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

Name of Assessed Service(s): [redacted]

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

Address: [redacted]

City: [redacted]

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

Method of Assessment: _____PASS XX PASSING _____COMBINATION (Specify)

Assessment Context*: XX Practicum Training Assessment, conducted as part of a PASS/PASSING Training Workshop held [redacted]n November 14-16, 2007

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

_____ Self-assessment by Assessed Service/Agency

_____ Official PASS/PASSING Assessment:

_____ Invited by Assessed Service/Agency

_____ Externally Mandated

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

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

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

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

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____ May be released ONLY if identifying names, dates, places, and other such data are deleted and disguised
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____ Other (specify) _____

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

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Participants in the Assessment

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RESUMÈS OF THE PASSING ASSESSMENT TEAM PARTICIPANTS

Joe Osburn, Team Leader

Formal education includes a Bachelor of Arts degree in Sociology from Marian College (1964) and a Master's in Social Work from West Virginia University (1967). Since 1964, he has worked in a variety of direct service, administrative, and consultative human service positions, mainly with poor families and families with handicapped children. Since 1974, his work has focused on the dissemination and application of normalization/Social Role Valorization (SRV) as a major safeguard in the lives of socially vulnerable people. From 1977 to 1980, he was on the staff of the Training Institute for Human Service Planning, Leadership & Change Agentry at Syracuse University, directed by Wolf Wolfensberger, Ph.D., the formulator of Social Role Valorization. He has visited, observed, and assessed human services throughout the United States and Canada and, on occasion, in Great Britain and Australia. These include family support, child welfare, residential, vocational, educational, medical, and other services, primarily in the fields of mental retardation, mental health, aging, and poverty. Currently, he is the director of The Safeguards Initiative, a non-profit SRV-based project established in 1991 to conduct SRV and related training for providers and recipients of services. This work also includes coordinating and leading comprehensive in-depth evaluations of the quality of human service programs, agencies, and service systems; writing; and other related SRV-based projects. He is an Associate of the SRV Implementation Project (of Worcester, Massachusetts), a member of the North American SRV Development, Training & Safeguarding Council, and a Senior Editor of the Social Role Valorization Journal.

Erica Baker, Report Writer

Formal education includes a Developmental Services Worker diploma, from St. Lawrence College (1996) and a Bachelor of Arts degree in Disability Studies, from Ryerson University (2007). Experience includes thirteen years of work for Brockville and District Association for Community Involvement, four of these years as a direct family support worker and nine years as Family Support Coordinator. She has also participated in the organization and delivery of Social Role Valorization (SRV) workshops and the team leading of PASSING workshops for several years. She is a part of the effort to initiate an SRV study group, and has played a key role in its operation to date.

Peg Jenner, Report Writer

Master of Education degree, and since 1985 a faculty member of the Developmental Services Worker Program at Centennial College in Toronto, Ontario. Currently, she is a board member of Durham Association for Family Respite Services and a member of the Southern Ontario Training Group (SOTG). As an SOTG member, she has participated in the organization and delivery of SRV, PASSING and related workshops for 14 years. Past experiences include voluntary work with a Community Living Organization and Citizen Advocacy organizations, and paid work in direct support and managerial roles within services for intellectually handicapped people.

Beverly Byrne Reitsma

Bachelor's degree in both psychology and in education, as well as a Master's degree in social services from the University of Ottawa. In 1997, she was hired as a child protection worker after which she became a supervisor of Residential Services at the Prescott-Russell Services to Children and Adults. She is now the agency Director of short-term services.

Nancy Kelly

Currently employed as a supervisor for Community Options Program with Prescott-Russell Services for Children & Adults. Previous human service experience includes management and founder of a regional child care center that served eighty children. Other experience includes working with the federal government in the tourism sector. She attended her first introductory SRV workshop in October 2007.

CONTEXT OF THE ASSESSMENT

On November 14, 2007, a team of five persons visited and evaluated the service named on the cover of this report. All members of this team were participants in an intensive workshop on the assessment of the Social Role Valorization* quality of human services by means of the PASSING tool, to be described later. This workshop was sponsored and conducted by Dr. Wolf Wolfensberger and Susan Thomas of the Syracuse University Training Institute for Human Service Planning, Leadership, and Change Agentry.

The participants in the workshop were all workers in a variety of human services (though mostly in the field of mental retardation), and came from many different locales. A list of the members of the team that assessed this service can be found on the back of the cover sheet of this report, and a brief description of their backgrounds preceded this section. Additional workshop teams also visited and assessed one service each.

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

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

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

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

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

OVERVIEW OF [redacted]

[redacted] the assessed service, was a residential program operated by a large regional service provider[redacted] is a multi-component agency that provides services to a variety of recipients throughout a united two-county geographical area. This large agency was a result of an amalgamation in 2001 of several separate service organizations including the[redacted] According to [redacted] documentation, their mission was "to be a service to vulnerable persons in [redacted] by supporting them within their families and community so that they daily experience the good life."

Th[redacted] residence was relatively new and was opened to serve people being released from a large mental retardation institution, now known a[redacted], and formerly called the[redacted]. Most of the residents had lived in th[redacted] area prior to their admittance to that institution.

[redacted] was a group living residence located on the grounds of a hobby farm. The two operated together, and the service recipients were encouraged to work on the farm. The property was purchased in May 2006, with the first service recipient arriving in October of that year. The length of time people had lived at[redacted] t the time of this assessment varied from one year to a few weeks. The home was divided into a main upstairs living space and what was described as "the downstairs apartment." Four people lived upstairs and three downstairs.

The farm was located at the edge of an area known as[redacted] in a rural part of [redacted] The closest town was[redacted], 12 miles away.[redacted] sat on many acres of property in what would appear to be mainly farm country. There were some neighbouring houses, other hobby farms, and dairy farms in the area. According to the farm manager, the "community," as defined by a one-mile circumference of the farm, consisted of approximately 100 people. There were no nearby community resources such as stores, medical services, a post office, etc. Service recipients had to travel to the neighbouring town of [redacted] for access to resources. There was also no public transportation to the property. There was one other human service program in the area, a vocational service for people with intellectual disabilities, also located on the[redacted] property.

According to the program manager, the mission of[redacted] was to "provide a better quality of life for the recipients."

At the time of the assessment, seven people lived a[redacted] Five of the seven came directly there from[redacted] he remaining two from other services. Four recipients were male and three were female. The age range was 40 - 54 years of age, but most were in their early 40s. All of the recipients had intellectual disabilities; six of the seven were quite impaired. At least two people were identified as also having some mental health problems. Various other impairments and/or medical conditions also existed among the service recipients, including a hearing impairment, seizure disorders, Down's Syndrome, "autistic tendencies,"

Hepatitis B, and tuberous sclerosis. All recipients were identified as having behavioural problems and all were on significant amounts of medically prescribed drugs; this included most people being on mind drugs.

All of the recipients participated in household chores to various degrees, including shopping, meal preparations, cleaning and laundry. The team was told that everyone spent some time on the farm participating in farm-related chores. Two people spent three mornings each week doing farm-related work; one man worked approximately eight hours each day from Monday to Friday and the remaining people spent minimal and somewhat random time in farm activities. The recipients also spent varying amounts of time away from the residence, which the staff described as "integration," mostly in activities such as banking, groceries, shopping, etc. Some activities were based around leisure, including playing bingo, hockey games, swimming, and attending local community events. These outings took place throughout the week, including on weekends. No service recipients performed work roles outside of the farm.

The program employed 18 staff, a mix of full-time and part-time positions. One of these positions was a program manager [redacted] also employed one full-time farm manager. All others were called integration workers. Among the staff, 11 were female, and seven were male. They ranged from 18 years to 60 years of age. Their educational backgrounds were varied, including Developmental Service Workers, Nurses, Social Workers, Paramedic, etc. The program was scheduled around three shifts of staff: days, evenings, and overnights.

THE ASSESSMENT METHOD

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

The Assessment Tool

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

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

Further, it is crucially important to understand that PASSING measures service quality from the perspective of what is needed by the people who are being served--i.e. the service recipients--in order for them to fill (more) valued roles in society. Even when service recipients already hold valued roles and places in society, they may be exposed to greater-than-average risk of losing these. In such cases, one of the major challenges is usually how to maintain their valued roles. In other cases, one of the challenges is to recover for recipients' previously-held valued roles; and in yet others, replacing negative roles with positive ones is a major challenge. Thus, PASSING users try to step into the shoes of the people who are being served, and as noted, to examine whether service practices are good or bad from the perspective of what these people need in order to have valued roles in society.

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

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

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

plus 100% of the rating weight. Thus, services receive **negative** points for any Level 1 or Level 2 performance on a rating; 0 points for any Level 3 rating performances; and **positive** points for any Level 4 or 5 that they achieve on a rating. Accordingly, the possible total score (i.e., the sum of scores on all 42 ratings) that a service might achieve on a PASSING assessment ranges from -1000 to +1000. That is, the best a service could do is +1000, and the worst a service could do is -1000.

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

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

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

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

The Assessment Process

In many ways, a PASSING assessment that is conducted as part of a PASSING training workshop is the practicum part of a preceding course in Social Role Valorization, since as noted, all participants in a PASSING workshop had been to a three- or four-day Social Role Valorization course which taught the principles that underpin PASSING. A typical PASSING workshop is a five-day event, and participants are divided into several teams (typically five to ten members each), with each team being led by a team leader who had acquired the prerequisite skills in earlier PASSING workshops. In most training workshops, each assessment team visits and assesses two practicum sites. In PASSING workshops with more than one team, multiple services are assessed. However, this training event was somewhat unusual, in that each of the four teams spent only three days and assessed only one service each. Also, in most cases, each team and its team leader is supervised by an even yet more experienced person who may be referred to as a "floater" or "senior trainer." Each team meets to clarify the sequence of assessment activities, and the roles, responsibilities and expectations for each team member, and then

embarks on the actual PASSING assessment process. (This process follows standardized procedures, laid-out in Wolfensberger, W. [1983]. Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality. Toronto: National Institute on Mental Retardation. Assessments which do not follow these procedures may lack validity, or comparability to other assessments.) The usual schedule of assessment activities is the same for each practicum site, as follows.

The team begins by reading documentary material on the service. Then the team makes a tour of the neighborhood surrounding the service, typically by car, but also possibly walking through the neighborhood. The team then conducts a lengthy interview of several hours with people in senior positions in the service, such as the director, supervisors of direct service workers, and sometimes one or more members of the governing board. The team then observes the program in operation. If the service is a residential one and conditions permit, the team has a meal at the service with the residents. At some day services, the team may also eat a meal with service recipients. At some point, the team is given a guided tour of the interior (and maybe again of the exterior) of the setting, usually while the recipients are there. The team may then peruse additional documentary material, and take the opportunity to talk with other workers, and with recipients.

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

Conciliation is structured according to a discipline that has evolved over time based on the experience of many evaluations (since 1969), and which is spelled out in the 1983 Guidelines mentioned above. Its object is to collectively pool and/or verify data and observations, weed out faulty interpretations, and reach a judgment of the team as a whole as to the performance of the service on each of the 42 ratings. During this discussion, and in light of the team's total evidence, individual team members will often be persuaded to change their minds about a level that they had previously considered to be the correct one for a given rating during their private, individual, and preliminary level assignments. However, in training assessments, such as this one, if a team consensus cannot be attained on a particular rating, then the more experienced team leader has the final say on what the level of the rating should be. The team also tries to identify the major overarching issues that the program faces, the major strengths and weaknesses of the service, what other noteworthy issues may be, and the recommendations that it would like

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

A PERSPECTIVE ON THE ASSESSMENT FINDINGS: HOW TO READ THE REPORT

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

Naturally, because this assessment took place within a training context, and because all team members except the team leader and the floater/senior trainer were novices to the PASSING tool, we do not feel fully confident of all our findings and recommendations. For instance, since the time spent by the team in collecting data and conducting observations in a training context is necessarily limited, errors in some rating level assignments are practically inevitable. With this explanation in mind, a service should feel free to attach as much or as little significance to this report and the assessment results shown on the attached Scoresheet/Overall Service Performance Form as it feels they merit.

However, it should also be noted that even training assessments and assessment reports **have** been found in most cases to be fairly accurate in respect to the global score and major subscores, and that repeat or concurrent evaluations by different teams have tended to come up with similar results. Also, some assessment reports have been extensively utilized by the services assessed, usually helping them in their pursuit of improvements, as attested to by follow-up evaluations. Even in the case of weaker assessments and assessment reports, at least some of the team's ratings and conclusions can be assumed to have validity.

As was explained already, PASSING assesses service quality both from the perspective of the recipients, and in terms of how services contribute to or detract from recipients' valued roles. For this reason, a service may not score very high even when it has made efforts to improve a situation, and even when it recognizes its own weaknesses, because such recognition

and such efforts may still not generate high service quality. And in those instances where a service consciously rejects the implementation of SRV, it cannot expect to receive a high score on PASSING.

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

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

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

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

FINDINGS AND INTERPRETATIONS

The assessment team spent several hours deeply reflecting on and discussing the residents of [redacted] in order to build an understanding of who the people were and what their life experience had been. These factors are crucial to forming a judgment about what people really need in their lives.

The Life Experience of the People Served by [redacted]

Social Role Valorization teaches about the consequences of social devaluation, namely the multitude of negative life experiences of devalued people. These experiences are characterized as "wounds" because they commonly leave painful mental, physical and social scars. SRV describes eighteen such wounds, which are statistically common in the lives of socially devalued people (see elaboration in 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: Syracuse University Training Institute, pp. 12-24).

1. Bodily Impairment
2. Functional Impairment
3. Relegation to low ("deviant") status
4. Rejection (perhaps by family, friends, neighbours, community, society, service workers)
5. Cast into one or more historic deviancy roles
6. Symbolic stigmatizing, "marking", "deviancy-imaging", "branding"
7. Being multiply jeopardized, scapegoated
8. Distantiation: usually via segregation & also congregation
9. Absence or loss of natural/free-given relationships, & substitution of artificial/ "boughten" ones
10. Loss of control, perhaps even autonomy & freedom
11. Discontinuity with the physical environment & objects
12. Social & relationship discontinuity, & even abandonment
13. Deindividualization
14. Involuntary material poverty
15. Impoverishment of experience, especially that of the typical, valued world
16. Exclusion from knowledge of, & participation in, high-order value systems
17. Having one's life "wasted"
18. Being the object of brutalization, "killing thoughts" & deathmaking

From even the limited amount of time the team spent with the people at [redacted] it was crystal clear that all recipients had experienced all or the vast majority of these wounds and in significant ways. Many wounds could be seen relentlessly throughout their lives. Given the constraints of this report, each of the wounds cannot be elaborated upon; instead several of them are emphasized below in the hope of effectively encapsulating for the reader the team's understanding of the life experiences of the people who lived a[redacted]

Before dissecting the life experiences of the people living a[redacted], it is important to provide a mental image, or "snapshot," that will help set the tone.

All of the people we met had a long history as recipients in human services. Most had just recently been released from a large institution[redacted]where they had lived between 30 to 40 years. This meant that the people we met were placed in the institution by their families while they were very young children, some as young as four years old. Some maintained a relationship with their family, and some did not. For the next 30-plus years, they lived as one of thousands of people with significant impairments within an institution. Having not experienced this ourselves, we are able to form some judgments about what that would have been like, but we could not truly know because that is such a foreign life from our own. From what we know about institutions generally, combined with what we learned about the people at [redacted] could assert that life was very likely quite bad. Living conditions would have been poor, with overcrowding and all that comes with that. The people would have had only basic needs met (if any) and they would have received minimal personal attention. This would likely have been the best-case scenario; we assumed the picture looked much worse than

that. Institutional life can have devastating, life-long effects on a person. We saw this in the people at [redacted]

Now, having le[redacted], the people o[redacted] were experiencing a new form of human service, but human service nonetheless. Conditions were significantly better than that of an institution, but much wounding still occurred.

What follows is an exploration of the lives of the people at [redacted] using some specific wounds as a framework. This will allow the reader to "walk in the persons' shoes" for a brief moment in time and will serve as a bit of a context for everything that follows in this report.

Relegation to Low Status

Even though one might assume that the wounding of th[redacted] residents began at the point of their institutionalization, it in fact began much earlier. For the people who lived at [redacted] evaluation likely began at birth (or shortly after) when a bodily or functional impairment was discovered. Having such an impairment would have become "life-defining," meaning the person would have been seen as the impairment they possessed; this would affect all areas of life. For example, if a baby is born with severe cerebral palsy, the baby quickly becomes known as "handicapped" or "impaired." This handicap becomes the focus, and everything that is done for, to, or with the baby revolves around the impairment.

Once one is perceived by others to have undesirable characteristics, such as a bodily or functional impairment, one is relegated into low social status. This low status means that others do not think very highly of the person and it almost certainly opens the door to all sorts of other negative experiences (wounds).

This relegation to low "deviant" status leads to the next wound that will be discussed.

Rejection

Devalued people tend to experience various degrees of rejection, from mild to severe, throughout the course of their lives. They may be systematically rejected by almost everybody, including their family, friends, community, etc. When one holds feelings of rejection towards others, these feelings will almost always get enacted in some way, even if only in subtle expressions.

For the people a[redacted] this rejection occurred relatively early in life when the decision was made to send them to the institution. This decision likely occurred for what appeared to be many valid reasons at the time, but regardless, the experience for the people would have been an overt expression of rejection by their family. The wound of rejection can have a profound impact on a human being and can often become life-defining when inflicted deeply and repeatedly.

