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] State/Province: [redacted] ZIP/Postal Code: [redacted]

Date(s) of Assessment: 2 (Day) 11 (Month) 94 (Year) to 3 (Day) 11 (Month) 94 (Year)

Method of Assessment: _____ PASS __X__ PASSING _____ Combination (Specify)

Assessment Context*: __X__ Practicum Training Assessment, Conducted as Part of a PASS/PASSING Training Workshop held in [redacted] on 10/30-11/4/94 (dates)

_____ 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 asssessment results to service/agency personnel

__X__ Without any verbal presentation (at least to date) of the assessment results

__X__ 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, & addresses):

__X__ Report Writer: Marc Tumeinski (see resume page)

__X__ Report Editor: Guy Caruso (see resume page)

__X__ Report Reviewed/Approved by: Guy Caruso (see resume page)

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

_____ Not to be Released Under Any Circumstances

_____ May be Released ONLY for Restricted Teaching & Illustration Purposes

_____ May be Released ONLY if Identifying Names, Dates, Places, & Other Such Data Are Deleted or Disguised

_____ May be Released as is to Any Interested Parties

_____ Other (Specify) _____

PLEASE TURN OVER ▶

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

Table of Contents

Participants in the Assessment

Name	Highest Degree	Team Role	Position/Title	Organization & Address	Phone
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Guy Caruso	Ph.D.	Consultant ("Floater") if any	Consultant	415 Pine Creek Road Wexford, PA 15090-9358	(412) 367-7841

Resumes of the PASSING Assessment Team Participants

Dick Spence, Team Leader

M.Ed., Administration, University of Massachusetts, 1984. Unit Director, Belchertown State School, 3 years. Regional Director of Children's' Services, 2 years. Director of Mental Retardation Services, 12 years. Presently, Quality Enhancement Specialist, Massachusetts Department of Mental Retardation, 5 years.

Marc Tumeinski, Report Writer

B.S., Computer Science, Westfield State College, 1986. Fiscal Manager, Integra, Inc., 4 years. Employment Specialist, Career Development Services, 1 year. Presently in Massachusetts, Training Coordinator, Values Implementation Project, 9 months.

David LaCroix

B.A., Criminal Psychology, University of New Hampshire, 1981. Department of Corrections, 7 years. Special Olympics, 4 years. Outward Bound, 3 years. Scared Straight, 6 years. Substance Abuse Counselor, 14 years. Presently, Residential Coordinator, New Hampshire Lakes Region Community Services, 2 years.

Dawn Leighton

M.Ed., Counseling, University of New Hampshire, 1990. Group home Program Manager, 4 years. Group home Residential Coordinator, 3 years. Day Care Toddler Program, 2 years. Volunteer, Battered Women's Shelter, 1 year. Intern, Elementary Guidance Counselor, 1 year. Presently, Service Coordinator, New Hampshire Area Agency, 1 year.

Carol Stokes

M.B.A., Nonprofit Management, Boston University, 1989. Special Educator, 3 years. Community Mental Health, Mental Retardation Center, 4 years. Assistant Bureau Director, State Department of Education, 4 years. Child Care Program, 3 years. Presently, Administrator, New Hampshire Child & Family Services, 2 months.

Sherri Williams-Mudgett

Associate's, Early Childhood Education, Lasell Junior College, 1983. Preschool teacher, 3 years. Group home manager, 2 years. Job Trainer, 1 year. Case Manager, 1 year. Counselor for abused boys, 2 years. Workshop coordinator, 1 year. Volunteer, Survivors of Domestic Violence. Presently, Vocational Services Coordinator, Easter Seal Society of New Hampshire, 1 year.

Steven Wilson

B.S., Communications, Ithaca College, 1989. Vocational Trainer, 1 year. Weekend Residential Manager, 2 years. Presently, Residential Manager, New Hampshire Lakes Region Community Services, 4 months.

Guy Caruso, Floater

Ph.D., Rehabilitation, Syracuse University, 1994. Special Educator, 3 years. Rehabilitation Counselor, 2 years. Director of Community Residential Services, 4 years. Evaluator, 1 year. Consultant, 12 years. Presently, Consultant in Pittsburgh, Pennsylvania for Allegheny County MH/MR Strategic Planning and Policy Development, 1 year.

INTRODUCTION

Background of the Assessment

On the 2nd and 3rd of November, 1994, a team of seven (7) 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 normalization * quality of human services. This workshop was sponsored by the New Hampshire Alliance for Values Based Training. The method of service assessment being taught in the workshop was the PASSING technique (Wolfensberger, W., & Thomas, S. PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals) : Normalization criteria and ratings manual. (2nd ed.) Toronto: National Institute on Mental Retardation, 1983.) The participants in the workshop were all workers in a variety of human services (but especially in mental retardation services), and came from three states (New Hampshire, Pennsylvania and Massachusetts). A list of the members of the team that assessed this service can be found after the Table of Contents page of the report. This team also visited and assessed one other service as part of its training experience, and 2 additional workshop teams also visited and assessed two services each.

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* Since 1983, normalization has been reconceptualized and renamed as Social Role Valorization, abbreviated SRV. For references that explain this development, see the enclosed "Brief Overview and Introduction to the Principle of Normalization." (Appendix A) However, while PASSING embodies this new conceptualization, it still uses the language of normalization, because the new term has not yet been coined at the time of PASSING's publication.

Overview of the Assessed Service

[redacted] hereafter referred to as [redacted] is a small sheltered workshop located in the [redacted] It is one component of a larger non-profit agency, The [redacted] hereafter referred to as [redacted] provides educational, community, residential and vocational services.

[redacted] has been in existence since 1991. It is a weaving program for clients of [redacted] It currently serves six individuals, ranging in age from 27 to 55, of which four are women and two are men. The individuals have various impairments, including mental retardation, Down's Syndrome, seizure disorders, hearing and verbal impairments, and one person labeled as mentally ill.

[redacted] is located right off of a main street in a busy shopping area, among many different shops, stores, restaurants and offices within easy walking distance. The exterior of the shop is typical and matches that of the other shops in the area. The interior is divided into three main areas - a front display area with the shop goods on sale, a work area with 7 looms and a desk, and a break area with a small table and chairs. The back of the shop has a storage area with shelves, and a bathroom.

Products sold at [redacted] include hats, scarves, handbags, rugs, placemats and Christmas wall hangings. Proceeds from sales of goods are distributed as follows - 50% to the artisan, 50% to [redacted] for materials purchase and overhead cost. In addition, artisans agree to assist in the operation of the store, including such duties as housekeeping, stocking and sales. [redacted] agrees to assist the artisans to develop the necessary skills to carry out these responsibilities.

Three individuals in staff roles work at [redacted], two full-time and one part-time. They range in age from 36 to 40, two women and one man. Some of the prior work experience of staff includes: working with abused teenagers, being a schoolteacher for young children, working in a day care, working at a summer camp for children with developmental disabilities, and being a staff trainer at a manufacturing company. Two individuals volunteer at [redacted] on a weekly basis, both women. [redacted] provides substitute staff to [redacted] on an as-needed basis.

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

Explanation of the Assessment Process

A PASSING assessment is an in-depth evaluation of a service's quality. Inorder 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 of observation of the program in operation. The team which assessed this service engaged in all those activities. However, if the evaluation had been for real rather than primarily for training purposes, then there would have been even more extensive data collection.

A typical schedule of assessment activities is as follows. First, the team meets to clarify roles, responsibilities, expectations for each team member, and the assessment schedule. Then, after reading documentary material on the service the team makes a tour of the neighborhood surrounding the service. This tour is typically done by car, but may involve walking through the neighborhood too. Then, the team conducts a lengthy interview of several hours with responsible service personnel, such as the director, direct service staff, and sometimes one or more board members. The team then observes the program in operation, and if conditions permit, has a meal at the service--if possible, with the clients. At some point, the team is given a guided tour through both the interior and exterior of the setting. The team may peruse additional documentary material, and has an opportunity to talk with clients and other staff.

After having collected as much information on the service as possible, each team member spends 2 to 3 hours privately reviewing this information, and determining on a preliminary basis what the quality of the service is on a 5-level scale on each of the 42 service dimensions ("ratings") assessed by PASSING Level 1 represents the poorest level of performance, and Level 5 represents the optimal level of service quality on an issue. After each team member has completed this individual assignment of rating levels, the team begins its lengthy intra-team discussion on the service as a whole, and on its performance on each of the 42 ratings. This process is called "conciliation," and during this process, the team attempts to reach a consensus judgment as to the service performance of each of the rating issues. This means that in the light of the team's total evidence, team members will sometimes have to change their minds about a level that they had previously considered to be the correct one during their private, individual and preliminary level assignments. It is the team's consensus judgments which are recorded and reported on the Scoresheet/Overall Service Performance Form, attached to the end of this report.

Conciliation starts with a lengthy discussion on what the service is and who are the people it serves: what are they like, what defines them, what do they need. (PASSING teams are actually privileged in this regard, because so many services never have the opportunity to spend as much time looking in a structured and prolonged collective context at the identities of the people they serve and their needs, as PASSING teams do. Many services and service staff members have never had such an opportunity.) After this, the team discusses and analyzes all of its observations and other information in light of those 42 PASSING ratings. Then the team elaborates the major strengths of the service as it perceived them, the major recommendations that need to be offered to the service, and the major overarching issues, i.e., issues that sit "above" a service, so to speak, and affect a great many more specific things that go on in it.

Explanation of PASSING Scoring and Application

Appendix B, "Overview of PASSING," explains that PASSING is a quantitative instrument that measures service quality on 42 separate elements or "ratings," and that each rating is weighted with a certain number of points, representing its contribution (relative to the other ratings) to overall service quality. Some ratings are weighted as low as 7, and others as high as 50. The sum of all the weights of all 42 ratings is 1000.

Further, each of the 5 levels of each rating is assigned a percentage of the total weight for that rating. Level 1 (representing the poorest service performance in regard to an issue) is weighted minus 100% of the rating weight. Level 2 (representing poor service performance in regard to an issue) is worth minus 70% of the rating weight. Level 3 (representing "neutral" performance on an issue) is weighted 0. Level 4 (representing positive service performance in regard to an issue) is worth plus 70% of the rating weight. Level 5 (representing the "attainable ideal" of service performance in regard to an issue) 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 Levels 4 or 5 that they achieve on ratings. Accordingly, the possible score 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 4's) of performance on all the ratings. In other words, services are "expected" to perform positively on each element of PASSING, even though there would still be room for some minor improvements in each rating area.

A total score of zero is called "minimally acceptable," meaning that, taking all 42 issues into account (i.e., subtracting negative from positive scores), the service is doing neither more good that harm, nor more harm that good. There may actually be some areas where harm is being done, but these are balanced out by some areas in which the service is doing positively. Any total score less that 0 means that overall, more harm is done than good, even though some good may also be taking place in some areas.

