

REVIEWS & MORE

LEADERSHIP AND CHANGE IN HUMAN SERVICES: SELECTED READINGS FROM WOLF WOLFENBERGER. By DAVID G. RACE, Compiler & Editor. Routledge, New York, 222 pages, 2003.

Reviewed by John O'Brien

READERS OF THIS JOURNAL DON'T need to be convinced of the importance of Wolf Wolfensberger's thought. Imagine a counterfactual history in which he goes on as the comprehensive bibliography in this book shows us that he began his publishing career. In this version of history, he passes fifty plus years becoming a more and more distinguished psychologist, continuing to correlate various test scores with differing levels of achievement and activity and to elaborate his hypotheses about schizophrenia and IQ. There would be no Citizen Advocacy (Wolfensberger & Zauha, 1973; O'Brien & Wolfensberger, 1979). Even more local associations would provision the service empire rather than claiming the freedom to criticize it and confront it with innovations. There would have been significantly fewer attempts to pursue the audacious (and perhaps ultimately doomed) goal of implementing a comprehensive, locally governed, community scale response to the real needs of people with mental retardation. Many more places would be encumbered with smaller specialized institutions and big hostels.

Our understanding of social integration would be so thin that we might think that we have arrived, rather than gauging how very much farther we have to go. We might not understand so clearly how much developmental growth is possible, given high expectations and intense and relevant programming. No one could point to examples of deviancy image juxtaposition, much less understand the interpretation of devalued people as a critically important matter for action. Four generations would have no leaders with tales of sacri-

ficing sleep in order to learn to decode the myriad ways that our human services reproduce societal devaluation, contradict in practice our lofty mission statements, and participate in wounding those we claim to help. Many fewer people would appreciate the importance of life sharing. The field would slumber complacently without disturbance from Wolfensberger's amplification of the cries of those crushed by the commodification imposed by a decadent political economy, or his witness to the many vulnerable people made dead by a soulless culture. Many fewer people would have heard a clear call to the risky, costly, hard work of personally committed advocacy and leadership and even fewer would have answered it.

IN MANY WAYS I AM an unsuitable reviewer for this book. I have been a student of Wolfensberger's for more than half of my life, since Burton Blatt's invitation took me to a lecture he presented as part of the decision process that would soon bring him to Syracuse University. For some years in the 1970s and early 1980s I was able to give him some help with his teaching. I have been a comrade of David Race since the days of bringing PASS (Wolfensberger & Glenn, 1975) to Britain. This history no doubt clouds my judgment in many ways. But my greatest limit as a reviewer is this. I have heard the man himself teach about each of this book's topics. As I re-read the words, I hear Wolf's voice, and the echoes from many of the presentations to which Race several times refers in order to indicate that the hill of published pages on an important idea is only a shadow of the conceptual mountain taught in Wolfensberger's workshops or held in his fabled archives. This makes me a poor judge of David Race's intention: to present a coherent and comprehensible account of Wolfensberger's ideas as they stand, unaccompanied as it were, in his writing. I think Race has succeeded wonderfully, and Wolfensberger attests his own satisfaction in

the book's Foreword. However, a far better and more interesting judgment would come from a careful reader wholly reliant on the words in this book, and I would be happy to read what such a person thought.

MY JUDGMENT IS UNEQUIVOCAL. READERS of this review who do not own this book must stump up the hefty asking price and get at least one. Every reader who owns a copy should find at least one partner and study the book with them. Any reader of this journal who has the opportunity to assign reading to students shortchanges them by not requiring and studying this book. Here is why:

It is the product of collaboration between David Race, Wolf Wolfensberger, and Susan Thomas, and represents Wolfensberger's writing between 1965 and 2002 (apart from the theological material collected in Gaventa and Coulter, 2001) in a way that all three of them find satisfactory (no small achievement in itself).

It is organized thematically and extracts sections from 33 different writings; about 10% of the total cited in the bibliography, many from sources likely to be difficult to find. The extracts express what Wolfensberger has written under seven headings: the role of ideology in human services; the wounding consequences of social devaluation; normalization as Wolfensberger developed and taught it; the move to Social Role Valorization (Wolfensberger, 1998); advocacy; the limitations and dangers of human services; the threats that societal decadence and coming apocalyptic catastrophe pose to socially devalued people; and the gifts of devalued people that are disclosed by life-sharing.

David Race has acted on the reader's behalf like a master jeweler cutting and setting precious stones. He has a profound respect for the material he has the chance to present, he has a fine sense of the whole structure of Wolfensberger's thought, he has selected clear expositions of each key idea from the many versions available, he has cut each selection with exquisite care (the ellipses indicating his edits sometimes appear more than

once within a paragraph), and he sets each extract, each theme, and the whole body of thought in well crafted, informative context statements.

