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A Quarter-Century of Normalization and Social Role Valorization

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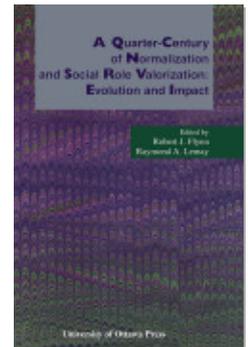
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The impact of Social Role Valorization¹ on government policy in Quebec

ANDRÉ DIONNE

1 FOREWORD

In this brief commentary, I will attempt to describe SRV's influence by the application of its corollaries in the organization of services. This approach will only peripherally call into play the factors that come out of SRV-related evaluation instruments such as PASS (Wolfensberger & Glenn, 1975) or PASSING (Wolfensberger & Thomas, 1988). Using PASS or PASSING would undoubtedly have quickly led us to a dead end. Large systems including social service systems are often limited by all sorts of constraints that are often of an economic nature.

One notes, however, that SRV (Wolfensberger, 1972, 1983, 1991) has brought about a new form of discourse that is now part of the service tradition at least in the field of mental retardation. I would like to have said that this was the case for the whole of social services. However, one must conclude that it is the field of mental retardation that has most been influenced by this school of thought. One need only remember that its origins are to be found in services to mentally retarded persons in Nebraska and then at the National Institute on Mental Retardation in Toronto.

I will be examining SRV in the context of the development of government policy. In Quebec, the current organization of social and health services dates back to 1970, when following the publication of the recommendations of a commission of inquiry on income security, health, and social services (Gouvernement du Québec, 1971), the government proceeded with the development of a network of

services, which had been, up until then, but a rosary of health and social service institutions spread out across Quebec's vast geography.

It was, for Quebec, the last of the great reforms that had started during the 1960s. To quote sociologist Fernand Dumont (1971), we were "rested and refreshed like no other people of the Western world, and haunted by the dreams accumulated through a long night, we started many projects in a house quickly cleaned. It was the extraordinary morning of the quiet revolution." After reforms in education, electricity, the Quebec pension system, and the Quebec Deposit and Investment Fund, Quebec endeavored to put into place a safety net of social solidarity.

A decentralized system was created where the province of Quebec was divided into social and health services regions according to the principles of regional self-sufficiency, accessibility to service, universality, gratuity, continuity, personalization, and service quality.

The challenging of existing services and of the forms of service provisions came principally from parent associations for the mentally retarded. From the beginning of the 1950s, the association's movement put the emphasis on the development of a social service system that would be integrated into the community.

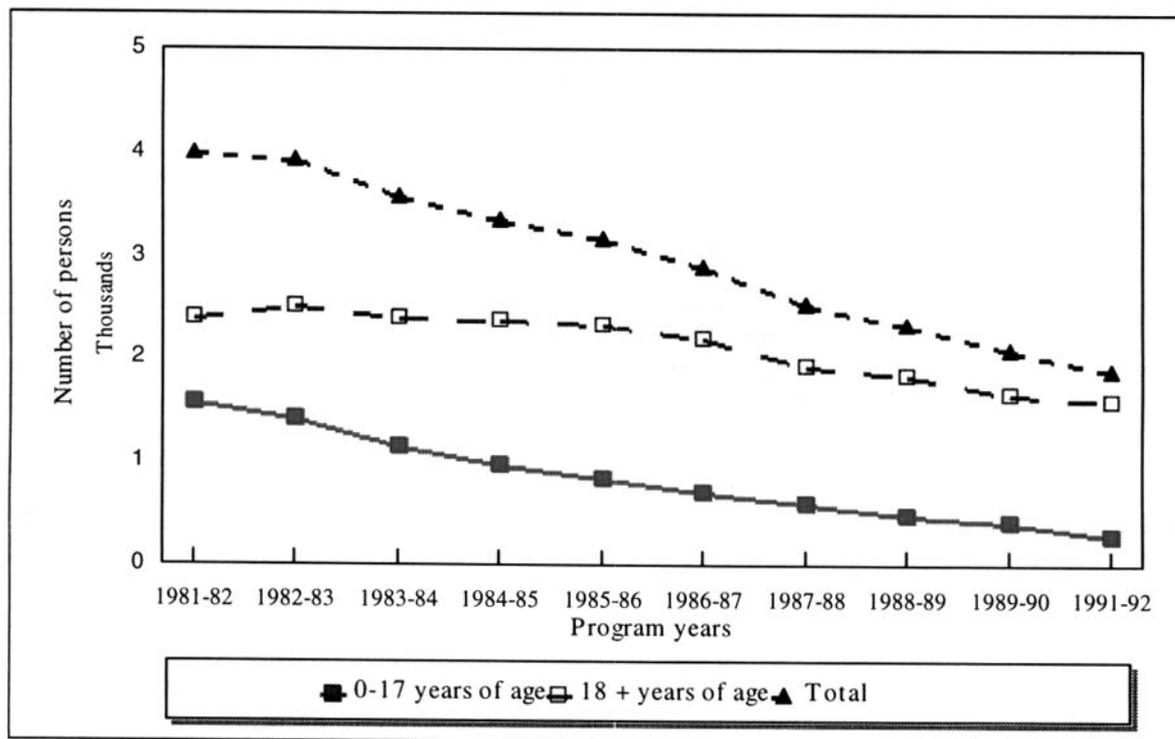
The first manifestation of that ideology related to SRV can be found in the Bédard Commission Report on Psychiatric Services (Gouvernement du Québec, 1962). The principal conclusions of this commission proposed an end to the construction of asylums on the