It is important to note that PASSING does not assess administrative or management issues PASSING looks only at programmatic issues, i.e., what gets done to and with the people who are served in the light of what these people really need. There are all sorts of other things that go on in a service that have to do with administration and management, that are done because of certain laws or regulations, that are not done because of certain shortages, etc. Often, these things act as constraints on programmatic quality. A simple example is that not enough money may be allocated to do what the people being served need. But lack of finances is a legal, legislative, administrative or management issue, as opposed to a programmatic one

Another aspect of PASSING is that it measures service quality from the perspective of what is needed by the people who are served in order for them to play valued roles in society (if they do not have one to begin with), or in order for them to maintain a valued place in society (if they already have one), because under certain conditions valued people may become devalued Thus, PASSING asks the people who are using it to step into the shoes of the people who are being served, and to examine whether service practices are good or bad from the perspective of what these people need to have valued roles and identities in society

Consistent with the above rationales, PASSING does not accommodate for the various reasons why things may be less that optimal--precisely because it looks at service quality from the perspective of the people who receive it. For example, as mentioned, a shortage of money often means that things are not as good as they should be. But from the perspective of the person who receives the service, that is irrelevant, at least in the sense that it does not change the actual (usually detrimental) outcome. Such realities are not irrelevant in terms of understanding the source of a problem and charting improvements, but they also do not change the reality of what really happens to the client. Another example: some services may not be able to do something that needs to be done because of union rules. Again, form the perspective of the actual impact on the people who are served, that reality cannot be taken into account in judging the quality of whatever is done by the service.

Lastly, PASSING is a demanding instrument, with very high standards for services. It compares service practices to an ideal, though one which is practicably obtainable. At the same time, the practice of applying PASSING to a service is not meant to be one of assigning blame for shortcomings and the good elements of a service, regardless of where they came from, or why, or on whose initiative.

The Derivation of an Assessment Consensus

It is the standard practice in PASSING assessments that after a team studies descriptive documents on the service being assessed, visits the service site, interviews various service personnel and clients, and thus collects considerable data, each team member privately and separately assigns a level to each of the 42 PASSING ratings. This individual assignment of rating levels is usually a long process (up to three hours), and may take place while the team is still at the service site. Team members assign rating levels by reviewing their notes and checking the criteria for each rating spelled out in the PASSING Normalization Criteria and Ratings Manual. After each team member has completed this task, the entire team reassembles at the training workshop site, and spends anywhere from 8 to 24 hours reviewing each rating, discussing the data on the service that are relevant to it, and reconciling any differences among team members until a clear consensus or judgment on the service's performance on the rating is reached. It is the final consensus or judgment which is recorded and reported on the Scoresheet/ Overall Service Performance Form, attached to the end of this report.

RESULTS AND INTERPRETATIONS

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

The major emphasis in a PASSING training workshop is on the training of the participants in use of PASSING and in Social Role Valorization. Agencies which serve as practica 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 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, such as this 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 under circumstances other than as a training exercise.

Naturally, because this assessment took place within a training context, and because all team members, except the team leader, were novices to the PASSING tool, we do not feel fully confident of all the findings as reported on the attached Scoresheet/Overall Service Performance Form. 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. 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 documentation on the service. 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 most assessments and assessment reports have been found to be accurate in at least most of their findings; and of these, some assessment reports have been extensively utilized by the services assessed. Even in the case of weaker assessments and assessment reports, at least some of the team's conclusions usually have validity.

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

The Scoresheet shows the score attained by the service on each rating in the instrument, as well as the scores for each cluster and section of ratings in the instrument. The Overall Service Performance Form shows the total PASSING score received by the service, its performance in various rating clusters and rating sections, and the scores the service received on each of the five subscores of PASSING. The Overall Service Performance Form also shows the context of the assessment, lists the major issues in the service as identified by the assessment team, and lists the major issues in the service as identified by the assessment team, and lists some major recommendations of the team for service improvement.

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 Ratings 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 comfort of the service setting would be followed by (R213 Physical Comfort of Setting, p. 375)

Global Quantitative Scores

[redacted] received a total PASSING score of -313, which is within the "Below Acceptable; Poor" range. This report will more fully explain how the team came to this score. Since PASSING is an instrument which is relatively new, it is impossible to determine where this program scored in comparison to most other programs assessed.

In PASSING, there are a variety of sub-scores, broken down by rating areas, as described in the section of this report entitled "Overview of PASSING", Appendix B. The program received a relatively better sub-score, "Good; Expected", in one area: Physical Setting of Service, as it relates to Social Image Enhancement..

For a breakdown by rating, please consult the PASSING Scoresheet/Overall Service Performance Form, found at the end of this report.

MAJOR FINDINGS AND INTERPRETATIONS

Foundation Discussion

Before detailing the major findings of the team regarding [redacted] it makes sense to "set the stage" by describing the process used by the team to identify these findings. As part of the team conciliation process described in the section of the report entitled "Explanation of the Assessment Process", the team held a "foundation discussion" centered on the six individuals served b[redacted] A foundation discussion typically asks the following questions:

I. Who are the people served (factually & existentially)?
II. What do these people need? What are their overall needs? What are their most pressing needs?
III. What would ideally meet these needs?
IV. What are the people served actually getting from the service (factually & existentially)?
V. What are the discrepancies, if any, between what people need and what they are actually getting?

For clarity purposes of this report, I will summarize the team's discussion around questions I and II. The "Major Strengths" section of this report will speak to some degree to questions II and III, while the "Major Issues" section of the report will address questions IV and V.

Who are the people served?

Six people receive services fro[redacted] * The individuals all live within a 20 mile radius o[redacted] One person is from[redacted] the rest from[redacted] All are semi-employed and receive money based on the sale of their artwork. All have various living situations (e.g., living in staffed apartments, being in a supported living situation with a family, living in a group home). The six individuals range in independence in terms of living skills. All six people have varying levels of family involvement. Three individuals have legal guardians. Most have moved several times in their lives. At least one person was institutionalized at a young age, and at least one person is on various medications. All six individuals were attractively dressed and groomed, and were amenable to the team's visit.

Existentially, the team felt that the theme of "clienthood" is prevalent in the lives of all six individuals. Each individual has been a client of the human service system almost all their lives. This has had and still has far reaching implications in the lives of the individuals. They are all dependent on the human service system for virtually everything - food, shelter, money, education, relationships, community activities, employment, etc. This dependence has been constantly reinforced throughout their lives. The team felt that these people are not expected to ever leave the service system entirely.

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* This information is additional to the information given in the section of the report entitled "Overview of the Assessed Service".

This leads to another facet of clienthood - these individuals have suffered an impoverishment of typical experiences. The six people served do not share the common experiences of most valued people; e.g., going to school, getting a job, making friends, getting married, buying a car, opening a bank account or going on vacation. Related to this, the human service system and society in general typically has held low expectations for these individuals. Such low expectations have meant that they will never leave the service system, hold a full-time job, go to college, buy a house or a car, get married or have children. All these are life events that most valued people typically take for granted.

Also, the six individuals have had limited experience with true relationships. The team felt a true relationship was a freely given relationship, one that develops and grows naturally over time, with give and take occurring between the two people in the relationship. Most of the people in the client's lives are paid to be there. This in itself is not inherently harmful; however, when the preponderance of relationships in an individual's life are on a paid basis, this is harmful to that individual. Having only paid relationships in your life implies discontinuity in your life, as well as an imbalance in how your relationships are structured. Staff people frequently come and go in clients' lives; for example, if they change jobs or move. Staff also tend to hold almost all the power in any paid relationship with a client.

These people have been "tossed around" their whole lives, without any voice in, or control over, how their lives progressed. In addition, they have had very limited formal education, if any, and are starved for meaningful work in their lives. They have never been given the opportunity for true work, which in this society is so life-defining. One result of a limited education and limited work experiences and opportunities is that these six individuals live in forced poverty. They are dependent on government money essentially for their survival.

What do they need?

What do the above themes tell us about these six individuals? If people are living lives of clienthood and dependency, then they need to have control over their own lives and to be more independent. They do not need to fulfill the role of client as the major role in their lives. As with all people, they may need to receive services, but they do not need to be controlled and made dependent by the service system. Also, they need responsibility over their own lives. For some individuals who have difficulty communicating, they may need help to communicate or strong advocacy efforts from someone who understands them, and can speak for them and in their best interests.

If these people are impoverished in terms of life experiences, they need to have typical life experiences. If they are living in forced poverty, they need to be able to earn money and have meaningful gainful employment. The team felt that some of the individuals needed the chance to practice and cultivate their artistry, to give them the meaningful work and sense of pride and purpose most of these individuals were missing. If they have been part of a large service system all their lives, they need the opportunity to express their individuality and to become part of their local communities. For individuals who have had no deep relationships, they

need long-lasting, committed true relationships, as described above in the section entitled Who are the people served. This implies that all their relationships should not be with paid staff or other devalued clients, but genuine relationships with valued individuals as well.

From the above described needs, the team identified the most pressing needs for these six individuals as the following: meaningful and ongoing relationships, to have control and independence in their lives, and the ability and opportunity to communicate and to be understood. This last need may imply a further need for strong advocacy efforts on a particular person's behalf.

Major Strengths

The Concept Behin[redacted] An Artists' Coop

Following the foundation discussion, the team identified areas where[redacted] is meeting the needs of the six individuals who receive services. To accomplish this, the team used the concept of the culturally valued analogue, hereafter referred to as CVA. The CVA is what valued members of society typically expect and receive in their lives. For example, valued members of society typically expect to live in a home. Although home can take many different forms (e.g., apartment, house, condominium), there are basic characteristics of home that most valued members of society would agree upon. This concept is useful in determining how relevant and effective services are for devalued people.

The team felt one major strength of[redacted] is the concept o[redacted]n general, driven by the commitment and caring of the two staff members who originally came up with the idea to start[redacted] To better understand this finding, it makes sense to explain the team's concept of the[redacted] behin[redacted]fter visiting[redacted]and conducting interviews with staff and clients, the team conceptualized[redacted] as an artists' coop. This concept of the artists' coop helped the team to discern what type(s) of services[redacted]as providing, and to determine if and how[redacted]was meeting the needs of the six individuals served.

The team described an artists' coop as a group of artists who share communality in one (or more) of the following three areas: a forum for selling their art, a common residence, and/or a studio in which to practice their art(s). Typically, different types of artwork will be practiced within a coop; e.g., pottery, weaving, painting. Each artist makes his/her work individually (either in a common studio or a private studio) and owns their individual works. Each artist makes money based on their artwork that is sold. The artist usually gets a percentage of the sale and the coop gets the rest, to cover mutual expenses (e.g., rent, advertising).

In this society, art talent is typically valued. Artists are considered fairly intellectual, with a wide range of educational backgrounds (both formal and informal). Artists are also considered: eccentric, individualists, independent, free wheeling and non-conformists.

