A Quarter-Century of Normalization and Social Role Valorization

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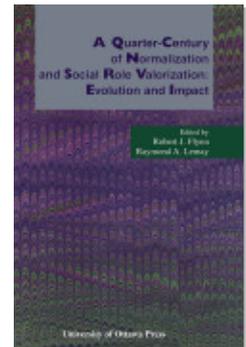Published by University of Ottawa Press

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# The impact of Normalization and Social Role Valorization in francophone countries and communities from the late 1960s to the 1990s

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## 1 OVERVIEW

Normalization and Social Role Valorization have had varying types and degrees of impacts in francophone countries and communities around the world as an ideology, as a framework for the evaluation and organization of human services, and as an instrument for social change. Where Normalization/SRV impacted, it was a major influence in the way we perceive persons with disabilities and human service users, and the way services and supports are organized.

Although we celebrate 25 years of the formulation of the principle of Normalization, Normalization and its SRV reformulation are still relatively new to many francophone communities. Normalization and SRV have essentially impacted Quebec as a jurisdiction in specific human services, while having localized impacts on specific services in other countries, and no impact at all in others.

The most visible impact of Normalization and SRV have been on service delivery systems in Quebec and francophone Canada, especially in the area of services for developmentally disabled persons. Essentially, these service systems gradually evolved from a segregated institutional model to a community integrated model. Such a change constitutes a positive development in and of itself but with intrinsic

drawbacks and limitations, as we will later explore. These developments mirror those in the US and the rest of Canada. The scope of such service system evolution was essentially local but touched a broader group of service users in francophone Europe; however, there has not been a major shift from institutional services to community based services in francophone Europe, where, to begin with, institutions tend to be smaller and physically closer to communities.

Normalization and SRV were very late in being made available in French: although much was said about Normalization/SRV through the years, and although much was done in the name of Normalization/SRV or Normalization/SRV interpretations, relatively few individuals had ever read a comprehensive text about Normalization/SRV in French until PASSING (Wolfensberger & Thomas, 1988) was published in French in 1988 and Le principe de la valorisation des rôles sociaux (Wolfensberger, 1991) was published in 1991. This situation was made worse by the use of unauthorized and poor translations and interpretations that were used to promote (or discredit) Normalization/SRV. So not only was English Normalization/SRV material unavailable in French, misinterpretations of Normalization/SRV or related works such as PASS (Wolfensberger and Glenn, 1975) were disseminated and used.

As in anglophone communities, Normalization and SRV were initially transmitted through two evaluation tools based on Normalization (PASS) or Social Role Valorization (PASSING). Most of the individuals who participated in these early PASS sessions were professionals and civil servants, many of them working in the field of developmental disabilities. They had allies in the parents' movement, but often these allies were from the Toronto-based National Institute on Mental Retardation (NIMR). Francophone allies in the parents' movement took longer to come on board, as most parents were suspicious at the outset about Normalization/SRV, although they tended to support potential changes to a service system they considered of poor quality. Finally Normalization and SRV came on the scene at a time when the service system was ripe for change and at a time when financial resources were plentiful. There were three consequences to these factors: (a) initial comprehension of Normalization and SRV were coloured by an evaluative perspective and by PASS-PASSING teaching methods; (b) Normalization and SRV were initially promoted and used by civil servants and agency managers with tacit support from the parents' movement; and (c) political and economic circumstances enabled the initial promoters of Normalization/SRV to have a substantial impact on policy development and on service systems for developmentally disabled persons.

Such was the case in Quebec in the 1970s, a situation not unlike other communities elsewhere in North America. When Normalization and SRV were introduced in francophone Europe, the initial reaction in some circles was similar to what happened in North America, but it never materialized as a systematic movement, although Normalization/SRV promotion benefited from more sustained efforts; as well, written material and quality teaching in French became available relatively early on.

To fully understand the scope and complexities of the impact Normalization and SRV have had in francophone communities, one must analyze it from cultural, historical, and systemic perspectives.

## 2 SOME HISTORICAL PERSPECTIVES

The influence of Normalization/SRV on public policy development and service system changes in francophone countries and communities is linked to historical factors.