Deviancy Roles and Deviancy Imaging

Historically, devalued people have been cast into any number of negative social roles: non-human, menace, waste material, object of pity, burden of charity, child, sick, and death-related roles. These roles can be communicated to others through the setting or physical environment one is in, the relationships or contacts one has, the activities one is engaged in, the language used about and to one, one's personal appearance, and various other miscellaneous imagery.

For the residents at [redacted], it was pretty clear that throughout their entire lives they had been cast into multiple deviancy roles. Starting from birth, some with obvious impairments would have been cast into the role(s) of subhuman, sick person, broken person, and maybe even dying person. While still young children, they were put into the role of clients of human service and were sent away t[redacted]s if they were waste, garbage, or something to be gotten rid of. While a[redacted]hey were warehoused like animals or objects, and treated as such. They were surrounded by a medical model that saw them as sick and in need of treatment. During this time, most were labeled as "behaviour problems," some as dangerous, sexual predator, and in various other menacing ways. They were also cast into the eternal child role, perpetually being treated as child-like.

As a consequence of this negative role-casting and resulting treatment, all of the people we met had adopted various "institutional" behaviours, such as hoarding, rocking, playing with imaginary dolls, unhealthy eating practices, stealing, etc., all of which reinforced and perpetuated negative stereotypes that others likely held about them.

Even though they had lef[redacted], all of these negative roles were still obvious, possibly just in different forms. The recipients were still treated as sick, such as by being given significant drugs and having their bodily functions charted. The child-like roles still existed as illustrated by various childish personal possessions, as well as the tone of voice used by some staff members. The role of "behaviour problem," or the menace role, were observed not only in the ways some people were referenced, but also in some of the residence's features, like the alarm bells that rang when doors were opened. The people were very much still in the client role which was observed by the client files, client fact sheets, and use of program language, i.e., "integration." As [redacted]was a hobby farm, there were also some negative animal imagery transfers occurring that were harmful to the recipients specifically because of their extended time at [redacted]where they were in fairly explicit animal roles.

Physical Distantiation

All of th[redacted] residents had been segregated and congregated the majority of their lives. This congregation occurred on a vast scale, with thousands of other people with multiple and significant impairments living a[redacted] during that period of time. The institution itself was in a rural area outside o[redacted], a fair distance (both geographically and symbolically) from the valued world. Life a[redacted] still created a segregated, congregated environment, even though on a much smaller scale. The recipients lived

with and spent almost all of their time with other impaired people, and the farm itself was located in a sparsely populated, rural area segregated from valued populations.

The level of segregation and congregation experienced by this group of recipients was far greater than most would even see in human services today, and undoubtedly had a severe impact on them. Decades of being kept away from valued people certainly reinforced a message of being different and that they should be kept with their "own kind." These circumstances would impact one's personal identity and likely cause one to feel "identity-less," among many other things.

Absence or Loss of Natural/Freely-Given Relationships

One of the most blatant wounds observed by the team was a serious absence of freely-given, unpaid relationships in the lives of the people we met. Spending decades in an institution almost guarantees that a person will be disconnected from family, friends, and other loved ones. It also guarantees that one is surrounded day in and day out by paid people. This was clearly the case for this group of people. Some had maintained contact with family members, but this appeared to be minimal and sporadic. Having left the institution, some of these family relationships were maintained or rekindled, but again this did not seem to occur in a significant or meaningful way. The team felt that many of these connections probably were somewhat superficial. Almost none of the recipients had a true friend or any other kind of freely-given relationship with a valued person, outside of whatever family contact they had. The main exception we learned of was some recent contact one recipient had had with a former [redacted] staff member.

The impact of this wound is quite important. One must try to imagine how it would feel to have no friends and possibly no family: to have nobody in one's life who loved or cared about one (and who was not being paid to be there) would be profound. The people we met were in their middle years, in their 40s and 50s, meaning that this circumstance of utter isolation had been their experience for virtually their entire lives.

Social and Relationship Discontinuity and Even Abandonment

Even though some aspects of this wound have been touched on or implied already, it is important to clearly spell out the abandonment that the people a[redacted]ad experienced. They had been abandoned, in the truest sense of the word: dropped off to an institution by family, to be cared for by strangers. In some cases, families were never seen again. In others, relatives were only seen sporadically. One must try to imagine how this would feel, especially to a young child.

The other aspect of this wound requiring some consideration is the relationship discontinuities that the residents had experienced from the paid servers alone. It would likely be impossible to calculate the number of paid people who had come into and gone out of their lives. In 40 years of living a[redacted]an institution housing thousands of people), the amount of human service workers encountered would be mind-boggling. This would clearly impact the service recipients' sense of trust and their understanding of relationships.

Impoverishment of Experience, Especially That of the Typical, Valued World

Living in any institution means that one does not experience life in the same way as valued people. It may even mean that the valued world has never physically been seen! The people a[redacted]had lived with this kind of experiential impoverishment their entire lives. Even something that most people take for granted-- being raised by one's family-- was robbed from them. They would not have known their family in a real way, and as noted, rarely saw them. Typical childhood experiences, such as going to school, having friends, riding a bike, owning a pet, having birthday parties, attending graduation, etc.,would not have occurred.

The way or sequence in which children learn new things would also have been significantly different for the residents. In reality, we could list every possible typical experience of a valued person, and identify how this differed for the people living in this service. Thirty to forty years of their lives occurred in a foreign place that the majority of valued people would never even visit. Being institutionalized truly robbed the people we met from having what most people would call a real life.

Having One's Life "Wasted"

Spending the vast majority of one's life in an institution undoubtedly qualifies as life-wasting. These years were likely spent doing not much of anything, just sitting or even lying around all day, with nowhere to go, nothing to do, nobody to see. Life became an endless waiting game. Waiting for meal time would have been a predominant activity, as it may have been the only time in the day a change of scenery or even position happened. Imagine the same lack of activity, every day for 40 years, and the impact that must have had on a person.

A[redacted], the daily activity certainly has increased, but at the core, lots of life wasting is still happening. For example, people must wait for their turn to help with certain chores, wait for their turn for community "integration," wait for their meals, etc. The team also saw lots of just lying or sitting around, waiting for nothing specific.

Deathmaking

The term "deathmaking" is meant to encompass the range of subtle and overt actions that contribute to the shortening of a devalued person's life. During the assessment, the team learned of various examples of brutalization and deathmaking experiences that recipients had lived through. Some obvious examples were from[redacted]where people experienced various physical and chemical restraints. Most of the people we met had also experienced being placed on heavy-duty mind drugs for most of their lives. Even though the team did not see overt evidence of other abuse experienced within the institution, it is a safe assumption that such things occurred. Various other, less overt, examples of deathmaking can also be assumed, including unhealthy living conditions and lack of medical care.

Since leaving[redacted]he recipients were still experiencing deathmaking in an attenuated form, namely by the continued practice of drugging, which over time takes a heavy toll on health.

Summary

The people living a[redacted] during this assessment were all deeply and profoundly wounded and had been for most or all of their lives. From birth, they were forced into a low social status because of a characteristic our society deems as less than valued. From that point on, their lives unfolded in a way that was, unfortunately, quite predictable. A series of events led to an institutional placement, which changed their lives forever. Forty years of institutionalization wreaks havoc on a human being, and changes that person into someone they may never have become had circumstances been different. The institutionalization decision committed these service recipients to years of segregation, congregation, isolation, deindividualization, and ultimately deathmaking. This reality had shaped the people we met and would forever influence certain aspects of their lives. For servers, having high consciousness about these experiences is a necessity. To serve someone adequately, a server must deeply know the recipient and appreciate what their life has been like. Recipients having been so significantly wounded will warrant much compensatory efforts on the part of servers. This understanding of the recipients' life experiences guided the team in its efforts to determine what the people at [redacted] really needed in their lives.

The Needs of the People Served by [redacted]

What follows is an overview of the team's perspective of the most pressing needs of the people living at [redacted]

1. A real home: The people served needed a home, not merely a house to live in. This home should be based on personal preferences, interests, wants, and needs. This includes having a voice in regard to location, style of house, and whom one lives with (if anyone at all), as well as a close matching of these elements to each resident's identities and needs.

2. Meaningful, long-term, freely-given relationships with valued people: The recipients needed many relationships of various kinds, including family, friends, a best friend, co-workers, neighbours, companions, acquaintances, etc. They needed people who loved them and whom they loved; people who cared about their well-being and accepted them.

3. Competency Enhancement: All of the residents had major competency deficits, and thus, much to learn. They needed opportunities to learn and build competencies in many areas, including communication, social interactions, personal care, social graces, decision-making, and generally how to navigate the world. Given the experience of living at [redacted] many competency enhancement opportunities were missed. It is hard to say what competencies the people may have had if they had not been sent to the institution. However, we can safely say they would have possessed many more than they currently had. It is critical that more time not be wasted. They needed many, many opportunities to learn new things now, in order to compensate for the lost time; and not only the opportunities to learn new competencies, but the actual learning of competencies.

4. Valued Social Roles: Lots of valued roles, of all sizes and in all domains are a priority. In a very brief period of time the team was easily able to identify a host of feasible valued social

roles for the people a[redacted] including employee, worker, home-owner, church member, friend, sister/brother, club member, farmer, roommate, neighbour, association member, patrons of local establishments, and many others. Valued roles are the key to enabling its service recipients to experience the good life, which is wha[redacted] said was its mission.

In addition to the above list of most pressing needs, the team identified a few other needs it felt existed for the people a[redacted] This list consists of needs that are slightly less critical and/or could be addressed at a later point.

1. A future: People needed a vision for their lives, dreams, hopes, aspirations, etc. They needed to establish goals that would provide direction in their lives and the support needed to achieve them. Even though 40 years of their lives had been largely wasted, there were still years ahead in which to experience some good things of life, though time is of the essence! There is no time to be lost in trying to make up for some of what they missed/endured at the institution. Most of the residents we met could play a leading role in this development, whereas others would need the help of other committed people.

2. Image Enhancement: All of the recipients had obvious impairments, stigmata, and various behaviours that projected a negative image. Serious attention needed to be paid to addressing these image problems.

3. Medical attention: As noted, all of the recipients were on large amounts of drugs, including mind drugs. They need to be weaned off the mind drugs specifically as much as possible and as soon as possible. Dental care was also required.

4. Identity: Due to the lack of typical life experiences (i.e., the wound of impoverishment of experience), the majority of people served seemed to lack an individual identity. This was illustrated by the generic looking bedrooms and how staff spoke about the recipients. For instance, when asked about future goals for the recipients, the program manager described almost the exact same goals for each person. This illustrated that the recipients might have been viewed as "all the same."

5. Protection from further wounding: Given the amount of wounding the recipients had experienced in their lives, it was crucial that efforts be made to prevent future wounding. This could be aided if the recipients had people in their lives who could watch out for them and provide some much needed safety, security, protection, and most important, committed advocacy by people not employed by the agency.

6. Aggressive pursuit of compensatory measures for the years of profound wounding experienced. For this to happen, the recipients needed to be surrounded by people who have high consciousness of this issue and an appreciation for the impact wounding has on people's lives.

Culturally Valued Analogue Fo[redacted]

PASSING uses a concept called a "culturally valued analogue," and its related purview, as the guide for understanding the scope of a service's responsibilities for meeting its recipients'

needs [redacted] was a residential service. Therefore, in order to be consistent with its culturally valued analogue [redacted] would need to address its recipients' residential needs in a way that is closely "analogous" to the way(s) ordinary people in the valued culture address their residential needs or wants. In our culture, there are a variety of valued possibilities for a residence, and many of them ideally constitute a home for its residents. One such culturally valued analogue, albeit not the most common one, is living on a hobby farm.

Because hobby farms can be found in valued culture, it would be a potentially appropriate model for a residential service for devalued people to emulate. In many ways, [redacted] was a hobby farm, which is what it purported to be. When we look at hobby farms in valued culture we see that they have two major elements.

The first element is that of a house that serves as the home for the people (typically a family) who live on the hobby farm. Home is where one's basic needs are met. However, for valued people, home tends to mean much more. Home is also a person's sanctuary, a haven. It is where one feels secure and safe. A home is a place for family and friends. It is a place of roots, tradition, heritage, and values. It constitutes a foundation or base for nearly everything else in one's life. A home is representative of its owner, his/her identity. It is a place filled with personal possessions and where one's "treasures" are kept and displayed. Home-life teaches responsibility and autonomy. Home offers the ultimate sense of belonging.

The second element of a hobby farm is farming, meaning that the people who live there do farming activities on a part-time, small scale basis-- in other words, as their hobby. Living on a farm creates a slightly different atmosphere and elicits a slightly different set of expectations than a non-farming home might. For example, a hobby farm includes more elements of a person's hobbies or interests, a place where one might participate in more leisure/recreational activities at home rather than in other community locations. A hobby farm would be one of the culturally valued analogues for how valued people exhibit an interest in farming, such as a fairly small setting where one raises and cares for a few crops and animals.

[redacted] has shortcomings in both above elements of a hobby farm. For example, while it does provide shelter and other positive aspects of a valued home, it is lacking in other important qualities of a home, such as being a place for family and friends, or being a place filled with personal possessions and where one's "treasures" are displayed. That being said, a hobby farm is an analogue that most people in the valued culture would understand and respect and therefore is how the team framed its analysis.

Program Strengths and Weaknesses

Throughout the assessment of [redacted] several program strengths were apparent. These strengths will be listed below with a brief description, in no particular order. This section will also discuss the weaknesses noted within the program, as well as some recommendations for addressing them.

Program Strengths

1. The service staff were quite conscious of the experiential deprivation the people had faced from having spent much of their lives in a large institution, and they had taken great efforts to compensate for this by planning and carrying out activities and outings intended to help people increase their experience of the valued world. (R132 Image Projection of Service Activities & Activity Timing,p. 215)

2. The personal interactions between the staff and the service recipients were genuinely positive, warm, and friendly. (R223 Life-Enriching Interactions Among Recipients, Servers & Others, p.363)

3. The creation of this program was undertaken b[redacted] in order to allow the people served to leav[redacted]and to live more normatively in the community. This factor alone had both an immediate and an on-going positive impact on the recipients.

4. The new environment provided by the service decreased many of the "crazy" or "institutional" behaviours that most recipients had exhibited while living a[redacted]

5. There were elements of the program that projected an enhancing age-image, including the normative age range of the people being served and the age-image projected by the physical setting. These positive image elements were quite important to these recipients specifically because all were at great risk of being cast in child-like roles, and had already been over the years. This is important in changing the mindsets of other people who will have contact with the recipients. (R1232 Image Projection of Intra-Service Recipient Grouping–Age Image, p. 169, R1142 Internal Setting Age Image, p. 107, R1141 External Setting Age Image, p.101)

6. Relatedly, there were some positive images associated with the location of the service. The hobby farm was located in a rural setting with close proximity to other farms which allowed it to blend in nicely with the surrounding environment. (R1151 Image Projection of Setting--Physical Proximity, p. 115, R1152 Image Projection of Setting--History, p.121, R1111 Setting--Neighborhood Harmony, p. 57, R1131 External Setting Appearance Congruity with Culturally Valued Analogue, p. 87, R1112 Program-Neighborhood Harmony, p.63)

Major Program Weaknesses

During the assessment o[redacted]the team also uncovered some weaknesses. These weaknesses are listed below and grouped into themes where possible.

Model Incoherency

SRV says that in order for a service to be coherent, four major components of its program model must work harmoniously together. These four components are the fundamental assumptions the service is based on, the people being served, the program content, and the program processes. This translates into giving the people being served what they need the most,

and delivering that content via the most effective processes available. This concept of "Model Coherency" * is not assessed by any single PASSING rating, but its main elements are incorporated into some major PASSING ratings including R231 Service Address of Recipient Needs, R232 Intensity of Activities & Efficiency of Time Use, R2211 Competency-Related Intra-Service Recipient Grouping—Size, R2212 Competency-Related Intra-Service Recipient Grouping—Composition, R1231 Image Projection of Intra-Service Recipient Grouping—Social Value, and R1232 Image Projection of Intra-Service Recipient Grouping—Age Image.

It was the team's conclusion that the majority of weaknesses discovered within the [redacted] program were a result of using a somewhat incoherent model of service. Ultimately [redacted] delivered a service that was not well matched to most of the people being served, nor met their most pressing needs. As outlined before, a true home attends to so many of a person's needs that it holds higher relevance for its recipients than would some other domains of life. Therefore, programs that claim to deliver such a service must be held to a higher standard. Having a real home was described as one of the most pressing needs of the people being served by [redacted] This service fell short of fully addressing this most pressing need by providing a place to live, but it lacked many other fundamental attributes of a true home for most of its residents. For example, the recipients had little or no say in their living arrangement, including whom they lived with; they had few, if any, unpaid relationships with others including the people living in the same house; their house did not much reflect their individual personal tastes or interests, and so on. One person residing at the farm at the time of the assessment was there on a short-term crisis basis. This is a bad practice when a place is supposed to be a stable long-term home, because it can be disruptive, often the person in crisis comes in very needy and requires all the attention of the servers, and the long-term residents then cannot count on a stable home setting. This is another issue of violation of model coherency. Also, the farm element of the service appeared to be a big mismatch with most of the people being served. This created one of the most predominant and problematic incoherencies, namely that hardly any of the residents who lived at [redacted] had the aptitude, interest, or aspiration to do hobby farming. In other words, the hobby farm analogue chosen by [redacted] has the potential of being highly appropriate as a service model for certain kinds of devalued people for whom it fits their identities and needs, but this is not the case for any of the service recipients who live there, with the exception of one individual for whom it seems very well-suited. In fact, the congruency between this model and this individual unmistakably highlights how poorly the model fits the other recipients. In addition, the servers in the program were all human service workers except one, who was an experienced and knowledgeable full-time farm manager, who seemed to be the only server in this service that was well-matched to a hobby farm enterprise (R231 Service Address of Recipient Needs, p. 389, R1251 Server-Recipient Image Transfer, p. 189, R1252 Server-Recipient Image Match, p. 197.)

