together in most educational programs. (However, since the end of the 20th century, it has increasingly been questioned whether the latter is really or always competency-enhancing for all children of all ages and in all subject areas.)

3. Having both male and female servers, who model age- and culturally-appropriate and valued sex roles and behaviors. Typically, young children receive developmental experiences through heterosexual socialization activities, and exposure to models of appropriate behavior for each sex; children do not date, although teenagers and unmarried adults typically do; information on sexual practices is less relevant for children than for adolescents and adults; a lot of physical contact is very common among children, although it is less so among adults unless they are very close emotionally; and so on. Information and experiences which are not appropriate or valued for the age or sex of the people who receive them may be not only irrelevant and premature, but even harmful. Thus, if one has not first learned how to be a friend and to share with another person, one will probably not be able to adaptively sustain a more intimate and demanding relationship that involves explicit sexual behavior, such as marriage.

4. Where it is within the proper purview of the program to do so, trying to involve valued figures besides servers who can model adaptive single, married, parental (perhaps even filial) lifestyles to recipients. (Such actions might have implications to this rating as well as to R231 Service Address of Recipient Needs and possibly R222 Competency-Related Other Recipient Contacts & Personal Relationships.)

5. Providing informal sex education on a routine basis through the modeling power of servers' conduct, role expectancies, fostering of companionship and affection among recipients and servers, responding to incidents of inappropriate behavior in sensitive and instructive ways, etc.

6. Supporting--and if appropriate, obtaining or providing--formal sex education and counseling. Some services have much more purview along these lines than others--and some have none.

7. Avoiding **unnecessary** stereotyping of male and female roles in both language and other practices. However, it should be noted that the issue of sex role stereotypes, which is problematic in the larger culture, becomes especially troublesome when societally devalued people are at stake. (a) For one thing, the conservatism corollary says that the image of already devalued people should not be further endangered by associating such persons with images and activities which are marginal or problematic in the larger culture. The application of that principle to this rating would mean that devalued people should not be at the vanguard of breaking down sex role barriers. For example, it would probably be harmful to the image of a mentally retarded man for him to spend his work day at tasks which have historically been thought of as "women's work," or to be encouraged to occasionally wear a skirt because women often wear slacks. If the latter were to be done, it would be better if a highly valued man did it. (b) Secondly, as mentioned, many devalued people have undergone experiences and lived in circumstances in which their sexual identities as males and females have never been firmly established, and/or have been confused and distorted. Thus, devalued people should be supported in relatively conservative sex roles so that they may be helped to establish or maintain a clear and minimally conflicted socio-sexual identity for themselves. This competency consideration may be even more important than the image issues which may be at stake.

Rating Requirements and Examples Chart
R225 Promotion of Recipient Socio-Sexual Identity

SRV Requirements	Selected Generic Examples	Clearly Positive Service Examples	Examples of Violations
In order to enhance recipients' competencies, & thereby their social roles, a human service (especially if it is for children or devalued people) should-- within its proper purview-- facilitate, encourage, & support the development of culturally valued & appropriate socio-sexual role identity & expression of its recipients. It is more role-valorizing for **devalued** service recipients to be supported in more conservative socio-sexual role development.	From a very early age, children go to school & participate in a wide range of other activities with children of both sexes. However, at least at certain ages, some pursuits (e.g., certain sports, Boys' Club, Girl Scouts) may be engaged in only with members of the same sex. Single older adolescents & adults in our culture commonly date. Adults may choose either marriage & parenthood, or singlehood. All through their lives, people are exposed to males & females in various social roles, such as husband, wife, father, mother, sister, brother, worker, friend, fiancé, etc., & thereby learn the appropriate & valued behaviors of males & females in each of these roles.	In an integrated early education program for impaired & non-impaired youngsters, both boys & girls participate in all classes together, & the children receive education about sex differences that is appropriate & meaningful for their age. An agency operates a sheltered apartment for impaired men & one for women in the same apartment complex. The men & women get together on various occasions for shared meals, to go out, or to visit each other. Staff of the program sometimes invite their own dates, spouses, & single & married friends to the apartments for evening get-togethers & small parties with the residents.	The male employees of a sheltered industry work in one wing of the factory, & the female employees in another, & the 2 groups take separate lunch breaks. Staff of a residential service push recipients to engage in homosexual acts. (Extremely Negative)

R225 Promotion of Recipient Socio-Sexual Identity

Differentiation From Other Ratings

1.   While this rating has image implications, its primary intent is to deal with the competence implications of the issue. Certain image implications might be rated elsewhere, by one or more image-related ratings.

2. Although the construction and support of a warm, even loving, social atmosphere in the service is important to both this rating and R223 Life-Enriching Interactions Among Recipients, Servers, & Others, the rating at hand is concerned specifically with the agency's support of recipients' socio-sexual identity development and expression, whereas R223 includes other issues of social interaction, many of which are not even indirectly related to recipients' sexuality, e.g., hospitality to the public.