Not only does the compilation of extracts well reflect Wolfensberger's ideas, it also illustrates some of the range of his voice. Extract #19, *A brief reflection on where we stand and where we are going in human services*, captures not only the seeds of his far-reaching critique of the human services but also a sense of his prophetic voice. Extract #6, *A contribution to the history of normalization*, not only provides an account of the growth in conceptual clarity and public influence of the idea that many people would most associate with him, it also allows glimpses of his humor. Extract #17, *What advocates have said*, not only summarizes the costs and rewards of committed Citizen Advocacy, it also contains a reflection on the importance of tears that is moving in itself.

Having so many carefully articulated dimensions of Wolfensberger's thought in one 222-page text allows each chapter to serve as context for the others. One understands his ideas about Social Role Valorization better for being able to read them in terms of his appreciation of the gifts which personal knowledge of devalued people brings and his urgent sense of the causes and consequences of the dissolution of society.

Wolfensberger has a fair chance to be Wolfensberger. Race wants to cut away the distractions that keep students away from what Wolfensberger actually thinks. But this interest does not dilute Wolfensberger's messages or his means of expression. No one will read the extracts in Chapter 5 on the possibilities and limitations of human services, and in Chapter 6 on the threats to vulnerable people, without recognizing that Wolfensberger takes a carefully argued moral stand that cuts against the grain of many reader's ways of understanding the world. And the reader will encounter some words and usages that run well ahead of—if not afool of—the lexicographers.

WOLFENBERGER, THOMAS AND RACE HAVE done

their work admirably. Thanks to them we have powerful ideas and a clear exposition of them. Race hopes that widening circles of readers will be moved to moral choice by studying Wolfensberger's writings. I hope so too. The question that remains: what must the rest of us do in order to encourage more people to engage with these ideas in the depth they deserve?

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EDITOR'S NOTE: *Following John O'Brien's suggestion, we asked another reviewer to read Race's book. That review follows.*

LEADERSHIP AND CHANGE IN HUMAN SERVICES: SELECTED READINGS FROM WOLF WOLFENSBERGER. By DAVID G. RACE, Compiler & Editor. Routledge, New York, 222 pages, 2003.

Reviewed by Linda S. Higgs

DAVID RACE IS A LECTURER in the School of Community, Health Sciences, and Social Care at the University of Salford (UK). Dr. Race chose thirty-three extracts from the writings of Dr. Wolf Wolfensberger, divided them into seven topical areas, as chapters, and provided editing and editorial comments to tie the works together.

The chapters are:

1. The analysis of devaluation and wounding,
2. Normalization,
3. Social Role Valorization,
4. Advocacy,
5. Possibilities, limitations, and ethical issues raised by human services,
6. Threats to vulnerable people, and
7. Relationships with, and lessons from, vulnerable people.

These areas will, of course, all sound familiar to those who have read any of Wolfensberger's writings or attended his workshops.

FOR THOSE WHO HAVE READ OR STUDIED Wolfensberger's ideas, this book is a good resource to have on hand because it provides a condensed version of several of his works for recollection, and takes up only a small space on a crowded book shelf. Possibly of greater importance, the Appendix contains a full bibliography of Wolfensberger's publications as of October 2002.

I believe this book's greatest value could be to individuals who have limited, or no, knowledge of Wolfensberger's careful study of human service systems and his thinking on the subject. This compilation and editing of a number of his writings makes an easily understandable place to start!

MY OWN FIRST EXPOSURE TO the work of Wolfensberger came in the late 1980s when I attended the first PASS (Wolfensberger & Glenn, 1975) workshop conducted in West Virginia, led by John O'Brien. My own daughter was only two at the time. I will never forget that 'aha' feeling I had while learning the concepts of normalization (Wolfensberger, 1972). I struggled a bit with unfamiliar terms, but the ideas resonated with me because even at my daughter's young age, I recognized many of the issues being discussed, and I realized that my feelings of what she and my family would be 'up against' were quite valid.

FOR THIS REASON ALONE, I wholeheartedly recommend this book to parents and other family members who live with or care about someone who is reliant on human service programs to meet some or all of their needs. Not everyone will have the good fortune to attend a workshop or otherwise study with Wolfensberger. However, this book can help a reader to at least begin to understand the limitations, pitfalls, and dangers associated with being a 'service recipient.' As a family member, if you read no other chapter in the book, Chapter 3 on Social Role Valorization (Wolfensberger, 1998) provides a good starting point for understanding the importance of working to help a loved one develop and maintain **at least one** valued role in their community. And, if you do read the book, you will begin to understand why this will **not** be accomplished on your loved one's behalf by whatever human service agency is being paid to provide support.