Below are other programmatic weaknesses noted during this assessment. These are separated out in this section from the issue of model coherency, but in reality they all are

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* Model Coherency is described in an unpublished (and largely non-disseminated) 100-plus page document made available by Dr. Wolfensberger on a selective basis. (Model Coherency Impact, Wolfensberger, 1995).

interconnected and can be strongly linked to model coherency in some way. As mentioned, when the model coherency of a service is weak, incorrect, or inappropriate, many other aspects of the service will be negatively affected.

The Lack of Competency Enhancement and Poor Use of Time

An overarching issue a[redacted] was a lack of productive use of people's time and specifically a focus on building their competencies. The majority of recipients' time was spent participating in various "activities" related mostly to household errands or leisure. Even with all the "activities," a great deal of life-wasting existed. While at home, a great deal of "waiting" occurred, as noted before, this being exacerbated by the number of recipients. A few examples would be the time spent waiting for meals to be served, waiting for a turn to have a bath/shower and waiting for "integration" time. Recipients also spent much of their time "relaxing," which occurred at varying times everyday and throughout the week. Each recipient had scheduled time to perform farm work, but this did not amount to anything significant for most people.

The staff voiced, on many occasions, the potential held by most of the recipients, but as far as the team could see, relatively little was being done to actualize that potential. There was minimal planning occurring in this area that we were made aware of. Given that these people had been institutionalized for many years, they had missed many important competency-building opportunities. The team felt the service should be prioritizing the building of competencies. The fairly low level of program intensity witnessed during the assessment had an extremely hurtful impact on the recipients' growth and development in competency building.

Given the team's understanding of the most pressing needs of the recipients, the level of address within the service was so poor that recipients' competencies were severely negatively impacted. (R232 Intensity of Activities & Efficiency of Time Use, p. 403)

The Lack of Relationships

The program paid minimal attention to one the most pressing needs held by all the recipients, namely, the serious lack of any meaningful, freely-given relationships. The efforts toward relationship development appeared quite superficial, involving primarily casual contact with valued people during community outings. While there was certainly nothing inherently wrong with such outings, they were inadequate to (and possibly even obstructive of) service address of recipients' deeper relationship needs. There seemed to be little or no effort to facilitate relationships with valued community members outside these casual contacts, and little or no consciousness of the importance of the need to do so. A couple of the recipients were supported to visit some existing relatives on an infrequent basis. Even these interactions were short, and somewhat superficial. Even though there appeared to be consciousness on the part of staff of the importance of family relationships, minimal effort was made to foster existing family relationships or rekindle lost connections.

The Lack of Valued Social Roles

The issues of relationships and how one spends one's time are connected to one's social roles. The team felt there was a serious lack of consciousness about valued social roles. There did not appear to be much understanding or appreciation for the importance of valued social roles or the difference that roles could make in recipients' lives. This was surprising given the amount of SRV training provided to staff by the governing agency [redacted] In consequence, the program was virtually devoid of role-building action.

In contrast, many negative roles were quite apparent to the team, as noted earlier.

Problematic Program Location

The location of the hobby farm had some positive elements, as noted, but the team felt it also had some problematic factors [redacted] was situated in a rural setting with only distant or difficult access to any relevant resources. Recipients were dependent on staff for transportation to a neighbouring community to get to stores, banks, medical services, etc. As it was a rural setting, the only transportation into the area was private vehicle or taxicabs, which created a financial barrier. The area was sparsely populated with minimal opportunity for relationship-building with neighbours. As noted earlier, there was also another separate human service, vocational in nature, on the very grounds o [redacted]. This further affected the likelihood of assimilation of the service recipients, as the number of impaired people was disproportionate to the number of valued people in the area. The presence of more capable people in the vocational service next door who could be drawn upon to do farm work appeared to distract the farm manager from working more with the residents of the farm. So the competency-developing opportunities for the residents were less because of the work program and its workers being close at hand. Overall, the location [redacted] perpetuated the isolation of the recipients, created dependency and posed real barriers to integration efforts. (R2111 Setting Access–Recipients & Families, p. 291, R2112 Setting Access–Public, p. 297, R212 Availability of Relevant Community Resources, p. 303, R122 Service-Neighbourhood Assimilation Potential, p. 147)

Dangerous Use of Drugs

Most, if not all, of the seven people living a [redacted] were being heavily drugged via numerous mind drugs. Even though staff recognized that the drugging was an issue, we were not told of any efforts having been made to reduce the amount or types of drugs being used. In fact, a policy existed regarding the people who had moved from [redacted] that postponed any changes in the drug regimen for a period of one year from arrival at the program. However, it is important to note that two of the seven people being served did not move t [redacted] directly from the institution and yet they also were receiving many drugs and we were not told of any efforts to address this.

Problematic Aspects of Program Grouping

The grouping used within this program was also a weakness in terms of both image and competency enhancement, as well as of the model coherency problem mentioned earlier. All

members of the service grouping had intellectual disabilities, which were quite obvious to observers. The composition within the group was problematic, as six of the seven people were significantly impaired with many stigmata. One man had only mild impairments, and the team felt his competency and image were both negatively affected by the rest of the grouping. The grouping also provided a major imbalance of maladaptive peer models as most of the recipients displayed "institutional" or otherwise strange behaviour. In addition, the somewhat large size of the group was a weakness. A group of seven such people was too many to fully promote the competency enhancement of each individual. Outside of the main group of recipients, many other contacts were also with other devalued people, and these contacts far outweighed the number of valued contacts the recipients had in their lives. For example, we were told that one of the regular outings for many or all of the service recipients was attending a segregated, congregated bingo activity on a weekly basis. The program had, in various ways, perpetuated a significantly segregated and congregated life for the recipients. (R1231 Image Projection of Intra-Service Recipient Grouping–Social Value, p. 161, R2212 Competency-Related Intra-Service Recipient Grouping–Composition, p. 347, R2211 Competency-Related Intra-Service Recipient Grouping–Size, p. 337)

Miscellaneous Issues

1. As noted before, the team felt that because of the lack of appreciation of the degree and impact of the wounding the recipients had experienced throughout their lives, there was little evidence of aggressive pursuit of compensation for this woundedness. We heard from some program staff about what life had been like for the recipients from [redacted] but little was said about the impact such experiences had on the people they served. And, as noted, the servers apparently felt that the community outings being provided were adequate to compensate for the years of life-wasting at the institution.

2. The service basically ignored two essential life domains of its recipients, namely, spiritual participation and socio-sexual identity. None of the recipients were connected to any organized religious organization and apparently no staff consciousness existed about its importance. The team highlighted this as a concern specifically because the case files for several recipients indicated a religious denomination. One recipient's transition plan from [redacted] noted religious participation as a priority and strongly encouraged the maintenance of the connection. Also absent was any effort toward helping the recipients acquire and fulfill more normative adult sexual identities. When asked about the program's responsibility in the development of recipients' socio-sexual identity, the program supervisor said, "it wasn't seen as a need." (R225 Promotion of Recipient Socio-Sexual Identity, p. 379, R231 Service Address of Recipient Needs, p. 389, R232 Intensity of Activities & Efficiency of Time Use, p. 403)

3. Much more of the [redacted] program's financial and human resources appeared to have been focused on the development of the hobby farm than on planning processes and future goals for the people that lived there.

4. The program appeared to be lacking the capacity, or at least the consciousness, required to identify its own weaknesses and then address them. The team was not told of any problems or concerns that existed about the program. There was a general sense that staff were

quite satisfied with and perhaps even proud of the program, and we did not hear anyone mention areas in which the program could be improved. We did not speak with anyone who appeared to have an overall mental handle on the situation and with the authority to provide guidance toward improvement.

Recommendations

The team was able to spend only a very short amount of time considering recommendations that could make [redacted] more effective and ultimately improve the lives of the people being served. The recommendations that the team identified varied from steps that could be taken by the service relatively quickly and easily, whereas others would require much time, planning, and a thoughtful approach.

1. [redacted] wants to prevent or reduce the serious negative long- and short-term effects of mind drugs on the bodily and mental functioning of its recipients, then it should immediately and aggressively work to get them off these drugs completely or to get them reduced to the barest minimum. Time is a critical factor as the residents have been on these dangerous drugs for many years. Relatedly, if the service wants to ensure that the recipients all receive the best medical attention possible, then it should assist them to find individual physicians, independent of the physician connected to most othe[redacted]rvice recipients. At the time of the assessment, six of the seven people had the same doctor.

2. If the service wants its recipients to have lives filled with rich relationships that offer not only the love, caring, and companionship that such connections provide, but also safety and security in the future, then priority needs to be given to the development and/or maintenance of freely-given relationships with valued members of the community. This includes, of course, enhancing or rekindling family relationships. Given the current level of unconsciousness about the issue, these types of deep, meaningful relationships are unlikely to occur. Considerable time needs to be devoted to learning about relationship-building, for example via the use of valued roles.

3. I[redacted]wants its recipients to have full, meaningful lives and access to all the good things of life, then it needs to assist the people being served to build competency and acquire valued social roles. The program needs to shift the focus from "activities" to a focus on roles in all life domains (work, relationship, leisure, civic, spiritual). These roles should consider the recipients' personal interests, gifts, abilities and so on. Connected to these roles are various competencies that the recipients should be supported to acquire. A stepping-off point would be assisting the recipients to explore daytime valued work roles (either paid or unpaid) as a way of enhancing both image and competency, and encouraging relationship development. Enhanced competencies and the filling of valued social roles will dramatically increase the intensity of use of people's time, not to mention the relationship benefits that would likely follow. The "activity" approach currently being used by the service is not likely to provide the level of meaning or intensity that is needed. Again, as mentioned earlier, these recipients may only have a few good years left so no more time can be wasted.

4. If the program would like to support people in an individualizing way so as to ensure that people's most pressing needs are met, as well as to improve both recipients' image and

competencies, then it must take strides to decrease the number of people being served by the program; or if the same number is served, that these be less impaired and more capable of doing farm work. The assessment showed that the grouping size a[redacted]had a negative impact on both the image and competency of recipients.

5. I[redacted]vants to improve the lives of recipients and increase access to the good things of life, then a great deal of consciousness-raising needs to occur about the critical nature of image and competency enhancement and the impact of valued social roles. For this to happen, all staff should attend full introductory SRV workshops and PASSING training. In addition, staff need to be helped to convert the theory into practice within their own service. Even though the agency provides SRV training, there also needs to be much more practical implementation of SRV to improve the lives of the service recipients.

6. I[redacted]wants what is best for all of its recipients, then people should be supported to explore alternative living arrangements that are a better fit to their individual identities, dreams, goals, interests and needs. As mentioned before, the team felt the hobby farm model was ill-suited to all but one service recipient.

7. If[redacted]wants its recipients to have full, meaningful adult lives, then it must respect and help to actualize all aspects of the recipients' personhood including their spiritual needs. M[redacted], one of the recipients, should be supported to rekindle his participation in religious activity. His transition plan fro[redacted]clearly stated his previous religious involvement and outlined it as a priority. This involvement may be one avenue to various roles and relationships (i.e., congregation member, choir member, altar server, friend, etc.) As mentioned, many other recipient files noted a specific religion or discussed previous connection to a church. These connections should also be pursued.

Global Quantitative Scores

The assessed service received a total PASSING score of -358, which is just below an overall rating of "Poor," and just within the range of "Totally Inadequate; Disastrous." Since PASSING assessments first began to be conducted in 1983, the majority of assessed services have attained negative scores, and even among those that have scored positively, not many have scored very high.

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

Program Relevance: -50	from a range of -50 to +50.
Program Intensity: -132	from a range of -188 to +188.
Program Integrativeness: -65	from a range of -217 to +217.
Program Image Protection: -55	from a range of -339 to +339.
Program Felicity: -56	from a range of -206 to +206.

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

CONCLUSION

People who are familiar with evaluations conducted with PASSING, and/or related or similar instruments such as PASS (Wolfensberger, W., & Glenn, L. [1975; reprinted in 1978]. PASS [Program Analysis of Service Systems]: A method for the quantitative evaluation of human services [3rd ed.]. Toronto: National Institute on Mental Retardation) or Model Coherency Impact (Wolfensberger, pilot edition), are aware that reports of such assessments are not always well-received. Those who receive a report may not be familiar with the rationales that underlie such a tool, or--in the case of PASS and PASSING--with its specific ratings and rating clusters; or they may know the rationales, but disagree with them; or they may feel that evidence collection by the team, or team expertise, were deficient--and on occasion, this is correct. As noted earlier, only an assessment by a fully qualified team could be assumed to be competent and accurate, but such an assessment is also expensive, whereas reports of training assessments are delivered free of charge.

No matter how this report is accepted, we routinely recommend that persons associated with the service assessed (such as board members, service workers, advisors, sometimes recipients or their families) avail themselves of the opportunity to become more familiar with PASSING and Social Role Valorization, as can be done by reading the PASSING Manual, the monograph on Social Role Valorization, as well as other publications. Even better would be to participate in future Social Role Valorization and PASSING workshops.

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

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PASSING: A TOOL FOR ANALYZING SERVICE QUALITY ACCORDING TO SOCIAL ROLE VALORIZATION CRITERIA

3rd ed., by W. Wolfensberger & S. Thomas **SCORESHEET/OVERALL SERVICE PERFORMANCE FORM**

1. Service Being Assessed: [redacted]

2. Assessment Date(s): 4 | 15 (Day(s)) | 11 (Month) | 2007 (Year)

3. The scores on this form show the results of the following type of assessment:

☐ The service of a single-component serving entity _____
(enter service name if different from that of serving entity)

☒ One component, namely [redacted]
of a multi-component serving entity [redacted]

☐ The only component assessed at this time.

☐ One of a number of components of the entity assessed at this time, and where the results for other components are shown on separate Scoresheets/Overall Service Performance Forms.

☐ Assessment of several components of a multi-component service entity (list all the components assessed):

_____
_____
_____
_____
_____

☐ The assessed components were treated and rated as if they were a single unit, so there is only this one Scoresheet/Overall Service Performance Form for all assessed components.

☐ Each of the assessed components was rated separately (with its own Checklist), then their performances were "intellectually consolidated" to render one overall rating shown here.

☐ The unconsolidated scores of the various components are each recorded on a separate Scoresheet/Overall Service Performance Form.

☐ There is no separate Scoresheet/Overall Service Performance Form for each of the various components assessed.

☐ Each of the assessed components was rated separately (with its own Checklist), then the "budget proportionality" method was used to consolidate the performance of all the separate components into one rating shown here.

☐ The unconsolidated scores of the various components are each recorded on a separate Scoresheet/Overall Service Performance Form.

☐ There is no separate Scoresheet/Overall Service Performance Form for each of the various components assessed.

4. Brief Statement of General or Overriding Issues:

5. Major Recommendations:

6. Summary of Service Performance (numbers in parentheses represent the range or percentage of achievable scores)

6A. Overall Performance

DESCRIPTION	Totally Inadequate; Disastrous (-100 to ≤ -36%)	Below Acceptable; Poor (≥ -35 to ≤ -11%)	Acceptable; Fair (≥ -10 to ≤ +49%)	Good; Expected (≥ +50 to ≤ +75%)	Excellent (≥ +76 to +100%)
TOTAL PASSING SCORE (range = -1000 to +1000)	(-1000 to -356) -358	(-355 to -106)	(-105 to +495)	(+496 to +755)	(+756 to +1000)

6B. By Programmatic Subscore Areas (The computation of these subscores is greatly facilitated by use of the PASSING Subscores Computation & Reporting Form, available from the publisher.)