Normalization/SRV thinking has been part of the picture in Canada and Quebec since the late 1960s when it was introduced through the Canadian Association for the Mentally Retarded (now called the Canadian Association for Community Living [CACL]) and its technical arm, the National Institute on Mental Retardation (now called the G. Allan Roeher Institute) and their related networks. In Quebec, the Association du Québec pour les déficients mentaux (now the Association du Québec pour l'intégration sociale [AQIS]) and its technical arm, the Institut Canadien Français pour la déficience mentale, later named the Institut québécois pour la déficience mentale (IQDM), were the main organizations that promoted Normalization/SRV. As in the rest of Canada, Normalization/SRV activism was based on an alliance between a parent/consumer movement and individuals in government and service agencies involved with persons with developmental disabilities. Since Normalization and SRV were available only in English, only a few Québécois were initially exposed comprehensively to the ideology. Although Normalization and SRV made their way in government policy and service systems for developmentally disabled persons, they would remain for many years concepts shared basically by an elite composed of some civil servants and service managers in the field of developmental disabilities; its impact was therefore concentrated on one group of service users. Most of these initial leaders and promoters of Normalization/SRV were humanists and idealists with a vision to improve the lives of service users, but they faced a service system that was very strong and did not want to change. To produce change they sometimes had to act decisively and in controversial fashion, which made them look like radicals and helped image Normalization/SRV as dogmatic, or "pie-in-the-sky." This phenomenon could explain why things eventually "got done," over a long period, sometimes in policy, sometimes in services, but never in a concerted and systems-wide way, at least not until the late 1980s. It also explains why to this day Normalization and SRV still have a reputation of being very radical rather than an ideology based on common sense and basic Judeo-Christian values.

As it now stands in Canada and in Quebec, Normalization- and SRV-inspired values, such as

social integration, are universally accepted as the philosophical base for the organization of human services, particularly in the field of disabilities. Normalization and SRV are part of policy, regulations, and everyday operation of human services. If there is a problem today it is that Normalization and SRV are taken for granted. The parents' and consumer movements in North American francophone communities, and specifically in Quebec, now embrace Normalization/SRV and are usually in a good position to create change, as they have generally transformed themselves from service providers to advocacy organizations.

Normalization and SRV were introduced in francophone Europe—France, Switzerland, and Belgium—via Canada and Quebec in the early and mid-1980s. An organization called CEDIS (Comité Européen pour le développement de l'intégration sociale), an offshoot of initial PASS training sessions in Normandy and South Western France, was formed and continues today its involvement in Normalization/SRV dissemination, mostly through training sessions and service evaluations. Normalization and SRV have a reputation in francophone Europe as being "American" ideologies, based on American values and culture, although the origins of Normalization are European and SRV is very close to francophone European values. While Normalization and SRV have had less impact in Europe than in North America because they are still relatively new, their influence ranges beyond the field of developmental disabilities. As well, although Normalization and SRV were introduced through PASS training sessions, SRV and PASSING are increasingly being taught and written about; as well, a number of Europeans (through CEDIS or privately) have taken the Normalization/SRV leadership from the initial group of Canadians involved and have developed teaching capabilities that outweigh in quantity and quality what is generally available in North American francophone communities. One important aspect of the current situation is the fact that Normalization and SRV in francophone Europe do not have a consumer base, nor do they enjoy the formal support of consumer or parents' associations (such as CACL's equivalents) or that of high-ranking civil servants, as was the case in North America. As well, the International League of Societies for Persons With

Mental Handicaps, based in Brussells and with a certain influence in some francophone circles, has not promoted the Wolfensberger-inspired formulations of Normalization and SRV. As a result, Normalization/SRV leadership in Europe is mostly concentrated on a small number of individual service managers, university professors, and human service professionals, all of whom tend to have local influence. In recent years, however, CEDIS has been able to link up with European Community agencies, where the concepts of Social Role Valorization and social integration are gaining acceptance.

Normalization and SRV have yet to be introduced to other countries where French culture is still a factor, notably the former colonies of France and Belgium in the African continent. The one notable exception is the French Department of La Réunion, in the Indian Ocean, and its neighboring country, Mauritius Island, where for a few years in the mid- to late 1980s PASS and Normalization/SRV were introduced and had some impact within service systems and associations.

## 3 CULTURAL PERSPECTIVES OF NORMALIZATION AND SRV IN FRANCOPHONE COUNTRIES

### 3.1 HOW NORMALIZATION AND SRV WERE TRANSMITTED

Historically, one must bear in mind that Wolf Wolfensberger's (1972) The Principle of Normalization in Human Services was never made available in French. As well, related works such as PASS were only available in francophone Europe in the late 1980s in its approved version. In fact, the Wolfensberger Normalization/SRV Monograph (La valorisation des rôles sociaux) was printed in French and made available only in 1991: This was really the first ever systematic summary of Normalization/SRV available in French. For the past 25 years, Normalization and SRV have basically been transmitted through word of mouth in francophone communities. In other words, although Normalization and SRV have had some influence, and although for many years many people have claimed to be knowledgeable about them, it is only recently that they have been available in written form, as well as through competent training sessions.