periphery of population centers; the introduction of mental health services in general hospitals; and, finally, the removal of mentally retarded persons from asylums and the creation of a network of life training centers, which was the name given to residential rehabilitation centers for mentally retarded persons. Improving service quality, then, consisted of opening schools for the children of the institutional network of the Ministry of Family and Welfare by the Ministry of Education of Quebec. The first mention of organizational criteria that might have at least a superficial relationship to SRV emerged from the 2nd volume of a report from

the Ministry of Family and Welfare presented to the Royal Commission of Enquiry on Education in March 1962 (Gouvernement du Québec, 1963-1966). In this document, the emphasis was placed on the smallness of residential services, established as "life units" (unités de vie) within the institution, and the specialization of services through individualized teaching, but no mention is made of the separation of functions. This report mentions that the structuring of life conditions similar to those found in a family will facilitate the development of children within an institutional milieu.

FIGURE 26.1

RESIDENTIAL PLACEMENTS IN REHABILITATION CENTERS



Finally, it is at the beginning of the 1970s that a text mentions Normalization without, however, providing any kind of definition of what it might mean. All that is mentioned are some of its corollaries related to physical, social, and school integration. This document, *Preliminary Reflections Prior to the Writing of a Program Guide (Réflexion préalable à la confection de mémoire de programme)* (Bouffard & Perron, 1972), was requested by the government's Treasury Board and eventually led to the *Program Guide: Children Services (Mémoire des programmes—Les services à l'enfance)* (Gouvernement du Québec, 1973) in which group homes and developmental day centers are identified as service development priorities. This text also discusses social integration of clients, although the text anticipates that a certain number of severely mentally retarded individuals will have to remain within institutions.

The 1970s were marked by many contradictory actions. While the discourse concerned itself with social integration, institutions continued to be built; the last three institutions were inaugurated in 1975. At the same time, the utilization of institutional placement continued to increase dramatically, reaching 4,000 persons—children and adults—in 1981 in the mental retardation sector. This does not include an approximately equal number of persons, principally adults, who were placed within the psychiatric hospital network.

Starting in 1982-1983, the number of persons with mental retardation placed in institutions diminished significantly. This trend maintained itself until 1992, the last year for which we have data (see Figure 26.1).

We will return later to review these data, but for the moment let us review SRV's impact on the social service system through legislation.

2 LEGISLATION

In the mid-1980s the government created a commission of inquiry to review the funding of social and health services. The Rochon Commission (Gouvernement du Québec, 1988), named after its chairman, Dr. Jean Rochon, brought about an updating of the organization of services. The law that came out of the commission's work (Gouvernement du Québec, 1993) states in section 1 that the "system has the goal

of maintaining and improving the physical, mental and social capacity of persons, to act on their environments and help accomplish the roles that they wish to assume." Moreover, in paragraph 5, it goes on to state that the social service system aims "to further the rehabilitation of persons and their social integration." The legislation also emphasizes that the realization of its objectives requires that it "make accessible services in a continuous fashion in order to respond to the needs of individuals, families and groups" (section 2.4) and proposes "that the reason of being of services are the persons who require them" (section 3.1). The legislation, which was last amended in December 1993, also provides service users the right to be heard when they have grievances (section 29).