PROGRAMMATIC SUBSCORE AREAS	Totally Inadequate; Disastrous (-100 to ≤ -36%)	Below Acceptable; Poor (≥ -35 to ≤ -11%)	Acceptable; Fair (≥ -10 to ≤ +49%)	Good; Expected (≥ +50 to ≤ +75%)	Excellent (≥ +76 to +100%)
Relevance (range = -50 to +50)	(-50 to -18) -50	(-17 to -6)	(-5 to +25)	(+26 to +38)	(+39 to +50)
Intensity (range = -188 to +188)	(-188 to -68) -132	(-67 to -21)	(-20 to +92)	(+93 to +141)	(+142 to +188)
Integrativeness (range = -217 to +217)	(-217 to -76)	(-77 to -24) -65	(-23 to +106)	(+107 to +163)	(+164 to +217)
Image Projection (range = -339 to +339)	(-339 to -122)	(-121 to -37) -55	(-36 to +166)	(+167 to +254)	(+255 to +339)
Felicity (range = -206 to +206)	(-206 to -74)	(-73 to -22) -56	(-21 to +101)	(+102 to +155)	(+156 to +206)

6C. By Rating Areas

TOTAL RANGE OF ATTAINABLE SCORES IN 4 MAJOR SUBDIVISIONS	Ratings Primarily Concerned With Social Image Enhancement					Ratings Primarily Concerned With Personal Competency Enhancement				
	Totally Inadequate; Disastrous (-100 to ≤ -36%)	Below Acceptable; Poor (≥ -35 to ≤ -11%)	Acceptable; Fair (≥ -10 to ≤ +49%)	Good; Expected (≥ +50 to ≤ +75%)	Excellent (≥ +76 to +100%)	Totally Inadequate; Disastrous (-100 to ≤ -36%)	Below Acceptable; Poor (≥ -35 to ≤ -11%)	Acceptable; Fair (≥ -10 to ≤ +49%)	Good; Expected (≥ +50 to ≤ +75%)	Excellent (≥+76 to +100%)
Physical Setting of Service (range = -329 to +329)	(-171 to -62)	(-61 to -19) +63	(-18 to +84)	(+85 to +128)	(+129 to +171)	(-158 to -57) -79	(-56 to -17)	(-16 to +77)	(+78 to +118)	(+119 to +158)
		(social image enhancement range = -171 to +171)					(personal competency enhancement range = -158 to +158)			
Service-Structured Groupings, Relationships, & Social Juxtapositions (range = -369 to +369)	(-146 to -53) -66	(-52 to -16)	(-15 to +72)	(+73 to +109)	(+110 to +146)	(-223 to -80) -81	(-79 to -25)	(-24 to +109)	(+110 to +167)	(+168 to +223)
		(social image enhancement range = -146 to +146)					(personal competency enhancement range = -223 to +223)			
Service-Structured Activities & Other Uses of Time (range = -188 to +188)	(-81 to -29)	(-28 to -9) -22	(-8 to +40)	(+41 to +61)	(+62 to +81)	(-107 to -38) -102	(-37 to -12)	(-11 to +52)	(+53 to +80)	(+81 to +107)
		(social image enhancement range = -81 to +81)					(personal competency enhancement range = -107 to +107)			
Miscellaneous Other Service Practices (range = -114 to +114)	(-114 to -41) -71	(-40 to -13)	(-12 to +56)	(+57 to +86)	(+87 to +114)	NOT APPLICABLE, NO RATINGS				
		(social image enhancement range = -114 to +114)								

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PASSING SCORESHEET/OVERALL SERVICE PERFORMANCE FORM

TOTAL PASSING SCORE (-1000 to +1000) ..... -358

1 RATINGS PRIMARILY RELATED TO SOCIAL IMAGE ENHANCEMENT SUBSCORE (-512 to +512) ..... -96

2 RATINGS PRIMARILY RELATED TO PERSONAL COMPETENCY ENHANCEMENT SUBSCORE (-488 to +488) ..... -262

PHYSICAL SETTING OF SERVICE

11 IMAGE-RELATED PHYSICAL SETTING OF THE SERVICE SUBSCORE (-171 to +171) 63

111 SERVICE-NEIGHBORHOOD HARMONY SUBSCORE (-34 to +34) 29

R1111 Setting-Neighborhood Harmony (-16,-11,0,11,16) 11

R1112 Program-Neighborhood Harmony (-18,-13,0,13,18) 18

112 SETTING AESTHETICS SUBSCORE (-38 to +38) 0

R1121 External Setting Aesthetics (-16,-11,0,11,16) 0

R1122 Internal Setting Aesthetics (-22,-15,0,15,22) 0

113 SETTING APPEARANCE CONGRUITY WITH CULTURALLY VALUED ANALOGUE SUBSCORE (-36 to +36) 14

R1131 External Setting Appearance Congruity With Culturally Valued Analogue(-14,-10,0,10,14) 14

R1132 Internal Setting Appearance Congruity With Culturally Valued Analogue(-22,-15,0,15,22) 0

114 SETTING AGE IMAGE SUBSCORE (-26 to +26) 18

R1141 External Setting Age Image (-10,-7,0,7,10) 7

R1142 Internal Setting Age Image (-16,-11,0,11,16) 11

115 MISCELLANEOUS IMAGE ASPECTS OF THE PHYSICAL SETTING SUBSCORE (-37 to +37) 2

R1151 Image Projection of Setting--Physical Proximity (-16,-11,0,11,16) 11

R1152 Image Projection of Setting--History (-7,-5,0,5,7) 5

R1153 Image Projection of Setting--Other Internal Physical Features (-14,-10,0,10,14) ..... -14

21 COMPETENCY-RELATED PHYSICAL SETTING OF THE SERVICE SUBSCORE (-158 TO +158) ..... -79

211 SETTING ACCESS SUBSCORE (-58 to +58) ..... -58

R2111 Setting Access--Recipients & Families (-36,-25,0,25,36) ..... -36

R2112 Setting Access--Public (-22,-15,0,15,22) ..... -22

R212 Availability of Relevant Community Resources (-22,-15,0,15,22) ..... -22

R213 Physical Comfort of Setting (-38,-27,0,27,38) ..... -27

R214 Challenge/Safety Features of Setting (-22,-15,0,15,22) 15

R215 Individualizing Features of Setting (-18,-13,0,13,18) 13

SERVICE-STRUCTURED GROUPINGS, RELATIONSHIPS, & SOCIAL JUXTAPOSITIONS

12 IMAGE-RELATED SERVICE-STRUCTURED GROUPINGS, RELATIONSHIPS, & SOCIAL JUXTAPOSITIONS SUBSCORE (-146 to +146) ..... -66

R121 Image Projection of Program-to-Program Juxtaposition (-12,-8,0,8,12) ..... -8

R122 Service-Neighborhood Assimilation Potential (-22,-15,0,15,22) ..... -20

123 IMAGE PROJECTION OF INTRA-SERVICE RECIPIENT GROUPING COMPOSITION SUBSCORE (-47 to +47) ..... -16

R1231 Image Projection of Intra-Service Recipient Grouping--Social Value (-29,-20,0,20,29) ..... -24

R1232 Image Projection of Intra-Service Recipient Grouping--Age Image (-18,-13,0,13,18) 13

R124 Image-Related Other Recipient Contacts & Personal Relationships (-29,-20,0,20,29) ..... -20

125 SERVER IMAGE ISSUES SUBSCORE (-36 to +36) 0

R1251 Server-Recipient Image Transfer (-18,-13,0,13,18) 13

R1252 Server-Recipient Image Match (-18,-13,0,13,18) ..... -13

22 COMPETENCY-RELATED SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS SUBSCORE (-223 to +223) ..... -81

221 COMPETENCY-RELATED INTRA-SERVICE RECIPIENT GROUPINGS SUBSCORE (-89 to +89) ..... -75

R2211 Competency-Related Intra-Service Recipient Grouping--Size (-46,-32,0,32,46) ..... -32

R2212 Competency-Related Intra-Service Recipient Grouping--Composition (-43,-30,0,30,43) ..... -43

R222 Competency-Related Other Recipient Contacts & Personal Relationships (-42,-29,0,29,42) 0

R223 Life-Enriching Interactions Among Recipients, Servers, & Others (-42,-29,0,29,42) 29

R224 Service Support for Recipient Individualization (-32,-22,0,22,32) ..... -22

R225 Promotion of Recipient Socio-Sexual Identity (-18,-13,0,13,18) ..... -13

SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME

13 IMAGE-RELATED SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME SUBSCORE (-81 to +81) ..... -22

R131 Culture-Appropriate Separation or Combination of Program Functions (-29,-20,0,20,29) 20

R132 Image Projection of Service Activities & Activity Timing (-32,-22,0,22,32) ..... -22

R133 Promotion of Recipient Autonomy & Rights (-20,-14,0,14,20) ..... -20

23 COMPETENCY-RELATED SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME SUBSCORE (-107 to +107) ..... -102

R231 Service Address of Recipient Needs (-50,-35,0,35,50) ..... -50

R232 Intensity of Activities & Efficiency of Time Use (-39,-27,0,27,39) ..... -39

R233 Competency-Related Personal Possessions (-18,-13,0,13,18) ..... -13

MISCELLANEOUS OTHER SERVICE PRACTICES

14 IMAGE-RELATED MISCELLANEOUS OTHER SERVICE PRACTICES SUBSCORE (-114 to +114) ..... -71

R141 Service Address of Recipient Personal Impression Impact (-32,-22,0,22,32) ..... -22

R142 Image-Related Personal Possessions (-25,-17,0,17,25) ..... -25

143 IMAGE PROJECTION OF LANGUAGE & LABELING PRACTICES SUBSCORE (-41 to +41) ..... -11

R1431 Image Projection of Personal Labeling Practices (-25,-17,0,17,25) 0

R1432 Serving Entity, Program, Setting, & Location Names (-16,-11,0,11,16) ..... -11

R144 Image Projection of Service Funding (-7,-5,0,5,7) ..... -7

R145 Image Projection of Miscellaneous Aspects of a Service (-9,-6,0,6,9) ..... -6

NOT APPLICABLE - NO RATINGS

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PASSING: A TOOL FOR ANALYZING SERVICE QUALITY ACCORDING TO SOCIAL ROLE VALORIZATION CRITERIA

SUBSCORES COMPUTATION AND REPORTING FORM

Below are listed the 42 ratings of PASSING, divided up into five programmatic subscore areas: Program *Relevance*; Program *Intensity*; Program *Integrativeness*; Program *Image Projection*; and Program *Felicity*. Listed in parentheses next to each rating name are the scores or weights for the five levels of that rating (thus also revealing the range of attainable scores for that rating), followed by a space in which the level achieved by the assessed service on the rating can be entered (this step is optional), and a space to enter the score, carried by the level achieved. For instance, if the service received a Level 3 on R231, then it would be filled in as follows:

R231 Service Address of Recipient Needs (−50, −35, 0, 35, 50) 3 0

At the end of the listing of ratings that make up a subscore is the achievable score range for the subscore as a whole, and a box in which to enter the total score actually achieved by the service on that subscore. To derive a subscore total, the scores attained on each of the ratings that make up the subscore are summed up and entered into the respective box. The total of all the subscores on the second page should equal the service's total PASSING score (see the Scoresheet/Overall Service Performance Form).

This form can be used by team leaders (TLs) and team members (TMs) in computing the five subscores for each service they assess. Usually, these subscores will be entered onto the Scoresheet/Overall Service Performance Form, in the section entitled "6B, Programmatic Subscore Areas." That form is customarily submitted to the assessed service, but this completed Subscores Computation and Reporting Form can be submitted in addition to it, or in lieu of it if there is some reason why it is not desirable or feasible to use the Scoresheet/Overall Service Performance Form.

		LEVEL ACHIEVED (OPTIONAL)	SCORE ATTAINED
	PROGRAM RELEVANCE		
R231	Service Address of Recipient Needs (−50, −35, 0, 35, 50)	1	−50
	Subscore Total (Range: −50/+50)		−50
	PROGRAM INTENSITY		
R133	Promotion of Recipient Autonomy & Rights (−20, −14, 0, 14, 20)	1	−20
R214	Challenge/Safety Features of Setting (−22, −15, 0, 15, 22)	4	15
R2211	Competency-Related Intra-Service Recipient Grouping–Size (−46, −32, 0, 32, 46)	2	−32
R2212	Competency-Related Intra-Service Recipient Grouping–Composition (−43, −30, 0, 30, 43)	1	−43
R232	Intensity of Activities & Efficiency of Time Use (−39, −27, 0, 27, 39)	1	−39
R233	Competency-Related Personal Possessions (−18, −13, 0, 13, 18)	2	−13
	Subscore Total (Range: −188/+188)		−132
	PROGRAM INTEGRATIVENESS		
R1111	Setting-Neighborhood Harmony (−16, −11, 0, 11, 16)	4	11
R1112	Program-Neighborhood Harmony (−18, −13, 0, 13, 18)	5	18
R1131	External Setting Appearance Congruity With Culturally Valued Analogue (−14, −10, 0, 10, 14) ...	5	14
R122	Service-Neighborhood Assimilation Potential (−22, −15, 0, 15, 22)	1	−22
R124	Image-Related Other Recipient Contacts & Personal Relationships (−29, −20, 0, 20, 29)	2	−20
R141	Service Address of Recipient Personal Impression Impact (−32, −22, 0, 22, 32)	2	−22
R2112	Setting Access–Public (−22, −15, 0, 15, 22)	1	−22
R212	Availability of Relevant Community Resources (−22, −15, 0, 15, 22)	1	−22
R222	Competency-Related Other Recipient Contacts & Personal Relationships (−42, −29, 0, 29, 42)	3	0
	Subscore Total (Range: −217/+217)		−65

CONTINUED...

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PROGRAM IMAGE PROJECTION

R1121	External Setting Aesthetics (− 16 − 11, (0), 11, 16)	3	0
R1132	Internal Setting Appearance Congruity With Culturally Valued Analogue (− 22, − 15, (0), 15, 22)	3	0
R1141	External Setting Age Image (− 10, − 7, 0, (7), 10)	4	7
R1142	Internal Setting Age Image (− 16, − 11, 0, (11), 16)	4	11
R1151	Image Projection of Setting--Physical Proximity (− 16, − 11, 0, (11), 16)	4	11
R1152	Image Projection of Setting--History (− 7, − 5, 0, (5), 7)	4	5
R1153	Image Projection of Setting--Other Internal Physical Features ((−14), − 10, 0, 10, 14)	1	−14
R121	Image Projection of Program-to-Program Juxtaposition (− 12, (−8), 0, 8, 12)	2	−8
R1231	Image Projection of Intra-Service Recipient Grouping--Social Value (−29), − 20, 0, 20, 29)	1	−29
R1232	Image Projection of Intra-Service Recipient Grouping--Age Image (− 18, − 13, 0, (13), 18)	4	13
R1251	Server-Recipient Image Transfer (− 18, − 13, 0, (13), 18)	4	13
R1252	Server-Recipient Image Match (− 18, (−13), 0, 13, 18)	2	−13
R131	Culture-Appropriate Separation or Combination of Program Functions (− 29, − 20, 0, (20), 29)	4	20
R132	Image Projection of Service Activities & Activity Timing (− 32, (−22), 0, 22, 32)	2	−22
R142	Image-Related Personal Possessions ((−25), − 17, 0, 17, 25)	1	−25
R1431	Image Projection of Personal Labeling Practices (− 25, − 17, (0), 17, 25)	3	0
R1432	Serving Entity, Program, Setting, & Location Names (− 16, (−11), 0, 11, 16)	2	−11
R144	Image Projection of Service Funding (−7), − 5, 0, 5, 7)	1	−7
R145	Image Projection of Miscellaneous Aspects of a Service (− 9, (−6), 0, 6, 9)	2	−6

Subscore Total (Range: − 339/+339) **−55**

PROGRAM FELICITY

R1122	Internal Setting Aesthetics (− 22, − 15, (0), 15, 22)	3	0
R2111	Setting Access--Recipients & Families ((−36), − 25, 0, 25, 36)	1	−36
R213	Physical Comfort of Setting (− 38, (−27), 0, 27, 38)	2	−27
R215	Individualizing Features of Setting (− 18, − 13, 0, (13), 18)	4	13
R223	Life-Enriching Interactions Among Recipients, Servers, & Others (− 42, − 29, 0, (29), 42)	4	29
R224	Service Support for Recipient Individualization (− 32, (−22), 0, 22, 32)	2	−22
R225	Promotion of Recipient Socio-Sexual Identity (− 18, (−13), 0, 13, 18)	2	−13

Subscore Total (Range: − 206/+206) **−56**

TOTAL OF ALL FIVE SUBSCORES (this should equal the service's total PASSING score) **−358**

MENTAL RETARDATION Vol. 38, No. 2, 105–123, April 2000

A Brief Overview of Social Role Valorization

Wolf Wolfensberger

Abstract: Social roles dominate people's lives, and people largely perceive themselves and each other in terms of their roles. The value people attribute to various social roles tends to decisively shape their behavior toward persons whom they see in valued or devalued roles. Those in valued roles tend to be treated well and those in devalued roles, ill. The most current and recently revised version of the Social Role Valorization (SRV) schema is presented in condensed form, showing how social role theory can be recruited for designing very powerful practical measures to pursue valued roles for mentally retarded and other persons or classes at risk of social or even societal devaluation, to upgrade the perceived value of the roles such persons already occupy, and/or to extricate such persons from devalued roles.

Introduction

Social Role Valorization (SRV) is a high-level and systematic schema, based on social role theory, for addressing the plight of people who are devalued by others, and especially by major sectors of their society. It grew out of the Wolfensberger formulation of the principle of normalization, the most detailed expositions of which are found in Wolfensberger (1972), Wolfensberger and Glenn (1973, 1975), and Flynn and Nitsch (1980). In turn, Wolfensberger's normalization formulation was inspired by Bengt Nirje's (1969) seminal statement of the principle of normalization.

Although the normalization principle became foundational to service practice in mental retardation, and to a lesser extent in other fields, it has been persistently and massively misinterpreted (e.g., Wolfensberger, 1980; see also Flynn & Lemay, 1999). This has been less the case with SRV, and the author hopes that this overview will further clear up misunderstandings, especially as I try to respond to earlier criticisms and incorporate the fruit of deliberations by many people since the first—and until then, only—overview of SRV in this journal was published (Wolfensberger, 1983). Since then, SRV has so much evolved that it can no longer be considered a version of normalization, and much less a renaming thereof.

The key premise of SRV is that people's welfare depends extensively on the social roles they occupy: People who fill roles that are positively valued by others will generally be afforded by the latter the good things of life, but people who fill roles that are devalued by others will typically get badly treated by them. This implies that in the case of people whose life situations are very bad, and whose bad situations are bound up with occupancy of devalued roles, then if the social roles they are seen as occupying can somehow be upgraded in the eyes of perceivers, their life conditions will usually improve, and often dramatically so.

In SRV, there is much discourse about people, their roles, or their social images being valued or devalued by others. To devalue some entity means to attribute low value to it, or less

Editor's Note. This author has a long-standing tradition, explained in his earlier articles in AAMR publications, of not using people-first language. The editor has waived this requirement in this specific instance.—S. J. T.

