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Wolf P. Wolfensberger
Syracuse University

Linda Glenn

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pass 3

Program **A**nalysis of **S**ervice **S**ystems

a method for the quantitative evaluation of human services

Wolf Wolfensberger and Linda Glenn

field manual third
edition
1975

1978 Reprint



NATIONAL INSTITUTE ON MENTAL RETARDATION

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sponsored by the **CANADIAN ASSOCIATION** for the **MENTALLY RETARDED**

PASS 3

handbook/field manual

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INSTRUCTIONS TO RATERS

Before you use this *Field Manual* be sure you have carefully read the *Handbook*. As well, it is essential that you have thoroughly studied, understood, and followed Appendix A of the *Handbook*, entitled *Recapitulation of some basic guidelines for PASS raters*. Finally, for serious evaluation, PASS is intended to be used only after a person has received thorough training in at least one five-day workshop, and has thereafter participated in several evaluations under the guidance of a skilled, experienced rater, or has attended an advanced workshop of at least another five days duration.

How the material is set out

This *Field Manual* contains the guidelines which raters must use in judging the ratings. Generally, there will be explanatory text for various elements, with explanations becoming more and more specific as the elements branch into the actual ratings. For each specific rating, there is almost always some overall introductory and explanatory text together with specific instructions, often with examples, which guide the rater in assigning the project one of the three to six levels of a rating. In order to facilitate the rater's work:

text under major headings occupies the full width of the page

text which introduces and discusses specific ratings appears in the left hand column

text which describes scoring criteria and gives examples for the respective levels is printed in italics and appears in the right hand column.

There is one checklist each for PASS and FUNDET; they come as loose sheets which are consumable and must be ordered separately, and on which the rater records his judgments as well as any pertinent notes. Only limited space is available on the checklist form, however. As discussed in the *Handbook*, raters should keep extensive notes elsewhere so as to assist in summarization, report writing, and documentation. Copies of the PASS and FUNDET checklists can be found at the end of the *Field Manual*.

Definition of terms

A number of terms will occur repeatedly in the ratings further on, and PASS users should be familiar with the definitions which will be provided here.

Neighborhood The area around a service which is within reasonable walking distance.

Community The geo-demographic area which includes but is usually larger than a neighborhood, and which is typically characterized by an at least loose sense of 'belonging together'. Most commonly, one of the forces which holds a community together is the presence of a wide range of very basic generic resources, such as banks, stores and shopping centers, physicians, dentists and other professional services, so that a citizen of that community does not have to leave the area for such services. In almost every instance where a service is located in an urban area, the urban area itself as well as the adjacent hinterland would constitute a community. In some rural areas, the community may include a very large geographic area in which the population is oriented toward some center of population concentration and basic resources.

Service region A service region may be defined in three different ways. 1) Service boundaries may be imposed upon an agency by higher authorities such as a governmental body. 2) In instances where no higher external authority defines the appropriate service region to an agency, the agency may define its own region through an internal policy decision. This region may be as small as a neighborhood, and it might be potentially as large as an entire country or even larger, as is the case with some highly specialized and usually private services, such as the Mayo Clinic. 3) In instances where neither external authority nor internal policy has clearly defined a service region for the agency, the region is determined pragmatically for PASS purposes by the area from which the vast majority of clients of the agency come. This definition may also have to be applied wherever an official definition is at variance with the actual 'catchment area' of an agency.

1 IDEOLOGY

1 IDEOLOGY

The ratings which are derived from ideological considerations account for the major portion of a project's ultimate score. As mentioned in the introductory text of the PASS manual, the rater will encounter some administration-related ratings in this area, but in each instance, such ratings are concerned with administrative practices which are determined ideologically rather than empirically or perhaps even traditionally. Of course, it is entirely possible that the ideologically-derived administrative principles incorporated in this area will eventually find not only empirical support, but also become traditional.

11 Normalization-related

In applying the criteria for the normalization-related elements, the rater needs to be particularly alert to a certain phenomenon: human managers, the public, and even the relatives of a person under human management may be inappropriately pessimistic in regard to the client's ability to respond positively and constructively to appropriate interpretations and structures. In other words, when confronted with the assertion that a specific normative human management measure is not appropriate to a particular client or group, the rater should maintain a healthy scepticism, and examine the situation with astuteness and an open mind. Particularly in detentive settings such as reformatories, juvenile detention centers, prisons, and similar projects, some very sharp distinctions must be made between non-normative features which are genuinely required because of the mission of the program, and those which may be due to hidden (usually unconscious) processes or intentions. For instance, certain measures are only appropriate if the true mission of the project is rehabilitation; other measures are appropriate if the intent is one of punishment.

The normalization-related subarea is divided into five item areas: 'Integration', 'Appropriate interpretations & structures', 'Model coherency', 'Developmental growth orientation', and 'Quality of setting'.

111 Integration

Integration (as opposed to segregation) is an essential part of normalization, and refers to those measures and practices which maximize a person's (potential) participation in the mainstream of the culture. Integration can be facilitated (or inhibited) by both physical and social circumstances.

The rater should keep in mind that for a deviant person, integration is achieved when he lives in a culturally normative community setting and in ordinary community housing; communicates, socializes, and moves about in ways appropriate for his age; and is able to utilize, in culturally typical ways, typical community resources (such as the post office; social, recreation, and religious facilities; hospitals and clinics; and job placements).

Ultimately, integration is only meaningful if it is social integration, i.e. if it involves social interaction and acceptance, and not merely physical presence. However, social integration can only be attained if certain preconditions exist, among these being physical integration—although physical integration by itself will not guarantee social integration. Thus, there will be two items intimately concerned with integration: one on physical and one on social integration. Because integration is one of the most significant corollaries of the normalization principle, and because it has so many subtle implications, each dimension is further subdivided. Other ratings, of course, also relate to integration, but in different ways.

1111 Physical integration

Social integration takes place on the 'person level', and involves the close interaction of (potentially) deviant individuals with those who are not so perceived. However, physical integration generally involves buildings or at least 'settings', i.e. a physical setting which mediates human services, and which permits or facilitates social integration.

Physical integration (or segregation) of a service setting is determined primarily by four factors: the proximity of the setting to population concentrations; its accessibility; its physical context; and the size of its client group. The four factors are evaluated by six ratings.

While the four factors tend to be related to each other, there can also be some independence among them. For instance, a facility could be very close to other resources, and yet access to it may be very difficult to attain. Conversely, a physically distant facility might be close to several major means of access, such as expressways, rail transportation, etc. For this reason each element will be presented, explained, and rated separately.

Many of the elements under physical integration reflect one of the major corollaries stated by the normalization principle: every effort should be made not to congregate (potentially) deviant persons in numbers larger than the surrounding community social systems can absorb and integrate. Most immediately, this principle affects congregation, and assimilation potential, but it also has implications for (physical) proximity to both the regional and local population concentration, access to and from a service, and the resources and atmosphere of the service neighborhood.

When evaluating a program on this item, raters must be particularly thorough in reviewing, examining, and consulting maps, transportation means and routes, the neighborhood and regional features, and knowledgeable local citizens.

11111 Proximity

Proximity is here defined in terms of the closeness of a service to (a) a local population cluster such as a hamlet, village, town, or city; and (b) to the population of the entire region or catchment area which it primarily serves. The service region or catchment area is the one which has been formally defined to the service as being its proper region of concern, as decided either internally by the governing structure of the service, or externally by higher authorities such as funding sources or government. This means that raters should be oriented to the population distribution of the **officially defined** service area rather than to the actual patterning of sources of clients at the time of the PASS assessment.

Proximity can be conceptualized as the opposite of physical isolation, but it is not concerned with physical juxtaposition of the service to resources, which is covered by *R111131 'Physical resources'.

Proximity is important for two reasons: distance by itself can greatly affect social integration. While distance may not always be an absolute impediment to it, close proximity certainly can facilitate it. At the very least, it can reduce the cost (in the broadest sense) of taking advantage of socially integrating opportunities. Secondly, even if physical distance could be overcome through various means (such as rapid access), it can have a distinct effect upon the perceived image of a client-user of the setting. For instance, when we place a residential facility far away from the population and population centers which it serves, we not only have to cope with problems of transportation and social interaction of residents with the community, but we also reinforce the widely prevailing attitudes that persons ('these people', 'people like that') who reside in such a facility should be segregated, and be with 'their own kind'.

In consequence, the center and emphasis of services (with very few exceptions) should be at the community level where the clients are to be served, and where they may remain in or can be absorbed by the prevailing social, economic, educational, etc. systems. Unless it is consciously desired as part of an appropriate human management model or rationale (as perhaps in the case of a religious retreat camp), physical isolation of facilities is to be avoided.

*R111111 Local proximity

Local proximity is concerned with the degree of physical incorporation of a service in a local population cluster such as a hamlet, village, town, or city. Local proximity must be differentiated clearly from physical resource context (*R111131), since a service may be located remotely from any population cluster, and yet some resources may still be relatively accessible. For instance, even though the nearest village or town may be miles away from a service site, unclustered isolated stores, churches, etc., may be scattered nearby.

Centrality as defined here refers primarily to centrality in regard to the distribution of the population in the local population cluster, not necessarily to the geographical center of this cluster, although the two are usually indistinguishable. Also, some allowance should be made for the appropriateness of a central location. E.g. a greenhouse project operated by a high school work-study program may have its optimal centrality not in the center of town, but adjacent to this center.

Level 1 *The project is physically remote from any population cluster, e.g. a child development center in a rural setting, 6 miles outside of a town, or an institution 15 miles from the closest town.*

Level 2 *Location close to but not in a population cluster, e.g. a boys' reformatory on the outskirts of a town, but within relatively easy walking distance to the town; or a speech clinic in a very thinly populated suburban area.*

Level 3 *Location within a population cluster, but with minor improvements possible, e.g. a YMCA within a town [population cluster] but still not at its center; a school for the deaf located on the seashore, with the town surrounding it only on 3 sides rather than 4.*

Level 4 *Optimal location—at the very center of a population cluster; difficult to conceive of further improvements. E.g. a marriage counseling service in the very center of town.*

*R111112 Regional proximity

Regional proximity is **not** concerned with the physical centrality of the service in terms of physical distance to the boundaries of the region, but with the centrality of location of the service relative to the entire population distribution of the regional catchment area of the service. For instance, for years, the population center of the United States has been located in the middle of various remote farm fields in the rural mid-western states.

Level 1 *Project located on the very edge of or outside its defined region; or lacking a defined region altogether & the majority of the clients come from another community. E.g. a workshop in one town whose region to be served is another town 5 miles away; a counseling agency serving a large metropolitan area but located on its edge.*

Optimally, a service would be so located as to have both local and regional proximity. Thus, in the above example, a service which aspires to being a national service for the United States, and to draw its clients from the entire country, would get the maximum score on 11111 'Proximity' if it were located in the heart of a population cluster as well as reasonably close to the population center of the United States.

Raters should keep in mind that a geographically large regionalization need not necessarily impair regional proximity, but might affect other ratings detrimentally, such as *R11112 'Access', or R121 'Comprehensiveness'.

Level 2 *Less severe but still very substantial dislocation of project relative to its region's population distribution. E.g. a physiotherapy clinic in the southwest corner of a region where the population is concentrated just northeast of the geographic center of the area.*

Level 3 *Moderate dislocation of project relative to its region's population distribution center. E.g. a psycho-educational assessment service in the geographical center of its region but with the population scattered along the southern edge.*

Level 4 *Distinct but relatively minor dislocation of project relative to the center of its region's population.*

Level 5 *Location at or very close to the population distribution center of its region, therefore being centrally located in respect to almost 100% of its population. E.g. a general hospital in a rural location in the center of a region in which the population is about evenly divided & residing in the southeast & northwest corners; a psychiatric clinic in a town which is centrally located in respect to several other similarly-sized towns which are evenly scattered throughout the region, & which contain approximately 80% of the population.*

*R11112 Access

Access is concerned with the *speed and convenience* with which (a) clients and the public can get to the service; and (b) resident clients of a residential service can reach their locales of origin and homes. Access is not concerned with access to resources (covered by *R111131 'Physical resources'), and not with accessibility of the building to physically handicapped persons (covered by R1153 'Individualization').

Elements other than distance can determine ease of access. Among these are availability and convenience of transportation means and routes, parking, docking in the case of a workshop, congestion, and a number of other circumstances which can be highly variable. One of these is the physical safety with which access can be gained. A service location in a high-crime area may frighten clients or the public away, may make it unreasonably risky to utilize the service during certain hours, or may require other inconveniencing measures such as special escorts.

In regard to access to one's home community, a residence could be physically located within a population center, have ready access within that center and its region, be of optimal size, and have optimal physical context. Still, its residents may be drawn disproportionately from another, more remote, population center or area, and thus lack access to their home communities, families, friends, etc. In judging this particular aspect, projects should only be penalized if clients are placed in such a residence for inappropriate reasons, which might include agency carelessness, staff conveniences, lack of ideological commitment, deliberate attempts to be 'rid of' residents, etc. Appropriate reasons might include unavailability of suitable alternatives closer to home, or the home community being too small to justify the operation of a more accessible residence. This exception to the 'what' rather than 'why' rule is based on a rationale also stated elsewhere in the narrative that PASS attempts *not* to create disincentives to program quality. If the above exception were not made, an agency could improve its score by simply 'dumping' otherwise unserved clients from other regions, replacing them with local ones. Yet, one region sharing its scarce resources with another less-endowed region is desirable and should be reinforced rather than discouraged.

1 Speed & convenience in terms of: proximity to means & routes of access, variety of means & routes, & multiplicity of areas served thereby	Very poor	Poor	Fair	Good	Optimal
	a For local clientele & families	0	2	4	6
b For regional or remote clientele & families	0	2	4	6	8
c For public [mostly local]	0	2	4	6	8
2 Congestion of access; traffic; parking & docking convenience	0	1	2	3	4
3 Safety of access & neighborhood	0	1	2	3	4

Level 1: 0-6 points

Level 2: 7-13 points

Level 3: 14-18 points

Level 4: 19-28 points

Level 5: 29-32 points

Another and major exception to the scoring of this rating applies to those rare services which are appropriately inaccessible. This includes almost exclusively camps and retreat facilities, which should be rated in relation to the appropriateness of their (in)accessibility.

Even 'speed and convenience' is only partially relative. In a large city with heavy traffic, an hour's ride on the public transportation system, including two bus changes, can be considered speedy and convenient access to one's place of work *for that city*, while in a small community, facilities might be viewed as difficult to attain if they are more than five minutes away by car. However, in this instance, judgments should be made not in relation to local situations, but in terms of genuine convenience. Furthermore, in any community, a facility requiring a fifteen-minute bus ride could be considered quite 'speedily' accessible, but its access could not be considered convenient if the bus were not usable by the clients (due to handicap), or if the bus were often completely choked with passengers.

The rater is cautioned to consider *only* speed and convenience, albeit in a broad sense. The *means* of access is only of significance in the ways outlined above. For example, access to a sheltered industry for the blind would be considered both speedy and convenient for the *clients* if a special bus took each person from his door to the workshop in the morning, and home again at the end of the day, and if no client were on the bus for more than half an hour. The fact that the means of access is completely segregated will be addressed under R111222 'Socially integrative social activities'.

The scoring matrix in the right column is phrased in terms of concern (a) above. Raters should judge in terms of (b) only where it is an issue, and then apply the following routine: 1) first rate in terms of (a); 2) then, if the service has a residential clientele which for the objectionable reasons stated above comes disproportionately from distinctly less accessible homes than are inhabited by the population of the primary catchment area, the previously obtained rating should be *dropped by one level*, unless the rating was already at Level 1. The matrix does not weight client access any higher than public access, since this entire rating cluster is concerned with physical facilitation of social integration, for which both clients and public need ready access to each other.

11113 Physical context

Physical context is *not* concerned with physical proximity to the total population or any population cluster, but with appropriate proximity to *other potentially socially integrative resources* ('Physical resources'), and the appropriateness of the neighborhood for the type service located there ('Program-neighborhood harmony').

*R11131 Physical resources

Consider only *relevant* resources. Rate *presence* of resources only, not utilization.

This rating covers physical proximity of, and speed and convenience *from*, the service to such socially integrative physical resources as eating establishments of different types; a wide range of shopping options; public services such as libraries and post offices; religious nurture centers such as churches; recreational facilities such as playgrounds, movie houses, bowling alleys; etc. The quantity and variety of such resources should be rated, but not the adequacy thereof to absorb agency clientele or deviant persons, which is rated under R11114 'Congregation, & assimilation potential'.

To the degree that questions of access means and routes to resources are involved here, raters should differentiate between client and public access to and from the service site as judged on *R11112 'Access', and access from the site to physical resources. For instance, access to the service may be relatively poor considering where people must come from, and yet access from the site to significant resources, as by means of a public transit conveyance, may be relatively good. Furthermore, the on-site presence of physical resources which intrinsically *do not* constitute normative and potentially socially integrative opportunities (e.g. a chapel, bowling alley and canteen on the grounds of an institution, constructed and intended primarily for institutional use) cannot be rated higher than Level 1.

Level 1 Located in settings where resources for social integration are virtually absent & accessible only via extraordinary efforts; or resources are closer but too far or difficult to reach by **handicapped** clients.

Level 2 Very limited number & variety of physical resources; or require significant but not extraordinary effort to reach, e.g. by a long walk [assuming clients are capable of long walks], or by a slow, irregular public transport system.

Level 3 Physical resources can be reached with relative ease, but the quantity & types available are somewhat limited. E.g. a vocational training program located in an area containing good eating & shopping resources, but lacking others such as a bank & a post office.

Level 4 A very useful number of socially integrative resources such as listed in the left column are available. E.g. a group home might be located in an area with a wide range of facilities relatively easily reachable by frequent public transport, or an even wider range within reasonable walking distance.

Level 5 Extraordinary & near-optimal context of physical resources for social integration. E.g. project is situated in or adjacent to a major shopping & business area, with additional resources covering almost the total spectrum of desiderata either within walking distance or **very easily** accessible by frequent public transport.

R11132 Program-neighborhood harmony

This rating deals with the appropriateness of a service in the general background of its neighborhood, the latter defined in the loose sense. Thus, the type area in which the program is located should be consistent with the type of service to be provided: vocational training and sheltered workshops should be located in industrial park or business areas, hostels in residential areas, etc. To some degree, the socio-economic status of the area should also be considered. Generally, services in (more densely populated) upper-lower and lower-middle class neighborhoods with their typically large array of socializing opportunities are more capable of absorbing deviant persons or clients than (thinly populated) upper-class suburban areas. However, the emphasis should be not so much on the density of population as the general atmosphere and ambience.

Atmosphere and ambience are related in three ways to the absorbability (assimilation) of clients into the surrounding social systems. (1) A service which is inappropriately placed stands out and draws attention to its deviancy or atypical nature. This tends to stigmatize and label clients, and might inhibit social relationships or at the least elicit non-normalized role perceptions. (2) One quite naturally expects to relate differently to people in different settings, and when confronted with persons and interpersonal 'demands' which they did not expect to find in a particular setting, people are somewhat surprised and find it more difficult to act appropriately. E.g. citizens are apt to interact quite differently with each other in recreational, residential, and business and industrial contexts. It is more normalizing then to present a client in such a fashion as to facilitate the relationships of other citizens to him in the setting in which they find him.

Level 1 Service is grossly inappropriate to the general background of its neighbourhood & its presence would generally be considered highly non-normative. It thus draws considerable undue attention, &/or elicits a strong deviancy image, or grossly amplifies an already existing deviancy image, e.g. a home for unmarried lower-class mothers in an upper-class residential area.

Level 2 Location is clearly inappropriate but not grossly so as in Level 1. However, the differentness does imply not merely undue attention but some deviancy image elicitation e.g. a marriage guidance clinic which serves the entire city located in a very run-down part of town.

Level 3 Location is clearly inappropriate but not grossly so as in Level 1. However, the differentness is apt to elicit merely undue attention rather than a deviancy image. E.g. child development or an educational program in an industrial park area; an industrial training program in a residential area, etc.

Level 4 Project is within the range of normative matching to the ambience of the area. E.g. a Salvation Army rescue mission located on Skid Row in the old decaying part of downtown; a workshop in a shopping area would be appropriate though not optimal.

Level 5 Project optimally located in neighborhood, appropriately matching **and enhancing** the status of clients, thus facilitating social relationships. E.g. a sheltered workshop in the heart of a business area; a small apartment project for the elderly in a mixed residential-shopping area which includes other apartment housing, & which is a few blocks from a moderately sized neighborhood medical-dental office building; an apartment living unit for low-income families in a lower-middle class area; a residence for young adults who have gone off drugs located between a university & middle-class area.

(3) Different types of resources and of neighborhoods tend to match up in different styles. In an industrial or business area, close proximity to inexpensive eating establishments is desired and common; in a residential neighborhood, one is more apt to be within walking distance to a church; etc. However, whether such proximity actually exists is rated under *R111131 'Physical resources'.

This particular rating is concerned almost as much with socially integrative interpretations as it is with physical integration, and might easily have been placed in either category. However, interpretations are anyway almost impossible to separate from other dimensions such as physical integration; and because of its relevance to physical context, the rating was placed under this rubric. However, this rating should be clearly differentiated from other ratings, especially *R1112122 'Building -neighborhood harmony', R111213 'Deviancy image juxtaposition' and R111214 'Deviancy program juxtaposition'. The issue in the present rating is one of drawing undue attention merely by not fitting into the neighborhood ambience, even though this incongruity may not elicit an

all-out deviancy image. If program is in 'isolated dislocation' usually give it a level 3 (minimally acceptable).

R11114 Congregation, & assimilation potential

This rating is concerned with (1) the relationship between the number of clients in the service, and (2) the likelihood of this number being absorbed and integrated into the surrounding community social systems. These systems must be assessed both in terms of the neighborhood of a service, as well as whatever can be described as being the community (but not region) in which it is located. Of course, in very small population clusters, the community and the neighborhood might be one and the same, although it is conceivable that for some small population clusters, the community is composed additionally of adjacent regions, which should certainly be taken into account.

In regard to sheer size, one major guideline is that services to deviant persons should not be much larger than analogous generic services to citizens in general. For instance, a workshop can be large because industries are analogous and can be almost any size. In early education ('pre-school') and development day care, most generic programs are of modest size. Residences pose a special problem. On a temporary basis, people may live in large hotels, college dormitories, army barracks, hospitals, etc.; but on a long-term basis, the vast majority of people live in apartments and family homes.

Specifically, just what constitutes adequate program size on one site, or in close contiguity, is determined by nine parameters, some of which are absolute and some relative. These nine are derived from five factors which, in turn, can be derived from two 'super factors'. The two super factors are external and internal aspects of size which can inhibit social integration.

Relative *external* size must be assessed in terms of four factors.

1 The image obstacle to social integration that is created by a congregation of deviant individuals of that type and number in one spot. Such an image obstacle can be created by the type and degree of 'deviantness' of the deviancy involved, and by the sheer number of deviant persons, even though their deviantness may be a minor one. For instance, the presence of a day development program for 40 severely retarded children might not constitute an excessive congregation for a certain neighborhood, but might overload neighborhood assimilation potential if the 40 children involved all had Down's Syndrome. Similarly, the presence of an occupational training project would constitute a much

Normalization-related determinants of optimal community & neighborhood congregation & assimilation potential (size of client congregation) in relation to:	Points to be earned by project									
	In relation to neighborhood					In relation to community				
	I	II	III	IV	V	I	II	III	IV	V
	Extremely unfavorable	Distinctly unfavorable	Tolerable	Favorable	Near-ideal	Extremely unfavorable	Distinctly unfavorable	Tolerable	Favorable	Near-ideal
1 Likely image obstacles to social integration	0	1	2	3	4	0	1	2	3	4
2 Resources available to this client group	0	1	3	5	7	0	1	2	3	4
3 Competition for above resources from other deviant persons, groups, programs	0	1	3	5	7	0	1	2	4	6
4 Size of population available to transact assimilation for client group being rated	0	1	2	3	4	0	1	2	3	4

Sum up here in pencil

5 Internal limits	Regardless of neighborhood				
	0	1	3	5	7

- Level 1 0 - 7 points
- Level 2 8 - 17 points
- Level 3 18 - 27 points
- Level 4 28 - 41 points
- Level 5 42 - 44 points
- Level 6 45 - 47 points

Total = _____ points; Level _____

more serious image obstacle were the trainees probation convicts rather than adolescents from low-income families. Image obstacles due to client congregation would be primarily a problem to the extent that people see or know about the service. Thus, it would usually be a neighborhood problem unless the community were so small, or the congregation of the client group so large, as to make the congregation obvious to the community in general. This can happen even in as big a community as New York City, where people are aware of various gargantuan congregations of deviant persons, as at Willowbrook (once one of the largest institutions for the retarded in the world).

2 The number of (deviant) clients who are congregated in relation to the extent of the potentially socially integrating resources available. This judgment must be distinguished from *R111131 'Physical resources,' in which the quantity and variety of resources are judged in absolute terms, rather than in relation to their ability for absorbing different numbers of deviant persons. For instance, 'Physical resources' may be rated at the highest level, and yet a neighborhood's deviance absorption potential may be exhausted because of the presence of so many deviant individuals. While this is more likely to happen at the neighborhood level, it might also happen at the community level.

3 Whether there are other deviant individuals, groupings, programs, and services which do, or might, place absorbability demands upon the community social systems, which is particularly apt to happen if the community is a relatively small one, and/or the number of deviant persons a relatively large one. E.g. a 20-bed nursing home in a residential section in which there are already located a large VA domiciliary hospital, several boarding homes serving psychiatric clients, and a school for the blind. Also, the degree of deviancy of both of the competing groups (clients of the service being rated, and clients of the other services) needs to be considered, as the issue becomes sharper the more deviant either of the groups is. Furthermore, raters should be careful to distinguish that these other stresses may well come from services remote enough not to constitute either a deviancy program juxtaposition (R111214), or any kind of deviant persons juxtaposition (111221). Thus, implicit (potential) or actual current external demands upon absorption potential are included in the rating here, but the image impact or social relationship impact of such other sources upon the service being rated are covered elsewhere.

4 The size of the general population that is available to (potentially) transact the absorbing.

The second superfactor is *internal absolute limits* to size. In turn, a number of factors contribute to these limits: the complexity that comes with agency and group size, and that can lead eventually to loss of supervisory and administrative control; the decline of individualization as it becomes increasingly difficult for everyone within the setting to know each other intimately, or even to know each other's names; in turn, this type of deindividualization is also often accompanied by withdrawal from meaningful interaction with groups, and/or members of the social system are increasingly likely to form their personal relationships excessively or exclusively with other members of the system, because of the convenience of access to others within the large system which becomes increasingly a total one, and the barriers which larger and total systems tend to erect and create toward 'the outside'. This increasingly closed and inward-centeredness is inimical to the type of outward-reaching which is essential to social integration into the mainstream.

Example 1

In a city of 200,000, a developmental center is being assessed that serves 30 children considered to be autistic. In the same building, the agency also operates an outpatient occupational therapy clinic serving 40 adults & aged persons daily. The center is located in a moderately-sized business area which otherwise has few services for special groups, & which is surrounded by a residential area.