The team felt the artists' coop concept could be used to effectively meet the needs of the six individuals. It would provide them with an opportunity for meaningful work as well as a chance to express their artistry. The coop could provide financial independence to the individuals. A coop would give the individuals the chance to develop and express their own individuality. It would provide various opportunities to form meaningful relationships, which in turn could lead to increased opportunities for communication and understanding. All these potential benefits of a coop would add together to give individuals more control over and independence in their lives.

[redacted]et up very much along the lines of an artists' coop. The six artisans at [redacted]share a common forum for producing and selling their art. Each artisan gets a percentage of the sale of their artwork. The artisans are encouraged to work on their own designs. The six artisans have a chance to meet and form relationships with

other people (e.g., other artists, customers, etc.). This is only a broad outline of [redacted] - many of the aforementioned general statements will be described in more detail through the rest of this report. In general, however, the concept of an artists' coop has a great number of important potential benefits for the people served.

The team also recognized and appreciated the pioneer drive and caring of the two staff persons who originated and created [redacted] These two individuals obviously believe in each of the six individuals' abilities and needs as human beings, and are committed to helping these six individuals meet their needs through [redacted] In addition, the team is very grateful to [redacted] and [redacted] staff for being so open and welcoming to our visit, which in itself is a strength, especially in a work enterprise that brings one into constant contact with the public.

Quality of the Products and Pride of the Workers

The artists' coop concept, driven by the caring and commitment of staff, leads to the next major strength identified by the team; namely, the beautiful artwork products made by the artists a[redacted] The team members were unanimously impressed by the beauty and quality of all the products in the shop.

The pride and care the artisans took in weaving was obvious to the team. Individuals were more than happy to show the team what they were working on, as well as the artwork they had made that was on display in the shop. Not only does this give these artisans self-esteem in relation to their art, but it images these individuals as competent artists in the eyes of others.

For most of their lives, these people have been cast by society into negative roles and stereotypes because of their impairments. One of the stereotypes associated with devalued people and with people who have mental retardation is being seen as somehow less than human. People with mental retardation are often seen as not having the same emotions and feelings as non-impaired people. However, to see these individuals taking great pride in their art, and to see them creating art, which is considered a distinctly human endeavor, does much to counter these negative stereotypes. The coop also gives the six individuals the opportunity to develop a sense of their own worth and individuality. Each artisan reaps the benefits of selling their art - both the fiscal and other personal esteem benefits. Each piece of art is unique to that artist. The coop gives these individuals the chance to grow and develop in their chosen art, to express their individuality through their creativity.

Features in the Physical Setting and the Location of [redacted]

An important component of the artists' coop concept is the location of the coop, which is another major strength identified by the team. The team realized the importance of locating an artists' coop in a particular kind of setting to help ensure success, and recognized staff's consciousness and implementation of finding a good setting and location for the shop.

[redacted] a typical shop, located among many other shops, in a definitely upscale tourist area. The team gav[redacted] the highest possible rating on location and physical setting and exterior, due to the ideal location of the shop and staff's consciousness of

the importance of physical setting. Keeping in mind the damaging stereotypes associated with devalued people and people with mental retardation in particular, it becomes crucial to overcome these stereotypes in as positive a manner as possible. Physical setting and location is one avenue for accomplishing this.

Devalued individuals are at risk of being imaged by society as outcasts, as different from valued people. Furthermore, devalued people are at risk of being seen as incompetent and not capable of work. By locating [redacted] in a setting that blends in so nicely with its surroundings, it sends a powerful message that the individuals working at [redacted] belong with valued people, that they are part of the community. The aesthetically pleasing shop exterior says that the people inside care about such things, and about where they work. As a counter to the incompetent stereotype associated with devalued people, these six individuals are seen doing valued work in a valued setting by customers and by the public in general.

Opportunities for Personal Social Integration

Another major strength identified by the team, which ties into the importance of physical setting and location, is the opportunity for these six individuals to be integrated into the surrounding community. [redacted] is located in a resources-rich area, with a great number of opportunities for the six individuals to interact with the public; e.g., other store and restaurant owners and workers, tourists, customers and shoppers. The team recognized the staff's consciousness of the importance of such interactions and their support towards helping them to occur.

Devalued people and especially people with mental retardation are often seen as "happiest being with their own kind"; e.g., other devalued, mentally retarded people. Beyond this, individuals who are mentally retarded and people labeled with mental health issues are often viewed as dangerous and as menaces by society.

Locating [redacted] in such a busy area and supporting these six individuals to be part of the surrounding community is one way to overcome these negative stereotypes. Choosing this location shows that devalued people have something to offer to other people. They can form genuine relationships with valued people, while both contributing to and benefiting from such relationships.

Besides the image considerations, opportunities to form relationships and to be integrated into the community gave these six individuals a chance to learn, in a typical and natural fashion, how to interact with other people, what is expected of them and what can be gained from such interactions. This is a powerful opportunity to help increase these individuals' social competencies (e.g., how to make conversation with people, how to act when meeting someone for the first time) and to give them valuable social experiences.

Other Strengths

- Staff persons create and support opportunities for the six people to express their individuality (e.g., each artisan gets an individual loom, each individual makes trips into the community for lunch or shopping, staff has detailed knowledge of personal information about each artisan that could only be gained through long association with the individuals).

- Staff persons create and support opportunities for these individuals to express themselves artistically. Each artisan is supported to choose what they want to make, to choose their own designs to work on and to choose what materials to use in making the product.

- The individualized approach to teaching each artisan how to weave, including the use of instructional materials, works very well. Staff regularly work one-on-one with each artisan as needed on a daily basis

- Careful attention is paid to the personal appearance of the individuals. Staff persons realize that first impressions are extremely powerful. Especially in a retail shop where contact with the public occurs regularly, clients should present typical and even highly valued appearances, as one way of compensating for their devalued status in society.

- Ratio of staff to clients, including the male/female ratio, is highly positive. Having a low staff to client ratio allow for extensive personal attention and instruction on the part of staff. Also, having both male and female staff workers not only provides a more typical work environment, but insures that the male and female clients have strong role models of their own gender to observe and from whom they can learn.

- Physical separation of the coop shop from the [redacted] site. Locating [redacted] away from [redacted] made it possible for other actions to be taken that would have positive effects on client's image enhancement and competency development. For example, this location set the stage for increased opportunities for integration of clients into the neighborhood and for the overwhelmingly positive features in the physical setting and location of [redacted]

- [redacted] is a good name for a business/artists' coop.

Major Issues

The team next identified potential areas wher[redacted] could better meet the needs of the people served. Following each potential need area will be recommendations specific to that need area. As well, the major recommendations are summarized later in the report. (See the Table of Contents.)

[redacted] Is Treated as Another Program of [redacted]

Although the team felt the concept of the artists' coop could be helpful in meeting the needs of the six individuals, the team also felt that staff were not fully implementing this concept. This partial implementation negatively affected the people served in different ways.

[redacted] is treated as another program o[redacted] rather than as an actual business/coop. The majority o[redacted] clients return t[redacted] for an hour or more at the end of each day, to await transportation to their respective homes. They spend this time waiting with othe[redacted] clients. Also[redacted] staff fill ou[redacted] programmatic forms on each artisan, and are responsible for implementing programmatic plans for each worker. In addition [redacted] literature and staff refer to [redacted]s a weaving program, and often mention [redacted] connection to [redacted] Finally, [redacted] underwrites [redacted] to ensure it will not fail financially.

What does all this mean for the individuals served by [redacted]? These practices strongly reinforce their image as clients of a program. It potentially images these workers as not serious about, or even capable of, real work and true art, since they are in a human service program, and not practicing art as a remunerative trade.

For the people working a[redacted] ending their day at [redacted] sends powerful negative messages about them. By being congregated with other devalued people and segregated from valued people, it reinforces the stereotype that these people "are most happy being with their own kind" and cannot or should not be around valued people. Going back t[redacted] at the end of each day is obviously a decision based on making it easier for [redacted] to operate, not on what is best or most image enhancing for the people involved. It is purely a transportation logistics decision. The six individuals' needs or wishes are not taken into account. This decision not only affects people's image, but competencies as well. Returning t[redacted] each day means these six individuals are again spending a large amount of their time congregated with other devalued people.

Peer modeling is an extremely powerful form of learning, through the process of imitation. Spending large amounts of time congregated with only other devalued people can have two disastrous effects - individuals will have their negative behavior patterns reinforced, as well as learn new negative behaviors. Immersing an individual in an environment where they are surrounded by other individuals demonstrating socially unacceptable and negative actions and behaviors will lessen any positive competencies that individual is developing, and replace them with negative competencies. Returning t[redacted] tends to diminish and even reverse the positive effects of spending part of the day with a few valued individuals at[redacted]

On a larger scale, by financially supporting [redacted] is ensuring that the artisans a[redacted] will not have the chance or even the choice to take a dignity of risk step by starting and running their own business. Dignity of risk is something valued people take for granted - the opportunity to take risky, but potentially greatly rewarding, chances in their lives. Even if a valued person takes a chance and fails, that person retains their dignity even in failure.

The link t[redacted] and the functioning of [redacted] as a human service program has other major implications for the people served, which will be described in the following sections.

Recommendations: Do Not Treat [redacted] Another Program of [redacted]

1. Incorporate [redacted] as a business, with the risks, rewards and incentives thereof. Discontinue being a program of [redacted]
2. Staff need to act as artists and/or entrepreneurs, not as program staff (NOTE - the team felt staff already had the necessary talents to do this but need to change their views of themselves).
3. Do not become a bigger "program", but let individual interest and other business factors (e.g.; the economy) determine the size of the shop.
4. Staff and artisans should be more directed towards building an inventory of artwork and selling their products.
5. Hire artists to work in the coop, not individuals who are only interested in leaving th[redacted]rogram every day, or are joining for other reasons.
6. Give individuals other choices of art, besides weaving.
7. Get rid of the disability program images in [redacted] literature (e.g.; calling [redacted] a weaving program, describing individuals' disabilities, mentioning the connection to [redacted]).
8. Refer to [redacted] as an artists' coop, not a program.
9. Refer to the workers as artisans.
10. Stop bringing artisans t[redacted]at the end of the day to await segregated transportation.
11. Open the shop during typical business hours; e.g., stay open longer during the week, stay open on weekends, keep the shop open Christmas week.
12. Get a cash register or cash box, and specify a "cash area" within the shop to handle sales.

Isolation from Valued Artists

The team felt another major issue was the decision by [redacted] not to include valued artists within the coop, but only clients of the [redacted] workshop program. [redacted] staff made a conscious decision that only devalued people (e.g. [redacted] ients) would work and sell art at [redacted] This decision only makes sense if [redacted] is viewed as a therapeutic program, and therefore only people needing therapy would take part. This is especially problematic sinc[redacted] could easily be integrated with valued artists.

The team learned that it is difficult for artists to show their art locally unless they are a member of the Artisan's Guild, of which it is hard to become a member.