## 3.2 COMMUNITIES WHERE NORMALIZATION AND SRV HAVE MADE A DIFFERENCE

Normalization and SRV have varying degrees of impact in some countries and/or communities but not in all. North American communities, specifically Quebec and Acadian communities in New Brunswick, as well as some French Canadian communities in Ontario, were more or less influenced by Normalization/SRV. Of those communities, Quebec was where the impact of Normalization/SRV was and still is felt the most. In fact, Quebec is the francophone community throughout the world where Normalization and SRV have impacted the most on its legislation, public policy and service systems. Not surprisingly, most initial francophone Normalization/SRV supporters and leaders came from Quebec, and it is through that community that other francophone communities in Europe were originally exposed to Normalization/SRV.

Normalization and SRV have had some impact in European countries such as France and its territories, as well as Belgium and some Swiss Cantons. However, in those countries, Normalization and SRV were either episodically influential, within specific communities and agencies, and involving a small group of persons, or were merely one of many social influences that served to modify certain aspects of the service system picture.

Normalization and SRV have not had any impact in North or Continental African countries where French is spoken, as in the former colonies of France or Belgium.

### 3.2.1 QUEBEC

On the policy level, Normalization first appeared in the influential 1977 Livre Blanc (Ministère des Affaires Sociales, 1977)—Policy Statement White Book—regarding the government's policy proposals for handicapped individuals. This was the Quebec government's first attempt at a comprehensive social policy statement with a view to promote the social integration of handicapped persons. Supporters of Normalization/SRV were very influential in this work. In 1989 the Office for the Handicapped (Office des personnes handicapées, 1989) produced a policy document reproducing the 1977 framework and

framing the community and comprehensive service system concept. Again, this policy statement and framework was very much influenced by Normalization and SRV and by some of their promoters. In 1987 and 1988, the government produced a policy document (Ministère de la Santé et des Services Sociaux, 1988) and related strategies for the systematic transformation of institutions for developmentally disabled persons into community-based services. The next few years saw the beginning of a massive deinstitutionalization effort inspired by these documents. As with initial policy papers, these were greatly influenced by individuals and organizations linked to the consumer organizations supporting SRV and social integration. These policy orientations in the field of developmental disabilities were consolidated further by the government's policy on families (Secrétariat à la famille, 1992) and its welfare policy (Ministère de la Santé et des Services Sociaux, 1992).

All of these policy developments were instrumental in consolidating what was to be the greatest impact of Normalization/SRV in Quebec: the massive deinstitutionalization process and community-based service development in the field of developmental disabilities.

This process of massive deinstitutionalization was part of a larger process in North America that originated in the late 1960s in the US in large part as a product of class action advocacy for the benefit of persons with developmental disabilities based on constitutional grounds; as a result of advances in pharmacology and psychiatry that permitted large numbers of patients to be discharged from psychiatric hospitals; and for economic considerations. The process in Canada, as far as developmentally handicapped persons were concerned, was slower in developing and did not start systematically until the 1980s: this is due in part to the fact that the process was not triggered by constitutional rights or fueled by court procedures, but by a gradual social policy paradigm shift with regard to persons with developmental disabilities. Such changes were essentially brought about through long-term efforts of advocacy organizations. As far as the field of psychiatry and mental health is concerned, the Canadian process mirrors that of the US, which basically amounted to political and administrative policy decisions to reduce hospital beds and release

patients in community settings, but without much in terms of community support systems and without clear strategies to develop them.

A basic feature of deinstitutionalization processes in North America is the development of community-based alternatives to replace institutional models for persons with disabilities. This is also true in Quebec and francophone Canada, although in Quebec the deinstitutionalization process has been one of transformation of institutional resources and bureaucracies into community-based service systems and bureaucracies. Those efforts have produced massive developments of community-based services that have enhanced the potential of service systems to provide persons with developmental disabilities an improved quality of life. There are, however, some important shortcomings to this strategy. One is that institutions are still an important (and expensive) part of the service delivery system, leaving most communities with a double system: an institutional system that uses up a large portion of public funds to serve a small group of individuals, and a community-based system that has yet to receive proper funding to fulfill its claim that *all* persons with disabilities can and should live and be supported in the community. Another is the fact that while large institutions are closing, the institutional culture is being systematically reproduced in the community; as a result, natural support systems such as families and personal networks are being replaced by professional services.

### 3.2.2 OTHER CANADIAN COMMUNITIES

In other Canadian francophone communities, Normalization and SRV have essentially the same impact as in Quebec with the exception that SRV in its English format was somewhat more accessible to French Canadians and Acadians, who tend to be more bilingual than francophone Québécois.