Un bref survol sur la valorisation des rôles sociaux

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Les rôles sociaux dominent la vie des gens, et ceux-ci se perçoivent grandement eux-mêmes et les autres, en fonction de leurs rôles. La valeur attribuée par les personnes aux différents rôles sociaux tend à façonner de façon décisive leurs comportements envers les gens qu'il perçoivent dans des rôles valorisants ou dévalorisants. Ceux dont les rôles sont perçus comme valorisés ont tendance à être bien traités, alors que ceux dont les rôles sont perçus comme dévalorisés, ne sont pas bien traités. La plus récente version du construit «Valorisation des rôles sociaux» (VRS) est présentée dans sa forme condensée. Elle permet de voir comment la théorie des rôles sociaux peut être utilisée pour mesurer de façon pratique et efficace la poursuite d'un rôle social valorisé chez les personnes présentant un retard mental ou chez les autres personnes à risques de dévaluation sociale ou sociétale, pour augmenter la valeur perçue des rôles que ces personnes occupent présentement, et pour dégager ces personnes de leurs rôles dévalorisés.

value than one attributes to other entities of the same class. When SRV refers to "devalued people," the intent is to convey that people are being perceived and interpreted *by others* as having lesser value than these others see themselves, or most other people, as possessing. This is a value judgment that one may not agree with. However, the social and behavioral theory that is incorporated into SRV is very powerful in informing us, on the one hand, how people become devalued in the eyes of others and what bad things happen to them as a result and, on the other hand, what can be done to maximize the likelihood that by occupying more valued social roles, people will become more valued by others and, consequently, experience improvements in their life conditions.

There is still much discussion within the culture of SRV promotion as to which of many potential formulations of SRV to adopt. However, until a consensus emerges, and for purposes of this brief exposition, suffice it to say that SRV draws on empirical knowledge and social science theory to understand how people's social roles are shaped so as to be positively or negatively valued in the eyes of beholders. Of course, the intent in crafting SRV was as an action scheme for the pursuit of (more) positive roles for socially—or even societally—devalued people and those at risk of such devaluation. The terms *valorizing* and *valorization* refer to the adding of value to something, or the value-upgrading thereof, and are used increasingly in that sense in other contexts as well. In the context of SRV, it is the valorization of social roles that is at issue.

A major corollary of this formulation is that one needs to be clear whose role-valorization of whom one wants to obtain. (In the rest of this paper, I will sometimes use the word *party* when a statement can apply to any two, or all, of the following referents: an individual, a group, or an entire class.) After all, different reference targets may hold different values. This implies that one's role-valorizing actions may have to be different for different reference targets, so as to recruit their values to the role-valorization of some party that had been, or was about to be, devalued by them.

This fact demands many value decisions. However, because by its very nature, science cannot provide answers to value questions (such as whether anyone should hold valued or devalued roles; or should or should not be valued or devalued, and in whose eyes; or should or should not be afforded the good things of life), one must derive answers to such questions from one's value system; that is, from one's *de facto* religion (Wolfensberger, 1995).

In this treatise, my primary focus is on *societal* (rather than only personal) devaluation, on such devaluation in *our* society, and how such devaluation could be combated via SRV. In order to evolve this exposition, I first sketch a few important realities and facts: (a) who the classes of people are who are widely devalued in our society, (b) some of the bad things that are likely to happen to them, and (c) some facts about social roles and social imagery.

The Classes of People Who are Widely Devalued in Western Society Today

In our society—and indeed in much of Western societies generally—the following classes of people are apt to be devalued by a significant proportion of society.

1. People who are impaired in some way, as perhaps in their senses, bodies, or minds.
2. People who are seriously disordered or unorthodox in their conduct or behavior, including (a) those who are either excessively active (the hyperactive) or not active enough (the lethargic, the lazy); (b) those considered disordered or unorthodox in their sexual identity and/or conduct; and (c) those who are self-destructive, including those enslaved to alcohol and other drugs.
3. People whose visible bodily characteristics are viewed very negatively, such as those who are very disfigured, obese, short, tall, etc.
4. People who rebel against the social order, which might include political dissidents, those who refuse to work, and those who violate the law.
5. The poor, who have been very devalued in our society since at least ca. 1500.
6. People who have very few skills or whose skills are not wanted or useful to society, such as the illiterate and unemployed.
7. People who are unassimilated into the culture for any number of (other) reasons. Historically, this has included (a) members of racial and ethnic minority groups; (b) members of religious minorities, particularly if these also take a stance against the political and/or value system of the culture; (c) those who do not know or use the prevailing tongue; (d) illegal immigrants and/or immigrants of a devalued ethnic group; and (e) migrant laborers. Lately, this has also increasingly included (a) people at the extremes of the age spectrum—the elderly, the unborn, and the newborn; and (b) teenagers. Of course, some devalued classes are much more devalued than others and, hence, at greater risk than others, including people who fall into several of these categories.

Typical Negative Life Experiences of Devalued People

When people are devalued by others, there is then a high probability that the devaluers will act in ways that impact negatively on the lives of the devalued ones. In fact, this is nearly certain to happen to members of a class that is devalued by the majority of its society. I have called these negative experiences the "wounds" of devalued people and briefly review them here:

1. Some people become devalued because they are impaired in body, including in brain or sense organs, whereas others become thusly impaired as a result of being devalued. For instance, people may become bodily impaired as a result of poverty, poor nutrition, unsafe living conditions, poor health care, or being assaulted—all things that are very likely to happen to them as a result of having been devalued.
2. Similarly, many people become devalued because they are impaired in functioning, and many others become functionally impaired (e.g., illiterate) as a result of being devalued.
3. Once devalued for the above or other reasons, people are at extreme risk of getting relegated to low social status in society and of being looked down upon, perhaps as second-class citizens—or even worse.
4. As a result of, or in connection with, being relegated to low social status, devalued people also get systematically rejected, not only by society but often also by their community, neighbors, family, and by many human service workers. Rejection means that other people do not want a certain party around. People strike many wounds via their behavioral expressions of their internal feelings of rejection, however unconscious these processes may be.
5. One consequence of Wounds 3 and 4 is that devalued people get cast into roles that are devalued in society, even as their access to valued roles is severely diminished. Typically, there is some kind of link between why a party is devalued and the specific devalued roles that get imposed on it, or the valued roles that get withheld from it. In other words, the devalued party is commonly given a role identity that confirms and justifies society's ascription of low value or worth to that party.

   Some of the major common negative social roles into which members of societally devalued groups have historically been apt to be cast are the following: (a) the nonhuman, and specifically the pre-human (e.g., the unborn or newly born), the no-longer-human (e.g., the comatose), the subhuman (variously characterized as animal, vegetable, or object), and the human as "other" (e.g., like a creature from another world); (b) the menace role, or object of dread; (c) as waste material, garbage, offal, excrement; (d) as a trivium, perhaps as an object of ridicule; (e) the object of pity; (f) the object (perhaps even dutifully borne burden) of charity; (g) the child role, most typically either as the "eternal child" or as being in one's "second childhood"; (h) the ambiguous borderline role of the (holy) innocent; (i) the sick role; and (j) death-related roles, such as dying, as-good-as-dead, should be dead, or already-dead. Negative roles that have more recently been ascendant, and into which devalued people are now often cast, include those of victim and dependent (on the service system) client.
6. Another wounding expression of rejection is that devalued people get systematically and relentlessly juxtaposed to images that are drawn from the negative polarity of value messages (Table 1). Here are some common examples. Services to devalued people are apt to get placed in locations where valued people do not want to be; devalued people get juxtaposed to, or even congregated with, other people whom society also does not want; image-degrading language is used with or about them, and

Table 1
Examples of Culturally Prevalent Quality Polarities

	Negative pole	Positive pole
Virtue	Sin/diabolical/evil	Virtue/angelical/divinity
	Irresponsibility	Responsibility
	Criminality/corruption	Lawfulness/morality
	Pity/charity	Respect/entitlement
Attractiveness	Ugliness/disorder	Beauty/order
	Darkness/blackness/shadow	Light/white/bright
Life-related	Illness/death	Health/vitality/life
	Incapacity/impairment/weakness	Strength/power
	Cold	Warm
	Old	New/youth
	Decay/decline	Growth
	Subhumanity	Humanity
	Incompleteness/brokenness	Wholeness/completeness
Place	Bottom/down/low/below	Top/up/high/above
	Back	Front/forward
	Left	Right
	Last/end	First/beginning
	Out	In

image-degrading names are given to their services; elements of their personal appearance that attract negative attention are not addressed, or the negative elements of their appearance may even get enlarged; and services to them are funded by appeals that are image-tainting. Such things can constitute or convey negative messages (e.g., that these people are worthless, subhuman, menaces, dangerous, or despicable) and, furthermore, such imaging perpetuates the operative social devaluation, and virtually invites other parties to do bad things to the devalued party. It is as if a flag were being raised that signals, "Here are people of low value to whom you may, or even should, do bad things."

7. Devalued people—especially once they have been rejected and negatively imaged—are at extreme risk of being scapegoated for other people's problems, and even societal ones.
8. People tend to put distance between themselves and those they devalue and reject. They may do this by removing themselves or by moving the devalued people away. Most typically, they segregate (and usually also congregate) devalued people or otherwise get rid of them.
9. Devalued people experience loss of control over their lives, as other people gain power over them and make decisions for them.
10. Many devalued people experience a very wounding discontinuity with places and physical objects, including possessions. In part, this is the result of having little control over one's life and of getting moved about a lot. There can be scores of these kinds of discontinuities in a devalued person's lifetime, and many can be quite traumatic.
11. Commonly, the devalued person also suffers a great many social and relationship discontinuities, meaning that people come and go in that person's life. Many of these people (especially paid ones) make either explicit or implicit promises that they will be friends and helpers, and yet all of them may end up leaving, perhaps after only a brief presence. When such an explicit or implicit promise has been made and then gets broken, the wound of social discontinuity is compounded by the wound of betrayal.
12. Quite naturally, when other people withdraw from contact with a devalued person, this also means that natural relationships—such as those with family, friends, and community members—either never develop in the first place, or get withdrawn or severed. When natural relationships are no longer freely and voluntarily extended to devalued people, other people then have to be recruited to do what may be needed, and these other people almost always have to be paid because that is the only reason they would get or stay involved. When such payment ceases, so does their presence. So the lives of devalued persons often begin to be filled with artificial and "boughten" relationships that are really substitutes (*ersatz* relationships) for the "real thing." Some devalued people do not have even one single enduring unpaid relationship, especially not of any quality, and not with persons who are not also devalued themselves. In recent years, animals have even been recruited for *Ersatz* relationships.
13. Devalued people also tend to get deindividualized and subjected to mass management and regimentation.
14. Devalued people commonly are, or become, poor.
15. Devalued people also suffer impoverishment of experience. Their world is often very narrow. Many experiences that valued people take for granted may be very foreign to them.
16. One particular experience from which devalued people may get cut off is knowledge of, and participation in, value systems and spiritual life—even of their own religion.
17. One of the major results of all this is "life-wasting": Devalued people's time and lives are junked. Not just days and weeks, but months, years, or a lifetime can go by while they are waiting for opportunities, challenges, experiences, emotional comforts, etc. When they receive a service, it is often the wrong kind, or at any rate, of less intensity or quality than they could benefit from, or than valued people would get. Many devalued people get wasted in or by the very service programs that are supposed to help them.
18. Devalued people are very much at risk of being brutalized and violated, even to the point of being made dead, the latter being the ultimate removal. They may get assaulted on the streets, in their families, or by their service workers, and some people think they are justified in ending the lives of such persons, perhaps even as a supposed act of mercy.

The bad things that characteristically happen to devalued people are not only hurtful but can become outright life-defining. Examples are living in poverty, being perceived for much of one's life as a social menace or as subhuman, or leading a segregated life.

People are particularly likely to get wounded if they embody not only one but several qualities that their society devalues (i.e., that are the opposite of what society values). For instance, people who are of low intelligence, *and* unattractive, *and* unpleasant, *and* elderly, *and* sickly are virtually certain to be more devalued, and much more wounded, than people who are only one of these things, and they are vastly more likely to be made dead.

The wounds are not only experienced on the individual level, but entire classes of devalued people may be subjected to characteristic patterns of wounding. Gypsies, people with AIDS, debilitated elderly people, etc., are each apt to experience a pattern of wounding that is almost cut to a template for their class.

If people have been wounded deeply enough—especially early in life—then this can result in a very disturbed relationship to the world. They may feel like aliens in a world where they do not fit in. They may think of themselves as worthless and unlovable, that this is their own fault, and that they deserve misfortune. They may succumb to despair and turn self-destructive. Many of the wounds (e.g., instability of place and relationships) make people feel insecure. Such persons may develop a self-fulfilling expectancy to fail. They may grieve over the fact that they are not what others hoped they would be, and that for those who do love them, they are a source of anguish. They may go on a quest to reestablish relationships with people who abandoned them (e.g., parents), and perhaps develop fantasies that certain others love and want them. They may become distrustful, and put new relationships to tests that can be so hard that no one will pass them. Some such persons become embittered, perhaps full of resentment and hatred toward the privileged world, and they may withdraw from it and even from reality itself. Some such people turn their rage on the world, possibly with violence. And laboring under the burden of one's wounds can be so mind-absorbing and mind-abrading that one may function very inefficiently, act stupidly—or even become stupid.

A thoughtful and sensitive analysis of the phenomenology of the wounds of a person is usually much more revealing than is the administration of professional and technical assessment devices, and their interpretations.

Social Role Valorization as a Role Theory-Based Response to Social Devaluation and to the Wounds It Inflicts

There are many ways in which people try to address the ills of the world, including the wounding and woundedness of people. These modes of address can range from the religious to the scientific and from being very powerful to being counterproductive. Not even the valid and powerful ones will ever solve all problems. Of many possible such responses, SRV is merely one, namely one that is rooted in the empiricism that is associated with role theory, and one needs to be familiar with a certain amount of this theory to appreciate its capacity to address devaluation.

A Few Points of Role Theory

A social role may be viewed as a combination of behaviors, functions, relationships, privileges, duties, and responsibilities that is socially defined, is widely understood and recognized within a society (or at least within one of its subsystems), and is characteristic or expected of a person who occupies a particular position within a social system. In role theory, a large part is played by expectancies, both those held in the minds of perceivers who view someone as occupying a certain role as well as those expectancies held in the mind of the perceived who fills a role, or is being role-cast. When a person is perceived—at least in a general way—to be living up to the expectancies associated with a particular role, then that person is considered to be carrying out, or filling, that role and is apt to be confirmed or legitimized in it. Conversely, people who do not meet the expectancies held for a role are not apt to be confirmed or legitimized in it.

There are multiple ways to classify roles, but for SRV purposes, I believe that classification into eight domains is very useful (see left column of Table 2). Furthermore, roles can be placed along a continuum from deeply devalued to highly valued ones. Table 2 lists some examples of both positive and negative roles for each of the eight domains, with valued roles that have been held by at least some mentally retarded persons shown in italics. Most people occupy many roles, and from several or all role domains, simultaneously: several relational roles, one or more occupational roles, several civic ones, several economy-related ones, several avocational ones, etc.

On a population level (i.e., probabilistically), one will find much agreement about the values that are attributed to all sorts of social roles. For instance, the roles of college professor, inventor, elected public office holder, and star athlete are—at least across the board—vastly more likely to be valued than the roles of garbage collector, beggar, and chronic invalid. Of course, some valued roles are much more valued than are other valued roles, and some devalued roles are much more devalued than are other devalued roles. For instance, without devaluing the role of an assembly line worker, most people would still value the role of a factory manager higher and would devalue the role of career burglar more than that of a habitual liar.

Although, ultimately, all roles can be said to be attributed or ascribed, some are nonetheless "competency-contingent" (i.e., they require some competent performance and, hence, certain competencies by those who would fill them). ("Competency" here should be understood in the widest sense, subsuming not only knowledge and skills, but also adaptive habits, social facility, health, etc.) The less competency a role requires, the more does attribution come to the fore. For instance, almost all work roles require some competencies, whereas many relationship roles (e.g., "my son/daughter/brother/sister") require few or none. Some roles (e.g., "customer" or "citizen") are very elastic as to the amount of competency they require.

Furthermore, social roles can be—so to speak—big or small. Big ones fill more of a person's life and/or are more defining of the person to others and usually also to the role incumbent him/herself. Roles such as spouse and parent, learning (e.g., student) or work roles, "wanted criminal," "prisoner," or "star athlete," tend to fall into this category. Small roles (e.g., bank customer, dental patient, and voter) fill less of a person's life, and/or may only be carried out in very few places and/or at few times, and are less life-defining.

In turn, this implies that the value that people attach to the big roles of a party will have more of an impact on that party's life than the value they attach to the party's small roles. However, being the incumbent of a large number of small valued or devalued roles can still add up to considerable significance. Also, roles that are small ones for most people can inflate into life-defining ones for certain other people.

The literature on social roles is vast. Readers will gain access to many relevant overviews, documentations, and other references from Lemay (1999).

Table 2
Major Role Domains With Positive and Negative Examples

Role domain	Positive role examples*	Negative role examples
Relationships	*Wife, husband, parent, grandparent, brother, sister, son, daughter, aunt, uncle, fiancé, friend, confidante*	Old maid, orphan, black sheep of the family
Residence, domicile	*Home- or land-owner,* building superintendent, *good neighbor, tenant*	Homeless street person, hobo, vagabond, bad neighbor
Economic productivity, occupation	*Worker, laborer, wage-earner, apprentice,* expert, *craftsman, breadwinner, union member,* employer, boss, *business owner*	Idler, loafer, ne'er-do-well, union-buster, scab, informer, welfare recipient, "sponge"
Education	*Teacher,* professor, scholar, *student, peer-tutor, peer model*	Dunce, special class student, drop-out
Leisure, sports, recreation	*Athlete, competitor, champion,* coach, *fan, booster, cheerleader, hobbyist, club member*	Oaf, klutz, loser, sore loser, bad sport
Community/ civic identity & participation	Public official, *citizen, voter, taxpayer, community activist, advocate, board member,* juror, *patriot, service volunteer, committee member*	Foreigner, subversive, outsider, dissident, traitor, prisoner
Religious & ethical beliefs & practices	Pastor, rabbi, *acolyte, cantor, chorister,* deacon, *sexton, candle-bearer, bar mitzvah graduate, parishioner, philosopher, thinker*	Sinner, lost soul, apostate, faddist
Culture	*Arts patron, artist, music-lover, book-lover author, actor, dancer, (amateur) musician,* literatus	Philistine, boor, illiterate

*Italicized roles are valued roles that have been held by at least some mentally retarded persons.