Rating: Somewhere near 30 points & a **Level 4** [depending on neighborhood resources & image obstacles] if there are no high competing demands on community resources.

Example 2

A community of 3,000 is of suitable population size for a 25-place boarding home for psychiatric clients. However, it has 3 other distinct deviancy services which do not strain absorbability population-wise, but which do overpower the few available physical resources in the community's only business district because the town is mostly a bedroom community for a nearby metropolis, & it lacks the resources that could absorb the program clients. In this instance, the point pattern might look as follows:

1	2
7	4
0	0
4	4

5

Total = 27 points = **Level 3**

Example 3

A group home for 8 mildly retarded competitively employed women is located in a town of 15,000 where the only competition for resources is from a 300-person psychiatric facility on the other side of town. The 8-person group home is in row housing, & the only community resources lacking in the immediate neighborhood are a bank & a beauty parlor, although these are available in the larger community. The matrix would look approximately as follows:

3	4
5	4
7	2
4	4

7

Total = 40 points = **Level 4**

The above dynamics of a group are primarily an internal matter, related only to the size of the grouping by itself, and not to availability of external resources. However, the internal limitations and 'absolute' limits to social integration are themselves relative to the type of grouping that is involved: in a workshop setting, this limit may lie somewhere around 150-200 clients; in residential settings, which are much more complex and all-encompassing, the limit would probably be much smaller — 15-20 for residential services should be considered an extreme upper limit; in an educational setting, the limit might be larger, because even though the setting is less encompassing, relationships are often more stable and continuous than in a more transient workshop service.

In addition to reviewing the above five sources of deviancy absorbability or limitations, one must also consider how each affects or is affected by (1) the neighborhood in which the service is located, and (2) the community at large.

Conceivably, a service might not be too large by internal criteria, nor so large externally as to swamp the absorbability of the **community**—but it might easily be so large as to overwhelm the absorption potential of its **neighborhood**. On the other hand, if a service strains the absorption potential of its community, it is almost certain to equally strain and probably even overwhelm the absorption potential of its neighborhood.

As is so often the case, absorbability is an especially sensitive issue in the case of residential services. The capability of a community's absorbability potential should be examined closely in instances where the rate of residential places for deviant persons in a community exceeds by approximately 50% the rate of total institutionalization for the state or province as a whole for all deviant groups (e.g. aged, disordered, handicapped, imprisoned). In a community of 20,000 in a state where 2.5% of the population is institutionalized, and where one can therefore expect perhaps 500 institutionalized persons from that community, the rate of deviant persons in residential settings within the community should be closely examined if it approaches 750.

To facilitate the consideration of all of the above factors, a matrix has been constructed from which the rater is to add up points and determine the level of the rating. Associated conclusions not already stated are that internal limits and physical resources are the most important factors, and that internal size must be considered regardless of neighborhood or community issues. In order to earn a Level 5 rating, 42 points must be accumulated—which is actually not very difficult for many projects.

Three examples are provided in the right-hand column. Rather than giving examples of three different levels, all examples were chosen to illustrate how three very different situations can still score on the same level due to different determinants balancing each other out.

To our knowledge, the above discussion constitutes the most definitive attempt to date to define what determines an appropriate size of a service in ideological and programmatic rather than merely administrative-economic terms. It is hoped that this conceptualization will find utilization far beyond the assessment purposes of PASS.

Raters are cautioned that a congregation of persons may score favorably on this rating, but poorly on *R1112122 'Building-neighborhood harmony' because the *building* it is housed in exceeds neighborhood norms. Also, adverse community attitudes toward a service by itself should not be included in this or any other rating unless it clearly involves a deviancy image obstacle issue. Unless such an image obstacle

exists, unfavorable community attitudes are not likely to be a significant contribution to service quality.

A rating problem occurs when a team assesses only one component of a larger system. The question then arises whether only the size of the component should be considered, or the size of the system as a whole that surrounds it. For instance, when assessing one particular treatment unit of a large residential institution, should this rating take into account only the number of residents in that unit, or the number of residents in the entire institution? The guidelines in such an instance are as follows:

1 First, a determination should be made whether the sub-system is on a site that is contiguous to other components of the larger system. If there is distinct contiguous physical separation between the sub-system and other components, or the system as a whole, the other components and/or the whole system should be treated in regard to this specific rating as if they were separate agencies.

2 If there is definite or virtually definite physical site continuity, all the components that are part of this site should be treated as if they were a single component; e.g. in the above example, the five criteria of congregation and assimilation potential would be applied to the entire institution rather than merely to the unit being assessed. In this case, the service may suffer additional penalties on R1112212 'Deviant client & other juxtaposition', but not on R111214 'Deviancy program juxtaposition', unless such juxtaposition is involved with additional off-site agencies or with additional agencies and programs.

1112 Social integration

Conceivably, a service could be optimally integrated physically, and yet its clients could still be extensively segregated socially. Thus, integration should be judged not only by the proximity and availability of community resources, but also by the intensity and pattern of utilization thereof. For instance, despite optimal location, such factors as service structures, agency policy, and/or social circumstances might still keep a client out of the cultural mainstream, and thus segregated from normative and normalizing social intercourse.

Along these lines, it is becoming increasingly more evident that the traditional concept of special services (e.g. special education) being synonymous with segregation is often unnecessary and undesirable. For the most normalizing condition to prevail, we must move toward a concept of special management which maintains maximum feasible contact and/or integration with non-deviant peers, as well as with typical resources, settings, etc. Therefore, in order to provide for optimal social integration, projects should attempt (to the degree feasible) to meet special needs with a minimum of segregation.

It would appear that once physical integration exists, social integration (or segregation) will be determined by at least two major factors. One of these has to do primarily with the social interpretation of clients, the other dealing with certain program structures. Each of these will be rated separately, and will be further subdivided into yet additional elements.

11121 Socially integrative interpretations

Program elements which are concerned primarily with social interpretation appear to fall into three categories: labels that are given to service facilities, labels and terms applied to the clients, and the way in which the service building is perceived. However, since client terms and labels are subsumed under R11214 and R11224, 'Age-appropriate' and 'Culture-appropriate labels & forms of address', only the two elements of 'Program, facility, & location names', and 'Building perception' (which is divided into the ratings, 'Function congruity image' and 'Building-neighborhood harmony') will be covered here.

R11211 Program, facility, & location names

Social integration will be affected by the way in which service locations, facilities and programs are named ('labelled'). Thus, the name of a possible site or neighborhood, the labelling of a building, and the name of a service or program should all be carefully considered so as to promote a role perception of clients that is nondeviant, or that at least minimizes the perceived deviancy. In some instances, this would include avoidance of all labels, e.g. referring to a facility by location only, such as 116 Baker Street for a group home; or, in some cases, adopting the name of a highly respected individual as part of the label: 'The Kennedy Child Development Center'.

Also, the label should be consistent with the type of label that might be applied to a similar service for ordinary citizens. For instance, schools often carry the name of a famous person, 'Albert Schweitzer School'; this is rarely the case with an industry, unless it is the industry's founder. Similarly, with minor regional exceptions, ordinary homes in our culture are rarely labelled.

The history of a label or a particular sponsoring organization may also elicit deviancy images. If all facilities for the blind in a community are named after a well-known community leader associated with services for the blind, the name may come to mean 'blindness' in the community.

The intent of this rating here is not to deny the identity or problems of client-users, but to avoid adding unnecessarily to any negative image they might have, and to enhance the image to the degree to which this is realistic. Thus, there is really nothing to be gained, and much to be lost, by labelling a home for unwed mothers a 'Home for Unwed Mothers', or even worse: new groups of parents of children with Down's Syndrome (mongolism) are developing residential villages called 'Down's Towns'. On the other hand, it may be very difficult to find innocuous labels for some facilities. However, even a facility as difficult to label constructively as a penitentiary might qualify for a more favorable alternative, such as 'Correction and Rehabilitation Center'.

Level 1 Names & labels are *extremely* detrimental to a non-deviant perception, &/or are apt to set up major social integration barriers. E.g. location of a regional, province-wide or state-wide service in a town which has a name that is highly undesirable, symbolic, or has double meanings, such as 'Podunk Center'; naming a facility after a person whose name has a grossly undesirable double meaning, such as 'Outwood'; & use of highly stigmatized labels ['asylum', 'institution', 'insane', 'incurable', 'detention'] as all or part of the name of a facility, program or service. For residences for the aged, names that strongly suggest death & disability are included here, such as 'Sunset Hills', 'Rest Haven', 'Eventide Home'.

Level 2 Location, building, facility or program names & labels are clearly inappropriate, do unnecessarily suggest deviancy, but are not apt to constitute a short-term obstacle to social integration.

- a Labels which suggest an impairment such as 'drug abuse', 'halfway house', 'handicapped', 'sheltered', 'workshop', 'C.P. Bargain Box'.
- b Labels which suggest a pity, charity, or dependency model, rather than a normalizing-developmental one, e.g. 'workshop', 'opportunity', 'friendship', 'hope' [as in 'Hope City'], 'happiness' [as in 'Happiness Hill Day Care Center']; anything having to do with 'Sun' [as in 'Sunshine Rescue Service', or 'Sunshine Home', 'Sunrise', 'Sunset', 'Day-break']; 'haven', when not used in a geriatric or medical context [as in 'Haven Academy' or 'Angel's Haven']; 'welfare' [as in 'Welfare Island' in New York City, which has had a number of social agencies on it, or 'Welfare Square' for welfare recipients, the aged & mentally retarded in Salt Lake City]; or 'care' as in 'care home', 'Concerned Care', 'Carefree Lodge', or 'day care' when applied to adults in a mental health program].
- c Other deviancy-suggestive names due perhaps to unfortunate symbolic linkages. E.g. 'Elmtree Nursing Home' for the aged—as elm trees are being cut down everywhere due to the ubiquitous Dutch Elm Disease; or 'Redemption Farm', which suggests an abode for particularly sinful clients.

The rater should keep in mind that the meaning of labels may differ by region. 'Developmental Center' in some cities marks a program as serving handicapped children. In another community, all services for preschool children are called 'Child Development Center'. Some facility labels are appropriate only if they are consistent with a similar labelling of an area. For instance, the 'Cottonwood Industrial Center' would only be appropriate if it were located in a part of town which is known as Cottonwood, or which has streets, squares, or other parts designated by that name. Otherwise, it and many similar names are suggestive of the labels given to residences of the handicapped such as the aged, and to other services of this nature.

Labels do not always mean printed signs, however. A program may adopt a name, but be known in the community (or called by project personnel and associates) something totally different. Raters may determine from citizens what their perceptions of the program or facility are, and what labels are used to refer to it. In many areas in which a service (especially an institution) has existed for many years, and has undergone many name changes (some of them euphemistically), residents may still adhere to outdated and often incredible labels. However, when rating the facility name, only the official one should be considered. Where there has been a name change, and the signs, letterheads, etc., have not yet been changed, the new name is to be credited nevertheless.

A reminder to raters: this rating is not concerned with the name given to the service by the general population, nor with the name *signs* that are attached to the building, but only with the official name of the service. Attached signs may or may not affect *R1112122 'Building-neighborhood harmony'.

Generally, any of the following prefixes and suffixes are associated to varying degrees with deviancy: haven, home, village, acres, opportunity, hope, happy, sun, friendship, care, rest.

111212 Building perception

In regard to the facility specifically, some thought should be given to the external building perception, i.e. the way the physical facility and/or site is likely to be perceived by the public. The external appearance of a building, even one that is perfectly suitable in terms of internal arrangements, can exert a detrimental effect upon citizens' response to the persons associated with this building. For instance, a building that looks like a prison is apt to elicit associations not conducive to integration. So is a building that does not blend into its neighborhood, by drawing attention that could easily be deviancy-labelling. It should be kept in mind that the conditions specified above affect not only outside observers, but also those who work with the clients who are being perceived, and ultimately the clients' self-image as well. This domain is divided into two ratings: *R1112121 'Function congruity image' and *R1112122 'Building-neighborhood harmony'. Building size can be an issue in both of these ratings.

Building perception must not be confused with R111132 'Program-neighborhood harmony' which is concerned with the appropriateness of the service program for the area, not the appearance of the building; nor with *R11211 'Age-appropriate facilities, environmental design & appointments'.

*R1112121 Function congruity image

Raters here must take a hard *look*, in the real sense of seeing, to ascertain whether the building looks like 'what it is', i.e. like what is intended to be accomplished by the service it houses. Two aspects appear to be determinative.

1 The *externally apparent design features*. E.g. if the building serves as a school, does it look like a school—or like a residence or business? If it is a group home, does it look like a convent, physician's office, office building—or like an ordinary residence? Does a workshop look like an industry or business building, or like a church—perhaps because it once was or still is a church? Here, raters should note that 'renovations' and built-on appendages to a building often alter its perception in subtle ways.

- Level 3** Service has **Level 4** characteristics but
- a is operated by an agency that has a relatively clear-cut deviancy-associated name, e.g. the Midland School may be operated by the Midland Association for Retarded Citizens.
 - b The label suggests deviancy only because ordinary comparable facilities would not be labelled analogously. E.g. 'hostel' for a residence; a perfectly normal name ['Bellevue'] attached to a residence in a neighborhood where other people do not name their residences; J.F. Kennedy Vocational Services Center' [since industries are not ordinarily named for famous public figures]; in Omaha, 'Child Development Center' signals a handicap, while in California, generic children's services are referred to by that name.
 - c The program is labelled in a fashion which makes it inappropriate for the neighborhood. [See the example in the narrative about 'Cottonwood Industrial Center'.]

Level 4 Location, building, facility, or program labels do not suggest deviancy, but no effort is taken on the part of the project personnel to pursue the evolution of even more favorable labels. E.g. a sheltered workshop is named the 'Taylor-Watson Center', which suggests neither deviancy nor glamor.

Level 5 Favorably-named locations & labels which so enhance the image of client-users that it would be difficult to conceive of additional improvements at this time. An example is Futuristic Industries Ltd., a subsidized industry for the hard-to-employ in Saskatchewan.

Level 1 Such gross incongruities in the appearance of the facility that the community's perception of the individuals served there would very greatly inhibit social integration. E.g. a vocational training program for juvenile offenders housed in a building that looks like a prison; a former elementary school used as a residence for disturbed adolescents.

Level 2 Mild to moderate incongruity. E.g. a non-industrial adult education program in a factory building; an adolescent pre-vocational program in a typical residential family home building; a school which looks like a hospital.

2. *Size of the building* (not the size of the group served therein, which is covered in other ratings) in relation to its function. This is primarily applicable to residences. E.g. a group home should look no larger than a large family home—unless it is prepared to draw attention to its (likely deviancy) function.

It must be underlined that this rating is concerned only with externally apparent features of a building, internal features being assessed by other ratings, such as *R11211 'Age-appropriate facilities, environmental design & appointments'.

***R112122 Building-neighborhood harmony**

Here, the rater must look not only very discerningly at the building, but also at the surrounding neighborhood in which the facility is located, to determine whether the building or its appurtenances clash or blend with the rest of the area. Raters thus need to look at other buildings in the area to determine appropriateness. A workshop in a business or industry building may look appropriate in one neighborhood or community, but not in another. Raters must take into consideration not only the physical structure of the building, but the building and its site in the widest sense, including upkeep of the building and its grounds; its external beautification, decor, and furnishings; seasonal decorations, etc.

However, this rating is concerned with *external* beauty and decorations *only* as it affects neighborhood harmony. *Internal* beauty is covered under *R1152, 'Environmental beauty', which, in addition to internal beauty, also considers those external aspects which are 'outdoors' but not external in the sense of 'public' (backyard gardens, enclosed open-air patios and pools, etc.).

Raters should apply the 'positive side of normativeness' rule, and expect that external attractiveness and upkeep should be somewhat but not drastically better than in the rest of the neighborhood. In the very rare instance where external beautification so grossly exceeds neighborhood norms as to draw undue attention, harmony might be violated. It may initially appear unfair to penalize an agency which is making a great effort to create an attractive external environment, but it would be more fair to increase the agency's awareness that it is drawing potentially detrimental attention to its clients, and risk also a lower rating on R2222, 'Budget economy', for utilizing its financial resources inappropriately.

Raters should consider if and how names, labels, symbols, (i.e. signs) etc., are attached to the site. E.g. it is entirely possible that a program or facility label that scores adequately on appropriateness (R11211) may score low on building-neighborhood harmony because as a sign, it is attached in an unusual fashion, is too large or too small, attached to a home when other homes do not have one, or is otherwise drawing attention in such a way as to suggest either deviancy, or to constitute an ugliness which detracts from building perception. Where a building stands alone and has no neighborhood in the usual sense, most aspects of external beauty can probably be subsumed under 'Environmental beauty', and the rating on 'Neighborhood harmony' will probably automatically be high.

Level 3 *The facility is adequately within the range of normative building function images, but not necessarily on the positive side of the normative continuum. E.g. a counseling clinic may be located in a former family residence building; a child development center may be housed in a former drug store; or the size of the building may be mildly atypically large or small for the type of service involved.*

Level 4 *Function congruity image is optimal in relation to both size & design. E.g. a group home located in an average sized family home building; a child development service located in a building designed specifically for that purpose & consistent in size & design with similarly designed & utilized buildings.*

Level 1 *Deviancy is strongly suggested by the building or site which clashes with neighborhood character. E.g. in a residential area, one house used as a residence for the retarded has a security-type fence when no other house has one; or the building exterior or site is grossly neglected in contrast to most of the rest of the area.*

Level 2 *Minor disharmony. E.g. in an industrial area where every firm has its sign & name clearly displayed, a workshop has no sign whatever; a half-way house for men has 8 rocking chairs on the porch when other homes in the neighborhood have at most 2 or 3; a group home for disordered children leave their Christmas decorations out into February because the children requested it, although this is extraordinary for the neighborhood; a facility located in a home-like building draws attention by having an inappropriate-appearing structural element added to it for program purposes, such as a small, modern, service-building-type addition to the side of what is & otherwise appears like an ordinary older residence; a fire bell clearly visible on the exterior of a group home when normative residences in the neighborhood do not have any.*

Level 3 *Harmony. The building blends perfectly with its neighborhood, e.g. a half-way house for a prison work-release program is not distinguishable from any other home in the immediate neighborhood; a school for the deaf appears identical to other schools in the area [merely looking like a school is rated by 'Function congruity image'].*

Level 4 *The building blends perfectly into its neighborhood or setting, with intensive & continuous efforts to normalize physical aspects of the facility; painting the exterior, quickly repairing damages, & in a residential facility, making seasonal changes such as adding lawn furniture in summer consistent with neighborhood custom, decorating for Christmas, etc.*

R111213 Deviancy image juxtaposition

This rating, the following one (R111214 'Deviancy program juxtaposition'), and the two ratings subsumed under 111221 'Deviant persons juxtaposition' ('Deviant staff juxtaposition' and 'Deviant client & other juxtaposition') are based substantially on a single rationale. Therefore, this rationale will be introduced here, and elaborated but not repeated at the other relevant ratings later.

A person is deviant when a significant characteristic of his is devalued by a major segment of the public. Deviant persons (e.g. retarded, crippled, blind, disordered, Indian, non-English-speaking, drug-addicted, legal offender) may not be clients, but they are often placed together, and often mentally 'lumped' together.

In typical community life, social interaction with one's everyday contacts brings with it innumerable occasions and role expectancies that have implications to the normalization process. Unfortunately, a person identified as deviant is often further 'dehabilitated' by being deprived of these normalizing social contacts, or by being cast into social roles where he is actually expected to act deviantly.

For instance, by placing a deviant client among other deviant clients, we may reduce his social contacts with non-deviant persons. Often we compound this problem by permitting some or even most of the staff working with a deviant group to be deviant. Thus, a common phenomenon in human management is for deviant persons to drift into employment where they work with clients who are deviant themselves. The teacher who cannot cope with regular pupils may be put in charge of a special education class; the physician who does not have a license to practise in the community (usually because of inadequate training or skill, language problems, alcoholism, drug addiction, physical or mental problems, etc.) is permitted to practise in institutions for the retarded or disordered; prisoners may be placed into training or work with the mentally retarded; retarded workers may be placed as orderlies in homes for the aged; in a school for the blind, every single teacher may be blind; and former clients become employees of rehabilitation settings; etc. Usually, human managers defend these practices on narrow clinical grounds, such as that the deviant worker can make a contribution by such an arrangement; that he can be habilitated by it; etc.

As in a number of other ratings, this issue touches upon client interpretation on the larger societal system level, and potential of this interpretation for influencing client behavior.

Unique to deviancy contact and juxtaposition, however, is the very direct effect upon client behavior and interpretation that results from inappropriate models and contacts. It should be kept in mind that other normalization criteria, such as dispersal, could be met, and yet a client's contacts might still be 100% with other deviant persons.

In fact, even non-deviant staff, though highly valued themselves, may project an image of deviancy upon their client because of the staff's own strong historic identification with deviancy services or organizations. Thus, it is widely taken for granted, though perhaps often unconsciously, that when a religious order is involved in human services other than general medicine or general education, this service is very likely to be one to deviant persons: unwed mothers, orphans, the handicapped, the disordered, etc. Some charitable bodies are even identified totally with deviant clients, an example being the Salvation Army.

Level 1 Any imagery, symbolism, or history which strongly [though perhaps totally unconsciously] reinforces strong deviancy images, especially feebleness, subhumanity, criminality, death, disease, corruption, decay, discord, menace, worthlessness, much greater dependency or incapacity than in the case, etc. E.g.

- a animal psychologists working in the habit-shaping of retarded & autistic persons;
- b logos or symbols identifying a program, facility or activity as associated with deviancy or charity are used, advertised, or juxtaposed to the project at issue;
- c in one institution for the retarded, the major furniture of 'day rooms' for children were coffin boxes;
- d a major & basic service funded by crass pity & charity appeals;
- e a person or his service is strongly & very visibly associated with or stigmatized by the obvious deviancy image of a funding source;
- f a service for adults is significantly supported by funds from child-imaged sources [education, dependent children, etc.];
- g the non-deviant staff or corporate sponsor of a service is virtually exclusively identified with service to deviant persons [e.g. Salvation Army].
- h a group home for retarded women in a building which was once a house of ill repute, or a pre-vocational program for truant adolescents in a building formerly utilized as a half-way house for convicts;
- i fire, safety, & similarly protective features which are present not due to overprotectiveness on the part of the agency, but as the result of grossly inappropriate externally-imposed laws & regulations;
- j the product of a vocational program for the handicapped may suggest deviancy, e.g. a workshop for handicapped adults making prostheses, specializing in training its clients to become cemetery workers & grave diggers, or making very child-imaged products [e.g. toys].

Level 2 Level 1 conditions are present to a distinct & significant but not extreme degree. E.g.

- a a service [not necessarily basic or major] is funded by donations given voluntarily to aid a misfortunate group; or the public buys items not so much because they want them or need them, but because they are made by the handicapped, &/or benefit the latter financially;
- b a funding source is age-inappropriate or deviancy-labelled, but this fact is not widely broadcast or known, e.g. a program for visually impaired people is funded under a category for the 'catastrophically disabled' [as in N.Y. state].
- c only a portion of the funding is age-inappropriate or deviancy-labelled;
- d deviancy programs or services juxtaposed with administrative headquarters or programs associated with deviancy &/or charitable organizations: either 2 offices, 1 seriously suggestive of deviancy or pity; or several less suggestive

Deviancy image juxtaposition is concerned with one particular type of deviancy juxtaposition—one which juxtaposes images and/or symbols of deviancy with each other, with deviant persons, with a clinical service or program for them, or with a non-clinical effort on their behalf. In the latter category might be the headquarters office of a dispersed agency that is substantially identified with clinical services to deviant clients, but where deviant clients themselves are not usually physically present at this office; the office site of a group or corporate body which engages in voluntary efforts on behalf of the handicapped such as an association for the mentally retarded, or a group which habitually or exclusively raises funds for crippled children (such as the Shriners); etc.

Perhaps the most common juxtaposition with a deviancy image occurs in connection with funding, where programs, which could reasonably be expected to be provided as a matter of right and justice within a given culture, are funded with monies that carry with them the taint of pity, charity, and similar role perceptions. By association with money thus tainted, the programs supported and the persons served thereby become cast in the role of objects of pity and charity. For instance, the image of a handicapped adult is demeaned when his work training must be financed from money raised by appeals to public charity which are accompanied by the picture of a beautiful but also pitiful and somehow crippled child.

Not always quite as tainted but still undesirable is funding which is extended as a right from public sources, but which is from a public source which is identified in the mind of the public with deviancy, and/or with the image that the person who is subsidized with such funds is more impaired and dependent than he really is. For instance, the adult who has a major long-term impairment would be less tainted if he were supported by unemployment compensation than by 'welfare'. Similarly, the image of a handicapped young adult in a vocational training or sheltered employment program would fare better if funding for the support of these programs and/or for himself came from manpower development and training sources, vocational education sources, or similarly culturally normative and relatively respected sources, than if the money came from public welfare-type sources.

In fact, even the age-appropriateness of funding should be considered here, since the image of the young adult above would be enhanced much more if the relevant funds came from adult and industry-oriented sources than from child and education-oriented ones.

Perhaps somewhat less subtly relevant here is whether the funding comes from a generic public source, or from a deviancy-specific (e.g. handicap-categoric) source. A great many services to the handicapped have been or are supported under budget rubrics identified by deviancy categories: 'old-age' assistance, the 'totally and permanently disabled', 'developmental disabilities', and rubrics referring to 'crippled children'. Some of the above types of programs in the U.S. have been absorbed since 1973 under SSI (for Supplementary Social (Security) Income) and have already been stigmatized by the pronunciation 'sissie' which gained national 'acceptance' almost overnight.

For many years, U.S. federal regulations under the wage and hour legislation have been utilizing definitions and prescriptions which place certain handicapped workers in a 'sheltered work' category because they are not productive enough to be competitively employed, nor considered 'feasible for further training'. Thereby, designation into the sheltered work category automatically put a worker into a deviancy limbo between being a trainee and a worker. Under one U.S. provision, in order to receive Medicare or Medicaid in an institution, one had to be identified as not feasible for

ones; e.g. a counseling service in a series of offices which include a crippled children's association headquarters & a Red Feather conglomerate affiliate;

- e location of an Association for Retarded Citizens headquarters which is concerned with both adults & children in a Shriner's building which in the public's mind is associated with children;*
- f a concession stand operated by the blind, placed in a Blue Cross/Blue Shield building, thus subtly associating blindness with illness;*
- g the non-deviant staff or corporate sponsor of a service [such as a religious order] is not exclusively but suggestively identified with services to deviant persons;*
- h moderately inappropriate imposed safety feature, such as a single exit sign within a group residence;*
- i in a nursing home for the aged, the main physician is a coroner, & a profusion of flowers are displayed—all donated from funerals.*

Level 3 *Deviancy image juxtaposition may exist but is of only a minor or rather invisible nature. E.g. in an education program for children, transportation may be provided to occasional recreation programs by using Salvation Army buses; upon discharge from a state mental institution [in New York], client records are forwarded to the state's Bureau of [criminal] Investigation for storage, & are made available to 41 other agencies.*

Level 4 *There is no discernible deviancy image juxtaposition.*

Level 5 *Not only is there no deviancy image juxtaposition, but to the contrary, highly positive & value-bestowing image juxtaposition exists, & extraordinary & highly exemplary efforts to avoid deviancy image juxtapositions have been made within the recent past. For instance, the logo of a service may resemble that of a highly valued group or activity, or the agency may have turned down the offer of certain supports [e.g. certain charity gifts, or highly lucrative but devaluing work tasks in a sheltered workshop] which carry the distinct risk of image impairment.*

training. Much preferable and more image-enhancing would be funding from generic sources, support being forthcoming on the basis of need and without being tied to a deviancy-associated, -bestowing, or -suggesting label.