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RACHEL'S STORY. By KATHY SENNEKER. Brockville, ON: The Brockville & District Association for Community Involvement, 33 pages, 2007. Available for \$15 CDN plus GST, S&H from BDACI, 2495 Parkedale Ave, Unit #4, Brockville, Ontario K6V 3H2 CANADA. 613.345.4092.

Reviewed by Christine Lavallee

THOSE INTERESTED IN HELPING SOCIETY realize the gifts which impaired people can bring to every community (Wolfensberger, 1988), when allowed and helped to, will find *Rachel's Story* an inspiration in their work. Written by Rachel's mother, Kathy Senneker, *Rachel's Story* helped me to deepen my understanding of the meaning and importance of valued social roles in the lives of all people. This concept took me three four-day Social Role Valorization workshops to begin to understand at all, yet the book is only 33 pages long!

In *Rachel's Story*, Kathy shares not only the details of her daughter's life from birth to death, but her thoughts and feelings at each step in the journey as well. As a teacher, I read with particular interest the positive role of student in Rachel's life and the other valued roles that were made possible because of the efforts and even sacrifices made to include her in a regular classroom (Wolfensberger,

1998, pp. 122–124). Kathy acknowledges up front her indebtedness to Keith McPhee, the principal of St. Francis Xavier School, who made all this possible. She tells the story of her first meeting with Keith at which she explained the extent of Rachel’s impairments, and how she was ‘hit with a lightning bolt’ when he replied, “Kathy, let’s think about what Rachel can do for St. Francis Xavier School.” This, I thought, was a potent example of role-modeling of the power of expectations. But that was truly just the beginning.

During my three years teaching in the public schools, I saw very few examples of good personal social integration (cf. Sherwin, 2001). I tried to apply the pedagogic tools I learned through Social Role Valorization (Wolfensberger, 1998, pp. 70–73, 108–111, 120–121) in the classroom, but I encountered many obstacles in the way, including well-meaning special education teachers and administrators. Had I worked in Rachel’s school, I feel I would have learned a lot about the importance of role-modeling and the power of expectations, even as Kathy admits she herself did. I hope anyone involved in special education, and regular classroom teachers as well, will read this book. *Rachel’s Story* should be read by everyone interested in upholding the principle of the intrinsic dignity of the human person.

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NO ONE’S PERFECT. By HIROTADA OTOTAKE. Translated by Gerry Harcourt. Japan, Kodansha International, 226 pages, \$19.95, 1998.

Reviewed by Ed Preneta

NO ONE’S PERFECT IS HIROTADA “Oto” Ototake’s autobiography. Born in 1976 with tetra-amelia, a congenital disability leaving him with almost no arms and legs, Oto became a co-presenter of a prime-time TV news program, a sportscaster, and member of the Tokyo 2016 Olympics Advisory Panel. *No One’s Perfect* sold over 4 million copies in Japan.

The book is Social Role Valorization-relevant. Oto and his parents did not know Social Role Valorization (SRV) theory per se; nevertheless, with the help of his parents, Oto gained valued social roles and realized the benefits of living a culturally normative life (Wolfensberger, Thomas & Caruso, 1996). The book is translated from Japanese into English by a highly regarded and experienced non-Japanese translator. There is no indication that the translator read the Japanese translation of Wolfensberger’s SRV monograph (Wolfensberger, 1995; cf. Wolfensberger, 1998), yet the book is an affirmation that SRV is built upon universally applicable strategies that vary from culture to culture.

Readers are encouraged to ignore conventional book reviewers such as the Sachem Public Library, Holbrook, New York, which recommends *No One’s Perfect* as one of many books under the heading ‘Bio-Adversity’ for “motivation and inspiration ... about individuals who have overcome physical

challenges and carried on to lead successful, productive lives.” While some readers may feel this way, the real point of the book is Oto’s perspective: We need people with disabilities, not that we should make them (that is, don’t deny prevention of disabilities) but accept and incorporate disability that occurs. It is a natural.

NO ONE’S PERFECT WILL HAVE different meaning for different readers. It’s an easy read. Kids will find it an enjoyable autobiography. For adults with disabilities, the book is about authentic leadership—Oto demonstrated a passion for his purpose, practiced his values consistently, and lead with his heart as well as with his head. The book is loaded with lessons for parents, professionals, and people with disabilities on how to establish valued social roles. Acceptance, meaningful inclusion, presence, and participation are expected in the normal order of events. Routine and usual is emphasized over special.

No One’s Perfect should be read especially by parents. Oto’s parents are role models. They quietly took risks and were reckless in a culture that traditionally shields people with disabilities from public view. In them, Oto took inspiration and discovered how he came by his own ‘reckless nature.’