Suggested Guidelines for Collecting and Using Evidence
R225 Promotion of Recipient Socio-Sexual Identity

Some Important Considerations About the Issues	Some Key Issues to be Determined	Some Likely Sources of Relevant Facts/Data About the Issues
The legitimate purview of the service, & the amount & degree of influence & control that it can reasonably be expected to exert on the issue, must be taken into account. Some types of services (e.g., residences) bear a much heavier responsibility in this regard. Services to children & devalued people that have a legitimate purview in regard to this issue should be assessed especially rigorously. While this rating has image implications, competency considerations should be foremost. This is an area in which it is especially important that services for devalued people act in accordance with the "conservatism corollary" of SRV, & strive to emulate those practices which are the **most** positive & **most** valued in the culture, rather than those which may be avant-garde, or common but only marginally valued at best. In making their judgments, raters must strike a delicate balance between acknowledging culturally normative & prevalent sex role stereotypes on the one hand, while simultaneously trying to avoid sexism which would deny recipients their fullest development. Raters are advised to be somewhat conservative if an aggressive anti-sexist measure would result in the projection of a deviancy image upon the program or its recipients. Particularly in this value- & emotion-charged area, raters must be especially careful to apply the concepts & criteria that are spelled out in this narrative, rather than their own values & interpretations. If the service being assessed has no conceivable purview as regards the issue in this rating, then this rating should not be applied, & the service's total score should be computed using the pro-rating method explained on pp. 82-84 of the *Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality.*	What is the proper scope of influence of the agency in the recipients' lives in regard to this issue? How old are the recipients in the program being assessed? What sexes does the program serve? If the program serves both males & females, are the sexes segregated from each other in order to receive programming? What are the implications of either practice? Are there servers of both sexes? Do these servers model valued socio-sexual interaction & roles? Do recipients engage in activities with members (not necessarily recipients) of the opposite sex? Does the service support recipients in age-appropriate activities with members of the opposite sex? Does the service support the development of decorous friendships & affection, & an atmosphere of caring among its recipients? Between recipients & other people? Within its purview, does the service provide or obtain sexual information & counseling for recipients who need or want it? If so, is it holistic, pro-social & humane, & not merely mechanical/medical/technical? What kinds of supports does the service provide to give recipients the opportunity to choose appropriate sexual behavior? Are relevant direct service personnel & leadership (e.g., director, board members) conscious of & committed to the issue at stake in this rating?	Program plans; Individual recipient records; Activities schedules & logbooks; Direct interviews with recipients, servers, & service leaders.

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R225 Promotion of Recipient Socio-Sexual Identity

Criteria and Examples for Level Assignments

N.B. – As explained on p. 13 in "The Rationales for the 5 Rating Levels, and Guidelines for Assigning Levels to Ratings," *if* the service being assessed has no purview in regard to this rating issue, *and* if it does not act outside its purview in ways that are either detrimental or beneficial to recipients, then this rating would not be applied. Instead, the service's total score is pro-rated, as explained on pp. 82-84 of the 1983 *Guidelines* monograph (see footnote 6 on p. 4).

Level 1. The development &/or practice of recipients' personal competencies is apt to be **severely impeded or impaired** (even if unintentionally), due to the fact that within the proper purview of the program being assessed, there are grossly inappropriate & unnecessary practices in regard to the socio-sexual growth, identity, &/or expression of recipients. E.g.: gross staff unconsciousness of the socio-sexual needs of recipients within a day program is accompanied by irrational restrictive structures; an education program for young children imposes major, & very culturally atypical, restrictions of opportunities &/or privileges of heterosexual socialization, even to the extent of sex segregation; the service practices gross sex discrimination; a residential service imposes explicit sexual behavior on its recipients.

Level 2. Service practices regarding recipient socio-sexual identity have a negative impact on the competencies of the recipients in one of two ways:
    a. they **significantly impede or impair** the competency or competency development of all or most recipients, but less so than in Level 1, even if some features may be somewhat positive. E.g.: impaired recipients in a sheltered work setting may engage in age-appropriate socialization with the opposite sex, but due to extensive ambivalences, staff may fail to provide formal or direct guidance & support, even though the recipients have lacked these in the past; efforts to prevent adolescents in a residence for delinquent youths from being pushed somewhat prematurely into explicit sexuality are haphazard & incoherent; servers may convey the message (even if subtly) that any of the many culturally-embedded valued socio-sexual roles & lifestyles (e.g., marriage, singlehood, parenthood, childlessness) are deviant &/or cannot be sustained;
    or
    b. they **severely impede or impair** (as in Level 1) the competency or competency development of **a significant minority of recipients**, even if not of other recipients.

Level 3. Considering recipients' competency risks & needs, the competency impact on recipients of the program's attention to recipients' socio-sexual identity is neither as damaging as in Level 2, nor as beneficial as in Level 4. This may be because **either**:
    a. there are both positive & negative elements in regard to this rating issue, & these balance each other out, **though none of the negative features can be as low as Level 1 for any recipients**;
    or
    b. service practices neither significantly diminish nor significantly enhance recipients' competencies.

Level 4.   The program's purview-relevant address of recipients' socio-sexual identity is highly conducive to the competency enhancement of recipients, but falls short of the near-ideal requirements of Level 5, because either:

        a. service practices regarding recipient socio-sexual identity are mostly or nearly of Level 5 quality, but there are **either** some minor shortfalls for **all** recipients, **or** some shortfalls that affect a minority of recipients, **but in either case, none of these shortfalls can be lower than Level 3 for any recipients**;

        or

        b. the likelihood of competency enhancement is optimal for all recipients, as in Level 5, but relevant direct servers & leaders of the service do not appear to have high consciousness of, & commitment to, the issue, & thus there is a significant deficiency in this critical line of defense against future program deterioration.

Level 5.   Relevant direct servers, & leaders of the service, appear to be highly conscious of, & committed to, the issue at stake; *and* the potential for development &/or practice of recipients' personal competencies is so enhanced by the address of recipients' socio-sexual identities that falls within the program's proper purview that no significant improvements in practice are conceivable. E.g., in a residential program, there is such a great deal of appropriate sensitivity & extensive appropriate opportunities & support systems (which may include guidance & counseling, sex education, models of appropriate behavior, supports for married couples, etc.) that the project can constitute a model for others.