[redacted] would be a perfect opportunity for artists of all kinds to be able to sell their art, but especially those who are not Guild members. At least one artist has asked [redacted] if they could display their goods in the shop. They were turned down because staff considered [redacted] program for clients only. The consequence of this is that the six individuals at [redacted] end up congregated with each other and segregated from valued people, instead of taking advantage of the many integration opportunities a coop could offer with valued non disabled artisans. Presently, people spend their entire day with other devalued people at [redacted] an[redacted] not including staff, who still somewhat see themselves in a program role.

By being congregated and segregated in this way, it sends a powerful message that these six individuals "are happiest being with their own kind," along with the other problems associated with congregation described in the issue above. Congregation robs these six individuals of the opportunity to form relationships with, and learn from, other artists who share similar interests. Congregation and segregation continues to limit these individuals' opportunities for, and experiences of, true meaningful relationships.

Recommendations: Not Being Isolated from Valued Artists

1. Encourage and support valued artists to work and/or sell their goods at the coop. This will help diversify the coop and build an inventory. It will provide valued role models that the devalued artisans can learn from, as well as teach. It will help provide opportunities for social participation on a personal level. It will help change the negative images associated with the six individuals, as well as promote their competencies and skills.
2. Contact artisans who are not Guild members to determine their interest in joining the coop, as well as their compatibility with the current members of the coop.
3. Allow the volunteer who does pottery to display her goods in the shop.

Staff Control Ove[redacted]

Another aspect o[redacted] being treated as a [redacted] program is that staff are obviously in control at [redacted] As well-intentioned as staff are, the team still considers this a major issue. The six individuals have no say in the operation of [redacted] They are not represented on the board that decides what artwork will be sold in the shop. They have no say in day-to-day decisions; e.g., hours of operation, price setting, advertising.

This has major implications for these people's images and competencies. Their lack of true involvement in the coop sends some powerful messages about them. If people do not have a say in how the coop they belong to is run, they are obviously incompetent to make any responsible decisions. They do not have any true knowledge or understanding of art, or what kind of art will sell. They have no business sense either, since they are not involved in any decisions about store operations. They do not even have valid opinions, since their advice is not sought, let alone taken into account. They are obviously incompetent and lesser, unequal members of the coop.

As the team discovered, these individuals have been clients of the human service system almost all their lives. Because of their dependence on the service system, they have had little or no say over their own lives. What these people need is to have more control over their lives, obviously with the proper, and if needed, necessary supports. However, this is not happening a[redacted]None of the individuals are given the opportunity to participate or contribute to the coop in any significant way. A myriad of opportunities are missed (e.g., helping the artisans greet customers or handle sales, involving the artisans in inventory purchase) that could be used to explore people's strengths or to let them contribute to the coop. This reinforced people's dependence on staff and the human service system. It continued the lifelong trend of impoverished experiences. It did not allow the people any voice, and control, over their work and/or art lives. When staff do not involve the workers in the running of[redacted] it tells the people that they have no control and nothing to say about what goes on in their lives, and probably never will.

Recommendations: Shared Control Over[redacted]

1. Involve the artisans in all aspects of the business in which they are interested (e.g., answering the phone, price setting, teaching weaving to new coop members).
2. Support the six individuals in learning new competencies related to running a business (e.g., money management, advertising, sales, hiring decisions).
3. Have some, or all, of the artisans join the Review Board. The Review Board is responsible for screening artisan's submissions for possible sale a[redacted] Currently, no[redacted] artisan in on the Review Board.

Casting of Clients into Pity Charity and Other Negative Roles

The final major issue identified by the team is the imaging of these individuals as being pitiable and therefore needing charity from others to survive. This issue again ties into the theme of clienthood discussed previously. Being totally dependent on the human service system sends the very powerful, negative message that these individuals are deserving of pity and are needful of charity because of their impairments. This can have disastrous effects on people's images of devalued people and of devalued people's images of themselves. Another stereotype that people with mental retardation and especially Down's Syndrome face is that of being perceived as a child. Lastly, continued dependence on the service system helps to ensure that the service recipients will be kept financially impoverished. Continued dependence on the system often means no opportunities for jobs, income or self-sufficiency. The implication is that these people can never be self-sufficient to any degree.

The individuals a[redacted] receive funding from Medicaid and Aid to the Permanently and Totally Disabled (APTD). These types of funding are extremely negatively imaged - they portray people as being medically ill, as totally incompetent and of being dependent on the service system for the rest of their lives. The ideas of pity and charity imply that these individuals do not really deserve these services as

equal members of our society. [redacted] is the recipient of money from the annual Knights of Columbus Tootsie Roll Drive. Not only is this money imaged as pity charity, but the idea of a Tootsie Roll Drive is also very child-imaged.

The issue described above, that of [redacted] being run as a human service program not a business, has implications here also. Since [redacted] is not serious about running a business and making a profit, the six individuals are denied the opportunity to make a real income. This keeps these individuals in forced poverty.

Recommendations: Casting of Clients into Non-Pity Non-Charity Roles

1. Incorporate [redacted] as a business. As soon as possible, stop being dependent on [redacted] for continued financial survival. Perhaps, get some assistance from the Small Business Administration and/or local banks.
2. Run [redacted] as a business, not a program. Concentrate on building inventory and increasing sales, so the artisans can earn a decent income. Try to get these six individuals off of Medicaid and APTD as soon as possible.
3. Stop taking money from the Knights of Columbus Tootsie Roll Drive, and educate the local Knights of Columbus organization on [redacted]'s purpose and how they might better help in a more positive manner.

Other Issues

- Support of non-coop functions by [redacted] staff is not coherent with the coop concept (e.g., tutoring in the shop, trips to the pool and gym taken from the shop). Valued members of an artists' coop would not typically support each other in non-coop functions in their roles as artisans and coop members. The team felt that in a typical coop, members would be allowed to engage in other non-coop activities, since the coop concept is flexible in that sense, but members would not be encouraged or supported to do so. This falls outside the domain of the coop.

- Relationships among the six individuals are almost nonexistent. Artisans are not encouraged or supported by staff to interact with or form relationships with the other artisans, even they though share a common interest - art and weaving.

- Transportation is arranged and done by paid [redacted] and [redacted] staff. This is an example of a missed opportunity for the artisans to form relationships with valued people. Rather than look for people who work in the nearby shops who would be willing to share rides with the [redacted] artisans, staff has chosen (even unconsciously) to keep the artisans isolated and dependent on the service system by providing transportation to them.

- Artwork on sale is identified by a number, not the artist's name. This in another missed opportunity for individualization. Perhaps by identifying products by the artists' name, the staff a[redacted] could facilitate and encourage the general public to meet and engage with the individual artisans.

- Although the interior of the shop is adequate and typical, it could be made even better, especially to match the exterior of the shop. It could be made more comfortable and inviting to the general public, to facilitate people coming into the shop and once they are there, to interact personally with the artists.

Recommendations

This section will list the major recommendations of the report.

Recommendations: Do Not Treat [redacted] as Another Program of [redacted]

1. Incorporate [redacted] as a business, with the risks, rewards and incentives thereof. Discontinue being a program of [redacted]
2. Staff need to act as artists and/or entrepreneurs, not as program staff (NOTE - the team felt staff already had the necessary talents to do this but need to change their views of themselves).
3. Do not become a bigger "program", but let individual interest and other business factors (e.g.; the economy) determine the size of the shop.
4. Staff and artisans should be more directed towards building an inventory of artwork and selling their products.
5. Hire artists to work in the coop, not individuals who are only interested in leaving the [redacted] program every day, or are joining for other reasons.
6. Give individuals other choices of art, besides weaving.
7. Get rid of the disability program images in [redacted] literature (e.g.; calling [redacted] a weaving program, describing individuals' disabilities, mentioning the connection to [redacted]
8. Refer to [redacted] as an artists' coop, not a program.
9. Refer to the workers as artisans.
10. Stop bringing artisans to [redacted] at the end of the day to await segregated transportation.
11. Open the shop during typical business hours; e.g., stay open longer during the week, stay open on weekends, keep the shop open Christmas week.
12. Get a cash register or cash box, and specify a "cash area" within the shop to handle sales.

Recommendations: Not Being Isolated from Valued Artists

1. Encourage and support valued artists to work and/or sell their goods at the coop. This will help diversify the coop and build an inventory. It will provide valued role models that the devalued artisans can learn from, as well as teach. It will help provide opportunities for social participation on a personal level. It will help change the negative images associated with the six individuals, as well as promote their competencies and skills.
2. Contact artisans who are not Guild members to determine their interest in joining the coop, as well as their compatibility with the current members of the coop.
3. Allow the volunteer who does pottery to display her goods in the shop.

Recommendations: Shared Control Over [redacted]

1. Involve the artisans in all aspects of the business in which they are interested (e.g., answering the phone, price setting, teaching weaving to new coop members).
2. Support the six individuals in learning new competencies related to running a business (e.g., money management, advertising, sales, hiring decisions).
3. Have some, or all, of the artisans join the Review Board. The Review Board is responsible for screening artisan's submissions for possible sale at [redacted]. Currently, no [redacted] artisan in on the Review Board.

Recommendations: Casting of Clients into Non-Pity Non-Charity Roles

1. Incorporate [redacted] as a business. As soon as possible, stop being dependent on [redacted] for continued financial survival. Perhaps, get some assistance from the Small Business Administration and/or local banks.
2. Run [redacted] as a business, not a program. Concentrate on building inventory and increasing sales, so the artisans can earn a decent income. Try to get these six individuals off of Medicaid and APTD as soon as possible.
3. Stop taking money from the Knights of Columbus Tootsie Roll Drive, and educate the local Knights of Columbus organization on [redacted] purpose and how they might better help in a more positive manner.

Conclusion

People who are familiar with PASSING and/or a related, similar instrument PASS (Wolfensberger, W., & Glenn, L. PASS (Program Analysis of Service Systems): A method for the quantitative evaluation of human services. (3rd ed.) Toronto: National Institute on Mental Retardation, 1975; reprinted in 1978) are aware that PASS and PASSING reports are not always well-received. Recipients of a report may not be familiar with the rationales that underly PASSING as a whole, or its specific ratings and rating clusters; or they may know the rationales, but disagree with them. Sometimes, recipients feel that evidence collection by the team or team expertise were deficient--and on occasion, this is correct. However, while an assessment by a fully qualified team could be "guaranteed" to be competent and accurate, such an assessment is also very expensive.

No matter how this report is accepted, we routinely recommend that persons associated with the service assessed (such as board members, staff, advisors, sometimes clients 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 Ratings Manual, as well as perhaps other volumes. Even better would be to participate in a future PASSING workshop like the one from which this report emanated.

The team appreciated the cooperation of the staff and clients at the service, and their patience at having their routines disrupted, and in dealing with what must have seemed 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 to enjoy such a valuable learning experience.

PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals), 2nd Edition, by Wolf Wolfensberger & Susan Thomas

SCORESHEET / OVERALL SERVICE PERFORMANCE FORM

1. Agency Being Assessed: [redacted]

2. Assessment Date(s): 11 (Month) 23 (Day(s)) 1994 (Year)

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

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

☒ One component, namely [redacted] of a multi-component agency, where this component was:

☒ The only component assessed at this time.

☐ One of a number of components of the agency 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 agency:

_____

_____

_____

_____

_____

☐ 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:

Please refer to the MAJOR ISSUES section of the report.

5. Major Recommendations:

Please refer to the MAJOR ISSUES section of the report.

27.

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)	(−355 to −106) **−313**	(−105 to +495)	(+496 to +755)	(+756 to +1000)

6B. By Programmatic Subscore Areas

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) **−116**	(−67 to −21)	(−20 to +92)	(+93 to +141)	(+142 to +188)
Integrativeness (range = −217 to +217)	(−217 to −78)	(−77 to −24)	(−23 to +106) **57**	(+107 to +163)	(+164 to +217)
Image Projection (range = −339 to +339)	(−339 to −122) **−146**	(−121 to −37)	(−36 to +166)	(+167 to +254)	(+255 to +339)
Felicity (range = −206 to +206)	(−206 to −74)	(−73 to −22) **−58**	(−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: 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%)	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%)
Physical Setting of Service (range = −329 to +329)	(−171 to −62)	(−61 to −19)	(−18 to +84)	(+85 to +128) **90**	(+129 to +171)	(−158 to −57)	(−56 to −17) **−29**	(−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 Among People (range = −369 to +369)	(−146 to −53) **−55**	(−52 to −16)	(−15 to +72)	(+73 to +109)	(+110 to +146)	(−223 to −80)	(−79 to −25) **−55**	(−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) **−75**	(−28 to −9)	(−8 to +40)	(+41 to +61)	(+62 to +81)	(−107 to −38) **−90**	(−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 Language, Symbols & Images (range = −114 to +114)	(−114 to −41) **−99**	(−40 to −13)	(−12 to +56)	(+57 to +86)	(+87 to +114)	NOT APPLICABLE: NO RATINGS				
		(social image enhancement range = −114 to +114)								

PASSING SCORESHEET / OVERALL SERVICE PLAN ORIENTATION

TOTAL PASSING SCORE (- 1000 to + 1000) -513

1 RATINGS PRIMARILY RELATED TO SOCIAL IMAGE ENHANCEMENT SUBSCORE (- 512 to + 512) -139

2 RATINGS PRIMARILY RELATED TO PERSONAL COMPETENCY ENHANCEMENT SUBSCORE (- 488 to + 488) -174

PHYSICAL SETTING OF SERVICE

11 IMAGE-RELATED PHYSICAL SETTING OF SERVICE SUBSCORE (- 171 to + 171) 90

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

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

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

112 SETTING AESTHETICS SUBSCORE (- 38 to + 38) 16

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

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) 10

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

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

115 MISCELLANEOUS IMAGE ASPECTS OF THE PHYSICAL SETTING SUBSCORE (- 37 to + 37) 16

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) 0

21 COMPETENCY-RELATED PHYSICAL SETTING OF SERVICE SUBSCORE (- 158 to + 158) -29

211 SETTING ACCESSIBILITY SUBSCORE (- 58 to + 58) -51

R2111 Setting Accessibility – Clients & Families (- 36, - 25, 0, 25, 36) -36

R2112 Setting Accessibility – Public (- 22, - 15, 0, 15, 22) -15

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

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

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

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

SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS AMONG PEOPLE

12 IMAGE-RELATED SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS AMONG PEOPLE SUBSCORE (- 146 to + 146) -55

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

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

123 IMAGE PROJECTION OF INTRA-SERVICE CLIENT GROUPING – COMPOSITION SUBSCORE (- 47 to + 47) -29

R1231 Image Projection of Intra-Service Client Grouping – Social Value (- 29, - 20, 0, 20, 29) -29

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

R124 Image-Related Other Integrative Client Contacts & Personal Relationships (- 29, - 20, 0, 20, 29) -20

125 SERVICE WORKER IMAGE ISSUES SUBSCORE (- 36 to + 36) -13

R1251 Service Worker-Client Image Transfer (- 18, - 13, 0, 13, 18) 0

R1252 Service Worker-Client Image Match (- 18, - 13, 0, 13, 18) -13

22 COMPETENCY-RELATED SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS AMONG PEOPLE SUBSCORE (- 223 to + 223) -55

221 COMPETENCY-RELATED INTRA-SERVICE CLIENT GROUPING SUBSCORE (- 89 to + 89) -62

R2211 Competency-Related Intra-Service Client Grouping – Size (- 46, - 32, 0, 32, 46) -32

R2212 Competency-Related Intra-Service Client Grouping – Composition (- 43, - 30, 0, 30, 43) -30

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

R223 Life-Enriching Interactions Among Clients, Service Personnel, & Others (- 42, - 29, 0, 29, 42) 0

R224 Program Support for Client Individualization (- 32, - 22, 0, 22, 32) -22

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

SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME

13 IMAGE-RELATED SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME SUBSCORE (- 81 to + 81) -75

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

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

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

23 COMPETENCY-RELATED SERVICE-STRUCTURED ACTIVITIES & OTHER USES OF TIME SUBSCORE (- 107 to + 107) -90

R231 Program Address of Clients' Service Needs (- 50, - 35, 0, 35, 50) -50

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

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

MISCELLANEOUS OTHER SERVICE LANGUAGE, SYMBOLS, & IMAGES

14 IMAGE-RELATED MISCELLANEOUS OTHER SERVICE LANGUAGE, SYMBOLS, & IMAGES SUBSCORE (- 114 to + 114) -99

R141 Program Address of Client 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) -36

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

R1432 Agency, 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) -9

NOT APPLICABLE - NO RATINGS

APPENDIX A

Brief Overview and Introduction to the Principle of Normalization

Introduction

The principle of normalization first appeared on the North American scene as a human service concept in the late 1960s. The principle grew out of Scandinavian mental retardation service practices in the late 1960s, and has since been elaborated, universalized, and systematized in North America, most substantially so by Wolfensberger (1972, 1977b and reprinted in 1978, 1980a; Wolfensberger & Glenn, 1973a, b, 1975a, b; Wolfensberger & Tullman, 1982), into a universal guiding principle for the design and conduct of virtually any kind of service. However, it is especially relevant and powerful when applied to services to people who are devalued by the larger society. Unfortunately, the principle is not widely known outside the field of mental retardation, and is not extensively implemented even where it is known, even though it is capable of having a most powerful positive impact on the quality of services.

Although people in human services now commonly use the term "normalization," they often do so in a vague, incoherent, superficial, or ill-advised fashion. In fact, a great many people use the term without really having, or proposing, any definition for it. Apart from the many minor, idiosyncratic definitions of normalization, there are three major definitions of normalization that can be found in the human services literature; those propounded by Bank-Mikkelsen (1969), Nirje (1969), and Wolfensberger (1972, 1977a, b, 1978, 1980b). PASSING is based on the Wolfensberger formulation, which is by far the broadest and most systematic one. The most recent (Wolfensberger & Tullman, 1982) version of this Wolfensberger definition formulates normalization as: "As much as possible, the use of culturally valued means in order to enable, establish and/or maintain valued social roles for people." A very brief definition proposed by Wolfensberger (1980b) to explain normalization relatively simply is, "The use of culturally valued means in order to enable people to live culturally valued lives."

The above formulation of the normalization principle is one of the few overarching theories or guiding conceptualizations that can be used to govern the design and conduct of virtually any human service, regardless of time, place, human service area, field, or discipline. *Its single major goal is to create or support socially valued roles for people in their society.* All other elements and objectives of the theory are really subservient to this end, because if a person's social role were a societally valued one, then other desirable things would be accorded to that person almost automatically, at least within the resources and norms of his/her society. Indeed, attributes of the person which might otherwise be viewed negatively by society might come to be viewed positively. For instance, a person who has hallucinations that would render the person devalued in some cultures might be held in awe and respect in another culture (as among certain American Indian tribes, or in the Arabian world) for supposedly being favored by God. Or, in the Far East until recently, a very wealthy person might have his/her hands rendered useless, so that what would be considered a serious functional impairment in the Western world would there be a sign of the person's high status — indeed, so high that everyone would be made aware that the person would have all necessary functions performed for him/herself by servants and others. In fact, as will be discussed more extensively elsewhere, being seen as filling a valued social role may be the one thing which prevents a person from becoming devalued because of a characteristic for which other people who do not have socially valued roles would automatically be devalued. (The issue of social roles is further discussed later on in this overview in the subsection entitled "The Relevance of Role Expectancy and Role Circularity to Deviancy-Making and Deviancy-Unmaking," and elsewhere in the book in the section entitled "I Ratings Primarily Related to Social Image Enhancement.")

In order to understand why normalization calls for the creation and support of socially valued roles and life conditions for people, it is first necessary to understand the concepts of deviancy and devaluation. A person can be considered "deviant" or devalued when a significant characteristic (a "difference") of his/hers is negatively valued by the segment of society that constitutes the majority or that defines social norms. While numerous differences do exist among individuals, it must be clearly kept in mind that differentness by itself does not become a deviancy unless/until it becomes sufficiently negatively value-charged in the minds of observers. Thus, deviancy can be said to be in the eyes of the beholder, and thus is also culturally relative.

While different cultures define different types of differences as deviant, in all cultures these differences fall into one or more of three broad categories: (a) physical differences and bodily impairments that exist from birth, or that occur later because of disease, old age, or other reasons; (b) overt and covert behaviors (the latter including religious, political, and other beliefs); and (c) attributive identities of people, such as descent, nationality, the ethnic group from which a person derives, the language he/she speaks, or even a person's caste regardless of appearance, behavior, language, etc.

The fact that some people are defined as deviant by their society implies three important things (among others).

1. Devalued persons will be badly treated. They will usually be accorded less esteem and status than that given to non-devalued citizens. Devalued people are apt to be rejected, even persecuted, and treated in ways which tend to diminish their dignity, adjustment, growth, competence, health, wealth, lifespan, etc.
2. The (bad) treatment accorded to devalued persons will take on forms that largely express the societal role

perception of the devalued person or group. For instance, if a group of handicapped children are (unconsciously) viewed as animals, then they may be segregated into settings that look like cages and animal pens, may be located close to zoos or animal laboratories, and their service may be given an animal name, often even the name of an animal that is seen as expressive of the devalued people's identity. Thus, a class for retarded children may be called "The Turtles." Similarly, people perceived to be social menaces (perhaps for no realistic reason) may be served in settings that look forbidding and fortress-like, that have (or appear to have) walls, locks, fences and barred windows, and that are far removed from the rest of society.