One interesting variant on this theme is the funding of programs for deviant persons, particularly those who carry a pity and charity image, from sources which are associated with sin and corruption. E.g. in some states, the tobacco and liquor tax revenue is used to support programs such as institutions for the mentally retarded.

In a category similar to funding sources are the bodies which regulate or coordinate a service (bodies which govern a service being covered under R111211 'Program, facility, & location names'). For instance, the 1973 Community Mental Health Act in New York State changed the name of local mental health boards to 'Mental Health, Mental Retardation, and Alcoholism Boards'. (Unfortunately, these boards may also be concerned with drug abuse.)

Physical location of a service can convey all sorts of symbolic and devaluing meanings. For instance, a recent survey revealed that on the grounds of public institutions for the mentally retarded, the buildings for the most severely handicapped were almost invariably (80%) the ones located the farthest away from the main entrance and the administration building—giving substance to the term 'backward'. Similarly symbolic is the placement of a service into a setting which within still fairly accessible community memory was associated with another deviant group. E.g. the placement of residential services for the mentally retarded in an old TB sanatorium, an occupational-recreational program for the elderly in space formerly used by a psychiatric clinic, or by the location of a minority-oriented job training program in a facility that once housed prisoners of war.

While some image juxtapositions have merely negative connotations (such as physically handicapped adults in a sheltered workshop making wheelchairs for other physically handicapped persons), others can carry strongly dehumanizing, pernicious, and even brutal messages, despite or perhaps because of their subtlety. Among these is the juxtaposition of a deviant group with an object, site, etc., that is associated with or symbolic of crime or death, disgust, worthlessness, garbage, cast-offs, discards, etc.: workshops for the handicapped specializing in garbage recycling; or in salvage of donated and discarded clothing, toys, and other articles (one workshop advertisement proclaimed 'recycle a bottle and recycle a person'); the donation, or sale at a very low price, of near-worthless facilities to groups of, or concerned with, devalued persons; the location of a home for the aged on a cul-de-sac that has a prominent 'Dead end' sign displayed, or next to a cemetery or even on the former site of one.

Unnecessary, (perhaps even non-functional) security features associated with deviant persons suggest that they are menaces, e.g. fences that are extra high or heavy, or bars or security screen mesh in windows. These, if not genuinely needed, certainly project a strong menace-image on the clients served. Should such measures be needed by only a proportion of the clients, the juxtaposition of clients who would not need such features is rated under R113 'Model coherency'. A similar juxtaposition occurs when the records of former residents of state psychiatric institutions are handed over to state bureaus of investigation, as in New York, where 41 agencies then have access to the records.

A very common dehumanizing image juxtaposition is that between certain deviancy groups and animals. Their affinity is often extolled, especially that between the mentally retarded and animals. Mentally disordered persons were long believed to benefit greatly from animal husbandry. One direct or

indirect suggestion is that certain deviant persons or groups get along better with animals because they communicate better with them. The underlying but usually profoundly unconscious attitude is that such deviant groups—and especially the mentally retarded—have more intimate connection with animals because they themselves are closer to an animal status, and that such juxtaposition places them 'with their own kind'. For example, one service project makes job placements for mentally retarded adults almost exclusively in nursing homes and the Humane Society. At one time, the City of New York levied a tax on dogs, the proceeds being utilized in support of the poor. In one of the major international airports of North America, a special waiting room for the infirm aged is thoughtfully provided—as part of the animal shipping room.

A summary overview of the common types and sources of deviancy image juxtapositions is given below.

Sources of deviancy image juxtapositions

Deviancy symbol association with & among

- Symbols
- Programs
- Persons
- Animals
- Names & labels
- Activities
- Objects
- Products
- Processes, rules, regulations

Deviancy-associated service setting

- History
- Proximity
- Association
- Facility features

Source of program funds

- Deviancy-imaged
- Deviancy-labelled
- Deviancy-associated funder

Deviancy-associated administration, coordination or regulation

Excluded from this rating is consideration of the labels and names of the rated programs and facilities themselves, covered in R111211. Another distinction that must be remembered is between 'Deviancy image juxtaposition' and R111214 'Deviancy program juxtaposition'; the latter covers the juxtaposition of at least *two* clinical programs involving deviant client groups, while the former is concerned either with the juxtaposition of deviancy image/symbol to deviancy image/symbol, or deviancy image/symbol to a specific, concrete, clinical client program.

In judging the levels in the right-hand column, no consideration should be given as to who is responsible for the juxtaposition, although greater severity should be practised where the juxtaposition is under program control.

R11214 Deviancy program juxtaposition

The above rating on 'Deviancy image juxtaposition' necessitated that at least one of the elements juxtaposed consisted of an image or symbol of deviancy other than a client, or program name or label. In contrast, deviancy program juxtaposition is concerned with the juxtaposition of two or more clinical programs (distinctly different groupings) which both directly involve clients, and where (1) different programs are identified with different types of deviancy; or where (2) one program is juxtaposed to one or more other programs serving clients with the same type of deviancy, but with much stronger expression of this deviancy so that the less deviant persons in the program being assessed are apt to be perceived as being more deviant than they are. These juxtapositions must involve programs operated by different agencies, or operated by the same agency in distinctly different settings, since otherwise they would be noted and penalized on R113 'Model coherency' or R112212 'Deviant client & other juxtaposition'. Such juxtaposition would probably always involve either a sharing of the same building, the same campus, or a close vicinity (e.g. a city block). In an instance of juxtaposition of two or more programs serving clients of the same type and severity of deviancy, and where one of the programs (possibly other than the one being evaluated) served a number of different age groups, any deviancy-enlarging image transfer due to the greater level of dependence (because of one group being either aged, or [younger] children) of one of these other groups is covered by R11213 'Deviancy image juxtaposition'. Also, the ratings here are *not* concerned with the degree to which the various programs juxtaposed saturate surrounding social systems, as rated in R11114 'Congregation, & assimilation potential'.

Level 1 *Devastating, extremely injurious. E.g.*

- a *Different deviancy programs are juxtaposed so inappropriately that clients' image is greatly diminished, e.g. a transitional residence for disordered young adult women located in a red light district or in an area which caters to other disreputable or perverse needs; or several types of deviancy groups are served on the same premises or in the same general vicinity, e.g. a psychiatric clinic, a crash pad for drug users, & a workshop for mentally retarded adults all in the same three-block area.*
- b *The degree of severe deviancy of one program spills over to affect the image of a less deviant juxtaposed group or program within the same deviancy category, e.g. a juvenile correction facility placed adjacent to a maximum security penitentiary.*

Level 2 *Level 1 conditions are present to a distinct & significant but not extreme degree. E.g.*

- a *Deviancy groups juxtaposed, but to a lesser degree than in Level 1, e.g. a home for unwed mothers may be placed 2 doors down from a psychiatric clinic.*
- b *Deviancy spills over within the same deviancy category as in Level 1b above, but the degree of deviancy involved is less severe. E.g. an agency providing a work activities/occupational therapy program for relatively competent elderly retired persons is housed in an extended nursing home which serves primarily severely impaired, disoriented, & non-ambulatory aged persons.*

Level 3 *Deviancy program juxtaposition may exist, but is only of a minor or remote nature.*

Level 4 *There is no discernible deviancy program juxtaposition.*

Level 5 *Not only is program juxtaposition appropriate, but staff have gone to extensive efforts to locate the program where associations are with valued & respected programs; e.g. a home for unwed mothers is located above the offices of a famous heart surgeon or Kelly Girl service; a recreation program for the elderly takes place next door to the YMCA; a program for profoundly handicapped, medically involved children is deliberately placed in the most respected children's hospital.*

11122 Socially integrative program structures

There are certain program structures and operations which can profoundly affect the social integration of clients. These structures and operations will also be intimately related to social interpretation, but not as exclusively so as those covered immediately above. One element to be considered will be called 'Deviant persons juxtaposition' and will concern itself (with some exceptions, as noted) with the degree to which a client does or does not associate with fellow citizens or staff who are perceived as deviant. However, since the client could conceivably associate 100% with persons who are not perceived as deviant, and still be denied a desirable range of social interactions, a second element will concern itself with the extent of 'Socially integrative social activities'.

111221 Deviant persons juxtaposition

Previously, deviant image and program juxtapositions have been covered, as well as much of the rationale for deviant persons juxtaposition. Additional considerations follow in the ratings below.

The following two ratings will evaluate only aspects which are unique to deviancy contact, which will be rated on two independently-scored elements: the extent of deviant staff contacts, and the extent of certain other types of juxtapositions with deviant individuals. When rating these two elements, the rater should keep in mind the important and broad sociological considerations which lead back to the normalization principle.

R1112211 Deviant staff juxtaposition

Three considerations regarding deviancy in addition to earlier ones, are relevant here.

1 When a deviant 'reject' from society is employed to administer services to other deviant individuals, it is inevitable that members of the larger society conclude consciously or unconsciously that the deviant persons being served are of low value. For instance, a person not good enough to teach my normal child may be good enough to teach someone else's retarded or otherwise deviant child. Thus, a juxtaposition of deviant workers with deviant clients devalues both of them even more, but particularly so the client. Inevitably, this devaluing perception will lead fellow citizens to emit behavior toward the deviant client group that is more likely to be 'dehabilitating' than normalizing.

2 When deviant persons work for and with other deviant individuals, or when they socialize primarily or even extensively with each other, it is almost inevitable that a climate or subculture of deviancy is created which exacerbates rather than reverses the deviancy of those within this climate or subculture.

3 At a given time, a person generally has the potential of forming a limited number of social ties and meaningful relationships. Usually, he will fill his 'relationship vacancies' with people he encounters in his social system(s). The likelihood of filling one's relationship needs with deviant persons probably stands in direct proportion to the percentage of such persons in one's social system(s). Thus, by surrounding a deviant client with deviant workers, or vice versa, the chances of each group to socialize with non-deviant persons is lowered. Both the real and perceived deviancy of both groups is likely to be increased, and far from being habilitative, the chances of habilitation for either group, especially the much larger client group, is likely to be reduced—at least in the long run.

It follows that instead of there being mutual benefits, both groups may actually lose—if not in each concrete instance, then at least in the long run of social processes. The normalization principle would thus not only prohibit the juxtaposition of deviant workers with deviant clients, but would dictate that as much as possible, deviant individuals be surrounded by non-deviant ones.

Typical deviant staff juxtapositions involve aged persons and legal offenders working with the retarded, the retarded working with the aged, emotionally unstable professionals serving in residential institutions, blind teachers teaching the blind, etc.

Raters should be particularly sensitive to the presence of staff members who display bizarre mannerisms, who are beset by severe communication problems, or who are dropouts from the larger culture. The negative input of personnel such as this is particularly acute if the setting is one concerned with child development, where one of our more important considerations must be the appropriateness of social models.

The only viable condition under which raters may consider giving some leeway on staff deviancy is for individuals that have non-impairing handicaps or minor deviancies, i.e. individuals who are not apt to be clearly perceived as deviant as long as their number remains very small, or as long as the program under consideration does not juxtapose them with clients having similar conditions. A further exception might be made if a handicapped staff member can provide an important

Level 1 30% or more of the workers [combined staff & volunteer manpower] consists of

- a habilitated formerly deviant persons,
- b persons with physical or mental problems,
- c persons with grossly atypical appearance,
- d persons generally viewed by the community as dropouts or undesirable.

Level 2 About 5-30% of the manpower is perceived as deviant.

Level 3 Project is virtually devoid of deviant workers, or the type of differentness is not highly devalued. For example, in a handicapped children's program in a very conservative community, several of the teachers wear informal & counter-culture clothing, giving the program a slight 'hippie' or less-than-professional air.

Level 4 There is not only no transferable worker deviancy, but staff tend to have high glamor & status in the eyes of the public.

human management element that is not likely to be provided by a non-handicapped person. For example, in a training program for the blind, one or two blind staff members can provide teaching, interpretation and client response that may not be possible from sighted staff. However, the number and proportion of such staff should be held to an absolute minimum.

For the purposes of this rating, any volunteers fulfilling staff and staff-like functions are considered as 'staff'. This would include most typical agency volunteers that render clinical and office assistance.

R1112212 Deviant client & other juxtaposition

This rating is concerned with the direct personal contact juxtaposition of individual clients to certain other persons who are stigmatized by a *different deviancy* than the client. These other persons must be (a) other clients, and/or (b) non-clients such as members of the public, and volunteers in roles other than those (staff-like ones) covered in the preceding rating. Not included here is the extent of contact of a client with persons of the same deviancy, which is relevant to R11114 'Congregation, & assimilation potential' and R111222 'Socially integrative social activities'. Also, this type of juxtaposition is different from image juxtaposition (R111213) which does not subsume client-to-nonstaff personal interactions, and it is different from program juxtaposition (R111214) in which images are transferred between entire client *groups* within different agency sites and branches, or across different agencies.

Level 1 *Juxtaposition of clients on the personal level either with other clients characterized by different deviancies, or with non-staff (including volunteer) members of the public who also display a different type of deviancy. This juxtaposition is of such an extent as to create the likelihood of strong deviancy image transfer &/or generalization. E.g. a sheltered workshop serves both psychiatric clients as well as providing vocational training for minority group members; retarded young adults in a habilitation project are living in an apartment house in which are known to reside a significant number of drug-oriented young adults & college students; the residents of a prison serve in a recreational capacity to retarded children of a nearby institution or group home; members of an organization of homosexuals provide a volunteer service to a crippled children's hospital.*

Level 2 *Level 1 conditions exist, but to a significantly minor extent. The degree of deviancy involved may be less severe, &/or the amount & intensity of juxtaposition may be milder, & personal contact between different types of deviant persons may be more distant. E.g. a work study program for mildly retarded high school students may take place in a vocational education program, operated by the high school primarily for ghetto youth dropouts.*

Level 3 *The above types of juxtaposition exist to only a very minor degree, perhaps only upon some occasions, & in a few contexts. E.g. young adults with different types of handicaps meet one evening a week for a recreational program arranged for them only.*

Level 4 *No 'client & other' deviancy juxtaposition exists.*

Level 5 *Not only does no 'client & other' deviancy juxtaposition exist, but the service is succeeding in efforts to achieve client-other juxtapositions which generalize & transfer status, glamor, value, health, etc.*

R111222 Socially integrative social activities

This rating is especially applicable to services to devalued groups, to isolated individuals, or to long-term segregated (perhaps self-contained) groups such as generic boarding schools for children who are not handicapped.

By their very design, programs and service structures can enhance or inhibit the degree of normalizing social activities and interactions of clients. These program structures and features should enable clients to obtain at least normative (if not supra-normative) types as well as amounts of socially integrated activities and interactions. However, a number of distinctions are useful.

Level 1 *Within the appropriate scope of the project, & considering the nature of the persons being served, there exist few or no feasible structures &/or activities which promote & support the involvement of clients in culturally normative integrative activities, interactions, & contexts. Contact with ordinary citizens in culturally-typical activities is extremely limited or nonexistent.*

Level 2 *Some feasible socially integrative social activities occur, but their quantity & quality is either too selective, or inappropriately limited. E.g. a segregated residential school for the blind teaches clients to use public transportation &*

Not only is there such a thing as physical integration as distinct from social integration, but one can make a further distinction between program integration and 'personal integration'. Program integration refers primarily to the integration of a program in which (deviant) persons are served (i.e. a 'categoric' program) into a generic program. For instance, a class for handicapped children could be part of a separate school for handicapped children, and thus might be rather segregated; or it could be a single class located in an ordinary school for non-handicapped children, and thus be relatively integrated. However, even though the program would be integrated in the latter instance, the children themselves may still be relatively segregated in their day-to-day activities.

In contrast, person integration would refer primarily to the degree of social integration actually experienced by a specific individual. While person integration within a service that is program-segregated is generally low, it can vary greatly within a service that is program-integrated. Thus, the member of a program-integrated class for handicapped children might have anywhere from very limited to very extensive personal integration, depending on various structures, supports, and circumstances. If a handicapped child were placed in a regular classroom, person integration would be very extensive.

All of the above distinctions are made in order to direct the rater's attention to the focus of the current rating: the activities of *personal* social integration which are mediated by a service to its clients. In addition, it appears useful to make a further distinction among four major spheres of human functioning and agency service concerns, and their corresponding service support and social interaction systems: residence or domiciliation; developmental activities in the broadest sense, such as education, training, or work; recreation; and other social interactions (e.g. those involved in worship, shopping, transportation, and similar routine aspects of living). The four spheres and some representative contents thereof are illustrated below.

provides some evening recreation in generic facilities, but only in large segregated groups; a segregated recreational program participates in some community recreation activities, but only on rare occasions.

Level 3 *Feasible activities for social integration exist to a moderate degree, e.g. a half-way house provides extensive recreational programming in small groups in non-segregated generic facilities, although some other social activities take place in groups larger than desirable for integration, or are somewhat limited in scope or frequency; an educational program for learning-handicapped children provides integrated school programming & activities for half of each school day.*

Level 4 *Extensive provisions are made for clients to interact & engage in culturally normative activities & contexts, but some unnecessary segregation persists, e.g. an early education program for handicapped children takes place in a generic Montessori school where activities are participated in jointly by both handicapped & non-handicapped children, except for meals.*

Level 5 *Within the scope of its identity & mission, the agency has made maximal efforts to integrate project clients to the limits of their current potential into culturally normative contexts & activities—perhaps in an imaginative manner—so that the likelihood of assimilation is optimized. E.g. all activities within a recreation program for the handicapped utilize community recreation facilities jointly with other citizens, & in small readily-assimilated groups.*

R111222 SOCIALLY INTEGRATIVE SOCIAL ACTIVITIES

	LOW → → → DEGREE OF INTEGRATION → → → HIGH					
1 DOMICILIATION	NURSING HOME	LARGE GROUP RESIDENCE (20-30)	HOSTEL (6-8)	APT. COMPLEX	SHELTERED APT.	OWN HOME
	DEVIANCY INSTITUTION	REGIONAL CENTER			FOSTER HOME	INDEPENDENT APT.
2 DEVELOPMENTAL ACTIVITIES	SEGR. SITE	INTEGR. SITE	SEVERAL SPECIAL CLASSES IN REGULAR SCHOOL	1 or 2 SPECIAL CLASSES IN REGULAR SCHOOL	INTEGRATED WORK STATION IN INDUSTRY	GENERIC EARLY EDUC'N. REGULAR CLASS
			SEGREGATED WORK STATION IN INDUSTRY			ON-THE-JOB TRAINING
	SEGREGATED ED. BLDGS.					OPEN EMPLOYMENT
3 RECREATION	LARGE SEGR. GROUPS ONLY	SMALL DEVIANCY GROUPS, SEGREGATED IN GENERIC FACILITIES		SMALL DEVIANCY GROUPS, NON-SEGR. IN GENERIC FACILITIES	SPECIAL INTEGR. SOCIAL CLUBS	GENERIC SOCIAL CLUBS
	SEGREGATED FACILITIES		LARGE DEVIANCY GROUP VACATIONS	SMALL DEVIANCY GROUP VACATIONS		INDIVIDUAL INTEGRATED ACTIVITIES
						INDIVIDUAL VACATIONS
4 OTHER SOCIAL ACTIVITIES	SPECIAL SEGR. TRANSPORTATION ONLY		SMALL DEVIANCY GROUP PUBLIC TRANSPORT		PUBLIC TRANSPORT ONLY	
		COMMUNITY SHOPPING BUT ONLY IN DEVIANCY GROUPS			INDIVIDUAL WORSHIP IN GENERIC CHURCH	FREQUENT INTEGRATED COMMUNITY SHOPPING

→ → → DEGREE & FREQUENCY OF INTEGRATION → → →

The amount and variety of clients' socially integrative social activities can be measured along a continuum (from none to extensive) for each of the four specified spheres. In the area of domiciliation, the resident of a large institution typically experiences very little or no personal social integration because of the physical segregation of the facility; the nursing home or regional center resident may experience some. Group homes and sheltered apartment clusters, because of their moderate degree of physical integration, enable their residents to experience a moderate degree and variety of personal social integration. Extensive socially integrative activities are usually available or possible in foster homes, boarding homes, apartment or family-home living shared with non-deviant persons, or when a person lives in his own home or apartment.

The socially integrative social activities enabled by developmental programs range from very little, if any, in totally segregated educational or vocational programs, to extensive amounts and varieties in generic early education programs, regular classes, integrated work stations in industrial or commercial settings, on-the-job training, and open employment. Thus, deviant children should be integrated into generic early education programs and, as much as possible, into regular classes in school. Vocational training need not always be segregated, but can be carried into generic manpower development programs, as well as into the mainstream of business and industry itself.

In the areas of recreation and other social activities, raters must be concerned not only with amount and variety generally but also with the frequency, duration, intensity and pattern or quality of clients' participation in socially integrating activity. Little personal integration occurs in recreation activities provided in large deviant groups or in segregated facilities. When small deviancy groups participate in recreation in segregated facilities, or a large deviancy group goes on a travelling vacation, limited socially integrative activities are usually possible. Moderate integrative opportunities typically exist when small deviancy groups utilize non-segregated generic facilities on a regular basis, or where a small deviancy group goes on a travelling vacation. Extensive opportunities for social integration are provided through special integrated social clubs, generic social clubs, individual integrated activities, and planned individual vacations. Every effort on the part of program managers should be made to enable clients to participate in the same community recreational programs and other activities as do valued citizens, and to interact with other typical citizens during such recreation.

When determining the degree of personal social integration in 'other social interactions' (transportation, church, shopping, etc.), frequency and type of groupings must again be considered. Totally segregated, large-group, or very infrequent integrated activities provide almost no opportunity for social integration; moderate social integration of clients is enabled through regular small deviancy group activities; extensive, when clients use public transport, attend generic churches individually, and shop frequently in the community individually and in small groups.

The list of integrating opportunities is virtually endless—limited more by the ideology and the imagination of program staff than the extent or type of an individual's deviancy.

Raters should concern themselves only with those activities which are within the scope of the service project's legitimate mission, although this mission should be relatively broadly and aggressively interpreted. Thus, in assessing a recreation project, raters should assess the socially integrative activities in the recreational area that are mediated or mediatable by the agency; in the case of a vocational project, the socially integrative vocation-related program structures and activities would be assessed. The recreation project would not be

penalized for failing to provide integrative activities of a vocational nature, and the vocational program would not be down-graded for not providing more recreation than would be within the normative range of such provisions in business and industry in general. In other words, in the mainstream of society, recreation programs are virtually never concerned with vocational aspects, while vocational settings are only tangentially and mildly involved in recreational activities, such as night-time industrial bowling leagues, a ping-pong game during lunch break, etc.

The degree of control wielded by an agency should influence how much is expected of it, and this should be judged further in relation to the degree of autonomy the client is capable of exercising. The more autonomy the client is capable of exercising, the more capable he is of making a legitimate decision to reject integrated services and social opportunities promoted by the project.

Typically, much more is expected of residential services than of other areas, since they tend to control much more of a person's life space. Most residential services not only have domiciliary control over individuals, but control at least some recreational and other social activities; typically, programs with a developmental focus also engage in other social activities. Thus, in programs with similar structures, the range of socially integrative opportunities that is mediated could vary considerably; e.g. one segregated vocational center could provide segregated work training, segregated recreation activities, segregated transportation, and limited contact with other integrative activities in the community; another program may train persons part-time in open business settings, utilize public transport, and involve clients in other social resources in the community.

The culturally normative activities mentioned in this rating are not to be confused with those subsumed under R11213 and R11223 'Activities, routines & rhythms'. Those are concerned with the age- and culture-appropriateness of an activity; here, concern is with the integrativeness thereof.

It is very important that raters fully appreciate the intent of this rating, and judge it against its explicit criteria rather than against their previous experience with normative agencies and practices in the field, particularly as regards devalued groups. More specifically, raters should view Level 5 as constituting maximum feasible integration for an individual or group served, as far as the scope of the agency's mission is concerned. For instance, if a project being rated is a vocational one, Level 5 can only be attained if the persons being served are served in such a fashion as to be as fully integrated in their vocational training, vocational guidance, and work placement situations as their current condition permits—which implies that such individuals would have to be vastly more integrated than is the case in the context of the great majority of vocational services, or certainly at least of vocational services for handicapped or devalued groups.

Raters should be aggressive in their expectations, even for programs that deal with very problematic challenges, such as juvenile detention facilities.

112 Appropriate interpretations & structures

What is appropriate within a culture is determined by many factors. For instance, there is tradition and religion; the natural environment and climate may play a role by setting certain limits; and often personal characteristics, such as age or sex, will interact with other factors in defining acceptable norms for specific individuals within a culture.

How much esteem and dignity a person will be accorded will depend in large part upon the way he acts. His behavior will be judged by those around him in terms of its appropriateness for his age and for his culture. However, a person is also frequently judged on the basis of how others judge him and act toward him. Thus, a very important part of normalization is how a person is perceived by others.

Normalization implies that a person would be enabled to project an image that does not mark him as deviant in the sight of others. The rationale for this is two-fold. First, as stated, how a person is perceived affects the way he is treated, and a person perceived as deviant is very apt to elicit pity, rejection, persecution and other behaviors which tend to diminish a person's dignity, adjustment, growth, etc. Secondly, the way a person is treated by others will affect his self-image, as well as the way in which he will respond. It is well-known that a person perceived to be deviant is expected to act deviantly, and such expectations are often so powerful as to actually elicit the expected behavior, thus becoming self-fulfilling prophecies.

The two items following will concern themselves primarily with those social interpretations and human management structures which human managers and agencies may impose upon a client, and which may affect both the way in which he perceives himself, as well as the way he is perceived by others. The rater is reminded to remain alert to the fact that a human management measure may be appropriate and effective from a purely clinical viewpoint, i.e. if only the client and the manager were involved. At the same time, such a measure may be diminished in effectiveness or even become counter-productive, because of the way it affects third parties, such as the family, other clients or managers, the public, etc.

The first item 1121 'Age-appropriate interpretations & structures' will be concerned only with considerations based upon the client's age, while the second item 1122 'Culture-appropriate interpretations & structures' covers a miscellany of other considerations which bear upon culture-appropriate social interpretation and human management structures. Aspects which are also concerned with personal development, but which are not as intimately tied to the medium of social interpretation, are covered in other elements. For instance, several such major considerations are subsumed under R1143 'Intensity of relevant programming'.