Prior to these major amendments by the Rochon Commission, there were in Quebec some 67 corporations that provided services in the mental retardation sector within each region. The 1993 reform reduced the number to 31.

During the review process, certain hypotheses were advanced that would have led to the grouping of residential services for elderly persons with community services and rehabilitation services for mentally retarded clients. This would have led to an unfortunate juxtaposition of clients. These notions were set aside, and organizations are now structured around the common characteristics of their client groups.

Over and above these grouping considerations, legislators gave mental retardation rehabilitation centers (section 310) responsibility for recruiting and organizing family-type resources (foster homes). Until recently, foster families had been the exclusive responsibility of community social service centers, where many different devalued client groups were served, such as young offenders, psychiatric patients, and persons requiring marriage counseling, and so forth. This new organization of services will further the continuity and specialization of services as well as provide foster families with the necessary supports. Foster families for adults go under the heading of *Résidence d'accueil* (or *receiving homes*) for the placement of adults or elderly persons.

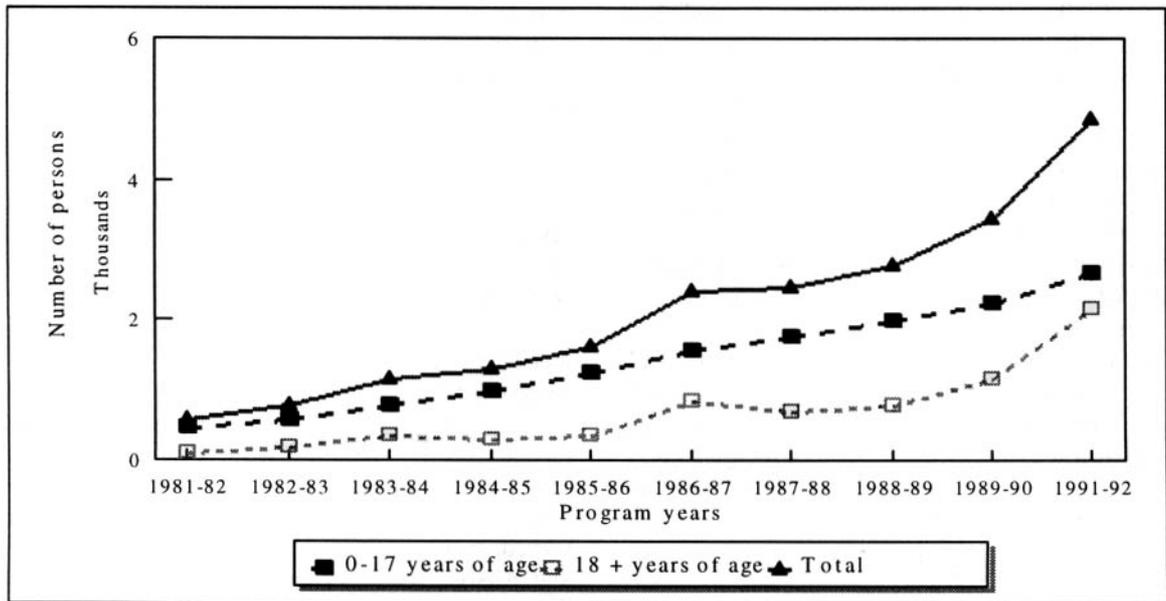
I would not want to leave this section on Quebec legislation related to SRV without mentioning the joint efforts of the Human Rights Commission and the Office for Handicapped Persons of Quebec, who have published recommendations that emphasize the rights

of clients to obtain an integrated education of quality and without discrimination. *The Access of Children Identified as Mentally Retarded Within the Regular School System (L'accès des enfants identifiés comme présentant une déficience intellectuelle au cadre ordinaire d'enseignement)* (OPHQ, 1991) was adopted by the Human Rights Commission on June 19, 1991, and by the Office for Handicapped Persons of Quebec on August 23, 1991. This document notes that a school board that decides to segregate children who are mentally retarded into special classes would then be in contravention to the Education Act and the Charter of Rights and Freedoms of Persons: The grouping of

students who are mentally retarded into special classes constitutes discrimination; the use of mental retardation categories to register students in special classes constitutes a discrimination based on a handicap, unless one can demonstrate that students thus categorized are unable to be integrated in regular classes (p. 14). Consequently, it was recommended that the Education Act be amended by adding a disposition that would lead to adapted educative services for handicapped students and who are at risk of having some difficulties in adapting or learning and that these services and measures be available within the regular classroom.