3. How a person is perceived and treated by others will in turn strongly determine how that person subsequently behaves. Therefore, the more consistently a person is perceived and treated as deviant, the more likely it is that s/he will conform to that expectation and will behave in ways that are socially expected of him/her — or at least that are not valued by society. On the other hand, the more social value is accorded to a person, the more s/he will usually be encouraged to assume roles and behaviors which are appropriate and desirable, the more will be expected of him/her, and the more s/he is apt to achieve.

The fact that deviancy is culturally defined, and therefore relative, opens the door to a two-pronged strategy of enabling devalued persons to attain (more) valued membership in society. One strategy is to reduce (or prevent) the differentness or stigmata (i.e., the overt signs) which may make a person devalued in the eyes of observers; the second is to change societal perceptions and values in regard to a devalued person or group so that a given characteristic is no longer seen as devalued. If a human condition (including what might be considered an affliction) were valued in society, then it would be less likely that people would do bad things to the "incumbent" of such a condition. Instead, the incumbent would be respected; the incumbent would have power; other people would tend to censure anyone who attempted to harm the person; the incumbent would be sought out by others as a valuable associate or friend, or at least as a person one would wish to be perceived as associated with; etc. Indeed, members of society would commonly try to become like those people who are highly valued. If the most highly valued people in society were those who had no arms and legs, other people would not only strive to meet their every need, but would pay dearly to have their own arms and legs removed so as to attain the same status. We only need to contemplate facts such as the following to support this point: in the Far East for centuries, women of the upper classes had their feet bound so that these became crippled; in Europe, for hundreds of years, especially during the Renaissance, tens of thousands of males gladly submitted to castration in order to attain the socially valued status of castrato singers. If one were to try to restore the bodies of such voluntarily mutilated people or fit them with prostheses, or teach them various self-help and other functional skills, one might actually come to be seen, condemned, and avoided as being "deviancy-making."

The Seven Core Themes of Normalization

In order to attain the goals of socially valued life conditions and socially valued roles for (devalued) people, any number of things can or must be done which, for practical and problem-solving purposes, can be divided into two large classes: (a) enhancement of people's "social image" or perceived value in the eyes of others, and (b) enhancement of their "competencies." In our society, image enhancement and competency enhancement can be assumed to be generally reciprocally reinforcing, both positively and negatively. That is, a person who is competency-impaired is highly at risk of becoming seen and interpreted as of low value, thus suffering image-impairment; a person who is imaged in image and social value is apt to be responded to by others in ways that impair/reduce his/her competency. Both processes work equally in the reverse direction; that is, a person whose social image is positively valued is apt to be provided with experiences, expectancies, and other life conditions which will also increase his/her competencies, and a person who is highly competent is also apt to be imaged positively.

While all of the implications of normalization as they are spelled out in this book are classified according to whether they are primarily intended to enhance the images of service clients, or their competencies, the easiest way to learn about the normalization principle and to understand its many implications is to become familiar with seven "core themes" which are encountered over and over in normalization theory and application. The development of PASSING contributed much to the insight that normalization can be explained in terms of these seven core themes which capture and express most or all the ultimate as well as intermediate goals and processes of the principle. These seven core themes are: the role and importance of (un)consciousness in human services; the relevance of role expectancy and role circularity to deviancy-making and deviancy-unmaking; the conservatism corollary of normalization, with its implications of positive compensation for people's devalued or at-risk status; the developmental model, and personal competency enhancement; the power of imitation; the dynamics and relevance of social imagery; and the importance of societal integration and valued social participation. Each of the themes will now be explained.

The role of (un)consciousness in human services. It is well known that for a variety of reasons, human beings typically function with an extremely high degree of unconsciousness. Unconsciousness is present in every aspect of human existence, and affects just about everything that human beings do, including what they eat, wear, and buy, how they spend their money, where they live, what kind of work they do, whom they select as friends and mates, what religion they follow, how they interact with other people, how they raise their children, etc. It is therefore fully to be

expected that a phenomenon which is so prevalent in every other aspect of human existence would also be prevalent in human services. No one is exempt from becoming entrapped into unconsciousness, whether service planner, administrator, worker, leader, trainer, or client. Some of the things that most people involved in human services tend to be unconscious of are: the reality, extent, and dynamics of social devaluation of large numbers of people by large numbers of people, the nature of the plight of handicapped, devalued, oppressed, poor, needy or wounded people, and the real functions of many human services.

One dynamic that contributes heavily to the high degree of unconsciousness in human services, and that is so relevant to any efforts at normalization, is the fact that (a) the ideologies which control how services are rendered, (b) the functions which services are intended to fulfill, and (c) so much of what goes on in human services, are very negative, because they enact society's real but destructive intentions or needs, and/or address needs other than the clients'. Unpleasant realities are apt to be denied and repressed into unconsciousness, especially if they stand in contrast to the higher values and ideals that people consciously profess. Such denial and repression can take place on a systemic (e.g., societal or organizational) level, as well as on a personal/individual one. Thus, entire systems, such as service agencies, service professions, service sectors (e.g., mental health), and even entire societies, can be totally unconscious of some of the most important things they are doing.

Normalization incorporates the explicit assumption that consciousness is preferable to unconsciousness, and that negative feelings and dynamics should, and usually have to, be made conscious in order to be adaptively addressed. Thus, normalization is extensively concerned with the identification of unconscious (usually negative) dynamics within human services that contribute to the devaluation and oppression of certain groups of people in a society, and provides conscious strategies for remediating the devalued social status of such people. Furthermore, normalization-based service evaluation instruments, such as PASS (Wolfensberger & Glenn, 1973a, b, 1975a, b) and PASSING, have been deliberately structured so as to reward consciousness on the part of human service personnel. Thus, the optimal level of service performance (Level 5) on every rating in PASSING requires not only near-ideal implementation of the normalization issue, but also high consciousness of the issue at stake.

The relevance of role expectancy and role circularity to deviancy-making and deviancy-unmaking. Social roles which people adopt or impose on each other are among the most powerful social influence and control methods known. As with unconsciousness, the dynamics of role expectancy and role circularity are ever-present in human life and are very familiar to just about everyone; in fact, this dynamic is often informally referred to as a "self-fulfilling prophecy." When the dynamic of role expectancy is at work, a person or group of people who hold certain (possibly unconscious) expectancies about the behavior or growth potential of another person or group will create conditions and circumstances that generally tend to elicit the expected behavior. There are at least five major ways in which role expectancies can be conveyed to and about a person. These include: the structure of the physical environment of the person(s); the activities that are offered to, provided for, or demanded of the person(s); the language that is used to and about the person(s); the other people who are juxtaposed to the person(s); and miscellaneous other imagery and symbolism that may convey any number of social messages. All of these factors elicit from the person or group who is the object of the role expectancies an inclination or commitment to act in the expected manner. When the person or group does act as expected, the expectancies held by others are thereby reinforced and strengthened, which in turn will strengthen the conformity of the person(s) to the expectancies, and so on, until the expected behaviors have become very powerfully ingrained.

In the case of socially devalued people, the role expectancies that are imposed upon them are commonly negative ones, such as the roles of a subhuman (animal, vegetable, or object), menace or object of dread, object of pity or charity, burden of charity, object of ridicule, sick or diseased organism, and eternal child or child-once-again. These role expectancies have had predictably negative results, i.e., devalued people by and large live up (or down) to these role expectancies, acting like animals or menaces, assuming a sick role, becoming less competent than they might be, etc.

In contrast to these traditional negative practices, normalization implies that contributive, positive social roles should be identified for people at risk (such as those of student, worker, owner, tenant, friend, spouse, citizen, etc.), and corresponding positive role expectancies should be extended. In order for such role expectancies to be conveyed, a service should promote: normatively attractive, comfortable, and challenging settings; age-appropriate and challenging program activities; age-appropriate and culturally-valued personal appearance of clients; as much as feasible, image-enhancing matches between the needs of clients, the nature of the program, and staff identities; status-enhancing labels and forms of address for clients; etc. Indeed, as mentioned, the creation of valued social roles is the highest normalization goal, as almost all other benefits will flow derivatively from it — including both competency and image enhancement in virtually all areas of people's identities.

Thus, a human service should do everything within its power (and there is a great deal that any human service can do) to prevent its clients from being role-cast as devalued ("deviant"). If its clients are, in fact, already devalued, it should try to break the negative roles that have been imposed on such clients, and to establish such clients in positive social roles and in as many life areas as possible.

The "conservatism corollary" to the principle of normalization. Most — perhaps all — people have some negatively valued characteristic, but these are usually so few or minor that they do not place a person into a deviant role, or hinder

his/her functioning. However, devalued people exist in heightened vulnerability in regard to being subjected to further devaluations and negative experiences. Consequently, the more vulnerable a person is to being devalued by society, the more important it is to reduce/prevent any such vulnerabilities, and/or to balance off such vulnerabilities by building up the person's positively valued characteristics. For example, if a retarded man had a speech impediment, acted near-sightedly, had an odd hairstyle, and a few odd mannerisms, these realities would multiply each other, making him appear as very odd to most people very quickly, and would elicit negative reactions from many. If the person also limped and wore shabby, ill-fitting clothes, then even the most casual passer-by on the street who had never seen him before would probably conclude on sight that there was something very wrong with him, and would perhaps even think in terms of "deinstitutionalized mental patient," "village idiot," "street person," etc.

The devaluation of a person who is already at risk of devaluation and rejection is generally dramatically heightened if that person is grouped with a number of already "stigmatized" persons, i.e., persons with obvious devalued characteristics. If six individuals were walking about separately in a street crowd, it would make little impact on an observer if one of those people limped, one had an odd hair-do, a third wore odd clothing, etc.; people with such little oddities are seen on the street all the time. But when a significant proportion of people within a distinct or compact *group* have one or more such oddities, then the whole group, including its non-stigmatized members, is apt to be negatively stereotyped. In fact, it takes an observer only one glance out of the corner of the eye to conclude that a group of people must be from some nearby human service, group home or institution, that they are "street people," or something like that.

Therefore, the conservatism corollary of normalization posits that the greater the number, severity, and/or variety of deviancies or stigmata (this is the plural of stigma) of an individual person, *or* the greater the number of deviant/stigmatized persons there are in a group or setting, the more impactful it is to (a) reduce one or a few of the individual stigmata within the group, (b) reduce the proportion or number of deviant people in the group, or (c) balance (compensate for) the stigmata or deviancies by the presence, or addition, of positively valued manifestations.

A further implication is that people who are socially devalued need to experience not only life conditions that are relatively common and prevalent for ordinary citizens, but optimally even those conditions that are clearly valued by the culture. In other words, what is "normal" for the members of a society may not be what is most normalizing or enhancing for a person who is already devalued, or at risk of devaluation; in fact, that which is merely normal rather than highly valued can be non-normalizing and deviancy-making for a person at risk. Thus, it is not enough for a service to be merely neutral in its stance toward the status of devalued persons in the eyes of others; rather, it must seek to effect the most positive status feasible. It is not enough for a service to devalued people to use service means and tools that are neutral in a culture; rather, it should pursue the use of means and tools that actually enhance the image of its clients. For instance, on occasions where either a suit-and-tie or a sports jacket and sports shirt are equally appropriate attire, a man at value-risk in society would be better protected against devaluation by wearing the suit-and-tie combination.