It is particularly in this cluster of ratings that the rater should keep in mind the desirability of the normalization corollary of 'conservatism'. The public will accept idiosyncracies and deviances more readily in persons who are highly respected because of their role, status, achievement, etc. On the other hand, a person who is already socially marginal may not be able to afford even minor additional deviances in his functioning. If a person is already perceived as deviant, or at high risk thereof, any additional stigma is much more damaging to him than to a valued person. Thus, in many situations, he should not merely strive for narrowly typical structures, but for those which are 'conservative' in the sense of being on the valued side of the normal curve. For instance, in situations where both a dress shirt and a sports shirt might be acceptable for a handicapped young man, the more adaptive strategy within the normalization scheme is to opt for the more conservative alternative, namely, the dress shirt. Similarly, the devalued status of an elderly resident in a nursing home can be partially reversed or at least compensated for by addressing him as 'Mr. Jones, Sir' rather than with an also normative 'Charles' or 'Charlie'.

Where it is impossible to decide on the difference between age and culture on an observed phenomenon, rate it under culture.

1121 Age-appropriate interpretations & structures

An interpretation or structure can be age-inappropriate by interpreting or structuring a person in a fashion appropriate for persons of either higher or lower age. However, with a few exceptions (e.g. treating middle-aged persons as if they were elderly), it is generally more demoralizing in our culture to be 'reduced' in age than to be 'advanced'. Thus raters should be particularly alert to circumstances which appear to bring about such a reduction. A typical example would be treating or addressing an adult as if he were a child, since an observer's behavior will be strongly influenced by his judgment of the maturity level of a person with whom he interacts. Thus, for purposes of this item, seven rating elements have been defined as having particular bearing upon the way a client's behavior may be interpreted as being—or not being—age-appropriate. These are: 'Facilities, environmental design & appointments'; 'Personal appearance'; 'Activities, routines & rhythms'; 'Labels & forms of address'; 'Autonomy & rights'; 'Possessions'; and 'Sex behavior'. Some of these aspects also appear in other elements, but if they do, they do in a different meaning and context. For instance, there are aspects of personal appearance which are culture-appropriate. Thus, different aspects of personal appearance are rated in two different elements, and on the basis of different criteria.

Subtle discriminations have to be made by raters in many instances, especially in children's programs. Issues such as autonomy and rights, sex behavior, and labels and forms of address are not differentiated solely in terms of appropriateness for children or adults, but also for smaller age ranges within these two broad age groups. Thus, age should be viewed as a continuum, rather than a series of four or five major stages. As children pass through the years, they should be granted increasing decision-making autonomy, exposed to activities related to sexual development, and accorded increasingly more advanced forms of address. Activities and media utilized should be appropriate for one's age even if one is learning a skill which is very much below one's life-age level. For instance, illiterate adolescents and adults can be taught to read through media such as the newspapers, rather than via pre-school readers. For older handicapped children, appropriate games, activities and songs can

be found that teach the same concepts (body parts, numbers, etc.) that would ordinarily be taught to younger children by nursery rhymes. Creativity and resourcefulness is demanded for program managers to find and develop age-appropriate teaching techniques and means which will enhance the status of clients whose developmental age is lower than their life-age.

Age-appropriateness may not be an issue in some services, e.g. in adult psychiatric settings, corrections. Such services, therefore, can obtain higher ratings more easily. However, in other services (e.g. mental retardation, aging), abuses or at least shortcomings are wide-spread, and the developmental growth and dignity of clients may be so impaired that sensitive vigilance on the part of the raters is demanded.

A problem arises when persons of widely differing ages are served by the same program, and features are inappropriate for only a proportion of the clients. In such instances, the rater should apply the following criteria.

- 1 Determine the level that would apply for the majority of clients.
- 2 If conditions are age-inappropriate for a large minority of clients, subtract two levels, if that is numerically possible.
- 3 If the minority is small, subtract one level, if that is possible.

***R11211 Age-appropriate facilities, environmental design & appointments**

The issue of age-appropriate physical contexts is covered in rating R11132 'Program-neighborhood harmony'. The rating here will be concerned with the age-appropriate external appearance of the facility (regardless of context), and the age-appropriateness of its internal design and appointments.

The public will associate certain types of buildings with certain types of age groups. Thus, some buildings clearly look like schools—and we tend to associate them with children. Other building complexes look like colleges and universities—which we strongly associate with young adults. Yet other buildings look like factories—which we associate with mature adults. Just as a service project should be located in a building perceived to be appropriate to the age of its clients, so should the internal design of the facility be age-appropriate. This applies to both functional features of the facility, as well as the relatively non-functional aspects such as decorations and mood-setting features. Of course, one of the most common errors here is condescending child-associated decoration of buildings which are being used by retarded or aged adults. Conversely, it is also common to see children served in buildings which by design, decoration and mood are aimed at adults.

In rating this element, distinctions must also be maintained with certain contents of 114 'Developmental growth orientation', 115 'Quality of setting', and 11212 'Building perception'. The current rating is concerned with the presence of age-appropriate physical appearance, features, and appointments; and not with environmental beauty generally, prevailing staff ideology and practices, or the use of various management tools and devices. Also, a physical feature may be age-appropriate, but may not contain challenges and demands for additional growth and development as rated under 114 'Developmental growth orientation'. Further, external design features which affect the functional image of the building are covered under *R112121 'Function congruity image'. A building which accommodates certain widely differing age groups (e.g. children and adults) will sometimes be found to be inappropriate to one—or even both—of these groups.

R11212 Age-appropriate personal appearance

It is very important that great and systematic attention be paid to a (potentially) deviant person's appearance. R11222 'Culture-appropriate personal appearance' is covered under the item on 1122 'Culture-appropriate interpretations & structures'. The rater should keep in mind, however, that there are certain aspects of appearance which can be quite appropriate within a culture—but only if associated with a person of a certain age. Thus, a very common error in human management is failure to correct those aspects of a person's behavior or appearance that ordinarily are associated with a person of lower age.

Level 1 Such gross incongruencies between the external appearance or the internal design & appointments of a facility & the life-age of its clients as to strongly project an inappropriate age interpretation upon the clients, e.g. a building used primarily or extensively by adults displays a significantly child-like decor; an environment for children resembles that of adults, reflecting a lack of empathy on the part of the staff with children, & a lack of understanding of children's needs.

Level 2 Distinct & major incongruities exist, but are not as overpowering as in Level 1, e.g. the environment may only be inappropriate for a relatively small proportion of its clients, perhaps due to 'Model coherency' violations; or the projected age discrepancy is moderate [some of the bedrooms of a group home for women in their early twenties may be decorated in a style suggestive of teenagers].

Level 3 Incongruities are minor & subtle. E.g. the somewhat childlike artwork of aged residents of a nursing home may be displayed in the corridors & perhaps below typical eye-level, thus being remindful of a school environment; perhaps only one room of several in the above group home is moderately age-inappropriate; perhaps only one or a few clients do not fit into the overall age decor; only a small part of the program time is spent in an inappropriate context.

Level 4 There are no age incongruities.

Level 5 Not only are there no incongruities, but extraordinary efforts have succeeded in clearly underlining & characterizing the age-level of the clients served.

Level 1 Gross shortcomings exist in the age-appropriate appearance of clients. Multiple behaviors are affected: grooming, dress, personal hygiene, expressive movements & gestures, appearance inappropriate to the sex of a person of given age, etc. Resources, clothing, & structures that might enhance age-appropriate appearance are scarce, & what staff efforts along these lines may exist is very ineffective. Most likely, staff are not sensitive to the issue, & consciously or unconsciously are apt to even foster age-inappropriate appearance in clients.

Deviant adults are often treated like children, or inadequate attention is paid to those elements of their appearance that may have childlike attributes. Of special concern here should be age-appropriate hair-dos, grooming, clothing, social grace, expressive movements, mannerisms and maturity (including age-specific capabilities).

An aspect that is often neglected is that a person's dress should be consistent with the current fashions for his age group, and with regional and local age standards. Also, stress should be placed on age/sex-appropriate appearance in regard to grooming, dress, mannerisms, etc.

One aspect of concern to the rater should be whether or not the client has access to means and techniques which normalize or at least enhance his appearance, as well as whether the staff is appropriately supportive and encouraging of client behavior along these lines. What means and techniques are appropriate may vary, and are infinitely more important in residential than in non-residential settings. In residential settings, such means and techniques might include ready access to grooming aids, and to equipment for cleaning, repair and upkeep of clothing and shoes.

Level 2 Shortcomings are less extreme than on Level 1, but a **significant** projection of age-inappropriateness still exists. Perhaps only some behaviors & very few clients are involved, & only some supports insufficient. Perhaps social supports are lacking due to excessive other demands upon staff; or the physical means are scarce due to lack of funds. Where an extensive array of resources are available, under-utilization may be due to perfunctory staff guidance.

Level 3 Client behavior, mannerisms, grooming & dress appear essentially age-appropriate, although minor shortcomings still exist, such as: failure to encourage age-appropriate dress suitable to different types of social situations; residual forms of infantilization [a teenage girl may be encouraged to sport a childish hairdo &/or ribbons]; &/or premature advancement of children into adult appearance [e.g. a girl in her early teens may not receive appropriate guidance in regard to her exaggeratedly adult-appearing make-up or precocious mannerisms & attire]. The existing positive features are not necessarily the result of understanding, commitment, or effort on the part of staff, but might be due to client background, or efforts of personnel within other programs. E.g. in a vocational training program, personnel may be totally ignorant of the importance of the issue, but clients have been trained in age-appropriate aspects of personal appearance in their residential settings or homes.

Level 4

a Age-appropriate appearance is aggressively on the positive side of the normative range, as in Level 5, but staff appreciation of the issue is still somewhat incomplete, & therefore does not provide a strong line of defense for future service structures; or

b Staff appreciation is extensive, as in Level 5, but minor implementive shortcomings exist.

Level 5 Both extensive staff understanding & commitment to the issue, as well as extensive actualization of this ideology in terms of resources & procedures. Extensive consideration is given to every aspect of client age appearance, & staff have made all reasonable efforts to teach &/or modify the relevant behavior. Indeed, clients are supported in the habit of being conservative in regard to the possible appearance of deviance so as to maximally enhance age-identity & appearance. In the case of the aged, efforts are directed toward maintaining fitness, health, & vitality at the same time as maturity. Further reasonable improvements may be difficult to conceptualize either ideologically or programmatically.

R11213 Age-appropriate activities, routines & rhythms

In our culture, it is not merely a particular type of activity that may be clearly identified with persons of a specific age, but also the quantity of, and balance between, different types of activities. For instance, from infancy to senescence, everybody plays, but the games and rules are different for different age groups. Large amounts of play activities are associated particularly with childhood and young adulthood; in mature adulthood, socio-economic productivity is valued most highly; but for any age group, total inactivity, excessive amounts of non-productive recreational activity or highly idiosyncratic pursuits are valued only under rather unusual circumstances.

The routines and rhythms of the day, week, month, year and life also show considerable variation for different age groups. In our own culture, these routines and rhythms are strongly affected by selected Judeo-Christian values and

Level 1 Clients engage in activities, routines & rhythms that are so grossly inappropriate for their age as to strongly suggest deviancy. Perhaps no efforts are made to provide or encourage clients to take part in activities comparable to those of persons of comparable age. E.g.

a Activities may be grossly below those typical for the chronological age of the clientele, e.g. a recreation program for adults arranges primarily children's group games, trips to zoos, etc.; the total or major realm of activities of a vocational training program may be age-inappropriate [arts & crafts or recreational activities instead of real work or work-training].

b The daily, weekly, monthly or yearly schedules & routines [school hours, work days per week, bedtime, mealtimes,

Western European traditions. For instance, it is probably the so-called Protestant Ethic which makes us value early rising hours in the morning, and devalue long periods of nocturnal sleep, long and frequent vacations. In contrast to the customs of certain other cultures, we eat three major meals a day instead of four to six; we devalue (adult) naps during the daytime; offer adult workers two to four weeks of vacation a year instead of four to six; and expect high school (and to some degree college) students to combine or alternate study and work. Unlike in other countries, our school children are expected to spend the better part of both morning and afternoon in school (instead of only the morning) but do so for only nine or ten (instead of eleven) months. Also, we expect them to do most of their learning at school, and to play after school (instead of spending grinding hours at demanding homework). Similarly, while some minor employment is highly valued for children of high school age, they are not expected to combine major school with major work pursuits; in fact, laws virtually prohibit it instead of institutionalizing it, as is done in some countries.

Accordingly, in residential settings, bedtime, rising time, and mealtime should be at reasonably culture-normative hours for one's age. They should not be atypically early or late merely in order to simplify agency routines, or for the sake of staff convenience. Work and learning hours should correspond with work and learning hours in comparable cultural settings. Adult work which in industry or business would be expected to commence at 8 a.m. should commence at the same hour for adult agency clients. By the same token, work which typically involves unusual hours (for instance, janitorial tasks) might require a different comparable scheduling. Similarly, the length of learning or working hours should correspond to those in comparable cultural settings. For adults, an eight-hour working day should be as closely maintained as is possible, except in contexts in which other schedules would be normative for the culture.

Of particular importance is that developmental services for children keep hours comparable to the cultural school day, and schedule activities within these hours in a sequence that approximates normal school routine.

In the past, human service agencies have frequently erred by imposing routines and rhythms which were excessively atypical for the culture. Thus, in some settings, schedules were infantilizingly non-demanding; in others, they were dehumanizingly brutal. Individualization of human management may necessitate occasional reduction in demands, but as long as these demands are subnormative, they should be so aimed as to encourage behavior that is a measure higher than the person's current functioning.

Particularly in service settings which affect or control a large segment of a client's life, such as residential settings, raters should be alert to the balance between various types of client activities, such as sleep, passive rest, active leisure time activities, educational activities and work. As much as possible, this balance should be comparable to that of other citizens of the same age in the mainstream of the culture. The rater should also keep in mind that it is possible for a person to engage in an age-appropriate activity even though the major activity identified with his facility may be appropriate for another age group. For instance, a retarded young adult may inappropriately reside in a home for the aged, while being employed in an age-appropriate job in the community.

In rating this element, as well as R11223 'Culture-appropriate activities, routines & rhythms', the relative import of various observations should be considered. Since this rating is concerned primarily with the interpretation of persons rather than with program intensity, more weight should be given to those practices which are most visible. Thus, in most instances, the age-appropriate or inappropriate *activities* would

etc.] deviate so greatly from what is considered normal for the age of the clients that the latter are perceived or interpreted as very much younger or older than they are. E.g., a vocational training program is operated only 3 days a week, 4 hours a day.

- c *Both activities and routines & rhythms are age-inappropriate—perhaps not to the degree as in a & b above, but in combination have the same effect in suggesting gross deviancy; e.g. an educational program for older children & adolescents operates 5 days a week, but only 4 hours a day, with half of this time being taken up with recreational & entertainment activities.*

Level 2 *Activities, routines & rhythms are clearly inappropriate but not as grossly interpretive of deviancy as in Level 1.*

Either

- a *the amount or extent to which the activity or routine affects the client is moderate, e.g. work training schedules for adults may be gratifying in effective duration, & these activities are age-appropriate, but the program has a somewhat short [6-7 hour] work day, or much longer breaks than is typical in industry, &/or clients are given a half day a week off so staff may attend meetings; or*
- b *the age difference between the activities, routines & rhythms is not as severe, e.g. an educational program for young adults may follow typical school or college schedules daily, weekly & yearly, but approximately half the day is utilized for activities of a more adolescent type.*

Level 3 *Activities, routines & rhythms may be age-inappropriate as in Level 2 but minor in nature; or they constitute only a minor segment of the total program. E.g. rather than the major portion of a workshop or educational program revolving around activities that are age-inappropriate [children's arts & crafts, games, etc.], there may be similarly inappropriate activities as a small portion of the program; educational programs for adolescents may insist on 'quiet rests' during the day; work training schedules for [young] adults may be gratifying in effective duration, but still have long 'recess' periods where games are played; an adult residential program may have a marginally age-appropriate daily schedule [up at 7:30 a.m., to bed at 9:00 p.m.].*

Level 4 *Activities, routines & rhythms are within the normative range & do not elicit deviancy images.*

Level 5

- a *As in Level 4, routines & rhythms in no apparent manner differ from those experienced in comparable settings in the mainstream of society; and*
- b *these activities are not only normal & appropriate for the age of the client, but are so systematic as to enhance both the perception of the client as well as carry over constructively into other aspects of the clients' lives, i.e. clients tend to choose highly age-appropriate routines & activities in contexts outside the project setting.*

Level 6 *Not only are Level 5 conditions present, but personnel are deeply sensitive to the issues involved, thus constituting a strong line of defense against future program deterioration.*

receive the greatest weight. The next most visible feature would usually be the routines and rhythms. Of these, those of the day are usually most visible; then those of the week; and least visible would usually be those of the year (vacation schedules, etc.).

Also, the distinction between what is age-bound and age-free within a culture is often difficult to make. As stated elsewhere, the rule is that issues rated on the cultural continuum cut across age dimensions and involve activities, routines and rhythms which would be inappropriate for virtually any age. The rater should be alert to subtle differentness; e.g. it would be age-inappropriate for an adult to rise late each morning, or go to bed at 6 p.m.; while being regularly awakened at 5 a.m. is culture-inappropriate for all persons of any age—occasional infants excepted. If the rater has difficulty deciding whether an observed practice falls under age- or culture-appropriate activities he should assign it to culture (R11223).

This rating is not concerned with the intensity of activities (R1143), but only with the appropriateness of any activities (intense or otherwise) to age. In other words, the instructiveness or beneficiality of the activity is irrelevant here.

R11214 Age-appropriate labels & forms of address

The rater should note that those general aspects of address that are culture-determined are covered in R11224 'Culture-appropriate labels & forms of address'. Here, only age-determined forms should be considered.

Obviously, the way in which one refers to clients in one's communication processes should be age-appropriate. This is a particular issue in the field of mental retardation, where adults are often referred to as 'children' and 'kids'; and in aging, where men and women are often called 'boys' and 'girls'. Consideration should be given not only to direct but also to indirect forms of address and labels applied to clients, such as gestures and tones of voice.

Fortunately, the rules for forms of address in our culture are relatively simple, in contrast to other countries. Thus, address by first name is accepted universally among children, and among adults for even the most casual acquaintance except in relatively small numbers of specific settings, or in relationships in which considerable social status differential prevails. In situations in which more than one option might be normatively acceptable, the more conservative one should be chosen, consistent with the rule that favors a 'bending over backward' in avoiding the devaluation of the (potentially) deviant person, and in enhancing the perception of his normality. In other words, in a situation where an adult client might be addressed equally appropriately as either Joe or Mr. Smith, the later option should prevail.

In order to assess the degree to which agency personnel are consistent in their labelling practices, their behavior in the presence of raters may be compared to practices evidenced in brochures, news releases, articles written by staff, agency reports, etc.

Speaking about a client who is present and can understand what is being said about him as if he were either absent or incapable of understanding could be motivated by a perception of him as a mental infant, or of him as lacking importance or human sensibilities. Since the motivation can usually not be ascertained, or is often mixed, this type of address is covered under R11224, 'Culture-appropriate labels & forms of address'.

Level 1 *A few key members of the administration, or a significant minority of non-key staff, use highly or totally age-inappropriate forms of address in speaking to or of their clients, e.g. by comparing an adult's competence with the mentality of a child to such a degree that the interpretation to others is that of child-like status, developmental inferiority, or lack of growth potential.*

Level 2 *Some effort is shown at age-appropriate address, but is marred by lack of commitment on the part of a few key staff members, or of a significant minority of non-key staff. Such shortcomings may be apparent in inconsistency: presenting adults as 'young men', 'ladies', etc. while also referring to them as 'kids'; or in the manner in which staff address clients routinely, versus how they do in the presence of visitors or observers.*

Level 3 *Adequate efforts at age-appropriate address, although minor problems exist:*

- a age-inappropriate labels used by a significant minority of staff, but the labelling is infrequent or spontaneously self-corrected;*
- b age-inappropriate labels used by persons with limited association to the program operation [advisors, volunteers, etc.];*
- c certain detracting compromises, e.g. paternalistic tones of voice or gestures; introducing [or referring to] adult clients by first names [when last names would be more status-enhancing] while addressing visitors more formally; an exaggerated, paternalistically condescending friendliness & simple content of conversation that is sometimes directed at the handicapped, as if they were children; the issuance of authoritarian commands to [elderly] persons, as if they were children; use of gestures appropriate for a younger age, such as patting an adult in a wheelchair on the head; or certain colloquialisms that are used more commonly with children, such as 'now we go to the toilet' when said to an elderly person who does not utilize toileting assistance.*

Level 4 Labelling is age-appropriate in all or virtually all aspects, & the attitudes & intentions of virtually the entire staff appear to be beyond reproach. Very minor shortcomings may be due to slowness in adjusting to the most recent trends, or due to implementation of well-intentioned rationales in a slightly unfortunate fashion.

Level 5 Project bends over backward in sincere use of forms of address [e.g. 'Sir' for men, 'Madam' for mature women] which greatly enhance clients' age-appropriate perceptions & interpretations. Virtually the entire staff appears to have fully internalized an appropriate commitment in regard to the issue, & practices this commitment.

R11215 Age-appropriate autonomy & rights

There are certain issues which must be reviewed regardless whether this rating is involved, or R11225 'Culture-appropriate rights'. Also, the discussion here must serve to distinguish autonomy and rights generally from R11216 'Age-appropriate possessions'.

Certain types of autonomies and rights are specific to age. Typically, one has only a few rights as an infant, and these rights gradually increase with age. There is a dramatic increase in these rights as one attains the legal age of maturity, with a continued but a gradually levelling increase in autonomy.

In contrast, some rights are accorded in our culture regardless of age. Thus, persons of any age may own property, even infants. Persons of all ages have rightful claims upon the protection of the law, upon social security support, upon certain services, upon reasonable safety, upon at least minimal protection against exploitation and commercialism, etc. These types of rights are covered under R11225 'Culture-appropriate rights'.

In regard to personal possessions, a distinction must be made between those that are age-specific and those that transcend age and involve ownership in general. In our culture, the right to personal possessions is highly valued, and even infants may own property. Thus, there should be respect and even encouragement of personal property (even if age-inappropriate), including such supports as generous space for one's possessions. However, to the fullest degree possible, possessions should also be encouraged to be age-appropriate.

Only under highly specific circumstances can an adult's autonomy, or any person's rights, be abridged, and such abridgment (with only minor or temporary exceptions) must await determination of incompetence or similar determinations by due process.

Now in regard to age specifically, the policies, procedures and other circumstances of an agency should be such as to maximize a client's autonomy and rights consistent with his life age. This would mean that as much as possible, a client should have the same amount of control over his own actions, decision-making, wishes and desires as any other person of comparable age, and should not be exposed to rules and regulations that are excessive or inappropriate. In some regards, the agency should not merely be permissive, but on the positive and optimistic side of the normative range, and should actively encourage a client to assert his rights, especially those that are highly optional, such as voting.

With increasing age, personal and human rights accorded within our culture change in nature and type, while autonomy changes primarily in quantity; i.e. except for senescent persons, with increasing age, our culture not merely accords but also expects greater autonomy. Indeed, the law even establishes specific ages at which adolescents attain full social

Level 1 Little or no concern exists for the age-appropriate legal & human rights of clients. Clients may be inappropriately treated as children in being given little voice or choice in determining their lives or activities, no independence of movement, etc. E.g. in a group home for physically handicapped adults, residents are not permitted a key to the front door.

Level 2 Significant infringement exists, but is not as extreme as in Level 1, while falling short of the superficial compliance of Level 3.

Level 3 Autonomy & rights appear to meet apparent overt expectations & legal norms for client age, but shortcomings may still exist. Within the agency, attitudes toward age-appropriate client autonomy & rights may be one of lack of awareness or even yielding grudgingly, rather than one of ideological commitment to such rights, & advocacy thereof. E.g. work settings may provide only minimal locker space.

Level 4 Project staff display the desired ideological commitment, & extend autonomy & rights age-appropriately in almost all instances. However, there is still some room for improvement. Perhaps the major limitation here may be an unwarranted belief on the part of the staff that clients are not capable of more fully exercising certain autonomies & rights, & aggressive advocacy toward expanding clients' rights is lacking.

Level 5 Each client is accorded the age rights & autonomy of which he is capable & to which he is entitled, and the project continually & actively encourages further exercise & active assertion of these rights by the client, & seeks & provides opportunities for the expression & practice of autonomy. E.g. a workshop may encourage its clients to unionize; a training project for retarded adults assists them in obtaining credit cards.

autonomy unless they are declared incompetent by a court. Projects should also continually re-examine programmatic policies, rules and restrictions placed on clients (e.g. in regard to drinking, choice of residence, choice of roommates), since too often, rights and freedoms are violated in the name of 'habilitation'.

Other aspects to be considered under this rating include age-appropriate freedom: of movement; to communicate without censorship by verbal expression, over the telephone, via the mails; to have increasing amounts of personal space for possessions, and increasing control over such space; to engage in contracts; to operate a vehicle; to testify and stand trial; to convey property. Rights such as these should only be abridged when clearly age-inappropriate, or when there has been a justifiable individualized determination of reduced competence in the area to be limited, and by duly sanctioned authorities.

It can be very difficult to differentiate between age-appropriate legal and human rights, and age-appropriate autonomy. Although some distinctions do exist, they are both subsumed under a single rating here.

Occasionally, the law will be in violation of human rights. For instance, as this is going to press, aged persons in the United States may be committed to and detained in nursing homes without either their consent, or having been declared incompetent by a court; and once admitted, they may lose their medical benefits for a single night's absence. Unless they are formally discharged, they may never set foot again on free soil. It is tragic that raters will have to face the occasional challenge of determining when an agency that adheres to the law must be down-rated because it violates human rights. Where such a condition exists, some favorable consideration should be given to the agency if its staff are deeply conscious of any incongruity and engage in aggressive advocacy on behalf of those of their clients who are being denied their human rights. Wherever rights are infringed, close attention should be paid to due process, and to the critically important principle that the least restrictive alternative should always prevail.

R11216 Age-appropriate possessions

Every effort should be made-not merely to support the right to personal possessions that is so highly valued in our culture, but also to encourage a client to have and to value those possessions which are considered appropriate for his age group. To cite some examples: an adolescent should be discouraged from possessing children's toys if he can engage himself with more advanced materials; mature adults might be discouraged from over-emphasizing juvenile possessions such as movie star souvenirs, hot-rod cars and pocket transistor radios, etc.

Initially, raters must distinguish possessions suitable to three age-appropriate categories: those pertaining to childhood, to young adulthood and to maturity. However, possessions within an age category must then be further distinguished. For instance, appropriate pre-school age toys and possessions should be differentiated from appropriate possessions and playthings for older children.

Lack of relevant encouragement and support in residential settings is particularly detrimental, since many life-style habits and characteristics are learned where one lives, and since one's residence is highly identity-defining. Raters should attend to bedroom areas, and to displays of objects made by residents (e.g. models). One technique of determining staff commitment and understanding of the issue is to ascertain the types of birthday and Christmas gifts which may have been exchanged.