OTO’S MOM DID NOT SEE her son after delivery. Fearing the shock Oto’s mom would have, Oto’s dad prohibited her from seeing her son for three weeks. She was not told that her son had a disability until just before seeing Oto. When the moment arrived, and hospital staff and Oto’s dad held their breath, the first words that burst from her lips were “He’s adorable.” That first impression and expression of joy were profoundly important for both Oto and his parents. It set the stage and tone for their family life and Oto’s growth and learning. His dad named him Hirotada, which is a combination of Japanese characters that represent a king who can move about freely and has plenty of get up and go.

In their neighborhood, Oto’s parents took him out and about with them so that neighbors could get acquainted with him. As a result, neighbors soon stopped comparing him to children who did not have disabilities. His short arms and legs plus a wheelchair made him “a winner in the popularity department.” He was always the center of a circle of friends. With his friends, he learned about the importance of interdependence to get something done. Through his dad’s influence, Oto became image-conscious.

As his self confidence grew, Oto’s parents became convinced that Oto did not need special education. They explored private schools but ultimately enrolled Oto in public school. His teacher set high expectations with few adaptations. With fewer special arrangements, Oto became just another kid in the class. He played, and fought, with classmates. Kids invented rule changes in games to include Oto. He went on school field trips without thinking about wheelchair accessibility. Where physical obstacles were encountered, teachers and students created ways to overcome these obstacles.

A series of operations left painful-looking scars “like the slash of a sword” across one side of his back. Faced with enduring yet another operation, Oto’s dad said, “You know, you’ll be having the operation on your right arm during winter vacation, Hiro. Then you’ll have the same scar on the other side, too. It’ll make a V. V for Victory.” For Oto, “instead of being hard to bear, that scar began to seem more like a medal.” When Oto passed the test to get into a high school considerably distant from home, Oto’s parents moved the family to be closer to the school. When Oto signed up to play basketball, Oto’s dad reflected, “I just don’t understand how our son’s mind operates.” He joined things because he wanted to. He realized there are some things only people with disabilities can do and that he should be doing them.

THERE IS A TENDENCY FOR parents to be overprotective. Not the Ototakes, though. Oto says he

“grew up a bit dense, unable to recognize his own disability until he’s over twenty.” As a result, he grew up “free and easy... without a lot of turmoil and self-doubt.” Oto adapted participation in Japanese society through culturally normative quantities of contacts, interactions, and relationships with ordinary citizens, in normative activities in valued physical and social settings (Wolfensberger, 1998, pp. 122–124).

ULTIMATELY, THIS BOOK ISN’T JUST about the author who overcame obstacles. It is also about “living in a caring way.” Reflecting upon this, Oto says, “In today’s competitive society where one is always expected to excel, we’re losing sight of what’s obvious—when you see someone having trouble, you lend a hand. We’ve been hearing for a long time now about the breakdown of communities whose members used to help one another. It could be that the people who come to the rescue, the people who can rebuild a more fully human society, will be people with disabilities.”

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RETHINKING PALLIATIVE CARE: A SOCIAL ROLE VALORISATION APPROACH. By PAUL SINCLAIR. The Policy Press, U. of Bristol, UK, 246 pages, 2007.

Reviewed by Harry van Bommel

IT IS NOT OFTEN ONE can say it has been a real treat reading a book on dying, death, and loss. Paul Sinclair’s book, *Rethinking Palliative Care: A Social Role Valorisation Approach*, was a treat for me because it finally analyzed palliative care using the detailed framework of Social Role Valorization principles (Osburn, 2006; Race, 1999; Wolfensberger, 1998). Although the book is highly critical, justifiably so, of the hospice palliative care movement in Australia, the UK, and the US, Sinclair does more than just highlight faults. He goes further to provide real examples of what can be done differently to enhance this movement.

Sinclair begins with the argument “that palliative care does not deliver on its aims of valuing people who are dying and making death and dying a natural part of life” (p. 1). He proves his assertion through a rigorous academic analysis of current and historical data. His assertion will be considered ‘fighting words’ within the palliative care movement that often feels it is above reproach because its intentions are so clearly good. Sinclair points out that he is not critical of individuals within the movement but that, systemically and unconsciously, most of us are blind to the deadly effects of our beliefs and behaviours.

Sinclair has a Ph.D. from the Palliative Care Unit in the School of Public Health, Faculty of Health Sciences, at La Trobe University in Melbourne, Australia. He has worked with people who have an intellectual disability (during which time he learned about Social Role Valorization principles) and people with chronic or terminal

illnesses. He is a social worker, palliative care instructor, and writer in the fields of palliative care as well as Social Role Valorization (SRV).

Sinclair wrote this book because he felt that palliative care philosophy and programs were not sufficiently examined to understand how good intentions can often lead to institutionalization of people who are dying, rather than providing them the home care they so often request and deserve. He was heartened by the fact that within the intellectual disability field, over 30 years of SRV training and advocacy have led to most institutions closing, with positive results for most people. Although imperfect, having people live in their own homes with sufficient supports has led to often surprising (for people outside SRV training) results.