Why Social Roles Are So Important

Among the reasons social roles are so important, four stand out.

1. Roles give a person a "place" vis-à-vis others and in society, and it is largely via their roles that people define and situate themselves in the world. For instance, almost all of one's relational behavior is profoundly informed and shaped by the roles one holds. As well, it is largely via roles that people define and situate *others* in the world, in that roles give people at least a preliminary mental "handle" as to who a person is and how they should relate to that person. This is why people typically seek role-related information about a person they encounter: age, sex, marital and family status, education, occupation, nature of employment, etc. In America, the first thing people are apt to ask someone they have just met is "what do you do?" meaning "what kind of work are you in?" All this explains why it is outright difficult to talk about specific individuals without invoking social roles, as one will discover if one tries to do so.

   One phenomenon that underlines the importance of social roles is what Lemay (1999) has called "role avidity"—i.e., "role hunger," meaning that people very much want to see themselves in socially recognizable roles. Role avidity explains many (usually maladaptive) phenomena, such as people ludicrously expanding a minor role into a life-consuming one, preferring even devalued roles to no roles at all, or preferring a big devalued role to several small valued ones. It follows that role avidity is apt to be highest in those people (e.g., many retarded ones) who want more social relations, but do not inhabit roles that lend themselves well to establishing or maintaining such relations.

2. In their totality, the roles that people fill affect just about every aspect of their lives (e.g., what relationships the person will have with others, or will even be permitted to enter into); who the person will (be permitted to) associate with; where and with whom the person will live; what sorts of things the person will do during the day; what the person's schedules and routines will be; what sort of economic status and income the person will have; the degree of respect the person will

be accorded by others; the kind of autonomy the person will enjoy; whether and how much the person will participate in community affairs; even such things as health, health care, diet, and what clothes one wears—and more—will be strongly influenced, or even determined, by one's roles. However, there is also a two-way relationship between a person's real or attributed characteristics and a person's role: One may end up in a role because of one's characteristics, but whatever roles one is placed into for whatever reason also tend to strongly shape one's characteristics, one's behavior, and even one's identity.

3. The more a person holds "big" roles that are highly valued, the more are other people likely to put up with the person's other negative roles, characteristics, or behaviors, or even reinterpret these as being not so bad. In other words, holding big positive roles is a strong defense against being devalued on account of other reasons.
4. Altogether, it is a major thesis of SRV that, at least on a probabilistic and long-term basis, society will extend whatever good things it has to offer to people in valued roles and may even push these on such people, but will do bad things (or little or nothing that is positive) to those in devalued roles.

These four points imply that people who have some kind of impairment, but who occupy valued roles—and especially "big," many, and highly valued ones—are much more likely to (a) be spared some of the bad things that are likely to befall impaired people in negative roles, and (b) be beneficiaries of the good things that are commonly afforded to people in valued roles.

Many Valued Roles Are Potentially Available to Impaired or Devalued People

Fortunately, there are many positive roles that are potentially available even to already devalued people. For all the valued roles shown in italics in Table 2, there are at least some mentally retarded persons who have held them, and some of these roles—such as some relational ones (e.g., friend)—can be held by *all* retarded people. Also, these are merely some examples. Particularly in some domains, such as that of economic productivity, the number of potential positive and more specific roles is virtually infinite.

The Relationship Between Social Roles and Social Images

The previously mentioned construct of "imagery" plays a prominent part in SRV. Images are mental pictures, so to speak, that are commonly evoked in response to, or in connection with, or as the result of a juxtaposition to something else: a stimulus, an event, a perception (of people, places, objects, etc.), a memory or an idea, a social stereotype, etc. For instance, ideas of romantic love are apt to be evoked by images of hearts, smooching turtle doves, and bells and wedding rings—but also vice versa, such ideas are apt to evoke the corresponding images.

If in the mind of an observer, two or more entities somehow have gotten associated with each other, and one of these entities has certain images attached to it, then in the observer's mind, these images will tend to become transferred, and attached, to the other entities as well. Such image transfer can occur from entity A to entity B, from B to A, and from each to the other simultaneously. Many factors affect what associations get thusly transferred in people's minds, into which direction they are transferred, and whether the implied message is positive or negative.

Important to our context is that images that are conveyed about people can communicate both role messages and value messages; and, in turn, roles can convey images and value messages. In fact, it is hard to think of a social role without all sorts of images coming to mind that pertain to that role. For instance, the role of "soldier" evokes images of uniforms, discipline, rank, military bearing, gestures (e.g., salute), weaponry, and marching. The role of "criminal" is apt to evoke images of a male, perhaps of uncouth appearance and with an oversized jaw, wearing a face mask, and carrying a weapon. In turn, if one perceives a police badge, one is apt to think of the role of a police officer. If one is shown a jail cell, one is apt to think of the role of "prisoner."

When positive images are attached to a party, that party is more likely to be first viewed positively, and then to be accorded or afforded positive roles. Negative images associated with a party are more likely to result in that party being first devalued and then cast into negative roles. And all this is apt to get done with little or no consciousness, because a major portion of human perceptual, learning, and even cognitive processes—not to mention social interactions—is unconscious. Therefore, much in the domain of imagery, expectancy, and roles is also unconscious, and particularly so are one's social devaluations and one's attachment of negative images to people whom one devalues. The reason is that at least in Western cultures, such actions are judged to be unworthy, so one feels guilty about them and, therefore, represses what they really mean, or that one is even complicit in such devaluations and corresponding actions.

However, how a particular message about a party is interpreted by perceivers will often depend on who the message is about. People are known to tend to interpret messages as confirming their pre-existing positive or negative stereotypes of a party. This implies that although negative value could get transferred to anyone who engages in a negatively imaged activity, behavior, or juxtaposition, it can wreak vastly more damage if it plays into already pre-existing negative stereotypes about them. Also, it takes vastly more evidence to overcome a negative stereotype than to confirm it. For instance, people who have cancer or AIDS are much more likely to be death-imaged if they are served in a building that was once a morgue and is next to a cemetery than would be the pupils of a school for gifted youngsters located in such a building.

In respect to low intelligence specifically, the negative images it has been apt to evoke have been those of childishness, gaping, staring, drooling (as in "driveling fool"), slowness and clumsiness of movement, distractibility, slow and indistinct speech, inappropriate affect, being inappropriately dressed, etc. Because such images are found in innumerable cultures around the world and across historical eras, one can call them archetypal. Furthermore, many roles associated in people's minds with low intelligence are negatively valued, such as the eternal child; the village idiot; the performer of very lowly and unskilled work tasks, perhaps with a strong body but clumsy movements; the sex offender against children; and the fire-setter. Historically, there have also been some positive images about, and roles for, retarded people: child-like innocence, joy in simple things, gentle and loving consoler, forthrightness, ice-breaker at social gatherings, conscientious worker, devoted follower of a religious faith, other people's moral conscience, etc. Some of these images and roles have been sketched in Wolfensberger (1988a) and debated by Berkson (1988) and Wolfensberger (1988b).

The avenues for conveying either value-laden image messages, role messages, or expectancies about people can be classified into the six categories sketched below.

Physical contexts and environments. Where people are and get put can carry very strong images as well as role and value messages. For instance, if one encounters a place that is called a hospital, one expects to find sick people and medical personnel in it. This can be a problem if the "patients" there are really not sick at all but have merely been interpreted that way and cast into the sick patient role. (This is, in fact, often done to mentally impaired people.) If one goes to a department store, one would generally assume that all the people there are either customers or sales personnel. If an environment is set up like a cage, with surfaces that can be easily hosed down, and with a drain in the floor, one might get the message that animals live there—and if people get put into such an environment, it is usually because they had been cast into an animal role, and observers are then likely to view them that way. If an environment is full of furnishings, decor, and objects associated with childhood, one will expect to find it used by children, but if instead one finds that it is used by adults, then observers are apt to cast them into the child role. (Again, these last two scenarios have been common in the history of mental retardation.) A dirty environment reflects negatively on the people in it, above and beyond whatever role messages it may convey.

All this means that impaired people are apt to be image- and role-enhanced if they live in the same kinds of places, and are schooled in the same settings, as valued persons; if they worship in ordinary churches where ordinary people worship; if their settings are comfortable and beautiful, clean and well-kept, and blend harmoniously with their neighborhoods; and if their environments convey accurate and positive messages about their age and optimistic messages about their capacities for growth and development.

Social contexts and associations. Social associations can strongly convey role messages. There are innumerable folk sayings about how one is defined by the company one keeps. More specifically, when persons with the same impairment are juxtaposed to each other, the idea that all such people "belong together" is conveyed to, or reinforced in, observers. Relatedly, the

idea can easily take hold in an observer's mind that the less impaired persons in such a juxtaposition are actually as impaired as the more severely impaired ones.

Further, when people who have one kind of impairment, other devalued condition, or "wound," are juxtaposed to people who have another kind, observers also commonly get the idea that both parties are somehow the same. Thus, each party is viewed as having not only its own impairments or wounds, but also those of the other party or parties with whom it is juxtaposed. For instance, if mentally retarded people are all mixed in with cerebral palsied people, the retarded people are apt to be assumed to be physically impaired, and the cerebral palsied people are apt to be assumed to be retarded, even if neither is the case. Because mentally retarded people are already culturally stereotyped as eternal children, then grouping retarded adults with nonretarded children, or retarded youths with much younger nonretarded youths, will also reinforce the child role stereotype of the retarded party. If a person who had once been convicted of pedophilia is not permitted to work in a kindergarten for privileged children, but is allowed to work with a group of impaired or poor children, this conveys a negative message about the value of the latter, such as that they are guinea pigs, already ruined, unimportant, or expendable.

In contrast, mentally handicapped people are apt to acquire—or retain—positive imagery and role expectancies by being associated with people who are perceived as competent, vigorous, moral, distinguished, etc., and who occupy positive roles. However, in order for such positive image transfer to take place, it is generally important that only a small number of devalued persons be associated with, or juxtaposed to, a much larger number of valued ones, because it is the majority—and even predominant—identity of any social grouping that is apt to define its individual members in the eyes of observers.

Behaviors and activities. Behaviors, activities, and how these are carried out and timed can also convey positive or negative images and messages about people and their roles. For instance, vigorous activities carried out over normal or even long periods of the day, week, or year convey images and messages of strength, persistence, commitment, competency, etc. Negative messages are apt to be conveyed if people engage in activities or schedules that are viewed as negatively atypical, either for people of their age (and, thus, being age-inappropriate) or for anyone in their society (and, thus, being culture-inappropriate).

To come back to the issue of pre-existing stereotypes: If valued people took up chair-caning or broom-making as a hobby, it might be judged positively; but if blind people did it, it would reinforce an ancient stereotype of the blind role because for centuries, a large proportion of blind people had been first sluiced, and then dead-ended, into these occupations.

Certain activities, settings, and social juxtapositions tend to go with each other, and these typical combinations can have characteristic positive or negative valence. For instance, if one attends a college, one is apt to carry out one's activities in juxtaposition to faculty members, custodial staff, librarians, and other students, with the overall valuation of the combination usually being a positive one. In contrast, a negative valuation is apt to be incurred from the larger culture if six college students go joyriding in a red-light district at 2 a.m.

Language used with or about people, or about anything associated with them. Language can powerfully communicate about people in a number of ways. About people of low intelligence specifically, many languages have hundreds of words or phrases, almost all of which evoke negative images and role ideas: eternal child, dumb ox, blockhead, village idiot, vegetable, low-grade, and so on.

When people are addressed with value-degrading language, it may hurt their feelings; but if the same language is used to talk (or write) *about* them, then negative ideas and feelings about them get planted or reinforced in the minds of *others*, who are highly apt to convert these sooner or later into behavior that is vastly more damaging than hurt feelings.

But language can also be used to convey positive messages about people, as by addressing them, or speaking about them, in ways that dignify them or imply positive roles: Mr. or Mrs., our guest, employees, chairperson, athlete, a good worker, my brother, etc.

In addition to terminology, there is tone of voice and gestures. So often, impaired adults and aged people are spoken to in high-pitched melodic voices—the same tone most people use with children and pet animals. This is "the child role voice," telling us that anyone thusly addressed is perceived in the child role, perhaps because they are presumed to have never grown up or to be in their "second childhood."

Also relevant are the names, acronyms, and logos adopted by organizations and agencies concerned with (devalued) people. A logo that looks like a child's stick figure suggests that the adults with which the organization is concerned are child-like; acronyms such as RIP or TOMB suggest death, while VITA suggest life, etc.

Personal appearance. A person's appearance (e.g., dress, hygiene, grooming, posture, mannerisms, and accessories such as jewelry) can send out strong positive or negative messages. So commonly, the appearance of mentally impaired people does not project a positive image. They may wear clothing that is ill-fitting, out-of-fashion, worn out, torn, dirty, or immature for their age; they may carry themselves awkwardly, having never been taught graceful movement and good posture; they may have poor hygiene habits and, hence, bad body odor; and no effort may be made to help them look attractive or even elegant.

Also, much as certain activities and social juxtapositions tend to go together—for better as well as for worse—so do personal appearance and the physical context. Thus, a person's appearance may be very positive—but only if it accords with a certain setting (e.g., leisure clothes do not go well with business settings, business clothes look weird on a beach, etc.).

Many people would be prepared to perceive mentally impaired people more positively if their appearance features were fashionable, dignified, or even distinguished, and concordant with the setting. For instance, if impaired people were trim and in good physical condition, showed good hairstyling and grooming, wore high-quality clothes that fit well and were appropriate to the occasion and setting, wore tasteful jewelry, etc., then—like it or not—they would be more apt to be seen in valued roles that correspond to the respective physical context: student, employee, athlete, shopper, theater-goer, etc.

Miscellaneous role and image communicators. There are several other channels that can convey role, image, and value messages. One is the funding that supports a person or service. For instance, the image of an impaired person is not enhanced if: the person's pension or health coverage comes from a funding category for the "totally and permanently disabled"; the flowers in a hospice for the dying are regularly donated from funerals; or separate government offices dealing with impaired people, and with drug and alcohol abuse, are combined into a single Department of Disabilities and Drug and Alcohol Abuse.

Very important in the application of SRV is that people will accord roles to others on the basis of what information they *believe* they possess about them and consider to be relevant: what such persons look like, where they live and with whom, what they do, what their schedules and routines are, what their income or possessions are, how healthy they are, what and how they eat, what they wear, etc.—in other words, on the basis of whatever messages have been conveyed via the various role and image communicators. For instance, if an observer sees a person who lives in a segregated housing project for the poor, who spends most of the time idly "hanging out" on the street corner, who seems to arise late in the day and stay up all night, and who wears expensive clothes and flashy jewelry and drives a luxury car, then the observer is apt to conclude that the person is a criminal drug-dealer and will act accordingly—even though the person may turn out to be an undercover police officer. Similarly, if people see mentally handicapped adults engaged in childish activities, in schools or playgrounds, dressed in childish attire, spoken to as if they were children, and being supervised by teenagers, then the public can hardly help but conclude that these adults really are only big children—and no amount of rhetoric and protests by well-intentioned advocates will change this perception. Rather, the information conveyed to observers via the image and role messages must change. So the messages from all the channels just reviewed summate in observers' minds into some global conclusion about the social value of the observed party and the role(s) it fills.

The Relationship Between Social Images and Competency Within a Social Role Valorization Framework

Although both competencies and images will affect people's roles, we also need to appreciate that a complicated feedback loop exists (Figure 1) among competencies, images, expectancies, roles, and opportunities, and that this feedback loop can work to the benefit or the disadvantage of a party—perhaps decisively so, because the feedback effects are very powerful.

On the one hand, if some party possesses a positive image, this almost always motivates others to either accord that party positive roles,

or at least to afford that party greater opportunities to move into more valued roles and/or to acquire competencies needed to fill valued roles. For instance, people who are imaged as "smart" and "capable" tend to be offered leadership roles and/or opportunities to develop their capacities. In turn, the acquisition and possession of most competencies tends to enhance a party's image in the eyes of others. For instance, esteem for a person almost always rises as one learns all the things that this person can do.

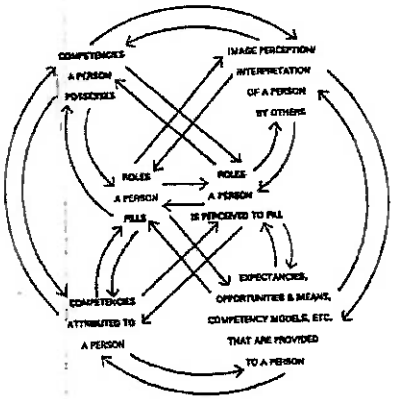

Figure 1. Feedback loop among image, competency, roles, and their perception.

On the other hand, if a party has a negative image, then others are not likely to afford to that party the opportunity to gain competencies, or even to exercise the competencies already possessed. For instance, if an individual is imaged as an eternal child who will never grow up, other people are less likely to give that person the chance to show that he or she can in fact grow and mature, or has grown and matured. And if a party lacks competencies that are seen as important (e.g., literacy), then this contributes to a bad image in the eyes of others. Even if a party is attributed with competencies that it does not really possess, the party may still benefit from this feedback loop, in that its image is apt to be enhanced—in the same way that a party assumed not to possess certain competencies that it does in fact possess can suffer image harm and denial of opportunities.