Level 1 Possessions are grossly inappropriate in regard to the age differential that they imply.

Level 2 Age-inappropriateness is moderate & selective. The implied age differential may be relatively small [e.g. the possessions of a person in the early 20's may be suggestive of the late teens], or only a few of the possessions are clearly inappropriate.

Level 3 Age-inappropriateness of possessions may be very minor & perhaps even within normative range of personal quirks & selective immaturities displayed by many citizens [e.g. the university president who plays with an electric train]; &/or the issue may not be a problem in the particular setting, but staff fail to evidence the desirable ideological comprehension of the issue, thus providing a weak line of defense against future program deterioration.

Level 4 Not only are age-inappropriate possessions virtually absent, but staff efforts are such as to underline & characterize the age level of the clients served, and staff is consciously sensitive to the issue.

To some extent, the ownership of age-appropriate possessions depends upon certain support systems which may be under the control of the agency. Thus, age-appropriate ownership of money depends in part on the payment one may receive for one's work. (Institutions have long engaged in the practice of denying their residents income commensurate with their work contribution to the institution.) As one grows older, one tends to accumulate more possessions, and needs more space.

Underlying this entire rating is the assumption that if project staff were imbued with the proper ideology, then the proper structures, support systems, and systematic feedback and differential reinforcement would be such as to elicit the appropriate behavior from most clients over the long-run.

This rating should be clearly differentiated from the rating of R11215 'Age-appropriate autonomy & rights' which is concerned with the age-appropriate ownership of possessions in general; and from R11225 'Culture-appropriate rights', concerned with ownership rights that are not specific to any age. In other words, we are not concerned with rights here, but with whether whatever is possessed is age-appropriate—even if such possessions had been pitifully restricted by violations of clients' rights.

R11217 Age-appropriate sex behavior

In the past, biological, medical, social and economic circumstances and attitudes have denied certain deviant groups not merely the opportunity and/or privilege of marriage and procreation, but even of heterosexual socialization. Today, new options have been added by different attitudes toward sexuality and marriage, and by the advent of modern contraceptive techniques. This phenomenon strikingly underlines the culture-bound and time-specific nature of the principle of normalization.

Human service programs should attempt to allow and support (though not necessarily impose) culturally normative experiences for all clients served, no matter how handicapped or disabled. Support activities might include co-educational programs; curricular and extracurricular social opportunities; social youth clubs; sex education; exposure to older peer models, and to male and female staff; counseling; and pre-marital and marriage courses.

Program emphasis and planning for appropriate sexual development and identity should be a concern from infancy onward, and throughout old age. Typically, young children receive developmental experiences through heterosexual socialization activities and exposure to models of appropriate behavior for each sex, and later pass through stages of dating, marriage, family raising, and family dispersal. Culturally typical activities and sufficient guidance and support systems earlier in life can reduce problems in adulthood; however, issues of adult sexuality appear to be especially prevalent on the current scene.

Today, we are confronted with a major challenge of socio-sexual normalization of deviant adults. Some dimensions of this challenge can be perceived at this time, but it would be premature to call for their full implementation. However, other challenges need to be confronted now. Most immediate among these is the implementation of ways to support healthy social relationships between handicapped men and women. We must address ourselves to the development of supportive systems that will enable handicapped adults to lead married lives, keeping in mind that such support systems can be meaningless or even redundant unless service personnel internalize positive attitudes toward such measures.

Level 1 *Project engages in grossly inappropriate practices. E.g. gross denial of the sexual or socio-sexual needs of clients accompanied by structures which are expressive of this denial; major & culturally very atypical restrictions of opportunities &/or privileges of heterosexual socialization, perhaps even to the extent of sexual segregation of young children; practice of gross sexism such is no longer consistent with the emerging consciousness of wider sexual performance by individuals of both sexes.*

Level 2 *Significant but not gross shortcomings. E.g. clients may engage in age-appropriate socialization with the opposite sex, but due to extensive ambivalences, staff may fail to provide formal or direct guidance & support systems; restrictions may be minor or very occasional; children & adolescents may be pushed somewhat prematurely toward sexuality; the staff may convey to clients that marriage &/or child-rearing is the only acceptable life style for adults, alternatives being subtly interpreted as deviant.*

Level 3 *Clients may engage freely in age-appropriate socialization with members of both sexes, and are encouraged & supported in such behavior through various supports such as planned programs of heterosexual socialization, counseling & sex education. Attitudes toward appropriate sex roles for various ages in our culture today are open-minded & accepting of clients' attempts to seek their own identity.*

Level 4 *Project not only displays the desired ideological commitment, but very extensive implementation thereof. There is a great deal of appropriate sensitivity, & extensive appropriate opportunities & support systems which may include guidance & counseling, sex education, models of appropriate behavior, etc. However, certain improvements in support systems or in agency ideology are still possible.*

Level 5 *Project is so advanced as to constitute a model for others.*

In making their judgments, raters must strike a delicate balance between the acknowledgement of culturally normative and prevalent sex role stereotypes on the one hand, while simultaneously trying to avoid a sexism which would deny clients their fullest development. Here, raters are advised to be somewhat culturally conservative if an aggressive anti-sexist measure would result in the projection of a deviancy image upon the project or its clients. Also, the rater must consider the degree to which concern with appropriate sex behavior is within the scope of the particular project being assessed.

1122 Culture-appropriate interpretations & structures

In the preceding item, seven aspects were covered which affect the way a person is perceived in relation to his chronological age. The item here is concerned with those five of the seven aspects which are *also* very strongly subjected to other cultural customs and perceptions which are independent of age. These are 'Internal design & appointments', 'Personal appearance', 'Activities, routines & rhythms', 'Labels & forms of address', and 'Rights'. In the context here, these aspects will be covered by ratings which rise above developmental expectations, and which could be of relevance to persons of virtually any age.

Raters are advised to study the culture-related ratings parallel to the age-related ones. This advice is based not only on the need to differentiate between age-bound and age-free cultural determinants, but also on the fact that some broad rationales for these rating categories, stated in connection with the age-bound ratings, are also applicable to the culture-bound ones.

R11221 Culture-appropriate internal design & appointments

The internal design and appointments of a facility can be judged not merely in regard to their age-appropriateness, but within the range of an age group that is being served, it can also be rated according to its appropriateness for the culture.

This rating is only concerned with the *internal* aspects of a facility. Potentially, the internal design may be culturally appropriate, but not so the appointments (e.g. decorations), or vice versa.

Theoretically, this rating might be called 'Internal function congruity image', in contrast to *R112121 'Function congruity image', which is concerned with the function image suggested by the external appearance of the building. However, the rating was felt to fit better here than in the 1121 'Socially integrative interpretations' cluster. The rating should also not be confused with *R112122 'Building-neighborhood harmony'.

Level 1 *The role image of the client, &/or his status, is significantly diminished by the gross incongruity between the [internal] decor of the facility [or site], & its function. For instance, a sheltered workshop for the handicapped is housed in a building which was formerly a church hall, & which still has basketball baskets on the wall & a theater stage at one end, projecting an image of playfulness rather than work-seriousness.*

Level 2. *Due to culturally inappropriate internal decor, there is some but not significant loss of client image.*

Level 3. *The internal decor is consistent with the function of the facility & in no way suggests diminution of client image.*

R11222 Culture-appropriate personal appearance

The rater is reminded that age-appropriate personal appearance is covered in an earlier rating. While some of the general earlier discussion on appearance is equally applicable in this rating, only those aspects of personal appearance that transcend age are at issue here. Chief among these is the one that has to do with social perception of normalcy or deviancy as it is affected by physical or at least overtly apparent differentness—especially the type of appearance that affects social judgment of attractiveness. Examples of the above are sensory loss (vision, hearing, etc.) crippling malformations, albinism, obesity, etc. Also inappropriate at almost any age are ill-fitting or inappropriate attire; poor grooming; and certain types of bizarre mannerisms such as self-mutilation, extreme destructiveness, stereotyped behavior and repetitiveness. Sometimes, the appearance of a stigma can be much more damaging socially than its underlying impairment; for instance, wearing a hearing aid can be a greater social handicap in finding and holding employment than being hard of hearing. Thus, efforts should be made to minimize the stigmata of many types of differentness and disability. Strabismus (crossed eyes) can be corrected surgically, prostheses (e.g. hearing aids) can be made inconspicuous, etc.

Level 1 *Gross shortcomings in the culture-appropriate personal appearance of clients mark them virtually unmistakably as deviant. Virtually no apparent effort has been made to modify aspects which are culturally very non-normative &/or devalued [unusual grooming or dress, obesity, malformations, bizarre mannerisms, destructiveness, stereotyped behavior, unnecessarily obvious prosthetic devices, etc.]. Consciously or unconsciously, clients may be even encouraged to exaggerate their differentness: staff placing braces on the outside of pant legs; hair styles which exaggerate cranial malformations; donated, culturally inappropriate clothing selected & distributed to clients, etc.*

Level 2 *Shortcomings are less extreme than on Level 1, but a significant projection of deviancy still exists. Some appropriate efforts are made, but only in a few areas, perhaps in those most easily corrected, & perhaps without an understanding of or strong commitment to the issue by the staff. E.g. attention & supports may be provided to improve grooming & dress, but no attention paid to other culturally-inappropriate aspects of client appearance.*

Some stigmata are virtually insurmountable; others can be reduced; many can be eliminated. Past failures to attend systematically and intensively to the reduction of stigmata is in good part due to the fact that human management personnel have been primarily clinically oriented, and have often lacked sensitivity to social interpretation. Thus, they would be content to teach the nonambulatory person to walk, but would exert only modest efforts to normalize his gait; a deaf person would be taught to speak, but much less attention paid to his tone of voice; the retarded person would be taught to dress, but then would be permitted to dress in inappropriate attire. The list of common failures to go beyond the management of disability into the management of social handicap is a very long one. Thus, the rater should attend to staff commitment and practices that have to do with the minimization of social stigmata that are an impediment to social integration.

Level 3 Adequate & gratifying attention is directed to the culture-appropriate appearance of clients, yet some shortcomings still exist which detract from the appearance of some clients, make them look odd or marginal, etc. Measures may be addressed to the correction of major stigmata but not to minor yet obvious ones, or to the easily corrected & not the more challenging ones.

Level 4

- a Programming for culturally-appropriate appearance strongly emphasizes & adheres to the positive side of the normative continuum, as in Level 5, but staff appreciation of the issue is still somewhat incomplete, & therefore does not provide a strong line of defense against future service deterioration; or
- b staff appreciation is extensive, as in Level 5, but minor implementive shortcomings exist.

Level 5 Project goes far beyond extensive & expected efforts in minimizing the social stigmata of their clients. Staff display a profound understanding of the issue of social interpretations of [potentially] deviant individuals, & may incur considerable expense &/or inconvenience in obtaining corrective measures, including major or repeated cosmetic surgery; & management & staff may address themselves to even minor aspects of clients' appearance that could contribute to their being perceived as deviant.

R11223 Culture-appropriate activities, routines & rhythms

Probably the majority of activities, routines and rhythms of human service settings can be judged in terms of their age-congruency. However, some such interpretations and structures may be appropriate or inappropriate regardless of the age of the client. For instance, long periods of total inactivity, peculiar sleep-waking cycles, excessive amounts of non-productive recreational activity, or highly idiosyncratic pursuits are devalued at any age. Similarly (often less obviously), certain culturally normative activities and rhythms are often denied to clients. E.g. it is often forgotten that individuals over whom residential management control is exerted should be afforded an annual opportunity to enjoy not merely a vacation, but also a trip away. Our culture also accords its citizens the privilege of occasionally breaking routine for short periods, perhaps even for the sake of finding an interval of apartness from the group.

This rating might include instances where adult clients are engaged in relatively complicated activities which, however, are very much of a recreational nature and take up what otherwise would be considered to be a normal workday. Adults spending (long?) daytime hours at weaving (which is an adult activity!) in an institutional occupational therapy setting might be an example.

This rating is not concerned with the instructiveness or beneficiality (intensity) of activities (R1143), but only with the appropriateness of any activities (intense or otherwise) to the culture.

General considerations and guidelines regarding activities, routines and rhythms are summarized in the narrative for R11213 'Age-appropriate activities, routines & rhythms', and should be reviewed prior to the rating task here.

Only the culture-appropriateness of activities is considered here, not their intensity.

Level 1 Activities, routines & rhythms are so grossly culture-inappropriate as to strongly imply that the clients are deviant. E.g. virtually total inactivity; inordinately early rising hours in a residential setting; meals served at grossly atypical hours; clients engaged in recreational or work activities which are almost invariably associated with the opposite sex. For example, in one nursing home, the men eschewed attendance at recreational therapy (in favor of playing cards) because it consisted almost entirely of weaving, needle work, & making of women's jewelry.

Level 2 Distinct but not gross deviancy images are suggested. E.g. Mass in a Catholic nursing home is said **immediately after breakfast**, implying that a special dispensation due to infirmity is in force, suspending the required interval between intake of food & reception of communion, even though alternatives which would not require a dispensation would be quite feasible; medicines in a residence are being served conspicuously at meal times.

Level 3 Activities, routines & rhythms are within the culturally normative range.

Level 4 Not only is there no evidence of culturally-inappropriate activities, routines & rhythms, but the staff display extensive sensitivity & commitment to optimally interpretive structures.

R11224 Culture-appropriate labels & forms of address

The rater is reminded that age-appropriate labels and forms of address are treated separately under 1121 'Age-appropriate interpretations & structures'. In the rating here, only those aspects of labelling and forms of address will be covered which transcend age, and which are generally applicable to persons of any age within the culture.

Labels and address which convey deviancy via cultural inappropriateness include, roughly in order of inappropriateness, the following:

- 1 Depersonalization, or literally dehumanizing an individual or group, via a label, to a status equivalent to an animal, vegetable, or object. E.g. referring to persons by number, as objects ('items', 'clinical material'), or as animals or vegetables.
- 2 Forms of address which imply that the person is of low value, that he lacks human-social sensibilities, or that his feelings are of no import. E.g. unnecessarily revealing embarrassing facts about a client, perhaps in his presence.
- 3 Application of any type of stigmatizing label where a more positive term exists: 'Italian' instead of 'dago' or 'wop', etc.
- 4 Unnecessary application of labels that denote a devalued status, e.g. 'Convict Jones', 'inmate', etc.
- 5 Address which implies (superior) social distance, or status self-enhancement, of the addresser, perhaps coolness, or even hostility: calling clients by their last names only ('Jones'), use of a sharp tone of voice, total failure to address or take note of a person, etc.
- 6 Forms of address which imply that a person, though present and alert, cannot understand what is being said about him. E.g. discussing a client's condition in a fashion usually only appropriate if the person discussed is not present; shouting at a handicapped (especially aged) person as if this intrinsically improved communication.
- 7 Equating a person with his deviancy, so that the deviancy becomes the person, e.g. a retarded person becomes a 'retardate'; he is 'an epileptic' instead of 'he has epilepsy'; a patient waiting for a liver operation becomes 'the liver' or 'the liver case in room 305'.
- 8 Application of any diagnostic, descriptive, or classificatory label that is archaic, e.g. 'lunatic', 'imbecile', etc.

Level 1 *Forms of address or labelling is used that is highly demeaning, devaluing, & implying inferiority &/or extensive deviancy. Such labelling may include reference to clients by numbers or as objects ['it', 'clinical material']; archaic & now generally derogatory classificatory & diagnostic terms ['idiots', 'dumb', 'lunatic', 'demented']; or use of highly inappropriate & stigmatizing nicknames & appellations [e.g. 'nigger', 'honky', 'kook', 'pig', 'freak'].*

Projects should be assigned to Level 1 regardless of whether the highly inappropriate labelling is used in addressing clients directly, or in speaking about them indirectly; & under the following 2 conditions

- a *if such labelling is used by even a small number of key personnel, such as administrators, public relations personnel, etc;*
- b *if it is used by a significant minority of non-key personnel.*

Level 2

- a *Level 1 labelling may be encountered in only a few non-key members of the staff, in none of the key members & the agency is making conscious efforts to remedy the situation.*
- b *Other labels, appellations & nicknames encountered by even a few key staff members, or even a significant minority of non-key staff, may be clearly but not totally inappropriate or outdated. For instance, staff unnecessarily may refer to clients with labels which denote their impairment, or they may label a person by his diagnosis or status: 'he is an epileptic' instead of 'he has epilepsy', 'convict Jones', etc. Also in this category fall moderately stigmatizing overtones or nicknames: 'shorty', 'fatso', 'dago', or calling clients by their surnames only.*

Level 3 *Staff typically make an adequate effort to address their clients in a way which does not connote deviancy. However, in at least a significant minority of staff, courtesy & respect may be forced, e.g. behavior of the staff may indicate that treating the clients as individuals & as human equals requires conscious efforts, while in other situations with non-impaired persons, the public, or personal acquaintances, such behavior would be almost automatic. Thus, while labels may be appropriate, the underlying feelings or the accompanying gestures carry the connotation that the client is being perceived as deviant, distant, inferior or of lower value. Certain types of minor discourtesies & lack of sensitivity would also fall on this level, including the common custom of shouting at old persons, or those with limited command of English, as if to overcome a hearing impairment.*

Level 4 *The attitudes & intentions of virtually the entire staff appear to be beyond reproach, & labelling is appropriate in all or virtually all aspects. Minor shortcomings may be due to slowness in adjusting to the most recent trends, or to the implementation of well-intentioned rationales in a slightly unfortunate fashion. Self-correction during the use of such terms is often indicative of a process of change-over to more advanced labelling.*

Level 5 *Staff appear deeply imbued with the proper orientation, commitment & attitude of human equality & dignity in the manner in which they address clients. Virtually all staff members bend over backward to use labels & forms of address which are not only appropriate & up-to-date, but which promote & enhance the status of clients to an optimal degree.*

R11225 Culture-appropriate rights

The rater must refer to R11215 'Age-appropriate autonomy & rights' for guidance, and especially the first five paragraphs thereof. In this rating, only culture-appropriate issues should be considered. Care should be taken not to penalize the service twice when the offense clearly falls only into either age- or culture-appropriate categories.

Although PASS is not necessarily concerned with details of safety measures, such as sometimes contained in regulations, codes and standards, the right to reasonable personal safety (in living, playing, working, etc.) would be included here, although excessive and irrelevant safety measures might lose points on *R1141 or R1142, 'Overprotection'.

Level 1 *Little or no concern exists for the culture-appropriate legal & human rights of clients. E.g. a home for the aged provides so little personal space that residents must divest themselves of virtually all possessions before moving in.*

Level 2 *Significant infringement exists, but is not as extreme as in Level 1, while falling short of the superficial compliance of Level 3.*

Level 3 *Cultural autonomy & rights appear to meet apparent overt expectations & legal norms, but shortcomings may still exist. E.g. within the agency, attitudes toward culture-appropriate client rights may be one of lack of awareness or even yielding grudgingly, rather than one of ideological commitment to such rights.*

Level 4 *Project staff display the desired ideological commitment, & extend rights culture-appropriately in almost all instances. However, there is still some room for improvement. Perhaps the major limitation here may be an unwarranted belief on the part of the staff that clients are not capable of more fully exercising certain rights, & lack of aggressive advocacy toward expanding clients' rights.*

Level 5 *Each client is accorded the cultural rights which he is capable of exercising & to which he is entitled, and the project continually & actively encourages further exercise & active assertion of these rights by the client, & seeks & provides opportunities for their expression & practice.*

R113 Model coherency

The rating of 'Model coherency' is concerned with whether a number of variables within a program combine harmoniously so as to meet the specific needs of each client at that particular time of his life. Another way to draw the issue is to ask: are the right people working with the right clients, who are properly grouped, doing the right thing, using the right methods, and consistently so?

The variables to be considered (and explained below) are: client characteristics (which breaks down into client grouping by cultural norms, and client grouping by age-appropriate behavior); the human management model; manpower identity; program content ('what'); and program process ('how').

1 **Client characteristics.** Client characteristics should be consistent with the other points mentioned in this item. Two major foci (dimensions) are particularly significant when considering this variable: client grouping by cultural norms, and client grouping by age-appropriate behavior.

a **Client grouping by cultural norms.** Normalization means living and functioning in groups which are of a size, composition and nature that are typical for groups of non-deviant individuals of the same age, sex and perhaps other characteristics. Special attention needs to be paid to grouping by, or juxtaposition of, different age groups. In many service areas, services for children should be distinctly separate from services for adults. To serve children and adults in the same facility is increasingly recognized in many service areas as having drawbacks. For instance, it violates the principle of normalization if it does not parallel most accepted patterns of analogous services to individuals who are not defined as deviant in society. Also, to treat deviant children and adults in the same context provides the children with inappropriate adult models and tends to diminish the dignity of the adult client by casting him into a role not sufficiently demarcated from a child-like one.

A culturally normative grouping particularly appropriate for children in residence is one that resembles the family unit, generally with two adults in authority roles, and children ranging from infancy to young adulthood. Another grouping possibly appropriate for all ages involves homogeneous age groups, as in elementary school, high school, the armed forces, etc. However, except in situations where a family-like status differential exists between adults and children within a small group adults and children are rarely mixed in our culture. We have virtually no normative analogues to a situation where adults and children are cast into peer-roles vis-à-vis each other, while simultaneously being subservient to another authority figure such as the human manager. Thus, if at all possible, adults and children as well as certain other age groups, should be served separately not only in residential but also in non-residential facilities; and physical proximity, or social or administrative juxtaposition of certain service types, should be avoided (such as workshops connected to developmental day care centers, children's hostels or day care centers unnecessarily located in a medical facility, a children's hostel (home) unnecessarily being in the same building as the education program they attend, or a primary class located in a secondary school building).

There is another reason, partially cultural and partially administrative, why proximity between children's and adult programs should be avoided. One of these is that close juxtaposition often means that there is a single

Level 1 Project combines the variables mentioned in a fashion which is **grossly** inappropriate &/or highly detrimental to the needs, image or dignity of the clients served.

- a *Grossly inappropriate juxtaposition of different age or severity groups [e.g. a class for handicapped teenagers placed in an elementary school, or profoundly & mildly retarded teenagers served in the same program facility or in very close affinity] whereby the program content, processes, manpower dominance & identity will be inappropriate in most instances for 1 of the 2 groups served.*
- b *The human management model is totally inappropriate for the needs of the clients served, such as a medical model for persons whose needs are not primarily medical in nature, or an unnecessary corrective-detentive model for mentally retarded or emotionally disordered clients.*
- c *Staff manpower identity is totally inconsistent with the human management model, e.g. a vocational rehabilitation model with a medical nursing or psychiatric manpower dominance.*
- d *Program processes are totally inconsistent with the needs of the clientele served, e.g. a vocational-training program which provides only evaluation & placement, &/or sheltered [long-term] employment, when a large proportion of the clientele needs vocational counseling or intensive work adjustment & skill training in preparation for competitive employment.*
- e *Major program functions are highly inappropriately & unnecessarily combined, as in the failure to separate the domiciliary function from educational, medical or work-related ones.*

If both age and impairment ranges are very wide, it is almost impossible to rate higher than a Level 1.

Be suspicious when you see a group home where all the residents go to the same sheltered workshop, because it is not often that so many people need the same degree of shelter where they live and where they work.

Level 2 Two or more variables combine clearly inappropriately, but because of redeeming elements, the project is not **grossly** inappropriate. Examples:

- a *Inappropriate age or severity level grouping, but the program is solely for short-term crisis relief.*
- b *A small proportion of the clients have needs which cannot be met appropriately by the prevailing professional manpower identity or human management model, but it is the policy of the agency to accept these individuals only when other services are non-existent, while also providing for outside consultation by appropriate professional manpower.*
- c *A portion of the staff manpower identity is somewhat but not grossly inappropriate to client needs & program content, e.g. a pre-vocational program for adolescents which is almost wholly taught by educational staff, although some use is made of vocational counseling & rehabilitation consultants; or a sheltered workshop which contains a medical unit that is not really needed by the clientele.*
- d *Some staff persons may serve in multiple & either mutually incompatible or inappropriately continuous functions, e.g. the social worker in a residence is also the chaplain; the supervisor in a workshop is also the trainees' houseparent.*
- e *Program processes & client groupings are inappropriate for the program content, but are only a part or segment of the total program, e.g. the physical therapy or language*

administrator on the premises for both programs, and frequently he will be primarily child-oriented and apt to impose this child orientation upon the adult clients. Very typically, this results in paternalistic programming for the adults. Similarly, other program staff will tend to emit the same type of social responses toward the adults as they are used to emitting toward children. Such situations are routinely observed in settings for the retarded, the physically handicapped, etc. The situation may also be reversed: where an adult-oriented manager is in charge, the needs of children are often neglected, as has commonly occurred in mental health.

Similarly, certain juxtapositions of mature and senescent clients should be avoided, because almost inevitably, the public or even the programmer himself is apt consciously or unconsciously to perceive the mature adult with all the negative associations typically (though often unjustifiably) attached to the elderly, including an aura of helplessness and hopelessness. A small number of senescent clients might be integrated very adaptively with mature ones, but the reverse situation is generally to be avoided. For example, in most instances, it would be grossly inappropriate to place a moderately retarded middle-aged adult into a group residence for primarily geriatric patients. Even where senescent and mature clients are not directly intermixed, proximities or juxtapositions which are apt to elicit the above-mentioned associations are to be avoided, but these would be assessed by the rating R11214 'Deviancy program juxtaposition'.

In a few extreme examples, the mixing of age groups and programs possibly might be defensible for temporary periods, or for particular circumstances, such as short-term residence in crisis assistance units (respite centers). However, unless a very strong and convincing rationale is presented, programs and focusses that involve the mixing of age groups should be peremptorily down-rated.

- b Client groupings by age-appropriate behavior.** In addition to groupings by age, it is frequently also necessary to group by age-appropriate behavior. This becomes necessary in those instances where a person functions at a developmental level which requires such degrees of structure and/or restriction as to interfere significantly with the normalization of more advanced clients. For instance, in many settings it would be inappropriate to group a profoundly impaired adult, who may require extensive service and a high degree of supervision because of a wide range of needs and problems, with a mildly impaired adult who may need only minimal service, perhaps in a narrow range of needs.

Even within a given age category, and with individuals showing equal overall degrees of impairment, clients may be impaired in different types of behaviors, and the various impairments may have differing social connotations. Thus, impairment in the development of speech may have entirely different connotations than impairment in the maintenance of self-control. In many cases, the type of impairment, and the age-appropriateness of the resultant behavior, will have major implications as to the programmatic structure which is needed and appropriate.

Aside from the issue of specialization of the human management model, in some instances where clients are not grouped by age-appropriate behavior, the needs of the less advanced clients will call for measures which constitute unjustifiable impositions upon the lives of the more advanced ones. Among these impositions are unjustifiable restrictions of movement, which should be noted under R11215 'Autonomy & rights,' R1142

development portion of an educational program for handicapped children may be structured along the one-to-one therapy model, when the evidence indicates that working through regular teachers or in groups increases the number benefiting from the instruction, &/or facilitates learning through client-client & teacher-client interaction, rather than solely through therapist-client interaction.