SINCLAIR DIVIDES HIS BOOK INTO three parts: (1) the palliative care paradigm; (2) palliative care and social devaluation; and (3) reconceptualising palliative care and death.

For those new to the field of palliative care, palliative care is a philosophy of care that tries to meet people's physical, emotional, and spiritual needs, using modern medicine to deal with pain and symptom management, and a religious ethos to underscore its emotional and spiritual supports. Its modern roots lie in England at St. Christopher's Hospice started by Dr. Cicely Saunders in the mid-1960s. She was originally a nurse and was horrified by the treatment afforded dying patients. She became a social worker and later a physician in order to make systemic changes to how people lived before they died. She proved to the world that people need not suffer needless pain or debilitating symptoms. Her model was an institutional one with a community outreach, based upon a strong Christian faith that you take people as they are and treat them well.

In his book, Sinclair argues strongly that this view is insufficient to combat the social devaluation that exists for most dying people, and especially those who are already devalued for other

reasons, such as if they are old, poor, chronically ill, without family, or without gratitude for the care they receive.

Palliative care is at the bottom of the health care hierarchy. People who are dying are not valued as patients or as a population deserving of a lot of health care dollars. As Sinclair writes: "For palliative care, seeking credibility, authority and status including recognition within the medical mainstream, the institutional model is the established means to achieve these ends" (p. 47).

Part 2 highlights how SRV applies to palliative care. Unlike the deinstitutionalization of people with intellectual disabilities, Sinclair believes that the palliative care movement can move toward a model of excellent care at home because most people already live at home. They are not living in hospitals but rather will likely end up there, unless the movement begins to value home care more than it does at present.

After defining SRV for readers new to the concept and providing them with examples of its success, he goes on to explain its particular relevance to palliative care. The key to understanding the results sought after is to understand that "it is vastly more important to stop harm being done to devalued people than it is to try to achieve any sort of generalized positive benefit for people in general" (p. 104). In other words, only when we recognize the unconscious and conscious devaluation we impose on other people, and which may be imposed upon us, can we truly provide the supports that people request before they die.

USING THE CULTURALLY VALUED ANALOGUE (Wolfensberger & Thomas, 2007, pp. 30–31) and Wolfensberger's ten core themes of SRV (Wolfensberger, 1998, pp. 103–127), Sinclair highlights their applicability to palliative care. He then presents the four key principles of SRV that provide objectives of the kind of approaches one should take in developing palliative care systems. The four are: (1) identification of unconscious devaluation from imported models; (2) social integration; (3)

defense of valued roles; and (4) competency and image enhancement.

ONE QUOTE SUMMARIZES THE INCONSISTENCIES of the movement that wants to institutionalize people who are dying: “One’s ordinary life is worthy of imitation on a grand scale, [i.e., making the institution homey] but not worthy of preservation” (p. 129).

SINCLAIR OFFERS THE FOLLOWING MODEL, consistent with SRV values, that would provide people with the palliative care services they request:

1. No institutional care—if it can be done in an institution (hospital, long-term care facility, hospice), it can be done better at home. You can bring a hospital to a home, he argues, but you cannot bring a home to a hospital or hospice.

2. Dispersed services, so that no one agency concentrates all the care provisions needed in home care.

3. Separation of case management (often by people other than nurses or by a team with a nurse and social worker/spiritual leader) from direct care.

He concludes his book with a new conceptualization of dying, death, and loss. He compares the typical model of seeing everyone as equal and good at the end of life with his ‘three faces of death.’ The first face is a natural death; a non-discriminatory, without-malice dying. The second face speaks to the vulnerability that comes from being treated or cared for by others who unconsciously devalue some of their patients. If someone is poor or ungrateful or addicted to drugs or alcohol, their lives are at jeopardy by mostly unconscious behaviours of their carers. The third face relates to the conscious harm inflicted on patients by others, whether through actual killing or withholding of necessary treatments or through purposeful neglect. This last face, Sinclair refers to as having evil, conscious deathmaking results (Wolfensberger, 2005).

In this conceptualization, Sinclair hopes to bring conscious thoughtfulness to the palliative care movement, so that people can identify their own beliefs and behaviours that are harmful or deadly to their patients.

Sinclair provides us with an enormous task—to bring SRV concepts and principles to the day-to-day practices within the palliative care movement. The movement will not be receptive to this task, just as the leaders within the intellectual disability movement were not eager to accept it. It would mean: (1) accepting they have done harm; (2) changing their models and, perhaps, losing what little credibility they have within the health care system; (3) giving up control, hard-fought for resources, and their small to large ‘empires;’ and (4) learning something new, outside their field, that only highlights their errors.