A Practical Step-Wise Regimen for Applying Social Role-Valorizing Measures to a Specific Party

When one is ready to apply SRV to a specific party (which could be either an individual or collectivity), then one can vastly increase one's chances for success by adhering to a six-step regimen sketched below.

Step 1. Becoming Familiar With a Party's Wounds

If one is dealing with a party that has been wounded because of its devalued status, then it is absolutely necessary to deeply familiarize oneself with those wounds.

Step 2. Knowing a Party's Risk Factors

In addition, one needs to know in what respects a party is vulnerable (i.e., what the areas of high risk are for that party). For instance, elderly persons are at higher risk of developing health problems, elderly women specifically are at risk of breaking bones, and gypsies are at risk of being accused of theft. Mentally retarded persons are at risk of being taken advantage of by people who are smarter and unscrupulous, and of being expected to fail at tasks that require learning or competency; they tend to be less emotionally mature than other people their age; and most of them are at higher risk of committing a *faux pas* in how they groom and dress themselves. Many people are at risk of having shameful facts about them revealed that would damage their current standing, such as previous devalued life styles, institutionalizations, conflicts with the law, or incarcerations. Furthermore, certain devalued classes are apt to have certain devalued roles imposed on them, as when mentally distraught people are cast into the sick role; poor people into the burden of charity role; blind people into the pity role; aged people into death-related roles; and mentally retarded people into the child, animal, discard, or object of ridicule role.

Among the mentally retarded, two risk points have recently become more common. One is with retarded children who are doing well in an integrated schooling situation but who may drop back into much less favorable circumstances when they "age out" of school. Another is with many mentally retarded adults who enjoyed 10 or 20 years of reasonably good living and working situations, but whose circumstances can rapidly deteriorate already in their mid-years. Altogether, failure to take risk factors into account often has devastating consequences.

Step 3. Inventorizing a Party's Current Roles

One makes an inventory of both the positive, the negative, and the in-between, ambivalent, or mixed roles that the party currently holds.

Step 4. Explicating a Party's Current Societal Standing

In part with the help of the above inventories, one forms an overall idea of the party's current social standing and value in the eyes of society. Is the party highly valued, of average standing, marginally on the positive or negative side of neutral, deeply devalued, of equivocal value standing, or what? The previously mentioned risk analysis will be very informative here, because it is conceivable that a party—even if currently valued—may have a higher-than-average risk of a particular kind and may need more than ordinary safeguards in that risk area against role-degradation and loss of social value.

Step 5. Reviewing Certain Practical Realities About Image Versus Competency Measures

Four overall considerations about roles, images, and competency will be helpful as one applies SRV.

(a) One needs to form a judgment as to whether—in the case of a particular party—the enhancement of competency, or of imagery, would be more likely to be effective. For instance, a competent person released from prison can be expected to benefit most from image enhancement, while for a person who recently lost competencies due to an accident, restoration of the lost competencies may have primacy. The image problems of mentally retarded persons are usually secondary to their competency deficits, which may have certain action implications.

(b) At the same time, one also needs to form a judgment about whether the most desirable measure is also reasonably feasible. For instance, with severely mentally impaired persons, competency enhancement may be the theoretically most effective measure, but image enhancement may be the only thing that may be practical to accomplish. Also, in many people's cases, image enhancement is the first and easiest thing one can do, whereas competency enhancement may be a long and drawn-out process. In contrast, children tend to absorb age-appropriate competencies like a sponge, so competency enhancement may be highly feasible with them.

In regard to both (a) and (b), the fact is that the less accessible any competency-related roles are, the more important become attributed or ascribed roles, and often specifically relationship-based ones.

(c) The more that a party who is already in devalued roles, or who is at significant risk of role-degradation, is seen by others (i) in places frequented by valued people in society, *and* (ii) in actual association with valued people, *and* (iii) in activities that are valued, the more are role-valorization benefits apt to accrue to that devalued party, often first in the image domain and sometimes also, and, derivatively, in the competency domain. This is especially apt to be true if the valued people who associate with the persons at issue do so without being coerced, or feeling resentful about it. In contrast, if even one of these three positive elements is missing, then people's image certainly, and sometimes their competency as well, are apt to suffer. For instance, if a devalued person goes to a fancy theater for a performance of a Shakespeare play, but all the other members of the audience are also members of devalued (perhaps impaired) classes, then this person's attendance is not apt to be seen by a perceiver, or the public, as being as valued and valuing as if the audience had been a typical one for such an event.

(d) It is very important that in efforts to enhance the image of a devalued person, one does not become deceptive. If one projects onto a person images of competency or positive roles that the person does not possess, this could have devastating consequences: (i) observers may expect something that the person cannot do, which in turn could endanger the person, could confirm such a person's failure expectancies, and/or could confirm observers' negative stereotypes about such persons, and (ii) the parties who conveyed the false messages may lose all credibility.

Step 6. Identifying the Currently Held, or Desired, Roles That One Wants to Valorize or Change to a Party's Advantage (i.e., the Role Goals)

Leaning again on the earlier inventories, it

is now time to begin to select one's role goals, and there are up to six types to select from. However, at least the first four of the five steps reviewed earlier must be taken *before* one is in a good position to decide which of these goals to pursue. The fifth of the above steps (with its four considerations) can be incorporated into the design of any of the role goals that follow:

Valorizing the positive roles a party already holds. If the previously established inventory has identified any positive roles a party already holds, then one relevant measure is to explore what can be done to further valorize one or more of these roles. This is particularly important if the party at issue does not hold many valued roles or also holds some devalued ones. There are two distinct subgoals here.

(a) The first one is to enhance—perhaps by enlargement—one or all of the valued roles already held. An example of an image measure would be to upgrade the title of a person's valued role. An example of a competency measure would be to help a person to acquire new skills so that he or she can perform additional valued functions within one or more valued roles already held. For instance, an impaired worker might be taught an additional skill for an enlarged work role. If, for whatever reason, a person begins to lose mental faculties, hence competencies, and their competency-related roles, it then becomes particularly important to enlarge those valued roles held by the person that tend to depend less, or not at all, on mental acuity, such as the person's relationship roles.

(b) The second subgoal is to defend the valued roles already held against losses, diminishment, or degradations. This is particularly important when a party is at distinct risk of losing one or more of its valued roles, for example when an individual's job is in jeopardy or a person acquires a chronic bodily affliction or becomes elderly. There are often things that can be done to prevent, delay, or reduce such role losses. It is important to practice high consciousness of these risks, how they commonly lead to wounds, and to counter them as early and vigorously as possible.

For instance, along mostly image lines, a family could make sure that their impaired son participates as much as possible in all family occasions and that his personal spaces are full of signs of family membership and participation (e.g., photos), so as to reinforce his familial and relational roles, for example, as beloved son or brother. A person who has brothers and sisters who live far away might (be helped to) maintain contact with them, perhaps by telephone, letters, remembrance cards or gifts on birthdays, exchanging photographs, arranging for a reunion, etc. This might defend such valued relationship roles against losses. One has to be clear that the issue here is not only one of having beneficial affective relationships, but also of having roles perceived by others to be valued.

In regard to competency, an impaired young adult who is about to graduate from school and is unable to get a job might be helped to continue the student role in a valued adult manner by, for example, enrolling in evening courses where other adults are enrolled. There have been adults who could not get or hold jobs who played recognized learning roles for most of their adult lives, which was much preferable to unemployed idleness, or worse.

A person who contracts a bodily affliction that limits his or her going out of the home might have various of his/her role activities and role associates come into the home in order to continue the role activity there. For instance, a member of a book study circle could regularly host the meetings in his or her own home. This involves both competency and image measures.

Sometimes, the preservation of even a single valued role can be life-deciding to a person. For instance, when an aged senile woman is gravely ill in the hospital, the fact that she is someone's beloved sister, aunt, friend, or fellow church member—and making this fact known—may protect the person against decisions to cease treatment or even to "put her out of her misery."

Averting entry into (additional) devalued roles. Regardless of whatever valued roles they may hold and be able to maintain, some people are at high risk of entering, or being cast into, new roles that are devalued, perhaps even in addition to whatever devalued roles they already hold. It is usually much easier to prevent such entry than to reverse it. High consciousness is of crucial importance here, particularly about which devalued roles a party is at risk of being thrust into. Thus, the previous inventory of risk factors once more becomes very helpful.

For instance, impaired persons are often at risk of entering the sick role or chronic patient role. Such roles might be staved off by such competency-supporting measures as good health regimens, proper diet and exercise, and being cautious about taking recourse to certain health and mental services that are apt to ensnare a person into long-term patienthood.

Mentally impaired people are often at risk of being cast into the role of object of ridicule. Thus, it is especially important to avoid associating such a person with clown imagery (an image action) and to minimize the likelihood that the person develops a habit of speaking and acting in peculiar ways in order to gain attention by amusing others (a competency action). One can also alert others to the importance of *not* reinforcing such behavior from the person (both an image and competency action).

Enabling either entry into positively valued new roles or the regaining of valued roles previously held. Often, it is possible to enable people to enter new roles that are valued (role acquisition) or to regain valued roles they had once held but have since lost (role recovery). Such a valued role may be an addition to one or more valued roles already held, or it may be a replacement for one or more valued roles already lost or about to be lost. However, for some people, it could be the first or even only valued role!

One might, for example, enhance the athletic prowess of a retarded adolescent so that he or she can compete with nonimpaired age peers in one or more kinds of normative community athletic contests and, thus, assume the roles of athlete, competitor, and perhaps even champion. An example is a man with Down's syndrome in New York who competes in regular weight-lifting tournaments (Good Press, 1996). Most retarded people can be taught to read and, therefore, assume roles for which reading is a requisite in school, at church, in sports, etc. An example of the power and importance of a valued image-related role acquired via a personal relationship is a retarded man with Down's syndrome who became a friend of Wayne Gretzky, one of the best hockey players of all times, and a hero, especially to Canadians, for much of the 1980s and 1990s. For years, he was almost always at Gretzky's side and, as a result, was afforded multiple other valued roles and many of the good things of life.

Many actions in this category will involve both image- and competency-enhancement, such as enabling a child to take on the valued role of student, an adult to enter the role of worker or employee, or someone to enter the role of church choir member. If a child, rejected at birth as impaired or disfigured, and floating chaotically through the child welfare system, could be ensconced via adoption into the valued role of cherished son or daughter, this would first of all have a profound image impact and, in most cases, eventually also vast competency benefits.

Sometimes, a person can recapture a valued role once held but then lost. For instance, a person of valued status who has committed an offense and served time in prison might be enabled to reestablish a respectable citizen role—which is most likely to be an image issue. Very relevant to many retarded people is that valued family roles may have been lost, perhaps because of discontinuities in family contacts or break-up of the family, institutionalization, or imprisonment. But it is often possible to restore a person's family ties and roles, so that the person becomes once again a valued brother or sister, aunt or uncle, grandparent or grandchild, perhaps even a breadwinner for an impoverished relative, etc. Whatever other benefits come with having family relationships, positive imagery is usually one of them.

In regard to this role goal, and the first one of valorizing the positive roles already held, it is not always possible to craft what I had called a "big" positive role for devalued people, or it may take a long time to do so. Generally, it is much easier to craft small positive roles, and it may even be possible to craft several of them in relatively short order.

Extricating a party from currently held devalued roles. There are all sorts of things that can be done to help people to escape whatever devalued roles they are in. Actually, this is a function that is explicitly claimed (though rarely in role theory terms) by many human services: to pursue the rehabilitation of prisoners, people addicted to drugs, the illiterate or unintelligent, the unemployed, the bodily impaired, victims of stroke, etc., etc.

For instance, where an impaired adult is caught in an eternal child role, one might be able to help that person to escape that role by engaging in adult activities, developing adult interests and hobbies, etc. Where a person has been caught up in the object of ridicule role, it is important to weaken any habits the person may have of drawing attention by being ridiculous and playing the clown, and to structure the person's environment (settings, activities, other people, and their interactions, etc.) so as not to elicit jester-type behavior. One might recruit allies who model dignifying behavior toward

that person, and who rebuke others who try to play jokes on the person. All these measures are mostly focused on competencies, but can be expected to have image benefits.

Reducing the negativity of a devalued role currently held. Most people occupy some—usually small—negative roles at least at some time during their lives, even if these negative roles are overshadowed by the positive ones they hold. For instance, we are all lawbreakers at various times, or dawdlers, or in a sick role, and on and on. Unfortunately, devalued people often have not only *many* negative roles, but these may also dominate their lives. So aside from whatever other role goals might be pursued, the negativeness of one or all of a party's negative roles might also be reduced. This is not as good as fully extricating a person from a devalued role, but it is an improvement. Indeed, in a great many instances, a party is so deeply embedded in major negative roles that the best that one may be able to do is to take some of the negativeness out of one or some of them.

Examples relevant to imagery are that a person in the sick role might be dressed every morning rather than lying or sitting around in bed clothes all day; medical devices and prostheses not in immediate use might be kept out of sight; the person's sick room might be made to look like an ordinary bedroom rather than a hospital room; and some medical or prosthetic devices can be made to look less sterile, less mechanical, and more attractive (e.g., if one uses a motorized wheelchair for getting around, it would be less likely to evoke sick role associations if it resembled a golf cart).

There are also innumerable instances in which the acquisition of a new competency can diminish the negativity of one's devalued role. For instance, the more a person with a major medical condition, and clearly in the role of a sick patient, can learn to self-administer the required treatments and to take care of his or her condition, the less dominant will the sick role be in the minds of observers.

Exchanging currently held devalued roles for less devalued new ones. Different from upgrading a devalued role is to enable a party to exchange one devalued role against a new one that is less devalued. For instance, a retarded person who is presently seen in the very negative role of a menace, an animal, or otherwise as nonhuman, would be vastly less endangered by being seen in the less negative role of an eternal child. A physically impaired or elderly person who is engaged in childish activities all day at a segregated "day activity center" could instead be enrolled as a worker in a segregated work site, such as a sheltered workshop. The segregated environment is still devaluing, but the totality of the picture—an adult work role, even if the work, the setting, and the fellow workers are not very valued—is likely to be *less* devalued than childish activities with child-imaged associates in a child-imaged setting.

Another example, which probably involves both image- and competency-enhancement, is to enable an impaired adult to take on at least part-time "real" work for a few hours or a few days a week, and do so even if the work is not well-paid—or not paid at all. A person who holds a job that is negatively imaged might be helped to find another job that is less devalued.

In regard to this strategy, and the previous one of enabling entry into new valued roles, it is very important to note that there are innumerable valued work roles for adults that are not paid, but, nonetheless, status-improvement and other benefits can be achieved through them.

Of course, one should not aim to exchange one devalued role for a less devalued one if one can do even better and escape the devalued role altogether, or exchange it for a valued one.

Pointers About the Pursuit of Any of the Role Goals

One can now say some more things about the pursuit of any and all of the aforementioned role goals, and the respective means for pursuing them.

1. One will often want to pursue several of the role goals at once.
2. Holding one valued role often leads to others, a small valued role can sometimes serve as a springboard to a bigger or larger one, and relational roles often serve as mediators to other (including competency-exercising) ones.
3. However, one trap to avoid is trying to inflate small positive roles already held into grotesque proportions, perhaps also at the expense of enabling entry into new positive roles. For instance, a small positive role (such as storyteller) that the person has been holding may get enlarged beyond its normative prominence, so that the person becomes obnoxious to others or an object of ridicule by prattling and telling stories all the time. So what could have been a positive role had it remained small becomes abnormal and inappropriate. At best, it "ghetto-izes" the person into one single positive role, much as these days, some retarded people get ghettoized into only the self-advocate role.
4. Selecting the most role-valorizing measure can be very tricky when either different SRV goals or means compete with each other, or an SRV goal based on a certain value competes with another goal that has its rationale in other values. In fact, it is not uncommon for an image goal to compete with a competency goal, as when a competency-enhancing prosthetic device detracts from a person's positive image. Although there are principles for resolving such conflicts, these situations can be complicated and can scramble people's minds. A very common example of a clash of goals (and possibly values) occurs when a measure that would role-valorize a party within that party's larger society would not do so within that party's racial, ethnic, or religious subculture, or vice versa. This can be particularly wrenching when a person wants to belong to one (sub)culture but then would have to be and do certain things that draw devaluation and wounding from the other.
5. In regard to most of the above strategies, it is crucially important that the positive roles that a person holds are made known, or better known, to others. After all, the benefits of SRV depend first on how other people perceive a party, and derivatively, based on these perceptions, what they decide to do to and for that party. If they do not know the valued roles a person holds, then they may not accord certain positive things to the person.
6. Similarly, it can be of decisive importance that observers *perceive* a party's valued *activities or functions* in terms of very clearly established, identifiable and positive social role identities and concepts. Otherwise, the perceivers may not respond in a way that brings benefits to the party at issue. And in order for other people to thusly perceive, they may first have to have such activities translated to them into valued role terms. For instance, people will be much less impressed when they are told that an impaired person grows flowers (which is phrased in terms of an activity) than if they are told that that person is a rose-gardener, a member of a gardening club, and a flower-seller to a local market—all things that are roles; a person who performs helpful acts to neighbors can be interpreted as a good neighbor; etc. Of course, in the translation process, one needs to keep in mind the earlier caveat about not being deceptive.

The Potential Contribution of Different Parties to the Role-Valorization of Devalued People at Various Levels of Social Organization

I have said very little about who might do the work of role-valorization, but the fact is that almost all involved parties can do some of it: devalued people themselves, their families, other personal associates, advocates and allies, servers, service agencies, government, the media, etc. Where the intended beneficiaries are not in a good position to act effectively on their own behalf (usually because of impaired competency or reduced standing), then actions on their behalf by others become especially important.