### 3.2.3 FRANCE

The impact of Normalization/SRV in France is essentially a product of the individual efforts of a cadre of human service managers and consultants. Contrary to North America, these Normalization/SRV promoters hail from a larger variety of human services, namely social services, mental health, and rehabilitation, with a larger service user base, namely young persons, senior citizens, (ex)psychiatric patients, as well as disabled individuals. While larger in scope as far as service domains are concerned, Normalization/SRV influence in France is not nationwide but tends to be regional. As well, the impact is often less visible than in North America since institutions (the focus of advocacy and change agentry in North America) and services tend to be smaller to begin with. This in turn makes it more of a challenge to change service patterns, especially since these patterns are quite a bit older than those in North America and tend to "look better" or at least "not as bad" as the larger North American institutions. Nevertheless, Normalization and SRV have had important impacts in northern France (Dunkerque area), in Lower Normandy, in the Charente regions, and in the Lot and Garonne region in southwestern France. One interesting influence has been in the field of child protection services in southwestern France, as well as services for drug abusers; other influences in service systems are especially evident in vocational services for developmentally disabled adults. The biggest differences in Normalization/SRV impacts between North America and Europe are that European service systems have longer traditions, tend to sustain smaller agencies, and take more time to change than their North America counterparts. As a North American Francophone who works in this continent as well as in Europe, I would tend to caution my North American colleagues: Because we change so easily and massively does not mean our services are better than those of the Franco-Europeans; and though some of our services seem to look better, many of them are nonetheless of poorer quality than those services in Europe that have tended to change very slowly. In fact, I believe, recent developments in Quebec, where huge service organizations have been put in place, are jeopardizing much of what has been done in the past 25 years, whereas services in francophone Europe, because they have remained organized within reasonable dimensions (i.e., where service managers know the names of their service users and interact with them), tend to continue to improve, albeit slowly. Normalization and SRV have also had an impact on evaluation techniques and

program development. Recent works by Joing (1993) and Dupont (1989) in the field of evaluation, and by Pelletier, Dupont, and Tessier (1994) in the field of programming, make extensive use of contemporary Normalization/SRV literature.

### 3.2.4 SWITZERLAND

Normalization/SRV influence in Switzerland is similar to that in France, but on a smaller scale. Geneva is probably the one canton where it has had the most impact with services in mental health and in developmental disabilities. Although small in scope, this influence has nonetheless been very important with some psychiatric community services and within the sphere of influence enjoyed by the Geneva Association for Intellectually Handicapped Persons and their friends. Some community-based services in the field of mental health in Geneva rank with the best of their kind in Europe or the rest of the world and are openly promoting Normalization/SRV values as the basis for their organization. The field of child protection is also very much influenced by Normalization/SRV in Geneva, a recent but significant trend. Finally, the University of Geneva (department of special education) has for the past years used and developed contemporary Normalization/SRV literature in its courses to undergraduate students and supports to community groups.

### 3.2.5 BELGIUM

In Belgium, Normalization and SRV have had a very important impact through the Département d'orthopédagogie at the university of Mons-Hainault. This university department has trained a number of frontline professionals with Normalization/SRV as a foundation who in turn have played an important role in the slow but steady evolution toward the social integration of developmentally disabled persons. As well, the department has been influential in recent government policy development. It is interesting to note that Mons is the only example of sustained and effective Normalization/SRV leadership and influence within francophone communities that emanates from an academic setting: other universities and colleges

offer credit courses featuring Normalization/SRV, but none go as far as Mons. Only Syracuse University's Training Institute would compare in Anglo-Saxon communities, although the latter is strictly concerned with SRV and SRV-related work, while Mons uses Normalization/SRV as a values system within its general curriculum. This being said, as with the Training Institute at Syracuse University, Normalization/SRV activism and promotion in Mons are based on the dedication of a few individuals who are promoting SRV values in their work without any support, and indeed most often, against official academic and administrative policies of the universities they work in.