FIGURE 26.2

EDUCATIONAL ASSISTANCE AT HOME



3 THE 1988 MINISTERIAL DECLARATION ON SOCIAL INTEGRATION

The translating of Social Role Valorization into services was affirmed in a 1988 orientation and action guide (Ministère de la Santé et des Services Sociaux,

1988) entitled *L'intégration des personnes présentant une déficience intellectuelle (The Integration of Persons With Mental Retardation)*. This important government policy document states that "Social Role Valorization of handicapped persons must constitute the basic orientation of our policies and actions" (p. 14) and proposes a strategy aimed at gradually restricting

the number of persons who are admitted to institutions because of mental retardation. More precisely, institutions were asked to restrict admissions and promote social integration of mentally retarded persons, whether or not they had other associated deficiencies or handicaps.

The minister's declaration required the following actions:

- starting in 1989, the residential needs of children had to be met by services integrated into the community;
- before 1989, the elimination of admissions to long-term care in hospitals or institutions for mentally retarded persons;
- before 1991, requests for residential services for adults had to be directed to community-integrated services;
- the social reintegration of 50% of the persons currently in institutions over the next 5 years.

A review of the data in Figure 26.1 shows that in 1992, 53% of mentally retarded persons had left institutions. We also see that starting in 1982-1983, the population of institutionalized clients decreases continuously throughout the decade. From 1981-1982 to 1991-1992, the number of persons 18 years of age and less decreased from 1,575 to 277. However, from 1988-1989 to 1991-1992 the number of institutionalized persons decreased by only 215, which represents a proportion of 15% of the total number of persons institutionalized within the mental retardation network. Thus, the publication of the orientation guide on integration (in 1988) does not seem to have had a dramatic impact on the integration of persons. Rather, it seems to have confirmed already well-established service trends.

Moreover, these data seem to demonstrate a certain priority accorded to the youngest institutionalized residents.