- f Various functions are inappropriately combined, but those functions may not be major ones, & only a few are combined. E.g. residences where more recreation than is really necessary is conducted in the building instead of in the community, which unnecessarily have nursing stations, or examining rooms, or where religious services are unnecessarily conducted on the premises instead of enabling residents to attend churches & services within the community.*

Level 3 *Most requirements are met quite well, although there may be some minor drawbacks, e.g. 1 or 2 staff members out of many whose professional identity is inappropriate for the management model; or inappropriate grouping of clientele by cultural norms or age-appropriate behavior on occasion, but only for short periods of time & in contexts of relatively little importance [monthly field trips, etc.]; or a few labels which do not carry intrinsically stigmatized connotations, & which are borrowed from an inappropriate human management model are used. For example, a counseling service, which otherwise is highly consistent in its social behavioral management model may refer to its clients as 'patients', or its staff is referred to as 'psychiatric social workers'.*

Level 4 *All variables related to model coherency combine appropriately, e.g. client groupings are within reasonable range in regard to both size & composition; as well as appropriate for the type, structure, & supervision necessary to meet the individual needs of the clientele [a child development program with client groups of mixed sex, reasonably homogeneous in age & age-appropriate behavior & of culture-appropriate size]. The service program, activities & client experiences are consistent with the needs of the clientele, the human management model, the staff manpower identity & the mode of functioning of the specialized service. E.g. a child development program would be under a child development personnel who impose structures & processes which are appropriate for the age, the age-appropriate behavior & the specific developmental needs of the children served.*

Level 5 *All variables not only combine well as in Level 4, but are so superbly fitted to each other, & on the positively-valued side of normative expectations, as to constitute a model coherency model. In residential programs, the project may even bend over backward in pursuing the separation of functions [domiciliary, educational, etc.] by valuing, arranging, & supporting appropriate client involvements off its own premises, & in settings which are culturally normative for the respective functions.*

'Social overprotection' or *R1141 'Physical overprotection'. On the other hand, if such groupings result in unreasonable inconveniences rather than regimentation, loss of freedom, or physical or social overprotection, such inconveniences should be assessed in the item area 115 'Quality of setting'.

- 2 **Human management model.** A clearly-defined human management model (developmental, vocational, medical corrective, etc.) should exist, appropriate to the needs of the persons to be served. For instance, the developmental model is appropriate for the vast majority of children, regardless of any other needs they may have. On the other hand, the medical model would be inappropriate for those persons whose most immediate or overriding need is not medical in nature. On a more subtle level, the psychiatric model is rarely appropriate in a vocational training context, and the corrective-detentive model is inappropriate for many mentally retarded or emotionally disordered individuals upon whom it frequently is imposed.
- 3 **Manpower identity.** Staff manpower identity and the human management model should match harmoniously. For instance, it would be inappropriate to define a developmental model and then impose a medical manpower dominance or structure upon it, or vice versa. On the other hand, it would be most appropriate to have child development personnel conduct a child development service, and medical personnel conduct a maintenance-of-life service. Additionally, normalization would dictate that there be a separation of staff function within a multi-faceted service system. Thus, houseparents in a hostel should not staff the workshop in which the same resident clients are being trained.
- 4 **Program content.** Program content (what is done) should be consistent with the management and manpower models. In accordance with specialization of program processes, as well as management and manpower models, the content of the programs offered should reflect the specialized skills and abilities of the staff. The curriculum, training program, activities and client experiences of a program generally should be consistent with the mode of functioning of the specialized service and personnel that are in command. Therefore, this would dictate that programs operating on one professional discipline model should be operated with persons of that discipline playing key and management-defining roles, with other disciplines in supportive and consultant capacities in accordance with the specific programmatic needs of each client. An example of this would be a long-term care facility for the severely physically disabled aged which is operated primarily under a nursing manpower model.
Program content should not be confused with manpower identity. Manpower identity could be entirely appropriate (e.g. a special educator in a school for children with physical handicaps), but the major program content may be inappropriate for the skills of the staff (e.g. occupational therapy activities).
- 5 **Program process.** Program processes and means (how the content is conveyed) must be consistent with the needs of the persons to be served. The normalization principle dictates that we provide services which maximize the behavioral competence of clients. Thus, the procedures of service delivery should be such as best to meet the individual needs of each client.
In a normalizing program schema, there is a need for both meaningful work and recreation for adults, and meaningful education, developmental training and play for children—each to be conducted at appropriate places and times. In both cases, in order to be valued by society and to be of most value to the client, client activities need to be performed in certain contexts, with the program processes being consistent with clients' needs. Therefore, a vocational training program should have specialized program processes to fit the needs of clients, whether these involve

evaluation and placement, work adjustment training, on-the-job training, skill training within a center, vocational counseling, or long-term sheltered employment. In those cases where it is not possible to provide the range of options necessary, there should be procedures for referral; clients should never be made to fit the program.

In ordinary society, we engage in numerous coherent processes. Thus, we generally conduct worship in churches; hold remunerative employment outside of our homes; conduct some types of recreation in our homes and others away from home; and get medical services in hospitals, clinics, and physicians' offices rather than supermarkets. Thus, we should strive to attain a similar separation of human service functions as prevails generally in the community. We should not merely attain a situation which is found occasionally in the community, but one which is found typically. This has many subtle implications. For instance, we rarely see industry use its factory floor for recreational activities, yet we often see sheltered workshops so used. In consequence, the citizen-observer may not take workshops and their clients as seriously as he might. Implications are particularly severe for residential services, where we may not merely provide domiciliation, but may offer education, medical services, employment, recreation, religious nurture and detention all on one campus, and often under one roof. Thus, some of our institutions become home, school, hospital, employment site, church and jail all at once. In many residential settings, the need for non-normative functioning in one of these areas then often results in the imposition of non-normative structures in all. Specialization of program processes will provide many more options than exist now, and individuals can be moved along a continuum of supervision and program structure toward higher or lower levels of structure, as needed, receiving only those structures, services and treatments they require. However, whether or not such movement of clients does, in fact, take place is not assessed here, but is subsumed under R1143 'Intensity of relevant programming'. Whether a program option for movement even exists is rated under R121 'Comprehensiveness'.

striving to meet the continuity of needs of individuals, specialization of residential services is virtually required for any deviant group served.

Conclusion

The rating of model coherency has more overlap with other ratings than is desirable; however, it is a very important corollary of the principle of normalization, and addresses itself to a combination of program features in a way which is not adequately handled elsewhere within PASS.

In making his judgments, the rater should evaluate the appropriateness or inappropriateness of the various components in terms of cultural norms for typical persons and services. In human service practice, program features may be found combined in so many and complex ways that it is not possible to provide scoring guidelines that are as unambiguous and specific as would be desirable. However, some typical and very common violations are clearly defined in the level examples.

When rating 'model coherency', the rater needs to keep in mind that specialization of function, manpower identity, etc., is virtually mandatory for residential units; it is here that inappropriate clustering of program content, age groups or persons of highly disparate degrees of impairment tend to be particularly inimical to normalization. Raters should be especially alert for program features which aim at a low common denominator among residents. For instance, a disordered client in a residential facility is dehumanized if he is kept behind locked doors merely because a roommate or ward mate appears to need such physical constraint! If we are truly

¹Examples of differentiated systems of specialized residences include the Governor's Citizen Study Committee, *The Report of the Nebraska Citizen's Study Committee on Mental Retardation*, Volume II. Lincoln, Nebraska: State Department of Public Institutions, 1968 pp. 191-205; and, in the mental health field, Wolfensberger, W. *The principle of normalization in human services*. Toronto: National Institute on Mental Retardation, 1972 pp. 94-120.

114 Developmental growth orientation

In the item area, 112 'Appropriate interpretations & structures', those aspects of personal growth and development are considered which influence the interpretation of a person to others. However, in this item area, concern is with certain structures and media which directly and immediately influence the personal growth and development of the client and his perception of himself, rather (or more than) the way other persons perceive him.

It is conceivable that many of the conditions covered by other normalization-related elements may be met, but that an agency still fails to provide an optimal developmental growth orientation for its clients. Normalization implies that an individual functions as much as possible in accordance with the expectations that the culture imposes upon persons of his age. Functioning above this level is **sometimes** tolerated or even valued. However, functioning below one's own age level appears to be universally devalued.

While some non-deviant individuals lead extremely static lives, others never cease to grow and/or adapt. However, despite the reality and relative frequency of personal stasis or even regression, there can be no doubt that the idealized cultural value is to continue the process of adaptive growth throughout the life cycle. This cultural value, the bio-social importance of continual adaptation, and the special needs of a (potentially) deviant person, virtually dictate an intensive concern with the maximization of a client's potential.

First of all, the developmental orientation of an agency must be manifested by placing upon its clients growth-oriented expectations which are demanding and relentless, but also realistic, as well as supported by kindness and warmth. These demands are imposed through the attitude of the staff, the facility design, and the content of the programs, all of which must encourage and be consistent with normative patterns of growth and development. The level of expectation a staff member may hold for a client can often be discovered through lines of questioning such as 'What will John be like in 2 years?'; 'What when he is 20?'; etc.

A developmental growth orientation also is manifested by the presence of appropriate media which are likely to promote adaptive personal change. These media may include direct tuition and instruction; therapy of various types; the presence of appropriate materials and devices which teach, facilitate, or support behavior and movement (this may run the gamut from relatively minor personal prostheses to entire automated operant environments); and those objects of daily life with which ordinary citizens are expected to cope. Of course, in this entire item area, the rater will draw distinctions as to what is appropriate in different settings and for different types of clients.

In their attempts to serve clients, human management agencies have often been overprotective. Overprotection is particularly apt to occur where the client is perceived to be less developed, more infantile, less adaptive, or less trustworthy than he really is. Unrealistically low expectations imply a denial of human potential. When we deny a human being's potential, we dehumanize him. Therefore, normalizing human dignity can only be maintained by permitting a person to confront that measure of risk with which he can cope with reasonable and normative probability of success.

In ordinary life, we take many risks for granted. Initially, a newborn infant is totally sheltered and protected; but as part of the developmental process, we increasingly permit children to face, and hopefully overcome, social and physical dangers. Among these are exposure to the elements, to high places, to hot and sharp objects, to traffic, the possibility of getting lost, and to many types of social embarrassments. As part of normal growth, we expect human beings to learn to cope, and to develop resourcefulness, judgment and courage. We cannot conceive of a normal life without risk; we do not expect each risk to have a successful outcome; and it is via courageous and justifiable risk-taking that we safeguard much of our human dignity. The rater should be on the lookout for any feature in the environment which reduces physical and social hazards below a level that might exist under comparable culture circumstances in the community, and which does so without compelling rationale. In fact, developmental challenges should be aimed just one notch above the current functioning level of a person. Instead of providing maximum shelter and protection for a person—even a wounded and devalued one—minimal protection consistent with his stage of growth readiness should be provided.

To facilitate the evaluation of a project's developmental growth orientation, the three major components of 'Physical overprotection', 'Social overprotection', and 'Intensity of relevant programming' will be rated separately.

*R1141 Physical overprotection

Physical protection of the environment from clients is typically found in conjunction with protection of clients from the environment. Although it could spring from an entirely different motivation, the overt interpretive message impact is essentially the same: 'The client is incapable... cannot be trusted... cannot learn... does not know what is best for him...', etc. Therefore, both phenomena are rated here.

For a number of reasons, physical overprotection is relatively difficult to rate. Thus, just what is physical and what is social is not always as clear-cut as may first appear. Furthermore, a number of distinctions must be made to separate this rating from others. Therefore, the following guidelines should be observed.

- 1 By 'overprotection' (whether physical or social), we refer to features which *unnecessarily* lower clients' exposure to normative dangers, risks, and growth challenges. The rater should always be sceptical when clients are interpreted to him by agency personnel as being incapable of facing up to reasonable risks, or of being incapable of learning to do so. He is reminded that the same persons who were once housed in totally sheltered institutional settings are today living in normative or near-normative high-risk community environments. It is the attitudes and insights of human management personnel that have changed, not the nature of the clients.
- 2 Physical overprotection refers only to *features of the building, its premises and its major appliances and equipment*. In other words, it refers to those physical features in the environment which usually are not very readily changed or moved.
- 3 Physical overprotection does *not* refer to normative safety installations.
- 4 *Unnecessary* physical safety measures which are imposed upon the service externally by fire departments, ordinances, law, etc., are rated under R111213 'Deviancy image juxtaposition'. The right to safety (e.g. a safe working place) is rated under R11225 'Culture-appropriate rights'.

Both physical and social overprotection may be imposed where clients are grouped with other clients of so markedly less advanced skills and habits as to make such protective features appropriate for *the latter group*. Aside from incurring penalties here, it will probably also depress the rating of R113 'Model coherency'.

Level 1 Applies only to residential settings. The rationale is that the debilitating features of a part-day program do not so intensively affect growth & adaptation of an individual as will the same features in a residential setting. Therefore, a residential program should receive a **Level 1** rating if its physical features are so overly protective as to seriously impair the clients' dignity & adaptation, although they could be expected to take proper precautions or could be taught proper utilization of the physical aspects of the program which are considered potentially dangerous. **Level 1** applies in most instances where the physical facility has been designed to remove virtually all risk of harm to clients, e.g. thermostatically regulated water temperature; covers on all electrical outlets; presence of shatter-proof glass, or of windows that are inoperable by clients; windows that are too small to jump out of; use of fences in instances where hedges or warning signs would serve just as well if staff were properly oriented & present; unnecessary elimination of stairs; & heavy-duty furnishings or furniture which is bolted down for safety's sake. Environments of this nature may be devoid of features which are considered very important or at least routine to ordinary persons under similar circumstances, e.g. outdoor playground equipment, such as pools, swings & carousels for children; baths as well as showers; electrical outlets at reasonable heights.

Level 2 applies to:

- a Non-residential projects with the above features.
- b Any project in which more than 1 very definitely over-protective features are built into the physical environment, but are not so extensive as to constitute a major limit to client dignity & growth. Examples: a facility that was initially equipped with heavy-duty furniture, but every effort has been made to diminish this effect by the addition of more appropriate furniture, decorations, carpeting, etc.; vocational training programs which utilize a few pieces of power equipment, but these are made unnecessarily and very non-normatively risk-free; school rooms which have only 1 or 2 protective features, such as windows designed to open only at the will of adults, or unnecessarily high windows [which usually result in denying children easy visual access to the outdoors]; facilities with excessively protected radiators, unusually recessed or protected light fixtures, shatter-proof glass, etc.
- c Facilities having **several** but definitely subtle or minor protective features, such as covers on electric outlets, or door knobs set above the level of reach by young children.

Level 3 The dignity & growth of clients is not limited by physical features designed to remove normative risk to the clients, except perhaps by 1 or 2 very minor & tolerable compromises with **Level 2**, which would interfere very little with optimal developmental programming & normative functioning. E.g. a staircase with handrails on both sides.

Level 4 No unnecessary physical overprotection features are discernible, & the physical environment places high but reasonable adaptation demands upon the clients.

R1142 Social overprotection

Much as physical integration is a precondition to social integration, so is the presence of physical risk a precondition to the avoidance of social overprotection. In other words, social overprotection will be difficult to avoid where most physical risks are absent. However, in contrast to physical overprotection, social overprotection is not discernible in the project facility alone, but rather in those social control and management measures employed to limit or restrict clients. Social overprotection can take place through a variety of means, such as verbal and written rules and commands, role expectancies and peer pressures, the use of drugs, the presence or absence of minor environmental appliances, and bodily force. Some of these measures, in certain contexts or excessively applied may also infringe upon autonomy and rights.

This rating is not intended to penalize genuinely needed and desirable social controls. For instance, it may be an essential or highly adaptive part of the management regimen of a residence for prison parolees to require that they telephone in twice a day. Thus, it is a challenging task for the rater to discern between adaptive social structures and protection, and social overprotection.

If a socially overprotective measure constitutes violation of a client's age autonomy and rights (R11215), it may be reflected both there and here.

Level 1 *Applies only to residential settings which socially overprotect residents to the degree that dignity or growth are extensively impaired. Social overprotection is often manifested in the restrictions placed upon residents in the use of public transportation or sharp eating utensils; carrying of pocket knives, lighters or matches; movement inside or outside the facility without supervision; etc.*

Level 2 *applies to:*

- a *Non-residential programs of the above nature.*
- b *Any project which exerts definitely overprotective but not overpowering social controls over clients, and does so in more than one program aspect, e.g. a special education program which allows for supervised exposure to risk neither in shop classes nor in home economics.*

Level 3 *Definitely overprotective social controls over clients, but only in 1 program aspect, e.g. a home for moderately retarded adults allows appropriate normative risk in all areas except use of public transport at night.*

Level 4 *There are only very few & very minor unneeded social controls.*

Level 5 *High but reasonable social demands for exposure to normative risks are made, and these enhance the dignity & growth of clients to such a degree that it would be difficult to conceptualize further improvements.*

R1143 Intensity of relevant programming

Intensity of relevant programming is one of the most important issues in service delivery, and certainly the most important clinical (in contrast to systemic) rating in PASS. Is the program relevant (regardless of intensity) to the person, group, or problem? And is it of the high intensity that is relevant to the service needs of the clients? Is there a strong commitment to move the client along a developmental continuum, and if possible, to 'graduate' him to independence, or at least to more advanced demands and services?

Intensity of relevant programming should be considered both in terms of the **level of challenge** and the **temporal massing** of this challenge. A good example of an inadequate level of challenge can be found today in most special education programs for the retarded, where children are rarely challenged up to their mental age potential, and where 'watered-down' education has been particularly prominent on the secondary level. (This would receive a Level 1 rating.) An inappropriate (Level 1) temporal challenge would be a child development program (as for emotionally disturbed, physically handicapped or retarded children) that provides only a short learning day and maybe only 2-3 learning days a week, instead of at least five long learning days per week.

In addition, intensity may also be assessed by the presence and utilization of modern adaptive equipment and technologies, and the application of effective and possibly new therapeutics and procedures. High staffing ratio by itself, however, has no essential relationship to intensity.

What constitutes an appropriate intensity will depend on various conditions. For instance, the relevance of health services to a particular type of service that is being assessed may depend on how appropriate a medical model is to that service. Also, the more control a service exerts over a client, the more intensity should be demanded. An institution should be highly concerned with health services, community residential services to a lesser degree, an industrial workshop even less, and a social services counseling center might legitimately be concerned the least with health services.

Level 1 *Considering the proper purview of the agency, needs are met very inadequately; &/or skills & abilities of clients are permitted to remain grossly underdeveloped—be it from a low level of programming, program imbalance, or program inappropriateness. It is irrelevant whether such shortcomings are due to lack of funds, resources, or commitment, or due to an inappropriate ideology.*

Level 2 *The developmental needs of clients are met only marginally & inconsistently. E.g. moderately low levels of challenge exist in 1 or more important areas of programming; intensity may be present but inappropriate for the needs of a significant segment of clientele; or the program's commitment to movement of clients to higher levels of challenge & independence may be rather modest.*

Level 3 *The program essentially meets some major formal requirements of 'intensity' but fails to provide opportunities for developmental growth in less tangible program aspects. E.g. programs are very good academically, but do not make appropriate provision for the shaping of self-control & direction; little attention is paid to orderliness, punctuality & the utilization of time in ways which are culturally expected, meaningful & goal-related; companionship or religious needs of clients are neglected.*

Level 4 *Project substantially meets the desirable & appropriate conditions for developmental growth & adaptation, but there exists obvious room for improvements, or minor drawbacks interfere moderately with optimum functioning. E.g. a moderately low level of intensity for a very small proportion of clients for short periods of time.*

Level 5 *Programming for growth & adaptation appears to be at an optimal level both in terms of content & temporal intensity, so that it would be difficult with current ideology to conceive of additional improvements. Projects on this level would have the following characteristics.*

- a *Near-optimal amount of client time in program.*

A developmental growth orientation is manifested not merely by activities and experiences that are very directly perceived to be of learning value, but also by a wide range of human pursuits. Some of these have been subsumed under other elements, while others fit more appropriately here. Particularly noteworthy among the latter are constructive companionships, and a concern with deeper and ultimate values of life, such as might be mediated by religious involvement and activities. Thus, this rating should also reflect the proper balance or 'completeness' of those services which are the proper concern of the agency, and/or which are under its control. A residential service or guardianship agency should see to it that the spiritual needs of their clients are properly met; an employment agency would not ordinarily be expected to have this concern.

In sum, raters should look at the level of program intensity, the amount of program balance, and the appropriateness of the program to the clients.

- b *Near-optimal amount of manpower interaction. The rater should keep in mind, however, that a high staff-client ratio by itself does not insure high program intensity. Also, overstaffing can be just as detrimental to normalization as understaffing, because of its underlying assumption or implicit interpretation that the clients are in need of more protection, assistance & supervision than is the case.*
- c *Utilization of modern, advanced techniques; e.g. computer-programmed branched autotelic [self-teaching] instructional devices would probably be a more intensive means of instruction for certain materials than a teacher [which again underlines the fact that a high staff-to-client ratio is not necessarily optimal].*

115 Quality of setting

In addition to the normalization-related features covered in other elements, there are four further ones which could be loosely summarized under the concept of quality of setting. These elements 'Physical comfort,' 'Environmental beauty,' 'Individualization,' and 'Interactions' are to be rated separately.

In his judgments, the rater should put himself into the place of a client, and try to experience the quality of the setting through his eyes, and in relation to the extent and duration to which clients are exposed to the setting. As in several other elements, quality of setting must be judged much more severely in settings where individuals reside and/or spend a great deal of time.

The rater should keep in mind, however, that the material covered here should be differentiated from those elements subsumed under the item area 112 'Appropriate interpretations & structures,' such as in the ratings of R11215 'Age-appropriate autonomy & rights,' and R11214 'Age-appropriate' and R11224 'Culture-appropriate labels & forms of address'.

*R1151 Physical comfort

As indicated, physical comfort should be rated in the way in which it would be experienced by the client. In other words, the rater should practise empathy, i.e. try to assume the identity of the client, and see things through his eyes. Also, raters should be specifically concerned with client comfort rather than with staff comfort, and a clear distinction should be made between personal comfort on the one hand, and environmental beauty (as assessed in the next rating) on the other.

Comfort can be discerned both in the presence of desirable phenomena, and the absence of noxious ones. Desirable ingredients would be comfortable furniture, carpeting, adequate warmth during the cold season and adequate cooling during warm seasons. Comfort also requires a reasonable degree of cleanliness (but not necessarily compulsive spotlessness), and the absence of noxious odors or unpleasant noise levels. Where food is served, and where clients eat more than one meal a day, the food should be of good quality and balance. If both clients and staff eat at the facility, then client food should be of at least the same quality as staff food. Cramped and crowded spaces can be very uncomfortable.

Level 1 *Lack of physical comfort would be perceived as intolerable, or as extremely objectionable, by even a sizeable minority of clients or fellow citizens who might be placed into such circumstances: e.g. totally inappropriate temperature regulation; lack of suitable chairs in work that requires much standing [as in some types of shop tasks, barbering, etc.]; stiff, straight-back residential sitting furniture chosen for appearance rather than comfort; or any type or combination of comfort 'ingredients' which might make the facility intolerable or highly uncomfortable.*

Level 2 *Shortcomings in physical comfort are significant, but rarely would be considered intolerable. E.g. mild aberrations in temperature control, such as the widely-common overheating of buildings in winter; or day programs for adults that provide no vending machines or separate resting area.*

Level 3 *Settings in which the vast majority of individuals would feel physically comfortable, even though there may be obvious room for improvement.*

Level 4 *Project meets not only all obvious requirements for physical comfort, but makes extensive efforts to insure that even relatively minor aspects of the environment add to the client's physical comfort.*

In residential settings particularly, the following points should be given special consideration. Clients' clothing should be comfortable and appropriate to the season. Bedrooms generally should have carpeting. There should be adequate life space, and separation of spaces for different functions. (e.g. a person should not have to eat and lounge in the same room); and a range of social areas which vary in formality may be appropriate, as in an 'ordinary' home which might have a living room, a family (TV, recreation) room, and a den or study.

The presence of comfort may be easier to judge than its lack, because such a lack is more serious in some contexts than others. Thus, raters should take into consideration that a shortcoming should be given greater weight if it occurs in the following circumstances:

- 1 In services in which clients spend a great deal of time, e.g. a workshop.
- 2 In settings which exert a great deal of control over a client, e.g. a residence.
- 3 If it is especially apt to cast a devaluing interpretation upon clients; e.g. noxious odors or hard sitting furniture are more apt to do so than overheating.

***R1152 Environmental beauty**

Environmental beautification recognizes clients' human sense of aesthetics, and should be assessed both for the interior and exterior of a facility. It may be manifested in the color schema of areas, rooms, furniture, and other decor features. Decorations might include art objects, such as pictures and sculptures, as well as plants and flowers, curtains, etc. Lighting can be arranged in many ways, with attention to height and type of fixtures, shades and special window effects. Generally, environmental variety will be considered more attractive than monotony. Beauty is also enhanced by cleanliness and order even though certain types of cleanliness are more related to 'physical comfort' than to beauty.

The rater is cautioned on 3 issues.

- 1 Contrary to common agency claims, a great deal of beautification can be achieved at little or no cost in numerous and ingenious ways if an ideological commitment on the part of the agency personnel exists.
- 2 An environment can be very much beautified and meet the criteria here, and yet be age-inappropriate in its decorations, and fail the criteria of the rating of *R11211 'Age-appropriate facilities, environmental design & appointments'.
- 3 Certain aspects of external attractiveness of the building and grounds are covered under *R1112122 'Building-neighborhood harmony'.

Level 1 *Very little or no attention is paid to the appearance & beauty of the project environment. To most citizens, such an environment would appear drab & barren.*

Level 2 *Some attempts at beautification are evident, but only of the most obvious & immediate type. In other words, the environment may not strike an observer as ugly on sight, but neither would his sense of aesthetics be particularly aroused. Many if not most human service settings fall into this category.*

Level 3 *Obvious attempts at beautification have been made, although minor shortcomings exist: bathrooms are colorless & unpleasant, several bright lights do not have covers or shades, etc.*

Level 4 *Thoughtful, & appropriate beautification.*

Level 5 *Project goes to extraordinary lengths in environmental beautification, but stays within the range of the appropriate & thus could serve as a model to other projects.*

R1153 Individualization

Individualization should be thought of in terms of (1) differentiation of a person from other persons, and (2) self-expressivity in one's uniqueness. Such individualization can be influenced both by features in the physical environment (for example, architecture), and by program features, i.e. one can think of it in terms of physical and social aspects. There should be respect for clearly-defined functioning and life spaces and privacy; encouragement for clients to apply personal decorative touches to their functioning spaces; and to the degree that they are able to do so, long-term clients of residential facilities should be allowed to purchase or obtain furnishings to suite their individual tastes, and be encouraged to arrange their own rooms. (Built-in furniture almost automatically reduces individualization potential in residences).