Also, different parties may be particularly well-situated to take actions relevant to either imagery or competency and/or on one or more of four distinct levels of social organization: that of the individual person, the levels of primary and intermediate social systems, and the societal level overall, as charted out in Wolfensberger (1998).

In the pursuit of even a very specific image or competency enhancement, one may be able to do things on several or all levels of social organization, and even without requiring any changes from the intended beneficiary—a fact that many people fail to understand. For example, adding raised letters and numbers, or Braille signs, to the control panel in an elevator enables blind people who can already read Braille to be more competent using the elevator and getting about. In certain states, literacy is not a requirement for a license to operate a truck, but illiterate truck drivers disproportionately run their trucks into the overheads of bridges because they cannot read (or are not in the habit of reading) the maximum height warnings. Merely restricting the licenses of such truck drivers to driving trucks of lower height

would reduce their accident rate and, hence, improve their performance, which in SRV is subsumed under the competency construct.

Furthermore, in this brief presentation, relatively little has been said about the vast number of measures one could pursue on higher systemic levels, especially the societal one. However, two things should be clear. (a) There is a strong feedback loop between changes in or by individuals, groups, and classes and changes in and by society. (b) Efforts to change larger social systems may have more pay-off but could take a very long time—and could fail, whereas one has vastly better prospects at early success on the scale of individuals, groups, specific agencies, etc. Also, if societal change is one's goal, one should use appropriate, and multiple, social change strategies, only some of which are SRV measures.

Further Resources on Social Role Valorization

The literature on SRV and the normalization principle is too vast to be dealt with here. A great deal of it is reviewed in Flynn and Lemay (1999), who provide an overview of 25 years of history, thinking, research, and critique on these topics. Some of the earlier literature has been rendered irrelevant by the more recent evolution of SRV as sketched in this article and in more detail in a 1998 monograph (Wolfensberger, 1998). The most up-to-date lengthy written exposition of SRV is found in Race (1999), and the most detailed application to service providers is found in Wolfensberger and Thomas (1983) and is still concordant with the more recent SRV work. However, the most detailed exposition of SRV is not found in print, but at SRV training courses (from introductory to advanced levels) held mostly in the United States, Canada, and Australia. Thus, people who want to learn how to apply SRV systematically and to its full potential would have to study it in a much more substantial fashion than is provided here.

Conclusion

Role theory can be an extremely powerful tool for analyzing and explaining what happens to impaired and/or devalued people and for crafting action measures to protect them from all sorts of bad things being done to them. Surprisingly, role theory and its findings had only been moderately exploited to this purpose prior to the advent of SRV.

There is much controversy about the valuation of roles, of persons or people, and of the religious or philosophical construct of personhood. However, one thing is patently obvious: Being in roles valued by a perceiver makes it more likely that this perceiver will do good rather than bad things to and for one. Thus, all that has been covered boils down to putting good things—or at least, less worse things—about some person, group, or class into the minds of those others who are in a position to do good (or less worse) things to them. If people have and hold good things in their minds about others, they are more likely to do good things to them, just as if they hold bad things in their minds about and towards others, they are likely to do bad things to them. Relatedly, one could view SRV as a way of helping people to do what they really should want to do, and as a way of working toward a society in which (in the words of the French personalist Peter Maurin, 1997) it is easier for people to be good. The widespread practice of SRV would accomplish this by making it easier for people to value others, or to at least devalue them less.

However, one could take away some wrong ideas from this extremely short presentation. For instance, although SRV is a rather high-level conceptual scheme, and a parsimonious one at that (in being able to point to a vast number of actions on all levels of social organization and to incorporate the theorizing and findings of many other empirical theories), it has its limitations, as do all schemata. These are not detailed in this short article, but no one should be surprised that SRV will not prevent wars, defeat disease, eliminate poverty, correct all invalid stereotypes, heal all wounds, or even eliminate mental retardation or make it a valued condition.

Finally, I want to emphasize again that even though SRV is the practical application of the knowledge of social science, such an application must be guided by values—and, therefore, some form of *de facto* religion. Social Role Valorization mines a wide range of sociology and psychology, it explains an entire range of phenomena around social valuation and devaluation, it predicts what will happen to people when they are subject to certain valuing or devaluing conditions, and it offers guidance as to what one might be able to do about any of this if one so chooses. But whom one decides to value or devalue, and for whom one decides to seek more positive roles, valuation, and life experiences in society, and how far one wants to pursue this—these are all *de facto* religious decisions, not scientific ones, as explained in more detail in Wolfensberger (1995).

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OVERVIEW OF "PASSING": A TOOL FOR ANALYZING SERVICE QUALITY ACCORDING TO SOCIAL ROLE VALORIZATION CRITERIA

Introduction

PASSING is an instrument for evaluating the quality of any human service according to how well it implements Social Role Valorization theory. Social Role Valorization, or SRV, posits that people who fill positively valued social roles will be likely to obtain and receive the good things of life, while people who fill negatively valued social roles will find it much harder--sometimes impossible--to get the good things of life; in fact, they may only be given bad and harmful things. SRV further posits that the two major avenues towards positively valued social roles are enhancement of image, and enhancement of competencies; the more positive one's image, and the more competent one is, the more one will have access to valued social roles, and therefore to the good things of life. Obviously, SRV is of special relevance and applicability to people who currently hold devalued roles, or are at risk of being cast into such--in other words, to people who are devalued by their society.

SRV draws on a wide and historically deep body of empiricism, in spelling out what contributes to people being cast into devalued roles, or being able to obtain and hold valued social roles. However, SRV cannot and does not say whether any of this knowledge should be used in order to contribute to the role-valorization of any party. In other words, SRV deals only with what the realities of human perception, learning, social valuation, and behavior are; questions of whether anyone, or a particular party, should be valued or devalued, or should hold positively or negatively valued social roles, in what contexts, which specific roles, etc.--all these questions and decisions go beyond SRV because they are issues above the level of empiricism.

PASSING is based on SRV, but PASSING gives only a brief explanation of SRV. Much more detailed and lengthy elaboration of SRV can be found in teaching events on it. Also, some aspects of SRV not covered in PASSING are found in a small book entitled A Brief Introduction to Social Role Valorization: A High-Order Concept for Addressing the Plight of Societally Devalued People, and for Structuring Human Services (Wolfensberger, 1998); see "Vendors" on the last page of this flyer.

PASSING first began to be developed in the summer of 1979, was first published in 1983, and the new revised edition with the new name was published in 2007. PASSING was once an acronym that stood for "Program Analysis of Service Systems' Implementation of Normalization Goals." However, normalization was superceded by SRV, and so in this new edition, PASSING is a name, not an acronym.

PASSING is partially derived from the PASS (Wolfensberger & Glenn, 1973, 1975) method of service evaluation; PASS stands for Program Analysis of Service Systems. PASSING replaces all of those parts of PASS that deal with programmatic rather than administrative issues. The residual uses of PASS are described in a separate flyer that may be requested from the Training Institute, free of charge.

PASSING's Purposes

PASSING was designed to try to meet the need for an evaluation method which would be able to do seven things, some of which it has accomplished better than others.

1. Assess the quality of human services in relation to their adherence to SRV. PASSING assesses only those aspects of service quality which reflect a program's adoption and implementation of SRV.

2. Be universally applicable to all, or at least most, services to virtually any group of people. PASSING is intended to be applied to a very wide range of service types, and to enable them to be compared in terms of their quality. Examples of services that might be assessed with PASSING include child development and (special) education programs, treatment and training centers, camps, sheltered workshops, clinics, rehabilitation facilities, psychiatric settings, nursing homes and homes for the aged, hospitals, advocacy agencies, detentive facilities, other residential institutions, group homes, foster homes, etc. Such services might be addressed to a wide range of human problem areas, including physical and sensory impairment, mental disorder, mental retardation, social incapacity, poverty, delinquency, addiction and habituation to alcohol or other drugs, law-breaking, etc. However, PASSING is also applicable to informal services, i.e., those that are not part of a formal, organized agency, and perhaps where not even any money changes hands, but where people are served nonetheless. Examples of such informal services might be an adoptive home, some other sharing of a home by handicapped and non-handicapped people, certain advocacy services, or an informal (perhaps even unpaid) work arrangement for a handicapped adult.

3. Teach and explicate SRV and its implications very thoroughly and specifically. PASSING is the most extensive printed resource so far on the specific implications of SRV.

4. Teach SRV in a way that participants could use to structure or re-structure services for greater programmatic quality, and better recipient outcomes.

5. Have content, format, and procedures that would enable most motivated, literate, and reasonably intelligent people (including ordinary citizens and some service recipients) to learn SRV principles and apply them in the evaluation of human services.

6. By virtue of being made accessible to larger numbers of people, enable a sufficient number of evaluators to be trained within an agency or locality to be able to conduct regular evaluations of local services. PASSING could be adopted in a given locality as an instrument for regular, ongoing, and repeated evaluations of local services of any type, provided that PASSING training is available in the area or nearby on a routine basis so as to generate a large enough pool of trained local personnel.

7. By enabling a significant proportion of people access to systematic service evaluation with this instrument, local change agents would be able to foster greater understanding and acceptance of SRV ideals among local decision-makers and the citizenry.

PASSING's Characteristics

Altogether, there are 42 "ratings" in PASSING, i.e., 42 separate criteria derived from SRV against which a service's performance would be measured. (In PASS, there were 50 ratings, 34 of which were in the normalization category.) These 42 criteria are organized in PASSING into the following 2x4 schema.

		SERVICE FEATURES BEING ASSESSED	
		FEATURES RELATED PRIMARILY TO RECIPIENTS' SOCIAL IMAGE ENHANCEMENT	FEATURES RELATED PRIMARILY TO RECIPIENTS' COMPETENC ENHANCEMENT
HUMAN SERVICE DOMAINS BEING ASSESSED	PHYSICAL SETTINGS	11 ratings	6 ratings
	SERVICE-STRUCTURED GROUPINGS, RELATIONSHIPS, & SOCIAL JUXTAPOSITIONS	7 ratings	6 ratings
	SERVICE-STRUCTURED ACTIVITIES & OTHER TIME USES	3 ratings	3 ratings
	MISCELLANEOUS OTHER SERVICE FEATURES	6 ratings	no ratings in this category

Because the two major sub-goals of SRV are enhancement of people's image, and enhancement of their competencies, each of the 42 ratings in PASSING is categorized as to whether it primarily affects service recipients' image or personal competencies. Ratings are further subdivided within these two major categories into one of four service feature domains: physical setting of service; service-structured groupings, relationships and juxtapositions of service recipients with each other and other people; activities and other uses of time within a service; and miscellaneous service features. This makes eight potential categories into which a PASSING rating might fall, though one category contains no ratings. For instance, a rating that has to do with how an aspect of the physical setting affects recipients' image would be one of the 11 ratings in the top left cell of the above chart.

Each rating in PASSING consists of five sections:

1. A narrative explanation of the rating issue, called "General Statement of the Issue."

2. A "Rating Requirements and Examples Chart," which has four columns: the first contains a brief statement of the rating issue and focus; the second gives one or more examples of the rating principle as actualized in ordinary society; a third gives one or more examples of the rating principle as it would be actualized in hypothetical human service situations; and the last provides one or more examples of human service violations of the rating principle.

3. A "Differentiation From Other Ratings" section, which explains how the rating at hand differs from other ratings with which evaluators might confuse it.

4. A chart entitled "Suggested Guidelines for Collecting and Using Evidence," which has three columns: some important and often overlooked considerations in regard to the rating, some key questions that must be answered in order to make a judgment on the rating, and typical sources of evidence for the rating.

5. Criteria for assigning one of five "levels" of service performance (explained below), called "Criteria and Examples for Rating Level Assignment."

Each rating in PASSING has five levels, representing a continuum of service quality and service performance on the particular issue assessed by the rating. The rating levels are structured to form a balanced continuum, where the lowest level (Level 1, atrocious performance) represents the opposite of the highest level (Level 5, the "attainable ideal"); the intermediate levels (Levels 2 and 4) represent opposites of each other, and the middle level (Level 3)--the fulcrum of the balance--represents a service performance that is either neutral on the issue, or a balance of both strengths and shortcomings, so that the good and the harm done cancel each other out. In other words, each level represents the same degree of service quality across all ratings. That is, Level 1 stands for the same level of quality on all 42 ratings; Level 2 stands for the same level of quality on all ratings; etc. The percentages of weight given to a particular rating are distributed the same way (within rounding error) across the five levels of each rating. Thus, each Level 1 = –100% of the weight assigned to a rating, each Level 2 = –70%, each Level 3 = 0%, each Level 4 = +70%, and each Level 5 = +100% of the weight assigned to a rating.

Level statements of service performance in PASSING are phrased in terms of the likely impact of service practices on recipients' image or competencies, based on empirically known dynamics of how service practices will tend to impact on recipients.

PASSING's Relationship to Other Resources

PASSING-related resources are published in several volumes, some of which are equally usable with PASS. Availability of these items is given under the "Vendors" section at the end of this flyer.

1. The core of the series of PASSING-related publications is the Ratings Manual, which currently also serves as the major elaborative de facto text on SRV. This manual contains discussion of major SRV issues and goals; and narrative, principles, examples, and guidelines for each of the 42 ratings that comprise the instrument.

2. The French version of the 2nd edition of PASSING was published in 1989, and is entitled PASSING (Programme d'Analyse des Systèmes de Services Application des Buts de la Valorisation des Rôles Sociaux): Manuel des critères et des mesures de la valorisation des rôles sociaux. (2ième éd.) It incorporates some improvements over the original 1983 English version. A French translation of the 3rd (2007) edition of PASSING is anticipated.

3. Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality. This monograph is essential for the conduct of a valid and reliable assessment. It provides instructions to evaluators on how to prepare for an assessment, and how to conduct themselves at each stage of an assessment. Therefore it is imperative that people obtain this monograph if they will be participating in a PASSING or PASS assessment, or if they want to become knowledgeable about PASSING and/or PASS for other reasons.

4. In 1991, a small monograph-length overview of SRV was published, and then revised editions were issued in 1992 and 1998. It constitutes a more extensive introduction of certain aspects of SRV than appears in the PASSING Manual, and is very useful as a preparation for learning PASSING, or for other purposes of introducing people to SRV. The first 1991 edition is also available in French, German, and Italian. As noted already, the monograph is entitled A Brief Introduction to Social Role Valorization: A High-Order Concept for Addressing the Plight of Societally Devalued People, and for Structuring Human Services, and is available from the Training Institute.

The Training Institute also has available a number of materials useful for teaching people SRV and PASSING. Contact the Training Coordinator at the Training Institute for more information on the availability of these various teaching materials.

There also exist a number of unpublished manuscripts by different authors that are meant to instruct or guide PASSING team members and team leaders in the application of PASSING. For research on PASSING, readers are referred to Flynn (1999). A bibliography on SRV, PASSING, and PASS is available from the Training Institute. Special instructions on how to use PASSING in combination with parts of PASS are also available from the Training Institute. Inquiries into the availability of all of these can be directed to the Training Institute.

The development of the first edition of PASSING was carried out during 1979-1980 under a contract between the Training Institute and the County of Dane (Madison, Wisconsin) Developmental Disabilities Services Board. This edition was never available for general distribution. The revision and continued development of a 2nd edition of PASSING was supported by a grant from the Research Foundation of the National Easter Seal Society, from which came the 2nd improved edition that was published for general use by the National Institute on Mental Retardation (now called the G. Allan Roeher Institute) in Toronto, Ontario, that also published the Normalization and PASS texts. The 3rd edition of PASSING was financially supported by the Prescott-Russell Services to Children and Adults/Valor Institute of Ontario, Canada.

PASSING training is now available through several bodies in a number of countries around the world. For further information about PASSING, or PASSING training materials or workshops, please contact the Training Institute.

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Vendors

Most of the items in the reference list are available from the Training Institute.

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MEMO LETTER

In order to save precious time (clerical & own) & supplies, the format of this memo letter (with its very, very important message that should be taken very seriously) is used in lieu of the usual type of letter. We hope that you will be understanding of this informal shortcut, which we suggest be more widely adopted.

For the sake of economy, efficiency & speed, please select an appropriate opening salutation for yourself, such as Sir, Madam, Ms., dear, dearest, you worm, hello there, etc.

TO: PASSING Team Members

4 Aug. 20 08
Day Month Year

FROM: ____Wolf Wolfensberger, Professor XXX Susan Thomas, Training Coordinator
____Other, namely: _____

Relationship, if any, of this communication to another one of your/our part:			
___missive ___phone call ___conversation (workshop)	___tape x other	of 14-16 Nov. 2007 Day Month Year	___won't say or other	___none, at least not recently

Enclosed please find a copy of the report on the service your team assessed with PASSING, at the workshop held in Plantagenet in November 2007. Please note that **THIS REPORT IS TO BE KEPT CONFIDENTIAL, UNLESS AND UNTIL YOU HEAR OTHERWISE FROM US.** Since there were two report-writers on your team, we also anticipate a second report, hopefully in the near future.

You should read all the parts of the report, including those that explain PASSING and the assessment contexts, even though you are familiar with PASSING and how an assessment is conducted, so that you can see how a team's findings are "translated" into something that we hope is useful to the assessed service.

We very much hope we will see you at some future training event, and that you will continue your study of SRV and PASSING.

ST/cf

Encl. - as stated

CONTINUED ON OTHER SIDE

YES ☐ NO ☒XXX

Please select a closing complimentation that you feel applies to our relationship & the message of this letter, such as perhaps (un)respectfully, cordially, peace, warmly, passionately, sincerely, disgruntledly, etc.

Form revised 9/87