The developmental model, and the importance of personal competency enhancement. A great many handicapped persons have some functional impairment(s) which render them less competent than typical persons. Thus, because of mental or physical handicap, a person may be unable to get or hold a job, to relate adaptively or maturely with other people, etc. Even devalued people who are not handicapped may still be limited in competency because they have been subjected to low (or outright negative) role expectancies, been denied opportunities and experiences which contribute to growth and development, been segregated with people who present negative role models, etc. Normalization requires that the personal competencies of people (especially if they are devalued or at risk) should be enhanced; this is explained in greater detail in the section of the book entitled "2 Ratings Primarily Related to Personal Competency Enhancement." One most powerful way in which services can greatly increase the likelihood that clients' competencies will, in fact, be enhanced is to adopt the "developmental model" for service delivery. If properly implemented, the developmental model can lead to tremendous client growth because of its positive presumptions about the abilities of every person to grow, its high demands and expectancies, and its requirement that effective pedagogic techniques and adaptive equipment be used in order to help people to develop or function.

Different normalization themes or implications will have different importance for different client groups. Personal competency enhancement and the adoption of the developmental model are particularly relevant to those groups whose marginalization or devaluation is related to low competence, e.g., people who are retarded, untrained, physically impaired, socially maladaptive, etc.

The power of imitation. Imitation is one of the most powerful learning mechanisms known. People's personalities, their ways of interacting with others and with their environment, their dress and language habits — in fact, just about every aspect of human behavior — are all strongly affected by this dynamic. Yet the models that are available for human service clients to imitate are often negative ones. Devalued clients are commonly (a) segregated away from valued society and models, (b) congregated with (other) devalued people who very frequently have socially devalued characteristics and exhibit socially devalued behaviors, and (c) served by less competent workers than typically serve valued people. For instance, handicapped children typically have been denied socialization with adaptive, non-handicapped peers, and have instead been served with each other, or with handicapped adults who model handicapped behaviors; mildly impaired persons are often grouped together with a larger number of more severely impaired people, or people who emit more inap-

propriate behaviors; etc.

Normalization requires that the dynamic of imitation be capitalized upon in a positive way, especially for the benefit of devalued persons, so that the models provided to devalued persons are people who function routinely in more appropriate, and hopefully even valued, fashion. Furthermore, normalization implies that one would increase the sense of identification of service clients with valued models, because people are much more apt to imitate those with whom they identify.

The dynamics and relevance of social imagery. The process of (unconscious) image association is another of the most effective learning and behavioral control mechanisms known, with voluminous documentation of its power in the psychological and educational literature. The symbols and imagery that have historically been associated with devalued people relentlessly represent negatively valued elements and qualities, such as animality, illness and death, weakness, vice, criminality, worthlessness, incapacity, triviality, ridicule, etc. These image associations are often made unconsciously, but nevertheless strongly influence people's role expectancies and the social valuation of the persons so imaged. Indeed, many common image associations that people have regarding certain devalued people (the blind beggar with dark glasses, the lazy aborigine, the ugly or unshaven criminal) are passed on for generations, such that even people who have never witnessed a person who fits the stereotype may nevertheless carry and transmit it.

Normalization implies that the social image of (devalued) people be enhanced. This means that, as much as is honest and possible, any features of a human service which can convey any image messages about the (devalued) clients should be positive ones, as further elaborated in the section entitled "1 Ratings Primarily Related to Social Image Enhancement."

The importance of personal social integration and valued social participation, especially for people at risk of social devaluation. A reflexive, almost instinctive, universal human response to the presence of a disliked stimulus object (which can include a disfigured or despised person) is to try to place some distance between oneself and the unpleasant stimulus. Because societally devalued people are perceived by many others as unpleasant, they are apt to be rejected and distantianted. Such distantiation almost invariably takes the form of segregation, which has a vast number of negative effects upon the segregated persons. For example, devalued people who are segregated are thereby denied normative, typical experiences that valued members of the culture take for granted; because they are not exposed to normative growth experiences, the competencies of the segregated persons are often diminished; segregated groups are additionally negatively imaged as a result of their segregation, i.e., they are seen as helpless, worthless, dangerous, in "need" of exclusion from society, etc.; especially where handicapped people are segregated together, members of the group commonly present negative, inappropriate, and socially devalued behavior models to each other, thus increasing the (perceived) deviancy of the segregated persons. Similarly, segregation of a societally devalued group has negative effects on society; it tends to reduce the society's level of tolerance for diversity; where societal ideals espouse the value of every person, and of equality among people, the violation of this ideal in practice induces a high degree of collective denial and unconsciousness; and because segregation tends to make people more devalued and more dependent, society often pays a high financial price for it in many ways, some of them very complex and hidden.

Normalization requires that, to the highest degree and in as many life areas as feasible, a (devalued) person or group have the opportunity to be personally integrated into the valued life of society. This means that as much as possible, (devalued) people would be enabled to: live in normative housing within the valued community, and with (not just near to) valued people; be educated with their non-devalued peers; work in the same facilities as ordinary people; and be involved in a positive fashion in worship, recreation, shopping, and all the other activities in which members of society engage.

In order for personal valued social integration of a devalued person to be truly successful, a number of supports must be present and operational, including ideological and administrative support, people who can competently transact the integration, positive imaging of the persons to be integrated, sufficient back-up service options in case one level of integration is unsuccessful, supports that will enable the person to remain in the community in the first place from childhood on, and a comprehensive continuum of service options for people in need throughout their lives.

The type of integration implied by normalization theory is very specific: *personal* social integration, and *valued* social participation. "Physical integration" which consists merely of the physical presence of (devalued) people in the community, and of services to them, is only a precondition to actual individual valued social participation. However, PASSING does assess a number of the physical preconditions to, or facilitators of, actual valued social participation. The latter should not be confused with much of what goes by the name of "mainstreaming" or "deinstitutionalization," which often consist of placing devalued people into society in ways which are not integrative, are bound to fail, are apt to result in great harm to the devalued person (and often even to society), and which are really just another expression of underlying negative attitudes and rejection.

The Interrelationship Among The Core Themes

While each of the seven themes can be independently sketched, in actual service practice, the adherence to one theme is often correlated with adherence to one or more of the others so that any one service phenomenon may actually involve the expression of more than one theme. For instance, unconscious devaluations are characteristically expressed in the negative images that are attached to devalued persons, and these images often serve to promote devalued role behavior in their victims.

Furthermore, different normalization desiderata sometimes conflict with each other. For instance, it is not always possible to optimize both the image-enhancing and the competency-enhancing features of a service at the same time. At present, human service workers have low awareness of the relative importance of these two goals, and/or resolve any conflicts on the basis of incoherent, unconscious, or single criteria. One of the purposes of PASSING is to assist service workers to become cognizant of such conflicts, and to weigh the different and often multiple desiderata in relation to their importance. For this purpose, each of the ratings in PASSING received a quantitative weight on the basis of its likely importance (as defined by thirteen criteria) in contributing to the normalizing power of a service. For example, one rating that assesses the integrative service practices that can be expected to enhance client competency is worth 42 points (out of 1000), while the parallel rating that assesses image-relevant integrative practices is weighted with 29 points. In contrast to prevailing service ideologies, the 27 primarily image-related ratings received a few more points (512) than the 15 primarily competency-related ratings (488 points).

Additional Perspectives on the Normalization Principle

One can say that a person "is normalized" if s/he (a) experiences a degree of societal acceptance that is not below the average range, (b) has a culturally normative degree of personal autonomy and choice, (c) has access to the valued experiences and resources of open society much as would be the case for a typical citizen, and (d) is free and capable of choosing and leading a lifestyle tht is accessible to at least the majority of other people of the same age. Since the above goals are not attainable for every person, it is important to keep in mind the qualifying phrase "as much as possible" in the normalization definition. This means that normalization strategies take into account the particular individual concerned, the limits of current service know-how, and the individual's own choices. However, when confronted with the assertion that a specific normalizing service measure or interpretation is unattainable or unrealistic, it is adaptive to maintain a healthy skepticism toward such claims because stereotyping, low expectations, and inappropriate pessimism have very destructive effects on the person affected.

The separate issues, facts, postulates, and theories which are incorporated in the normalization schema were generally already known and widely accepted prior to the advent of the normalizaion principle as a coherent theory, but the normalization principle has served to interrelate and coalesce them into a systematic conceptual human service framework.

The normalization principle has sometimes been criticized as imposing cultural uniformity. Actually, it (a) promotes social tolerance and bridge-building, (b) opens up an enormous range of valued options that are commonly denied to the almost one-third of the population in North American society that is devalued, and (c) in most instances enables rather than coerces people who have been devalued and excluded *against their will* to participate more fully. Only a few people or groups can be said to truly and deliberately choose social marginalization and devaluation of their own free will. Even where they say they do, they often do so only as a reaction to *prior* rejection by society. For instance, there never existed a self-segregatory movement among elderly people until relatively recently, after old age had become a human estate that received strongly patterned rejection and discrimination.

This book is not meant as an exhaustive coverage of normalization. For more detail, readers are referred to Wolfensberger (1972, 1977b or 1978, 1980a, b).

References

Bank-Mikkelsen, N.E. A metropolitan area in Denmark: Copenhagen. In R. Kugel & W. Wolfensberger (Eds.), *Changing patterns in residential services for the mentally retarded.* Washington: Presidents' Committee on Mental Retardation, 1969. Pp. 227-254.

Nirje, B. The normalization principle and its human management implications. In R. Kugel & W. Wolfensberger (Eds.), *Changing patterns in residential services for the mentally retarded.* Washington: President's Committee on Mental Retardation, 1969. Pp. 179-195.

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

Wolfensberger, W. A brief overview of the principle of normalization. In S.A. Grand (Ed.), *Severe disability and rehabilitation counselor training.* Albany: National Council on Rehabilitation Education (State University at Albany), 1977. Pp. 90-123. (a)

Wolfensberger, W. The normalization principle, and some major implications to architectural-environmental design. In M.J. Bednar (Ed.), *Barrier-free environments.* Stroudsburg, PA: Dowden, Hutchinson, & Ross, 1977. Pp. 135-169. (b)

Reprinted as: Wolfensberger, W. *The normalization principle, and some major implications to architectural-environmental design.* Atlanta: Georgia Association for Retarded Citizens, 1978.