FIGURE 26.3

EDUCATIONAL ASSISTANCE IN DAY-CARE CENTERS

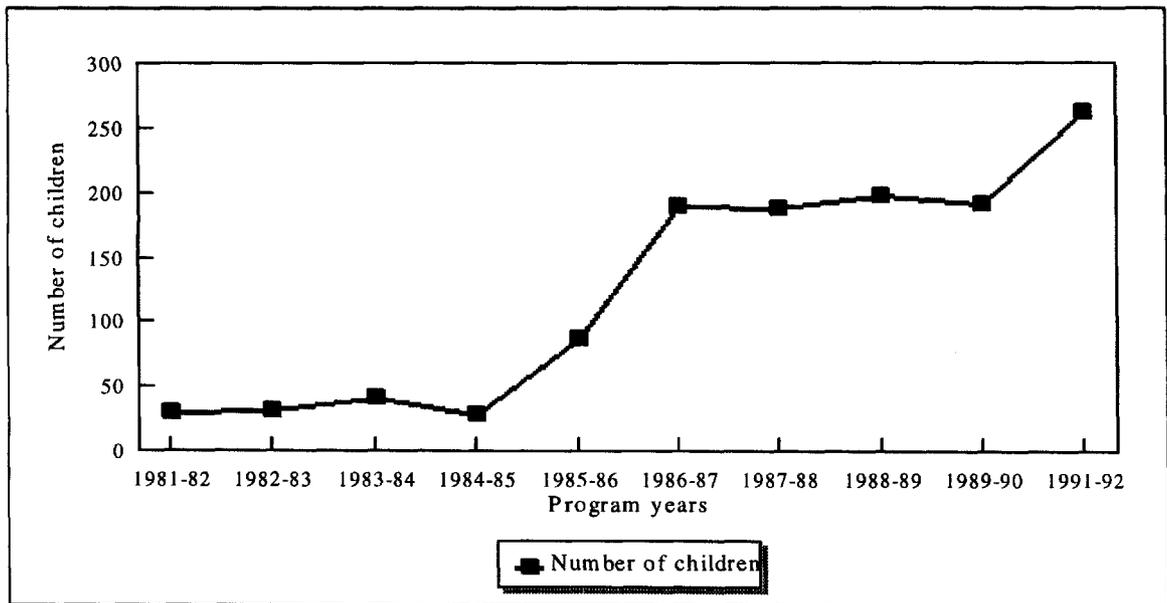
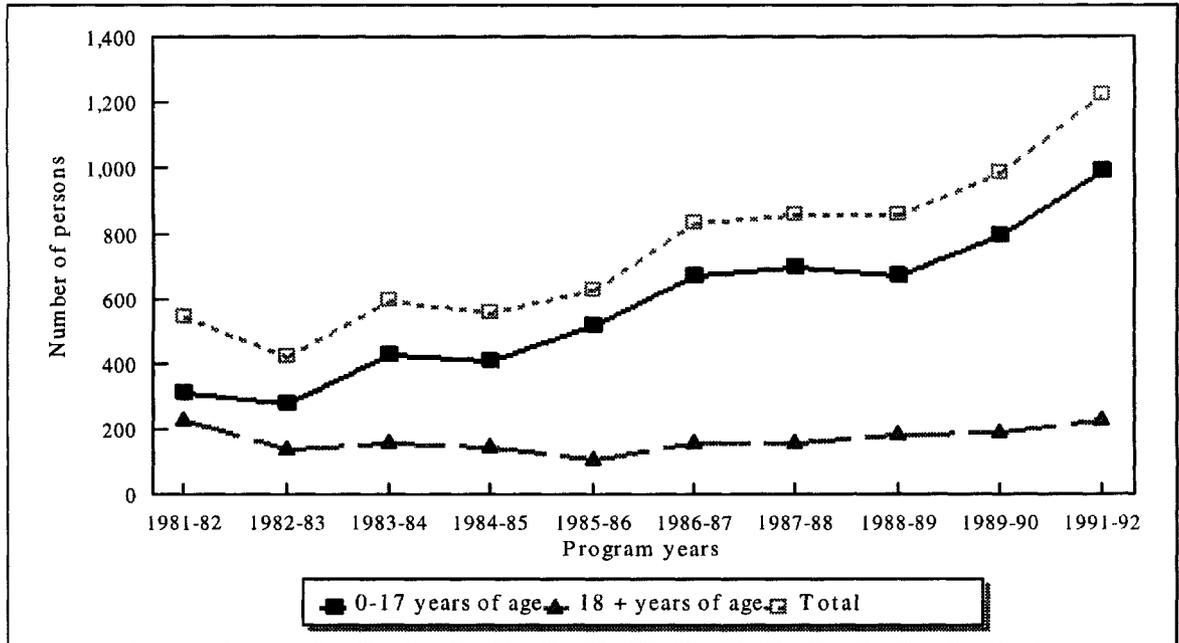


FIGURE 26.4

EDUCATIONAL ASSISTANCE IN SCHOOLS



4 EDUCATION PROGRAMS

As the residential institutions were emptying, there seems to have been a concomitant increase in the development of educational services, which facilitated integration with socially valued peers. Thus home support (Figure 26.2) showed a regular increase while educational assistance in regular day care (Figure 26.3) increased in a spectacular fashion from 1983-1984. This trend echoes the development of support programs within schools (Figure 26.4). Consequently, the number of places in rehabilitative day programs for persons 17 years of age or less diminished dramatically (Figure 26.5).

At the same time Figure 26.5 shows that the number of places for adults within institutional day centers increased, revealing the difficulty that the professional service system continues to have in serving an increasing number of adults. These difficulties could increase over the next few years because the Ministry