I AGREE THAT THE HOSPICE palliative care movement, of which I have been a part from a patient and family perspective for nearly 30 years, is failing. Its intentions are admirable but its unconscious assumptions are harming people, as are its acceptance of an institutional model in many parts of the world. Typically, where poverty prevents institutional care, SRV principles have a better chance of filling the philosophic void of how to provide excellent home care.

Sinclair’s conclusion is correct: “palliative care does not deliver on its aims of valuing people who are dying and making death and dying a natural part of life” (p. 1). It does not have as far to go as the deinstitutionalization of people with intellectual disabilities, but it also does not have a strong and large community voice to demand the changes necessary. Sinclair’s book is unlikely to be read by many in the field, even though everyone should read it—and more than once. The ‘pill’ is too hard to swallow by a movement that already feels under-appreciated and under-funded.

People within the SRV movement, however, do have valued voices within their communities.

They have an understanding of what is necessary, what is possible, and how it can be accomplished. If they have the energy to recruit new members and energy to their ranks, they can accomplish for palliative care what they are achieving in their own work and families. The readers of this *Journal* and participants within communities who understand SRV principles are the real audience for this book. I will promote it within the palliative care movement; but it will be you who actually make the changes happen with your own communities around the globe.

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EDITOR'S NOTE: *The following article is a summary and review of an official PASSING evaluation report. Note that this review was written by the director of the agency evaluated.*

RESULTS OF THE QUANTITATIVE ASSESSMENT OF THE QUALITY OF A HUMAN SERVICE PROGRAM: THE PRESCOTT-RUSSELL CHILDREN'S AID SOCIETY. By JOE OSBURN, GUY CARUSO, & DEBI REIDY. Indianapolis, IN: Indiana Safeguards Initiative, 148 pages plus appendices, 1997.

Reviewed by Raymond Lemay

Introduction

THE 1996 EVALUATION OF THE Prescott-Russell Children's Aid Society (PRCAS) was an invited official PASSING assessment that was conducted by a team of 14 experienced PASSING evaluators from June 11, 1996 to June 17, 1996, a total of six days. This PASSING (Wolfensberger & Thomas, 1983) assessment was part of the Evaluating Child Welfare Outcomes project (Lemay, Byrne, & Ghazal, 2006) that was then implementing an ongoing performance evaluation system in the Prescott-Russell Children's Aid Society, including the Looking After Children assessment approach (Lemay & Ghazal, 2007).

PASSING (Wolfensberger & Thomas, 2007) is a quantitative program evaluation tool that assesses the extent to which an organization is applying Social Role Valorization (Lemay, 1995; Osburn, 2006; Race, 1999; Wolfensberger, 1998). It attempts to measure the quality of service provision through a cross-sectional sampling of life as it is mediated by the assessed organization: environmental issues, activities, groupings, relationships, and various other features, in terms of how all these affect the image and competency of the people being served. Social Role Valorization (SRV) as a theory, and PASSING as an assessment tool, are particularly focused on organizations that provide services to individuals and groups of people who are (or are at risk of being) socially devalued.

The Prescott-Russell Children's Aid Society is a legally mandated child protection agency serving a relatively large rural area of Eastern Ontario, Canada. The population of the community (approximately 75,000) is about 75% French speaking. The PASSING assessment team was divided into two units, with one team assessing the family services component and the other the children's residential services component of the organization. In the course of this assessment, evaluators met with agency clients in their homes, agency staff, managers, board members, and foster parents, and with the representatives of partner agencies. The team estimated that it spent over 1,000 hours conducting this evaluation over a six-day period, and this amount is not counting time spent in preparation and in report writing at the end of the process.

AS THE TEAM DESCRIBED THE client groups served by PRCAS, it was quite clear that the individuals served had lived through a fair amount of adversity and were at continued risk of social isolation, rejection, abuse, and neglect. The point made by the assessment, however, was that this not only applied to the children who were the main focus of PRCAS's service endeavor, but included their natural families.

These families were often isolated or rejected from their extended families, friends, and/or neighbors. They often had poor skills in coping with an increasingly complex world leading to poor decisions and maladaptive responses of which violence was one. A number of the families had experienced serious and multiple life crises, such as suicide or major illness of a member, the presence of a child with a disability, or had faced financial crises which threatened to break up the family. Many parents came from a wounded past, and had experienced abuse and deprivation themselves. They found themselves passing

on the same bad experiences to their own children. (p. 15)

The report, however, also made the point that not all families fit the above description. Thus parents and families were viewed as a particular client group. The second client group was the children who were receiving residential services. These children had all experienced devaluation and wounding:

... displaced from their homes, placed in other homes, moved around a great deal, and separated from their parents and siblings. Routinely, there was much discontinuity in the children's relationships with families, foster families, service workers, and sometimes teachers and students in school ... The children were forced to 'grow up fast' and fend for themselves. In a way, they were cheated out of their childhood by the combined effects of poverty, inadequate parenting, and the need to take on unusual responsibility. (pp. 16–17)