Wolfensberger, W. A brief overview of the principle of normalization. In R.J. Flynn & K.E. Nitsch (Eds.), *Normalization, social integration, and community services.* Baltimore: University Park Press, 1980. Pp. 7-30. (a)

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

Wolfensberger, W., & Glenn, L. *Program analysis of service systems (PASS): A method for the quantitative evaluation of human services.* (1st ed.) Omaha: Nebraska Psychiatric Institute, 1969. (Limited mimeograph edition)

Wolfensberger, W., & Glenn, L. *Program analysis of service systems (PASS): A method for the quantitative evaluation of human services.* (2nd ed.) Vol. I. *Rationale and structure.* Toronto: National Institute on Mental Retardation, 1973. (a)

Wolfensberger, W., & Glenn, L. *Program analysis of service systems (PASS): A method for the quantitative evaluation of human services.* (2nd ed.) Vol. II. *Field manual.* Toronto: National Institute on Mental Retardation, 1973. (b)

Wolfensberger, W., & Glenn, L. *Program analysis of service systems (PASS): A method for the quantitative evaluation of human services.* (3rd ed.) Vol. I. *Handbook.* Toronto: National Institute on Mental Retardation, 1975. (Reprinted, 1978.) (a)

Wolfensberger, W., & Glenn, L. *Program analysis of service systems (PASS): A method for the quantitative evaluation of human services.* (3rd ed.) Vol. II. *Field manual.* Toronto: National Institute on Mental Retardation, 1975. (Reprinted, 1978.) (b)

Wolfensberger, W., & Tullman, S. A brief outline of the principle of normalization. *Rehabilitation Psychology,* 1982, *27,* Pp. 131-145.

APPENDIX B

SYRACUSE UNIVERSITY
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Revised February 1989;
June 1990

OVERVIEW OF "PASSING":
A NORMALIZATION/SOCIAL ROLE VALORIZATION-BASED HUMAN SERVICE EVALUATION TOOL

Introduction

Starting in the summer of 1979, the above Training Institute (TI) developed a new evaluation instrument based on the implications of Social Role Valorization (Wolfensberger, 1983b, 1984, 1985; Wolfensberger & Tullman, 1982), the successor to what was known as the principle of normalization (Wolfensberger, 1972, 1980). This instrument is called PASSING, which stands for Program Analysis of Service Systems' Implementation of Normalization Goals (Wolfensberger & Thomas, 1980, 1983). It is partially derived from the PASS (Wolfensberger & Glenn, 1973, 1975) method of service evaluation, which stands for Program Analysis of Service Systems. PASSING substantially replaces PASS. The residual uses of PASS are described in a separate flyer on it that may be requested from the Training Institute, free of charge.

PASSING's Purpose

PASSING was designed to try to meet the need for an evaluation method which would be able to do the following.

1. Assess the quality of human services in relation to their adherence to Social Role Valorization (SRV) after normalization had been reconceptualized as SRV. SRV posits as the most important goal of service the establishment of valued social roles for people who are societally devalued or at value-risk. However, the term normalization rather than SRV is still encountered in PASSING, because the new term SRV, to reflect the new insights, had not yet been coined when PASSING was at the printer's. PASSING thus incorporates the SRV concept while still using some old normalization language. PASSING assesses only those aspects of service quality which reflect a program's adoption and implementation of SRV

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

3. Be universally applicable, i.e., applicable to all, or at least most, services to virtually any group of people

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

THE TRAINING INSTITUTE IS PART OF
THE DIVISION OF SPECIAL EDUCATION & REHABILITATION OF THE SCHOOL OF EDUCATION.

5. By virtue of being made accessible to larger numbers of people (no. 4 above), enables agencies and localities to train a sufficient number of evaluators to be able to conduct regular evaluations of local services. It should thereby be more feasible to adopt PASSING than PASS in a given locality as an instrument for regular, ongoing, and repeated evaluations of local services of any type, provided that PASSING training were available in the area or nearby on a routine PASS. this has been an obstacle because the amount of training required to bring people to competency as PASS evaluators has been more than most locales could reasonably undertake, especially on an ongoing basis, so most agencies that wanted to use PASS have had to depend extensively on recruitment of outside evaluators, which greatly increased evaluation costs.

6. 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 ADDRESSED	
		FEATURES RELATED PRIMARILY TO CLIENT SOCIAL IMAGE ENHANCEMENT	FEATURES RELATED PRIMARILY TO CLIENT COMPETENCY ENHANCEMENT
HUMAN SERVICE DOMAINS BEING ASSESSED	PHYSICAL SETTING	11 Ratings	6 Ratings
	SERVICE-STRUCTURED GROUPINGS & RELATIONSHIPS	7 Ratings	6 Ratings
	SERVICE-STRUCTURED ACTIVITIES & OTHER TIME USES	3 Ratings	3 Ratings
	MISCELLANEOUS/OTHER	6 Ratings on language, symbols, & images	no ratings as yet

All ratings in PASSING are categorized as to whether they primarily affect clients' image or personal competencies; these are the two major goals of SRV. Ratings are further subdivided within these two major categories into one of four service domains: physical setting of service; service-structured groupings and other relationships among people; activities and other uses of time within a service, and miscellaneous. There are thus eight potential categories into which a PASSING rating might fall.

Each of the 42 ratings is located in one of the above cells, depending on (a) whether it most affects clients' social image or personal competency, and (b) the service action or domain through which it may be accomplished.

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: one contains a brief statement of the rating issue and focus; one gives one or more examples of the rating principle as actualized in normative society; a third gives one or more examples of the rating principle as 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 it is most likely to be confused.

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

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

Each rating in PASSING has five levels, i.e., statements about a continuum of service quality and service performance on the particular issue assessed by the rating. 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 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 a balance of both strengths and shortcomings, so that the good and the harm done cancel each other out. 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 that service practices will have on clients' image or competencies, because it cannot always be known with certainty that a particular outcome in terms of denigration or enhancement of clients' image or competencies was caused by any one particular service feature.

PASSING's Relationship to Other Materials

PASSING-related materials are published in several volumes, some of which are equally usable with PASS.

1. The core of the series of PASSING-related publications is the Normalization Criteria and Ratings Manual, which currently also serves as the major text on SRV. It is available from the G. Allan Roeher Institute (Kinsmen Building, York University, 4700 Keele Street, Downsview, Ontario, Canada M3J 1P3; telephone 416/661-9611)

and the Citizen Advocacy Office of Onodaga County (650 James St., 3rd floor, Syracuse, NY 13203, USA; telephone 315/472-9190). This manual contains a brief introduction to, and overview of, SRV; discussion of major SRV/normalization issues and goals; and narrative, principles, examples, and guidelines for each of the 42 ratings that comprise the instrument.

2. The French 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.) This version of PASSING incorporates some improvements over the original English version. It is available from: Les Communications Opell, 2021 Quincy Avenue, Gloucester, Ontario K1J 6B4, Canada, phone 613/749-6181.

3. Guidelines for Evaluators During a PASS, PASSING, or Similar Assessment of Human Service Quality. This 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. It is also available from the G. Allan Rocher Institute and from the CA office (see addresses at end).

Quantity discounts on books are available from all the above vendors.

As of mid-1990, a small monograph-length overview of SRV is in preparation. It constitutes a more extensive introduction than appears in the PASSING Manual, and could be useful as a preparation for learning PASSING, or for other purposes of introducing people to SRV. It is being published in Switzerland, and will be available in French, German, and Italian. Contact the Training Coordinator at the TI for more information.

The Training Institute also has available a number of materials useful for teaching people SRV and PASSING. These include a slide set of approximately 1000 slides, and lecture modules for conducting a standard 2 or 3 day introductory SRV workshop and a 4 or 5 day introductory PASSING workshop. However, these lecture materials are only released under strictly controlled conditions. Contact the Training Coordinator at the TI for more information on the availability of these various teaching materials

Several other monographs are envisioned (some already in draft form), but not yet available, including: PASSING Handbook, which will be comprised of background/explanatory material on how the instrument is structured, how to adapt the instrument for use in extraordinary circumstances, explanations of how the ratings were weighted, etc., guidelines for written and oral reporting of assessment findings; the arrangements for, and follow-up on, an assessment with an agency; a manual for PASS/PASSING trainers; a PASS/PASSING theory, research, and utilization series; etc This modular approach to publication will permit users to buy only those parts that are of use or interest to them, as well as permitting the separate revision of modules so that users do not have to replace the other parts as well

A bibliography on SRV, PASSING, and PASS is available from the Training Institute, write for information on obtaining this bibliography and its current cost

Special instruction on how to use PASSING is combination with parts of PASS are available from the Training Institute for $10.

The development of the first edition of PASSING was carried out during 1979-1980 under a contract between the TI 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 PASSING was supported by a grant from the Research Foundation of the National Easter Seal Society, from which came a second 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 (publishers of the Normalization and PASS texts), and PASSING training is now available through several bodies in a number of countries around the world (information on request).

For further information about PASSING, or PASSING training materials or workshops, please contact the Training Coordinator at the Training Institute, or the comparable staff person at the G. Allan Roeher Institute (address at end).

References

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

2. Wolfensberger, W. (1980). The definition of normalization: Update, problems, disagreements, and misunderstandings. In Flynn, R.J., & Nitsch, K.E. (Eds.), Normalization, social integration, and Community services. Baltimore: University Park Press. Pp. 71-115.

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

4. Wolfensberger, W. (1983b). Social role valorization: A proposed new term for the principle of normalization. Mental Retardation, 21(6), 234-239.

5. Wolfensberger, W. (1984). A reconceptualization of normalization as social role valorization. Canadian Journal on Mental Retardation, 34(2), 22-26.

6. Wolfensberger, W. (1985). Social Role Valorization: A new insight, and a new term, for normalization. Australian Association for the Mentally Retarded Journal, 9(1), 4-11.

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

8. Wolfensberger, W., & Tullman, S. (1982). A brief overview of the principle of normalization. Rehabilitation Psychology, 27(3), 131-145.

9. Wolfensberger, W., & Thomas, S. (1980). PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals). (1st ed.) Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry

10. Wolfensberger, W., & Thomas, S. (1983). PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals): Normalization criteria and ratings manual. (2nd ed.) Toronto: National Institute on Mental Retardation.

11. Wolfensberger, W., & Thomas, S. (1989). 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.) (M. Roberge, Trans.; J. Pelletier, Adap.) Toronto: Institute G. Allan Rocher & Les Communications Opell. (Original work published in 1983.)

Vendors

References number 1, 2, 3, 7, and 10 are available from: G. Allan Rocher Institute, Kinsmen Building, York University Campus, 4700 Keele Street, Downsview, Ontario M3J 1P3, Canada; telephone 416/661-9611.

References number 1, 3, 7, and 10 are available from: Person-to-Person/Citizen Advocacy, 650 James Street, 3rd floor, Syracuse, New York 13203; telephone 315/472-9190.

Reference number 11 is available from: Opell Communications, 2021 Quincy Avenue, Gloucester, Ontario K1J 6B4, Canada; telephone 613/749-6181.

References number 4, 5, 6, and 8 are available from: Syracuse University Training Institute, 805 South Crouse Avenue, Syracuse, New York 13244-2280; telephone 315/443-4264.

Call or write to each vendor directly for an up-to-date publication and price list.