To the extent that it is not covered in other elements, (such as autonomy, rights, and labels & forms of address,) this rating will also concern itself with certain features which maintain and/or enhance the dignity and normal perception of the client. For instance, raters should concern themselves with 'intake' procedures of services, which often entail actions which reduce the normality of a client, and which, among other things, serve (unconsciously) to homogenize clients, socialize them into what sociologists have called 'patient-hood', and make subsequent management and control easier for staff. This entire process has also been described in the literature as 'mortification' and has been a common feature in institutions and, of course, in the armed forces. Mortification may include mass bathings and medical examinations in the nude and/or without adequate privacy, imposition of hair cuts and/or uniforms (or uniform clothing), unnecessary screening of pocket contents and other personal possessions, etc.

Individualization is further manifested by the absence of regimentation, staff's intimate knowledge and understanding of clients, the presence of individualized management plans and programs, and manpower patterns which permit this. Individualization may be reduced because of imposition of unreasonable inconveniences (other than the excessive social and physical protection and structure covered by other ratings) necessitated by grouping clients with other clients of less advanced behavioral ability and habits. This is not to imply that it may not be necessary to impose certain restrictions upon clients, but that if such restrictions are imposed, this be done for highly individualized and appropriate reasons. Also, the rater should be alert to the fact that this particular part of this rating is not concerned with the type of age-related freedoms or restrictions covered in the element R11215 'Autonomy & rights', but specifically with those restrictions or regimentations which would ordinarily not be appropriate or desirable for any age group. Inappropriate physical control extended over clientele for reasons such as insufficient staffing patterns would be an example. In our society today, social rather than physical control or restraints are preferred for all age groups from infancy through senescence.

Individualization also includes accessibility of the physical facility and its convenience to physically handicapped persons currently enrolled or who could potentially be served. Internal access convenience (ability to transfer between floors, use toilet facilities, pass through aisles, etc.) must be considered, as well as entry convenience. Great variability exists along these lines even among buildings which have earned the international blue wheelchair symbol signifying accessibility to the handicapped. Generally, the more the agency is or should be oriented to physically handicapped clients (not staff or public!), the more weight should raters give to this issue.

Level 1 Applies only to residential programs, & only to those which demonstrate a total disregard for client individuality in any one of the following ways:

- a Gross lack of privacy, e.g. inadequately closed-off bedroom arrangements, open toilets & bathrooms.
- b Very inappropriately defined life spaces. E.g. adults should have a choice of single or multiple bedrooms; never should a multiple bedroom for children or adults take on the features of a dormitory.
- c Staff attitudes & practices that result in extensive 'mortification' such as described.
- d Excessive inconveniences or restrictions which regiment or otherwise limit the amount & forms of individuality clients are allowed to express. E.g. bedroom furniture in a long-term residence is built-in in such a fashion as to prohibit individual client choices.

Level 2

- a Non-residential projects having **Level 1** characteristics, e.g. privacy violation by certain toilet or waiting or examining room arrangements; inadequately closed-off interview areas; regimentation in certain program processes [toileting, washing hands when totally unnecessary, etc.]
- b Any program imposing uniform practices, management plans or restrictions such that only a moderate degree of dignity & respect is accorded clients. Such would be the case if a program limited individuality in 1 or 2 areas of moderate importance, e.g. not allowing clients to apply personal decorative touches [artwork, photographs, etc.] to their bedrooms, work areas, or other personal space.

Level 3 No obvious programmatic or environmental shortcomings exist, but staff attitudes are not so established as to provide strong support & encouragement to clients.

Level 4 Project respectfully permits, supports & encourages extensive individualistic expression & identity development, but there are still some minor improvements which could be identified by sophisticated observers, such as outside consultants & visiting administrators of similar services.

Level 5 Setting is characterized by ceaseless & systematic efforts to improve those features of the program which allow, elicit & support individualization on the part of the clientele, & it would require some ingenuity to think of improvements other than those which could be considered extravagant in the mainstream of the culture.

In summary, when rating individualization, raters need to be concerned with many aspects of the program: the physical facility (e.g. clearly-defined life spaces, privacy, built-in furniture which provides virtually no opportunity for individualization of one's bedroom, accessibility to the physically handicapped), staff attitude (e.g. encouragement of self expression, teaching of self-identity, the absence of mortification or regimentation, the recognition of birthdays, etc.), and program features (e.g. intake procedures, groupings, material support, encouragements or restrictions). Important above all others is staff attitude, manifested through encouragement or restrictions of individual self-expression and identity.

R1154 Interactions

Here, the rater should be concerned with the quality and spontaneity of interactions between clients and staff, staff and staff, clients and clients, clients and public, and staff and public (including families of clients). The rater is cautioned to maintain a distinction between the content here, and that of other ratings, e.g. R11214 'Age-appropriate' and R11224 'Culture-appropriate labels & forms of address' and R123 'Consumer & public participation'. Also, this rating should not be confused with R124 'Education of the public' which deals with the extent to which the project presents and interprets clients to the public through media and public education activities.

Staff-client interaction in the context here refers primarily to staff efforts to maintain a warm, accepting, constructive personal relationship with clients. Individual interactions should be characterized by directness and sincerity. Children should be treated with cordiality, and often with affection. Does the staff engage in physical interaction, playing on the child's level? Are there appropriate interrelationships in other than official hours? The rater should note that sometimes, physical features of the environment may inhibit staff-client interaction, and consciously or unconsciously may even have been designed for that purpose.

Mortification (especially upon intake) has been mentioned in the previous rating. In addition to reducing individuality, it often also serves to differentiate staff from clients, and establish and maintain a status differential. Also, conspicuous (usually unconscious) emphasis of terms such as 'they, them, those, these' when speaking of clients often implies an effort of distantiating and devaluation.

In residential settings, genuine sharing of life space, functions, and personal time on the part of staff should be weighted heavily.

Client-client interactions will often be a reflection of staff-client interactions, and can serve partially in the evaluation of both. However, raters should also be concerned with the way in which the staff structures and handles client-client interactions. What types of interactions between clients does the staff consciously or unconsciously facilitate, reinforce or discourage? For example, have internal and external facility features been arranged so as to encourage both large- and small-group interactions among clients?

On the *client-public* and *staff-public* level, the rater should note whether clients are supported by the staff in constructive interactions (e.g. by showing courtesy, consideration, etc.) with the public. Visiting hours and other assistance features (e.g. 'your are here' maps) should be noted as well as restrictions placed on visitors (age, hours, etc.) or places to

- | | <i>Points</i> |
|--|---------------|
| 1 Client-staff | |
| a <i>An obvious devaluation of the client is apparent in attempts to differentiate client from staff, e.g. via excessive separation of client & staff areas [such as lounging, dining & toilet facilities], or by having either the staff or clients wear special clothes, badges or insignia which serve primarily symbolic & differentiating functions; or staff appear afraid of clients.</i> | 0 |
| b <i>Distinct but minor deficiencies exist. E.g. clients may knock on staff doors before entering, but not vice versa.</i> | 1 |
| c <i>Staff attitudes are somewhat cold & distant, even if correct. Raters might sense that staff were attempting to meet rules, regulations & standards but without extensive commitment or warmth. Such an attitude is perhaps detectable in only 1 or 2 things, such as the staff not eating with the clients, or not romping in the snow or rough-housing with children, as would be expected in ordinary situations of a similar nature.</i> | 2 |
| d <i>Staff treat clients with openness, directness & sincerity, although certain minor compromises are apparent.</i> | 3 |
| e <i>Staff-client interaction in the project appears near ideal.</i> | 4 |
| 2 Attention paid by staff to encourage & develop adaptive & appropriate interactions. | |
| a <i>among clients</i> | |
| [1] <i>none</i> | 0 |
| [2] <i>some</i> | 1 |
| [3] <i>considerable</i> | 2 |
| [4] <i>extensive; near-ideal</i> | 3 |
| b <i>between clients & public</i> | |
| [1] <i>none</i> | 0 |
| [2] <i>some</i> | 1 |
| [3] <i>considerable</i> | 2 |
| [4] <i>extensive; near-ideal</i> | 3 |

meet with visitors. Additionally, raters should be concerned with staff-public interactions as discernible in staff attitude and manner in relating to the public and families of clients, staff participation in voluntary action and consumer groups comprised of primary and secondary consumers, and the helpfulness shown to visitors.

This rating will also reflect negative attitudes toward minority and handicapped groups, but only those held by staff, since it is primarily staff attitudes and practices which determine service quality.

Staff-staff interactions can also contribute to service quality in the long run. However, raters should beware of halo effects. Sometimes a high level of staff-staff and staff-public interaction can disguise poor staff-client interactions.

Ultimately, the quality of setting will be profoundly affected by the attitudes of the staff who interact with clients in the most direct fashion, as well as by all individuals (co-clients, public, etc.) who interact in face-to-face relationships with the clients. Of critical importance is whether staff perceive the clients with whom they are working as fully human, as possessing the rights of citizenship, and as individuals capable of adaptation and development. It is one of the major intents of this element, therefore, to assess the same quality of respect that is assessed in a different fashion by some of the other ratings, such as the ones on 'Labels & forms of address' R11214 & R11224.

When rating interactions, the following steps should be followed.

- 1 Assign points to the project based on the descriptive statements below. Assign weights of *all* levels which apply.
- 2 Sum all the weights.
- 3 Assign the level rating to the project which corresponds to the summated weights, as indicated in the right hand column.

	<i>Points</i>
3 Staff-staff interactions are	
<i>a grossly hostile, fragmented, distorted, etc.</i>	0
<i>b marked by shortcomings, but less severe than above</i>	1
<i>c normative</i>	2
<i>d unusually close, warm, constructive</i>	3
4 Interactions of staff with the public appear:	
<i>a inappropriate; overtly negative; racist or reflecting other minority devaluations</i>	0
<i>b overtly appropriate but forced & non-genuine</i>	1
<i>c adequately appropriate</i>	2
<i>d cordial; extraordinary</i>	3
Level 1 =	<i>0-3 points</i>
Level 2 =	<i>4-7 points</i>
Level 3 =	<i>8-10 points</i>
Level 4 =	<i>11-14 points</i>
Level 5 =	<i>15-16 points</i>

12 Ideology-related administration

In order for a service to be appropriate, effective and of high quality, it is usually necessary to: evolve according to a good plan; be part of a larger schema which aims at the meeting of all major human service needs; be well administered, structured and functioning in coordination with other services and agencies; and incorporate mechanisms for evaluation, change and innovation.

The rater should take note that there are PASS elements which assess all the criteria just mentioned. However, some of these criteria are more rooted in ideology than the empirical tradition of administration, and are therefore covered here, instead of in the 2 'Administration' area.

For instance, consumer participation today is seen not only as a means of evaluation, change and innovation, but also as part of a human and constitutional right to participate in the societal process, and to determine one's own destiny. In this section of PASS, only those administrative elements will be encountered which appear to be derived very substantially from ideology. Another section in a different part of the scale will include those elements based primarily upon administrative experience.

This subarea contains five ratings: 'Comprehensiveness', 'Utilization of generic resources', 'Consumer & public participation', 'Education of the public', and 'Innovativeness'.

R121 Comprehensiveness

in relation to the needs of the people in the service being assessed

To many human service workers, the concept of service comprehensiveness presents major challenges, not only in its implementation, but also in its very definition. There is good reason for this problem: the concept of comprehensiveness is truly comprehensive.

One way to think about service comprehensiveness is to view it as constituted of four harmoniously related components.

1 Presence of a range of services so wide and complete that a consumer need not leave the geopolitical service area in search of needed services, except perhaps for the most specialized and esoteric ones.

2 The various service components should be so effectively coordinated that a consumer has a subjective experience of continuity in the services which are rendered to him both across time, by different agencies, and by different divisions of the same agency. At least within a specific service or problem field, there should exist an administrative body that coordinates services for that field or service need, and that takes it upon itself to ensure (or is charged to see to it) that needed services are rendered, and are rendered appropriately. This body may carry out this function either by the provision, obtaining, coordination, or surveillance of services.

Coordination must be effective; unfortunately, it is often only token. In the absence of administrative unity, coordination is generally facilitated by utilization of various channels of communication, by good personal relationships and reasonable unity of ideology among service administrators, and by the vesting of various powers in a coordinative entity.

It is the responsibility of this coordinating body to see to it that whatever services do exist are functioning in a rational fashion as part of a larger system, assuring especially continuity between residential and other services, and between services to persons of different ages. This implies that the services within the region function with an internal 'unitariness' and interrelatedness.

3 Even the best coordinative mechanism can be defeated by certain geo-demographic variables. Thus, the evidence suggests that planning and coordination tend to break down when the size of the population served becomes unmanageable, and figures between 200,000 and 600,000 are frequently mentioned as critical upper limits. On the other hand, if the population base is too small, it may not be able to sustain (in terms of resources or demand) the delivery of certain esoteric and more specialized services.

4 The size and configuration of the geographic area must be considered. If the region is too large or fragmented by geographic features, service delivery, communication, coordination, and other important functions may suffer or break down. Also, in defining an area, boundaries should be drawn in such a fashion as not to inhibit either the later development of a larger geopolitical area of which the system should eventually become a part, or the adaptive development of an adjacent region. For instance, if a rural and urban area are adjacent, either might develop a comprehensive service system alone; but in most cases, neither should be so structured as to reduce the feasibility for later combination of these two units into a single, more economical and efficient service system, or the unification of the rural region with another urban center elsewhere.

1 Area [regional] size & geographic cohesion	Points
a Poorly defined, or excessively large, or grossly divided, e.g. not coterminous with other boundaries, etc.	0
b Moderately suitable	1
c Compact, cohesive, highly manageable	3
2 [Regional] population size being served	
a Much too large, or much too small	0
b Moderately suitable	1
c Suitable	2
d [Near] ideal	3
3 Range of services offered by the agency, or available to clients within the region or a reasonable distance	
a Very limited	0
b Moderate	2
c Extensive	4
d [Near] comprehensive	6
4 Coordination of the service with other services within [general] region	
a Virtually none or ineffective	0
b Moderate	1
c Extensive	3
d Total	4

Examples

- Level 1** 0-3 *The project consists of an agency that provides a narrow & specific service to a limited age group, accepting clients from other states or provinces without any coordination with other services.*
- Level 2** 4-6 *An agency offers a single specific service to a limited age group, but it serves a cohesive 5-country region with a radius of 70 miles which has a major population centre & a total population of 200,000 & has established a gratifying but essentially voluntary system of coordination with several other agencies which provide other services to the same clientele.*
- Level 3** 7-9 *Project consists of a special school for the blind in an agency which also operates a vocational training program, effectively coordinated by a voluntary council with a considerable number of other services, & serving a large metropolitan region of 600,000 persons.*

While a specific agency is not likely to provide comprehensive services itself, it should be so structured that it will fit into an existing or projected system of comprehensive services which has adequate coordination for appropriate and efficient functioning. Also, agencies should be flexible enough to accommodate a variety of problems. If one agency cannot extend the proper service, it should assume the responsibility for follow-up and referral to another community agency where the client can secure the appropriate service.

Obviously, in order to render a judgment, the rater must look beyond the specific agency he may be rating. He must acquire an appreciation of the geo-demographic facts of the jurisdiction (state or province) within which the agency functions, and some knowledge about other relevant services and developments on the service scene within the jurisdiction.

Very few service systems currently in operation will receive a high score on 'comprehensiveness'. Lack of understanding of the importance of the issue, narrow-focussed interest, agency self-interest, and other impediments to progress are typical hallmarks of the currently prevailing fragmented and uncoordinated delivery systems—or better, non-systems.

Level 4 10-12 *Project is an agency providing several essential [but no esoteric] services for a large span of ages [such as an association for mentally retarded citizens operating 2 early childhood programs, a vocational training service, & 2 adult residences]. These services are coordinated by a regional council which holds funding power, & which coordinates closely with a wide range of other services [public schools, visiting nurses, etc.]. Part of the region is a peninsula that extends 100 miles from the population center of the region, & part of this is separated from the rest of the region by a canal with only 2 bridges. However, except for the population center, the rest of the population of 400,000 is evenly dispersed.*

Level 5 13-14 *In a small, compact region with a radius of 30 miles & a population size of 300,000 in two urban centers, an agency provides or arranges for several major basic & a few esoteric services for physically handicapped persons. Coordination is via a planning council that holds funding, evaluation, & planning power, but there are communication difficulties with regional psychiatric & nursing services because of ideological conflicts.*

Level 6 15-16 *Project is part of an established system of services that provides comprehensive or near-comprehensive services for a specific, appropriate, circumscribed geopolitical area, with a fixed point of responsibility that is empowered to make binding decisions so as to eliminate service gaps. Thus, the system constitutes a model.*

R122 Utilization of generic resources

A generic service is defined as any health, education, welfare, rehabilitation, employment or other human service agency, body, or professional aiming to serve citizens in general rather than any particular selected target or disability group. Examples are public schools, Montessori schools, adult and vocational education, public assistance programs, lawyers, dentists, private physicians, hospitals, churches, etc.

There are at least three rationales in support of an agency attempting to include its clients into the mainstream of human services.

1 Services aimed at highly selected subgroups tend to be stigmatizing or segregating. Utilization of generic resources is not synonymous with integration, since some such resources could be used in a segregated fashion (e.g. a YMCA pool being made available for handicapped swimmers only one evening a week). However, such utilization generally does contribute toward breaking down of attitudinal barriers. Raters should therefore not confuse this rating with R111222 'Socially integrative social activities', or any other integration ratings.

2 Utilization tends to reduce barriers between agencies, thus enhancing continuity of service.

3 It reduces duplication of services, thereby being apt to increase economy. In every field of human management, there are many components to the needed spectrum of services, and to date, the spectrum appears neither continuous nor complete in any one service or for any one type of clientele. While many service systems that are striving to serve a particular

	Near Zero	Modest	Extensive	Near-Optimal
Utilization of generic resources	0	2	4	6
Exploration of more, or continued, utilization	0	1	2	3
Consciousness of rationales for utilization	0	1	2	3
Safeguards for utilized generic resources	0	1	2	3

Level 1: 0-2 points

Level 2: 3-6 points

Level 3: 7-9 points

Level 4: 10-12 points

Level 5: 13-15 points

group of individuals are concerned with 'comprehensiveness' of program services, economic and manpower considerations dictate that an all-inclusive service operation capable of providing for all the needs of any one group can rarely be the function of one particular agency, nor can such a responsibility ordinarily belong exclusively to one specialized service system. Even if agencies concerned with one particular problem area could provide all needed services for its clientele, this would usually not be the most desirable answer. Since a variety of services are needed to meet the needs of any individual and his family, specialty programs almost always need to encourage, involve and enlist the aid of generic agencies.

Although this rating is interrelated with several others which are concerned with normalization (especially social and physical integration) as well as with administrative concerns related to cost-effectiveness rationales, the rater should base his judgment solely on four criteria: are staff aware of the rationales, have they explored utilization fully, have they implemented it, and have they instituted safeguards to assure the success of any implemented measures?

The raters are cautioned that although the extent of an agency's actual or intended utilization of generic agencies is of great importance, the manner of such utilization also demands evaluation. For instance, it is important to insure that all cooperative, contractual or other arrangements between a service agency and generic programs provide for the maintenance of at least the same standards of quality and performance as the service agency being rated. Therefore, an agency that utilizes or mediates generic services should have among its strong objectives the implementation of such quality control measures over these generic services as will assure humane, appropriate, normalizing management—in some instances even management of relatively higher quality than that received by generic clients who do not require specialized provisions. Especially when generic services are utilized for purposes of integrating devalued clients, quality control measures to safeguard the interests of these clients should be present. The adequacy of such quality control measures should be evaluated by the rater through the examination of the existence and effective operation of provisions such as the following.

- 1 Major responsibility vested in one agency or office whose primary concern is the specific clientele under consideration.
- 2 Effective regulatory powers vested in or delegated to agencies or authorities who can monitor generic services provided to specific groups of clients. These powers may take the form of standards and codes for licensing of service programs.
- 3 Written agreements or contracts relating to the nature and quality of services rendered, with agreement on specific policies regarding trial placements of special clients in generic settings.
- 4 Participation of consumers representing the special problem group to be served on governing boards or advisory committees, or both, of the generic agencies utilized.
- 5 Provisions for watchdog committees to conduct continuing surveillance over contracting or cooperating generic agencies.
- 6 Provisions for volunteer citizen advocates to function on a one-to-one basis in representing the interests of clients.
- 7 Placement, in the cooperating generic agencies, of professionals with expertise in programming for the special clientele involved.

- 8 Provision of specialized outside consultancy to cooperating generic agencies.
- 9 Maintenance of a back-up specialty service to assure places for those clients with whom the generic agencies are unable to cope.

Whether these safeguards are under the control of the agency, or initiated some other way, is irrelevant.

This rating has reduced relevance to those service projects which are already generic in nature, except that a generic service may still improve its quality by mediating the use of additional generic services by its clients. If the project to be rated claims to be generic itself, the rater should make certain that this is the case. Some agencies perceive themselves as being generic when they serve more than one special problem group, even though 'generic' should connote that the service is accessible to anyone who needs it. For instance, a sheltered workshop serving everyone but the retarded is not generic, no matter how many other special interest groups it serves. A generic service is not necessarily integrative.

R123 Consumer & public participation

The primary consumer is the current and past client, and sometimes his family. At the very least, family members can be considered to be secondary consumers. Tertiary consumers are potential and likely future clients. Ordinary citizens or civic leaders, as representatives of the public, can usually also be viewed as tertiary consumers.

Consumer participation in human services is viewed as a most valuable force in bringing about adaptive change within agencies; and if these agencies are supported by public funds, such consumer participation has also been viewed increasingly as a civic right. However, some consumers cannot represent themselves directly, and must be represented by secondary or tertiary consumers. Perhaps the most productive consumer representation would come from a combination of all three types of consumers. The question as to who qualifies as a consumer may vary somewhat with the service and circumstances, but merely because every citizen is a tertiary consumer of at least something, raters should not readily accept that whoever happens to be involved in 'participation' is a consumer. More specifically, staff from related service agencies, professionals in professions relevant to a service, and public officials who have line authority to or relatively close staff relationships with the service should not be viewed as consumers—unless they themselves are or have been primary or secondary ones. Even then, their participation must account only for a small percentage of the total consumer participation. Instead, primary consumers should be heavily represented, though by no means to an exclusive or even majority extent, because a mixture of primary, secondary and tertiary consumers is probably the potentially most adaptive one.

Consumer participation can be conceptualized as taking place on three planes.

On the lowest plane, the agency may provide extensive communication to consumers and the public, as via appropriate brochures, publicity, newsletters and bulletins; consumer and public involvement through visits and observations, and parent-staff (or consumer-staff) conferences designed more to give information than to receive it; and the agency may encourage public involvement in volunteer work, fund raising and donation of needed materials and resources.

On a higher plane, consumers participate meaningfully in advisory functions, as via advisory boards or committees, and

Typical consumer & public participation

	<i>Points</i>
1 <i>First-plane activities</i>	
a <i>None</i>	0
b <i>Some</i>	1
c <i>Moderate</i>	2
d <i>Extensive</i>	3
2 <i>Systems to formally elicit & utilize client feedback [surveys, checklists, etc.]</i>	
a <i>None</i>	0
b <i>Some</i>	1
c <i>Extensive</i>	2
d <i>Extensive & utilized</i>	3
3 <i>Formalized, written readily disseminated, genuinely functional client grievance processing system</i>	
a <i>None</i>	0
b <i>Moderate</i>	2
c <i>Highly developed</i>	3
4 <i>Effective overall advisory [second-plane] &/or formalized monitoring [e.g. watchdog committee] functions</i>	
a <i>None</i>	0
b <i>Some</i>	1
c <i>Moderate</i>	2
d <i>Extensive</i>	3
5 <i>Commitment to citizen advocacy & similar process, even at considerable inconvenience</i>	
a <i>None</i>	0
b <i>Moderate or some</i>	2
c <i>Deep commitment & support</i>	3

questionnaire surveys and polls. Such advisory functions might take place at several levels of the organization, and/or in several of its functioning areas. Thus, there might be advisory committees on the immediate service level, on a higher divisional administrative level which supervises a number of related projects, or the highest governing or policy-setting level. Where an agency provides a number of services, there might be advisory input for each of these, regardless of the level; utilization of consumers in any evaluation of program policy and effectiveness would usually also fall on this level.

On the highest plane, there exists consumer participation in the governance and setting of policy, not merely of an advisory nature, but of a power-sharing and power-wielding one. Also, the agency may have embraced an official commitment to the citizen advocacy concept under which dedicated volunteer citizens assume individualized advocacy roles for agency clients, even if this should mean that such advocates will have to play occasional adversary roles vis-a-vis the agency on behalf of their protégés.

Participation on the three planes sketched above is desirable, but not sufficient; such participation must not merely be symbolic or on paper, but real and meaningful, and there should be evidence of commitment to the ideal of consumer participation, and of constructive utilization thereof.

Low consumer participation should be judged more harshly in instances where it would be easily arranged. E.g. a voluntary local cerebral palsy association would have much more leeway for consumer participation than a local service which is part of state (provincial) government, and which by law cannot surrender power and governance to consumers, but can only involve them on the second or first plane.

6	<i>Consumer participation in governance, third-plane</i>	Points
	<i>a None</i>	0
	<i>b Some</i>	1
	<i>c Controlling</i>	2
	<i>d Extensive</i>	3
7	<i>Unusual & innovative participation, e.g. retarded workshop clients on workshop advisory committee</i>	
	<i>a None</i>	0
	<i>b Some</i>	1
	<i>c Extensive</i>	2
Level 1	0-3 points	
Level 2	4-5 points	
Level 3	6-8 points	
Level 4	9-11 points	
Level 5	12-15 points	
Level 6	16-20 points	

R124 Education of the public

A project's 'public' responsibility to current and future clientele extends beyond courtesy and graciousness (as rated in R1154 'Interactions'), and beyond involvement of the public in program and policy decisions (R123 'Consumer & public participation'). Continuous and systematic efforts should be made by project personnel in two areas.

1 Education of the public on the need for human services, the needs of the field involved, etc. Here, every effort should be made to reach out to the community to improve the image of needy and devalued groups, and disseminate information about the agency and its clients.

2 Dissemination of relevant information on needs, costs, etc., to decision-makers (e.g. local officials and legislators). The desirability of distributing relevant service need and cost information to decision-makers and power figures is obvious.

This rating is concerned with the *extensiveness* of 'public education' measures, but *not its content*. The fact that an agency's media efforts are injurious to the image of clients or the program (e.g. due to pity images, juxtaposition with other devalued groups, age- or culture-inappropriate interpretations) is rated elsewhere (e.g. R111213 'Deviancy image juxtaposition', R11214 and R11224 'Age-' and 'Culture-appropriate labels & forms of address').