One, of course, should add to the above list the all too often common and very wounding experiences of abuse and/or neglect. In developing the overall view of the client groups served by PRCAS, the evaluation team came up with four broad categories that would encompass the identity, i.e., the defining characteristics, of the children being served. These were called "four existential domains" (p. 20). These categories included characteristics that fell into the domain of **self-perception** where children often expressed "feelings of being treated differently, unfairly, and not as equals in foster care settings. They felt 'thrown away' and rootless, noncherished, rejected, stigmatized, unloved/not worthy, and not belonging" (p. 20). There was also a question of **perception by others** which included low expectations and certain stereotypical perceptions. The domain of **past experiences**: of course, all these children had

known a fair amount of adversity. And finally, **future effects** where these children, because of low expectations, were not viewed as likely candidates for success in adulthood.

WHEN CHARTING THE NEEDS OF such children, the authors of the report indicate that “first, they needed the opportunity to engage in a process of healing ... Second, they needed to have a stable home-life ... Third, each child needed to be known as a unique individual and specifically as a child ... Finally, and above all, each of these children needed to be loved” (p. 17).

There was some discussion of the stigma associated with being a PRCAS service recipient and being known as “CAS Kids” (p. 17). This was brought up particularly in relationship to the in-school protection program. For this group of children and youth, particular needs were identified:

First, they needed opportunities to be in valued roles within the school community, and to thus gain a sense of achievement and accomplishment ... They needed ‘tools’ to live in their (often violent and strife-filled) environment, and not only to survive, but to rise above their environment ... They also needed knowledge about sexuality, the consequences of drug and alcohol use, as well as the general academic knowledge needed by all the other children in their school. More importantly, they needed a ‘personal compass,’ a set of internalized values which could guide their actions over the course of their lives. They needed people who could serve as role models and as mentors ... Finally, they needed hope that it was possible to have a positive future, and that they might actually be eligible for success as an adult. (p. 18)

The authors, on page 20, reviewed a fair number of fundamental needs. “First and foremost, the children needed to be loved and cherished, by their parents, and if not them, then by others

fulfilling that role. They needed to have structure in their lives that included routines and positive forms of discipline. Because they were children, they especially needed to have fun, enjoyment, and joy” (p. 20).

Interestingly, the team came up with a certain number of needs that were common to all the families being served by PRCAS.

First, they needed to belong in the community and to be known as a family ... All the families needed to be approached by others, and particularly by PRCAS, with a blend of sternness and compassion. When it was necessary to impose sanctions or enforce social norms, they needed it to happen without further devaluation, and with respect. Because poverty was a common condition for many of the families, and because it contributed to disruption and discontinuity, economic stability was an important need. They also needed some very concrete assistance with ‘how to be a family’ ... Families also needed communication and information; assistance in mobilizing support and social networks, both professional and non-professional. (p. 16)

THE AUTHORS THEN GO ON to provide a desiderata that could be applied to the adults who should surround such children (staff, foster parents, volunteers, biological parents, etc.). This list, given on page 21 of the report, is as follows:

- Be well integrated (i.e., ‘together’) and grounded; and really like, and possibly be prepared to love, the child.
- Be insightful and possess good instincts about vulnerability.
- Know who the child is (factually and existentially, as depicted above).
- Be flexible, open to new information, enduring and persistent, and have faith that anything is possible and that difficulties can be overcome.

- Be committed to children.
- Project trust.
- Be a caring adult, happy with oneself and one's life.
- Have and practice a code of positive values, e.g., do no harm, be moral, have ethical standards, a work ethic, respect others, be kind.
- Have an interest in the entirety of the child's life (e.g., health, education, spiritual).
- Be an adult with hope.
- Possess wisdom (worldly) and have and practice common sense.
- Be a positive model and example whom the child could identify with.
- Possess valued social roles and have a valued identity.

The Purview & Culturally Valued Analogue (CVA) of the Organization

THE EVALUATION TEAM DETERMINED THAT the purview of PRCAS was "an orientation to supporting/mediating a good family life" (p. 26) (Wolfensberger, Thomas, & Caruso, 1996). According to the team, the culturally valued analogue (Wolfensberger & Thomas, 2007, p. 30) that was at the heart of the organization was 'a good family life.' The authors of the report provide some detail as to what they consider 'a good family life.'