## 3.3 THE LEGACY OF NORMALIZATION AND SRV IN FRANCOPHONE COMMUNITIES

### 3.3.1 SOCIAL POLICY

Many industrialized countries where disabled persons had been massively institutionalized, segregated, and congregated over the last 50 to 100 years have in the past 25 years developed some forms of social policies aimed at promoting their social integration. Such policies usually were successful in reducing the number of persons living in inadequate institutional settings (deinstitutionalization) and/or increasing the development of community-based resources; at least such is the case in North America and its francophone communities, notably Quebec. In these jurisdictions, social integration of disabled individuals has become the official norm, the accepted policy. In Quebec, as in other Canadian provinces and communities, Normalization/SRV had an important impact on the development and implementation of so-called "progressive" social policies for disabled persons and, specifically, on persons with developmental disabilities. In other fields, Normalization/SRV had an indirect and secondary impact, serving as support to develop and implement social policies that were part of an international trend toward social integration, but not as a leading force. Such is also the case in francophone Europe, where social integration of devalued persons is the present trend and fashion, at least in theory, without Normalization and SRV as major contributors. In other francophone countries, disabled persons have not been

institutionalized as massively, so there has been no need for policies promoting social integration. On the contrary, there seems to be an increasing pressure to develop segregated institutions in some of these countries.

### 3.3.2  A TRANSFORMED SERVICE SYSTEM

In North American francophone communities, the evolution from asylums to smaller community-based services is directly related to Normalization/SRV thinking. This is the most important and visible legacy of Normalization/SRV.

Related to this development is the fact that disabled persons are more visible in communities than 25 years ago and have begun taking a more prominent place as citizens. However, visibility does not mean social integration. While more people are physically integrated, it would seem that for most, personal social integration remains the unfulfilled promise of Normalization/SRV. A simple review of jobs and salaries for disabled persons will show for instance that while disabled persons benefit from the economy in terms of care and services, they have yet to participate as contributors to the economy. In Europe, small institutions continue to be the norm, as they have been for many generations, although the actual physical integration of persons is increasing.

Perhaps the most frustrating systemic development traced to Normalization/SRV-inspired reforms, at least in North America, and most notably in Quebec, has been the emergence of massive, public service bureaucracies and service management organizations that have replaced the old order of institutions and community services. This trend is especially evident in the field of developmental disabilities, where the bureaucracies and literal "empires" have replaced smaller community services as well as natural family-based supports. These new organizations have enormous powers, can easily intrude in people's personal lives (and systematically do), and, by replacing natural supports by service systems, will ultimately destroy many of the positive effects of the past 25 years. Some would say that this process is very much under way.

Related to the above, the human service industry is constantly growing, to the point now where instead of integrating and supporting communities and families, they replace them. The amount of money being spent in service organizations is mind-boggling, but the actual services received by disabled persons and their families, as well as their level of quality, has not grown as much and as fast.

Finally, large institutions have often been replaced by settings that look nice, that seem to offer good supports and services, but that often end up becoming smaller (institutional) versions of the ones they replaced.

This being said, disabled persons generally enjoy significantly better living conditions than they did 25 years ago, and although Normalization/SRV cannot take all of the credit, we can say that they played a most important and key role in promoting change in the quality of life conditions for disabled persons and their families.

### 3.3.3  A NAIVE BELIEF IN SERVICE SYSTEMS

Again related to the service system legacy of Normalization/SRV, the transformation of service systems have led us to believe, here in North America at least, that a system could be invented that would assure lives of quality in the community for socially devalued persons. Such an artificial support system does not yet exist, nor will it ever, but we persist in developing or searching for one, at the same time destroying the only natural system that can support the social integration of persons: their families and personal networks.

It is perhaps time to return to the essence of Normalization/SRV: using them as a guide, as a value base, but not trying to change the world through social engineering in order to make it "Normalization/SRV perfect."

### 3.3.4  COMMENTS ON A NEW VOCABULARY

Normalization and SRV were influential in raising our level of consciousness regarding labels that stigmatize people. Words used to describe conditions and persons who live with them have positively evolved. This being said, this trend has recently developed a tendency toward correctness whereby some words are not to be used. Some will bend over

backward to use words that are so neutral and "nonstigmatizing" that they simply do not mean anything and might well prove to be detrimental to disabled persons as they tend to trivialize or minimize conditions that require important personal supports. Nevertheless, Normalization and SRV have left us with many new words, some of which have become part of everyday vocabulary in human services: Normalization remains the most prominent, as well as the most misunderstood and misused. In French the word *Normalisation* was never easy to accept, understand, or use, perhaps because we never got a chance to read about it in French. *Valorisation des rôles sociaux*, on the other hand, has become accepted and less prone to misinterpretations, again perhaps because we now have a few written texts and because

some teaching has been available. It is a pleasure for us Francophones to see that Anglo-Saxons now have to grope with Social Role Valorization instead of the former Normalization.

## 4 CONCLUSION

There can be no doubt that Normalization and SRV have had a profound impact in human services throughout the Western world, including its francophone communities. It is an ideology that permeates social policy and service systems. It is likely that this impact will continue and perhaps even amplify over the next decades in francophone communities, particularly in European communities.

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