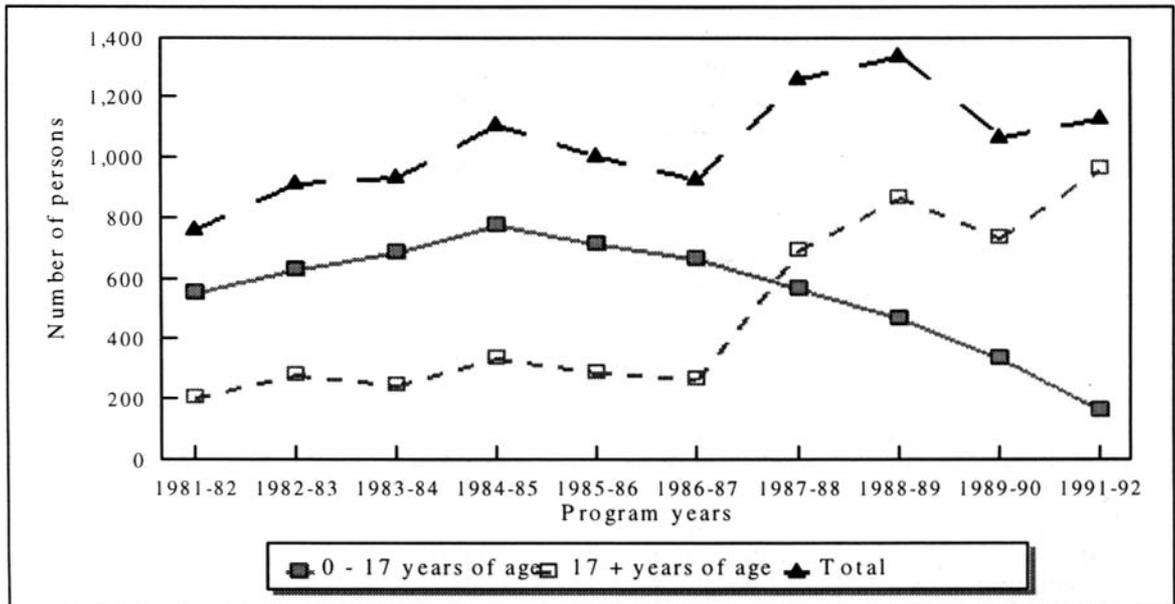
of Education has decided to apply age restrictions in the Quebec Education Act thus excluding adults 21 years of age and over from schools. Consequently, the efforts to integrate within the work environment will have to be multiplied notably through some forms of companionship and placements within typical work situations.

5 RESIDENTIAL SERVICES

Group homes were the 1970s residential formula to physically integrate clients. At the same time, foster families were increasingly used for youth and children, which explains the decrease in the number of group home places for those under 18 years of age. Moreover, the development of family residential resources for adults throughout the 1980s led to a proportional decrease in the number of clients within group homes.

FIGURE 26.5

DAY PROGRAMS



6 SERVICE QUALITY AS MEASURED BY PASSING

The above 1988 declaration placed much emphasis on the improvement of services to persons and their families. The evaluation of service quality was proposed as the best method for verifying the extent to which the services offered were of quality and conformed to the values, orientations, and practices highlighted by the minister in his declaration. The Ministry of Health and Social Services identified the Mauricie-Bois-Franc region as a demonstration region and hired Jacques Pelletier (1992) as head of an evaluation project that used PASSING as its primary evaluation tool.

Out of 39 service settings evaluated, 6, or 15%, of the sample reached or surpassed 70% of the maximum possible score on the PASSING scale. These results are very positive especially when compared to the PASSING results for services in North America,

which are significantly lower. Given the extent and the diversity of the sample, these results are particularly remarkable and suggestive of a network of services that attempts to implement SRV and to improve the life conditions of handicapped persons. These 6 services served 97 clients—not including family members—or 34% of the persons directly served by the services that composed the total sample.

Moreover, 17 of the 39 services that were evaluated surpassed the minimal quality requirements as set out in PASSING. These 17 services served 148 clients. Thus, 43% of services evaluated serving 60% of the clients within the sample achieved or surpassed the acceptable level of quality as measured by PASSING. One should thus commend the commitment of the persons working within these services.

This experiment showed a very effective way of evaluating service quality. Analogous evaluations should in the future be organized in other service regions.

7 CONCLUSION

The key to service quality in Quebec is the adoption of a model based on the growth and development of persons and the attribution of valued social roles, such as that of being the owner of one's own residence.

As was highlighted by the Human Rights Commission and the Office of Handicapped Persons, the dissemination of service strategies, such as those

that come from SRV, requires removal of the barriers between regular and specialized professional education and training. This could imply the review of teaching and training programs for social service professions at college and university levels.

Moreover, a research and training center should be established at a university in order to assist in the development of strategies for the improvement of service quality through the use of Social Role Valorization.

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NOTE

1. Social Role Valorization (Wolfensberger, 1991), as it is referred to in this article, includes its predecessor, the principle of Normalization, especially as it was formulated by Wolf Wolfensberger (1972).

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