First, a good family life involves for its members a sense of stability and the assurance of a commitment to one another ... Part of this stability is unconditional love ... Good family life also offers guidance, supervision, teaching and, where appropriate, discipline to members who need it ... Celebrations, gatherings, and personal affection—hugs, teasing, etc. (p. 27). There is also the connection to the world outside the family ... Finally, a 'good family life' rests on the confidence that there is capacity and resources to handle difficulties which might arise. (p. 28)

The team also proposed that when a family is in trouble, a certain number of defenses in play typically come to the fore to provide a family with support. First and foremost, the members of the family itself are the basis of the support. The *first line of defense* for members of the family in difficulty is the family itself. The *second line of defense* is the extended family. And, the *third line of defense* comes from the surrounding community,

such as when a neighbor family takes in an additional child, or when family friends, priests, ministers, and others find or offer assistance, support, advice, or intervention ... Ideally, troubled families would themselves be able to call upon these natural lines of defense and would be able to manage, coordinate, and accept the support they need. Some families indeed do just that. However, many troubled families do not have the wherewithal to arrange/provide these types of culturally valued resources on their own. (pp. 28–29)

This leads, of course, to the *fourth line of defense* which is the state, and this is expressed through organizations such as PRCAS. Thus, the team recommended that it was best to view

PRCAS (as) an agency which mediated services to children and families. That is, the agency's primary function was to arrange, oversee, monitor, and provide support to those who actually carried out the service, namely that of directly providing a 'good family life.' Those who actually carried out the service would be, preferably, the natural family itself, but it also might be extended family, foster families, members of the local community, etc. Thus, while the culturally valued analogue of the service mediated by PRCAS was a good family life, the relevant service-mediating role for PRCAS was to support a good family life on behalf of its

clients. In carrying out that role, its workers (i.e., staff) could draw upon a number of different valued analogues in the culture as valued role models, e.g., a minister, priest, or rabbi; a concerned neighbor; a family member or relative; the local community; etc. (p. 29).

THUS, VERY INTERESTINGLY, THE PASSING assessment suggested to PRCAS the need to come up with a more positive and supporting role vis-à-vis the families it served. Indeed, PRCAS's non-residential family services scored relatively lower than the children services team (48% versus 66%), both in the acceptable range of PASSING scores, however, showing a clear difference of performance.

The report from the assessment team indicated that one of the reasons this occurred was because the organization and its staff were "coping with competing mandates" (p. 32). The organization was focused on children as its clients rather than on families. Moreover, the organization was enacting the principle of *prudence*, which meant that children were sometimes placed in care instead of taking the chance that the child might eventually be abused. Moreover, the organization spent a great deal of its resources supporting children in residential services but did not have the same capacity to provide the same kinds of supports to natural families with their own children.

The team "doubted whether it was actually possible to combine within a single program the dual functions of child protection (agent of social control, responsible to enforce the law) and family support (capacity-building, helping families to grow and develop)" (p. 33). The writers of the report went on to recommend that family support functions be kept as separate as possible from child protection functions. The team recommended in terms of family support services that

PRCAS is advised to encourage the development, mobilization, and implementation of a community-based support system

through: extended family, family friends, neighbors, community centers, churches, schools, libraries, parks, social and civic organizations, workplace or employment organizations, volunteer activities, and community education activities. This new or revitalized PRCAS initiative would be well within the scope of its Child & Family Services Act mandate, although that mandate would need considerable (and probably somewhat formalized) reinterpretation by PRCAS, since it would be fulfilled in different ways than it had been in the past.

Paralleling this effort would need to be another equally intensive one: to reinterpret both the image of PRCAS in its service region and to greatly enhance its repertoire of competencies to support families well. This is because the PRCAS protection function had for so long taken precedence over an emphasis on family support, and had been, and was indeed widely perceived—even within the agency itself—to have been more consistent with existing PRCAS organizational philosophy, culture, staff identities (at least a number of them), and primary activities.

As PRCAS continued to emphasize its protection function, the team would recommend that the program adopt a stance toward the families it served as people with the capacity to learn and grow, as compared to its current stance of skepticism about their potential. (pp. 35–36)

Conclusion

ALL IN ALL, THE PASSING team had many good things to say about the services that they assessed. However, it indicated that one of the major challenges facing PRCAS was in the enactment of pedagogic and support roles towards dysfunctional families. The team suggested that the organization should make an all-out effort to change its practices and its image.

Interestingly, this suggestion seems to be in line with the general orientation of the new amalgamated¹ agency, i.e., Prescott-Russell Services to Children and Adults (SEAPR), which has been attempting to soften its protection approach, all the while engaging the community in a variety of community-based family support initiatives. The evaluation team was a little skeptical about the possibility of actually accomplishing such a transformation but nonetheless recommended that the organization should push in that direction.

All together, a very interesting report that promotes a fair number of actions and directions and orientations that seem to be in keeping with the general thrust of SEAPR's mission, general service approach, and philosophy.

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ENDNOTE

1. On January 1st 2001, the Prescott-Russell Children's Aid Society amalgamated with a children's mental health center, a child development service, & a community living agency that serves adults with developmental disabilities.

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