Level 1 *Efforts to reach out to the community to improve the image of the agency, its clients, or socially devalued groups in general, & to disseminate appropriate information to policy & decision makers, are either absent, token, or very minor.*

Level 2 *More appreciable but still very scant effort is spent in public education activities, e.g. only infrequent & perhaps inexpert news releases; or activities are limited to mailing an agency newsletter; or only infrequent talks to civic groups.*

Level 3 *Activities as under Level 2 are much more extensive; or aggressive outreach takes place but resources are not extensive.*

Level 4 *Extensive and outreaching efforts, supported by gratifying resources.*

Level 5 *Level 4 conditions, plus at least 1 full-time staff member with an adequate budget who spends 100% of time on intensive public communication, utilizing a variety of means, media & contacts.*

An effective system of public education should include:

- 1 Having available for dissemination up-to-date written descriptions and printed brochures intelligible to the public.
- 2 Aggressive distribution of above and related materials to relevant persons and offices.
- 3 Lectures and talks to civic and other groups within the community.
- 4 Open houses and tours for the public (including public officials).
- 5 A system for regular writing and dissemination of news releases (in proper format for media source).
- 6 The maintenance of strong ties and relationships with media staff within the area.
- 7 Participation in television and radio talk shows, and similar events and media.
- 8 Allocation of funds for public education activities.
- 9 Having a staff member assigned the responsibility for public education and communication.

R125 Innovativeness

The intent of this rating is to assess one of the mechanisms for institutionalizing the process of self-renewal by rewarding projects which have innovative features. The raters should note, however, that the rating does not reward innovation for its own sake, but only innovation that appears to be appropriate and feasible in terms of criteria such as community acceptance, potential of the agency to sustain the innovative feature, and probability that the innovation is improving the program.

Innovations may contribute to the evolution of ideology, such as normalization; solve unique local problems; develop new service mechanisms that can become models to others; decrease the cost and/or improve the quality of services rendered; contribute to the more efficient operation of a service system; or serve the function of demonstration.

In order to be considered innovative, a feature need not be new as long as it is 'different', apparently of value, and not yet 'institutionalized' in the field. In other words, a feature may receive credit for innovativeness for several years running. However, it is sometimes necessary for raters to consult experts in the specialty area under consideration in order to distinguish that which is innovativeness in the system from that which is novel to the rater.

A project will receive some credit even if it is innovative only on the local level, but higher value is placed on projects which will be of state, provincial, regional or national significance. By the same token, a project might contain an innovative concept which would benefit and/or advance the service delivery system in one specific type of service for a limited clientele, or the innovative feature may be such that a whole special problem area or even all human management services may be affected.

Level 1 *No features of a creative or innovative nature.*

Level 2 *It is doubtful that any of the features which might be considered innovative &/or creative will have any impact beyond that particular service or specific locality, or will contribute to any ideological advancements.*

Level 3 *One feature is creative &/or innovative, and may have some operational or ideological impact beyond the specific type of service rendered, &/or beyond the local level.*

Level 4 *Two or more features are innovative &/or creative, and may have some ideological or operational impact beyond the specific type of service rendered, &/or beyond the local level.*

Level 5 *Project contains at least 1 creative &/or innovative feature significant to all programs of that type nation-wide, or to many different types of programs in the entire province or state.*

Level 6 *Highly creative or innovative features appear to be of potential benefit simultaneously to a very broad spectrum of human management services & on a national scale.*

13 Human science orientation

This subarea contains two ratings which are considered to be of considerable ideological importance, but which do not readily fit into any of the other categories. These ratings are concerned with the ties to academia that are maintained by the project, and the receptivity of the project to the conduct of research within its confines and jurisdiction. In other words, this area is concerned with the project's orientation to knowledge, science, intellectual ferment, etc., and the advancement thereof. Now, it is certainly true that an agency may render services of the highest quality without having any academic ties or any research involvement. However, at the same time it is also true that probabilistically, across agencies in general, both of these involvements are likely to have a beneficial effect upon agency functioning. Even if they did not, one can still argue that such involvement constitutes an ideological duty and a debt to progress in human services. In sum, an agency with such involvements is a better agency than one without, even if all other things are equal.

The reader might take note that this reasoning is analogous to certain rationales already encountered in the rating of R123 'Consumer & public participation.'

R131 Ties to academia

The rationale for this rating is that as a general rule, a service project will benefit from ties to and interaction with colleges and universities. The specific arguments for such an assumption are too well known to require recapitulation here. The rater's judgment on the extent to which the project utilizes the resources and personnel of academic centers, or is in a position to do so, can come from the following.

- 1 The program's proximity to academic centers.
- 2 The past record of cooperation
- 3 Arrangements for joint appointments
- 4 Utilization of consultants from academic centers
- 5 Cooperative programs whereby the agency's services are used as training and practicum settings by academic centers.
- 6 The utilization of students as manpower.
- 7 The utilization of suitable academic personnel for external program evaluation.
- 8 Recruitment of appropriate academic personnel to serve on advisory bodies, boards, planning committees, etc.
- 9 Teaching of courses by staff at community and other colleges, universities, etc. Some importance should be attached to the level at which teaching takes place.

Level 1 *No contact with academic centres exist, & the project nature, location &/or attitudes are such that it is very unlikely that ties to such centers, activities &/or personnel will be established or maintained.*

Level 2 *Either:*

- a *ties to academia in only 1 or 2 minor ways, e.g. the program is utilized in a small way as a practicum setting only; it has cooperated with academic centers in the recent past but no ties are in existence at the present; academic personnel are utilized very sporadically as consultants; or*
- b *no ties to academia at present, but extensive, concrete, & definitely promising plans for effective interaction with such centers, activities & personnel in the near future.*

Level 3 *Project maintains several significant ties to academia.*

Level 4 *Evidence of maintenance of strong & effective ties to academia through several different means.*

Level 5 *Ties to academia are not only very extensive, but also far-reaching & imaginative in manner & extent.*

R132 Research climate

This rating is concerned with supportiveness for research, though not the quality thereof.

Today, it is widely accepted that all service agencies should share in the burden of bringing about social adaptation and progress in human services. Unfortunately, there prevails a wide-spread feeling within service agencies that research is great and good, and should be conducted, 'but not here'. Obviously, if all service agencies shared this view, research would be practically impossible to conduct.

Few agencies are in a position to conduct research themselves, except for evaluative research on their own operations, as covered under 'Internal administration'. However, there is no agency that cannot create a favorable research climate, and this may not even be very expensive. By accepting certain responsibilities which may be inconvenient but not necessarily costly, an agency can extend considerable opportunity for and encouragement of research by its staff members, or by outside professional personnel who may work in universities, governmental departments, institutions, private foundations or similar organizations.

It is recognized that cooperation in research often, perhaps always, results in inconveniences and disruption of routine for the agencies involved. Provided, however, that the research appears to be conducted or supervised by qualified personnel, each agency should bend over backwards to meet such demands in a cheerful manner.

The research climate can be enhanced by steps such as the following.

- 1 Attention given to the maintenance of case records, cross-indexing of clients, adequate documentation of services rendered to clients and the outcome of such services, etc.
- 2 An atmosphere of hospitality to visiting scientists so that they feel welcome to utilize agency records and operations for research.
- 3 Permitting staff to utilize a percentage of their time for research.
- 4 Allocating a percentage of the budget to research activities.
- 5 Adherence to policies and measures which lend status and prestige to agency or outside researchers and research efforts.

One way to ascertain operationally the research climate, ties to academia, and/or manpower and staff development is whether the agency has spent any money on things such as closed circuit television, observation windows, etc.

Level 1 *Project appears quite unreceptive to the idea of having research conducted on premises &/or with its data or clients, either by its personnel or by outside professionals.*

Level 2 *Only minimal support of a research climate & only minimal cooperation with research demands that may be made; e.g. project allows researchers to utilize some, but not all agency data, on a limited, controlled basis; staff may do research within the program, but only on their own time; etc.*

Level 3 *Cooperation & atmosphere appear to be adequate in allowing other agencies & outside, as well as its own, professionals to utilize the program with a reasonable degree of freedom for research purposes. The majority of agencies fall into this Level.*

Level 4 *Project is not only cooperative & receptive to internal & external research efforts, but is also willing to contribute indirect support, e.g. staff time off, secretarial assistance, office space.*

Level 5 *Project not only cooperates laudably with others, but*

a also provides a strongly supportive research atmosphere, & expends some of its budget for research not directly related to evaluation of its effectiveness; or,

b readiness to cooperate with outside researchers is not only very high, but the project has exemplary past record of being very cooperative in this type of activity with all agencies, professionals & institutions, & there is no reason to expect discontinuance of this practice.

14 Regional priorities

The 'Regional priorities' subarea was established on the assumption that no matter what service field or locality was involved, there would be some groups of individuals who were in particular need of services; and there would be certain types of services much more likely than others to make an impact on a particular problem. Obviously, such priorities cannot be defined in a universal fashion. What they should be for the project reviewed here needs to be defined by the organization, body or individual under whose authority the raters are working. For many purposes, the two priority ratings furnished here 'Deinstitutionalization' and 'Age group priorities' will be appropriate; however, the sponsoring authority mentioned above may delete these, substitute others in their place or add to them. (See section on 'Adaptability of PASS to Varied Situations' for instructions.) At any rate, as explained in the explanatory narrative to PASS, the total number of points for this subarea cannot exceed 45. For instance, a more generalized concern with prevention might replace R142 'Age group priorities.'

R141 Deinstitutionalization

For the purposes of this rating, 'institution' is defined as any group residence larger than a large family where the controls over the lives of residents clearly exceed those of most families in society.

This rating is based on the assumption that it is inherently undesirable to impose upon an individual the extensive structure and segregation usually implied by institutionalization. It is recognized that special residential placement, high structure, and segregation may sometimes be necessary or unavoidable, but at the same time, every effort needs to be made to avert such a step, or to attain the desired goal without institutionalization.

Therefore, the major purpose of this rating is to determine to what extent the agency's efforts are likely to reduce the institutionalized population, either by focussing upon current institution residents, or upon those likely to be admitted to institutions. However, only those individuals should be considered likely to be admitted to an institution who are actually on the waiting list, or who would very likely be placed on it in the near future. The rater is cautioned that estimates of likely institutional candidates are often inflated, especially if one considers that many persons who do require residential services can be served in non-institutional settings, such as homelike hostels or special small units.

However, deinstitutionalization only makes sense if it goes beyond physical shifting of a client, and if it does not diminish the quality of a service offered by an agency. Thus, this rating will give credit only to those deinstitutionalization measures which are accompanied by certain safeguards. Particularly, it should be noted that many persons who have resided in institutions have maladaptive habits. These may have been acquired because of the nature of the institution in which the client has resided (e.g. a reformatory), because of the long duration of an institutional residence, because initial placement occurred at an impressionable age or because the client's potential for resocialization is limited. In deinstitutionalizing, a service project must be alert not to permit the transfer of the institutional culture into the project setting, because such a culture is not only almost invariably maladaptive, but also most difficult to root out.

As a general guideline, projects should not include a large proportion of formerly institutionalized adolescents or adults, these being especially likely to be bearers of an institutional culture; nor should it admit more than a very few such persons at any one time. Inclusion of one such client at a time is less likely to lead to the creation of institution cliques. With young children, the entire issue becomes less problematic because they are more likely to bring institutional wounds, rather than cultures with them.

<i>Step 1:</i> Approximate % of clients who are distinctly institutional candidates or former institutional residents	Levels	<i>Step 2: Apply additionally only to:</i> [a] former residents who are [b] above age of childhood
0 up to 5%	Level 1	<i>If numerically possible, reduce score by 2 levels if effort to prevent institutional culture transfer is virtually absent; reduce by 1 level if effort is at least modest.</i>
5% to 25%	Level 2	
25% to 50%	Level 3	
50% to 75%	Level 4	
75% to 100%	Level 5	
	Level 6	

Any institution as defined here cannot earn credit for serving clients from even larger or more controlled institutions, and therefore automatically receives a Level 1 rating. The one exception to this proviso would be a residence which is larger than specified but also inherently of a short-term transitional nature.

In order to determine the level assignment of deinstitutionalization, raters must quantitatively estimate the presence and extent of two phenomena: the percentage of former or likely institutional residents being served (with the judgment as to what constitutes likely residents being rather strict and narrow, such as presence on or eligibility for an institutional waiting list); *and* the amount of effective effort exerted toward the prevention of transfer of the institutional culture. The latter applies only if former residents are involved, *and only* to those above the age of childhood.

R142 Age group priorities

This rating gives extra weight to programs that serve children—especially young children—in preference to those that serve adults. The rationale for this measure is based on empirical evidence that the earlier the intervention, the higher is the likelihood of shaping intellect and behavior patterns, of preventing (further) impairments or of solving a problem in a cost-beneficial fashion. Proposals for service programs to families of target clients (rather than to those clients directly) are also subjected to this principle, giving higher weightings to those programs proposing to emphasize families with young children.

Level 1 *Project serves mature adults, of whom the majority are over 25 years old.*

Level 2 *Young adults, the majority of whom are between 16-25.*

Level 3 *Children, the majority between 6-16.*

Level 4 *Children, the majority between 18 months to 6 years.*

Level 5 *Infants, 0-18 months.*

If a project serves a wide mixture of age groups, it should be assigned to a level which approximates the largest group [mode].

2 ADMINISTRATION

2 ADMINISTRATION

Aspects of administration that are derived from ideology have already been covered in the preceding material. Ideology-derived elements alone, however, are not sufficient to assess several administrative program aspects vital to program quality, programmatic accountability and cost-effectiveness. In order to evaluate such aspects of agency operations or service delivery, this area contains seven non-ideological ratings, categorized into the two subareas of 21 'Manpower considerations' and 22 'Operational effectiveness', both of which are further subdivided.

21 Manpower considerations

One of the most persistent concerns in the field of human management has been with manpower, both professional and nonprofessional. While shortages may exist in certain localities, agencies, fields or levels, such shortages have sometimes been artificial, and perhaps due to ideological factors. Over some of these phenomena, a service agency may have little control; over others it does. This subarea deals with those aspects of an agency's functioning which it controls, and which tend to attract, develop and retain staff.

Manpower considerations will be assessed in two ratings: R211 'Staff development', concerned with improvement of the agency's current staff; and R212 'Manpower development', concerned with the agency's contribution to the continuance of appropriate manpower in general, and in the long run.

In a previous version of PASS, this subarea contained three additional ratings which have been eliminated altogether. This is of interest not merely for historical reasons, but because of certain questions which may arise in the reader's mind. One of these ratings had to do with volunteer manpower usage; this issue is now covered in the rating on R123 'Consumer & public participation', and in part within R212 'Manpower development', as one means of recruiting and developing future manpower. Two other ratings had to do with the availability of professional and non-professional staff, respectively. The reasons for their absence are as follows.

1 Concepts as to staffing patterns and qualifications are in a great state of flux, and staff patterns and requirements differ drastically for different services. Thus, it appeared impossible to generate meaningful guidelines which could be objectively specified and applied across the wide range of services which PASS is intended to cover.

2 The presence and qualifications of staff are not meaningful by themselves unless they eventuate in appropriate programming. However, it was felt that other ratings adequately covered those program processes and outcomes which would reflect staff variables. Also, at this time of change in regard to manpower deployment, it appears preferable to assess staff action in this fashion, rather than by means of criteria which may be either insufficiently specifiable or highly unstable. Thus, the reader will find manpower effects strongly expressed in elements such as 115 'Quality of setting', 114 'Developmental growth orientation' and R113 'Model coherency'.

R211 Staff development

When evaluating this rating, the rater should keep in mind that all programs should encourage employees to improve their ability to perform in their jobs. Education and training are of prime importance. Thus, educational development should be sought for all levels of staff, from housekeeping to executive staff.

The rater should determine the amount of project expenditures which have gone toward staff development, the special programs or provisions of the agency for the development of staff, and the adequacy (therefore ultimate utility) of the professional development activities in relation to the special training needs of the staff.

Staff development programs could include provisions and activities such as the following.

- 1 Educational leaves of absence
- 2 Time off with pay for accredited degree courses
- 3 Financial support payments (e.g. reimbursements, tuition and books) for employees taking courses
- 4 Scheduled deadlines for the completion of degree requirements
- 5 Attendance at outside courses or workshops

Level 1 *The provisions for staff development appear to be very inadequate in amount or quality for the type service offered; or, the project efforts at staff training have demonstrated no impact on the quality of services rendered to the client.*

Level 2 *Provisions for staff development are minor, & have resulted in only minimal positive impact upon services to the client.*

Level 3 *The provisions for staff development appear adequate for the type service offered, & have demonstrated impact upon program quality. However, shortcomings exist: development activities are sporadic rather than continuous, have to be sought out by staff rather than being an integral part of the agency operation, etc.*

Level 4 *An extensive system for continuing staff development has been incorporated as an integral part of the ongoing operation of the project. The program of staff orientation, education & training appears to be very good & appears to have contributed extensively to the quality of the program.*

- 6 Participation in study tours
- 7 Travel to national, provincial or state, and local conventions and conferences
- 8 In-service training
- 9 Regular manpower development seminars (for specialized areas of training)
- 10 Use of outside experts as lecturers
- 11 Payment of employees' professional association dues by the agency
- 12 The establishment of a professional development fund (perhaps administered by a committee which determines where the money might best be utilized, and for what activities).

In addition to providing for staff development, it is desirable that the project agency show that improvements and changes have resulted in both client progress and staff performance as a result of these activities and provisions. Comparisons of behavioral charts, production rates or other such indicators might reflect improved client abilities, while staff attendance and involvement in meetings, conferences, tours, and implementation of new ideas and procedures as well as individual education advancement might reflect staff development. Thus, R2213 'Program evaluation & renewal mechanisms' may impose a constraint upon the level that may be attained in 'Staff development', insofar as the outcome of a staff development measure requires the presence of personnel evaluation measures. In other words, in order to receive a high score on 'Staff development', a project may have to receive at least a Level 3 score in 'Program evaluation & renewal mechanisms'.

An additional consideration that could be included is not merely what the agency does once staff has entered employment, but the adaptive efforts made in the selection of staff during the recruitment and employment process.

A recurring problem is whether to include volunteer training and development here or under R212 'Manpower development'. The following rule of thumb should be applied:

- 1 *Training* of volunteers should be rated here.
- 2 *Recruitment* of volunteers, and special supports and efforts directed primarily at *youth* volunteers, falls under 'Manpower development'.

Level 5 *Project utilizes near-optimal methods for staff development, both in quality & extensiveness, & in apparent effectiveness. Project would include most of the points mentioned in the left-hand column; budgeted funds for staff development; a continuing internal staff development program incorporated as an integral part of the ongoing operation of the project; extensive use of outside consultants; staff participate regularly in regional, state, & national workshops; a specified person is responsible for staff development; & there exists a problem-identification system which pinpoints areas of weakness or problems in the system where more staff training is needed.*

There may be a constraint placed on this rating by 'Program Evaluation and Renewal Mechanisms', in that if any agency does not conduct good evaluation, it cannot receive an optimal rating on 'Staff Development'.

R212 Manpower development

Because of the growing need for professional and non-professional personnel in the ever-widening spectrum of human services, every program and service agency shares the responsibility for the development of future manpower. Manpower problems can never be overcome by relying exclusively on professionally trained personnel; vastly increased emphasis must be placed on new careerist and other types of non-professional workers.

One of the most effective yet often overlooked means of developing future manpower is through local training of potential workers, young people, students and volunteers within the project agency or service system itself. By issuing meaningful service challenges, and by offering people a genuine opportunity for participating in an exhilarating experience of change, reform, and new model building, it is possible to attract to the field, and retain, many productive,

Level 1 *Concern for manpower development is grossly inadequate. The project either*

a does not provide activities designed to attract & develop future manpower, or

b puts forth only a token amount of effort, time or funds, implementing only an extremely limited number of those measures which are well within its power.

Level 2 *A minimally acceptable amount of effort, time or funds in the development of future manpower. E.g. a service contributes somewhat to existing manpower programs, & participates in several other activities within a year, but mostly passively, rather than initiating, sponsoring, or seeking out additional activities which would assist in the development of future manpower.*

desirable workers. Young staff who are thrust into positions of great responsibility perceive this both as a challenge and an opportunity to actualize themselves years earlier than most professionals ordinarily do.

In addition to seeking out, employing and training (young) persons within the project or agency, many other components need to be embodied within a project's program for developing future manpower. Specifically, each project should strive to plan activities that will

- 1 stimulate and develop interest in human services;
- 2 promote the development of career planning and opportunities in supportive health, educational and social services;
- 3 give potential manpower a broad understanding and perspective of the human management field and its present role in modern society;
- 4 support and expand manpower programs that bring individuals and groups into work with individuals in need.

Activities which can aid in achieving the above goals would include:

- 1 special career days or events to disseminate information concerning career opportunities in the field;
- 2 lecture series, workshops or talks given to club or school groups to expose possible future manpower to an overview of specific human management fields;
- 3 opportunities for observational experiences of programs, activities and clients, so as to introduce potential candidates to the spectrum of community services that are available, and those which need to be developed;
- 4 developing and actively supporting youth groups to work in human service areas;
- 5 special recruiting efforts in low income areas where potential supportive manpower often goes unutilized;
- 6 sponsoring work training programs, and applying for special training grants;
- 7 structuring of features into a training program that will help make it possible for interested persons to be trained; e.g. female trainees might be furnished with day care for their children; volunteers (potential leaders) receive financial assistance for training;
- 8 making part-time jobs available to students, so as to socialize them into the human service field during their school years;
- 9 attempts to support and expand manpower programs that bring persons into work with impaired or disadvantaged individuals, e.g. Summer Work Experience and Training (SWEAT), Volunteers in Service to America (VISTA), Canadian University Service Overseas (CUSO), Company of Young Canadians (CYC), etc., as long as such programs do not result in deviancy juxtaposition.

Volunteer involvement should only be included and judged here if its primary or major emphasis is human service career fostering, as evidenced by distinct program structures rather than merely verbal claims to this effect. Otherwise, volunteer participation may have a bearing on R2222 'Budget economy', and volunteer training is subsumed under R211 'Staff development'.

Level 3 *The agency has taken adequate & satisfying, but not extensive, measures for the recruitment & development of future manpower.*

Level 4 *Efforts & measures for finding & developing future manpower are extensive & highly laudable.*

Level 5 *Project has not only planned laudably for the development of future manpower, but also has clearly budgeted funds for a well-identified & extensive effort in this area; or, the agency has provided extensive measures for future manpower development, & also has an established record of putting forth successful extensive effort in developing, recruiting, & training potential manpower.*

22 Operational effectiveness

Operational effectiveness will be assessed by the internal structure of the project (agency), and its financial soundness. Each of these two item areas will be subdivided into a number of ratings.

221 Internal administration

The item area here deals with certain agency processes which are under the control of the internal management, and which play important roles in determining agency adaptation, utility, effectiveness and quality. Three elements make up this item area: R2211 'Administrative control & structures,' R2212 'Planning process', and R2213 'Program evaluation & renewal mechanisms'.

R2211 Administrative control & structures

To evaluate a project, it is necessary to consider not only the administrative and organizational aspects of the program itself, but also those of the entire service system of which it is a part.

These are criteria to be considered.

- 1 Organization and staffing should be clearly defined, preferably aided by charts and tables. Raters should be concerned not merely with the paper definition and structure of administrative organization and control, but also with the degree to which such a paper structure is actualized in practice.
- 2 There should be an appropriate interrelationship between the various levels of administration, e.g. the board (if any), the chief administrative officer of the organization and the director of the specific project.
- 3 Administrative and supervisory personnel should have a reasonable span of control (management experts believe that supervision of up to 7 persons is optimal), and a manageable number of facilities and projects under their supervision. If the number of people supervised is too small leadership is wasted (rated under 'Budget Economy'); and if too large, it runs the risk of control loss.
- 4 The board of directors (if any) should be of a composition appropriate to the type and size service involved. For instance, the board of a workshop should have an entirely different composition than the board of a child development center, especially as regards the inclusion of members with different types of expertise. The inclusion of persons with proven general leadership skills would usually constitute another relevant dimension.
- 5 The board of directors (if any) should be of an appropriate size to function efficiently and effectively. Widely held beliefs are that the optimal range is 5-15 members.
- 6 Operation within a management-by-objectives or other modern systems-type orientation.
- 7 The existence of appropriate written job descriptions, personnel and other policy statements.
- 8 Committees are usually desirable, but their coordination, vitality, and effectiveness should be ascertained.

Level 1 *Administrative control & structures are so deeply flawed as to virtually cripple operational effectiveness. E.g. presence of several independent boards; a program with administrative authority spread over various department heads; sole authority & responsibility for direct supervision of all programs vested in one person without an appropriate hierarchy of authority; other impossible, unworkable or unsound structures, such as several individuals within a project reporting directly to the board of directors which meets infrequently.*

Level 2 *Shortcomings are major & serious, but do not cripple operational effectiveness. E.g. too little authority vested in executive personnel; no clear-cut delegation of both authority & responsibility between levels of organization, such as daily operating decisions made by the board of directors; overlapping or inconsistent job descriptions or actual role functions; projects of considerable size which lack appropriate written policy statements, personnel policies, or job descriptions.*

Level 3 *Minor weaknesses exist such as are found in many if not most human service structures, but which ordinarily do not by themselves interfere extensively with the attainment of organizational goals. E.g.*

- a *board of directors lacks members with the desirable level of expertise in the type service offered, or with high capabilities in management, politics, or leadership;*
- b *board of directors exceeds 15 members;*
- c *the span of control of administrative personnel clearly but not excessively exceeds the number of staff or programs which can be effectively managed;*
- d *minor weaknesses in personnel policies, job descriptions;*
- e *minor weaknesses in the definition of authority & hierarchical structure, or in the relationships between branches or levels of the organization;*
- f *the project lacks a specified management approach.*

Level 4 *Controls & structures are gratifyingly above the norm, although additional improvements are conceivable. E.g. some but not all the desiderata specified under Level 5 may be present; or if Level 5 features exist, they are not all fully operational.*

Level 5 *Administrative control & structures are such that additional improvements would appear to involve unreasonable efforts, or would be of very insignificant extent. Features essential for a Level 5 rating include all of the criteria in the left-hand column, & these must be effectively operational.*

R2212 Planning process

Basic to adaptive planning is a highly conscious orientation to the future—an orientation which typically is very rare in our culture. Key personnel should be able to think in terms of generations of societal processes, as well as in terms of developments and plans for lesser modules of time, such as five years, two years, six months, etc.

In order for a service to be appropriate, effective, and of high quality, it is usually necessary to evolve according to a good plan. In turn, this generally implies that the planning process must

- 1 be clearly identified
- 2 be conscious and systematic
- 3 have both moral and material support from within the agency
- 4 have adequate input from the environment
- 5 be continuous
- 6 have a specific person or persons identified as carrying on either the major part of the planning, or at least its coordination.

In order to carry out adequate planning, it is necessary for the agency to gather appropriate data on itself, and sometimes also on the community, service area, or clients it does or might serve. The plans it evolves for itself must be written, and must not merely be available, but must be actively disseminated to the staff and to anyone else who relates significantly to the agency, or has an active interest in it. Usually, this will include the consumer. There must be a provision for review and updating of the plan, and the participation of all agency personnel in such updating is desirable. This can be done in a number of ways, including the encouragement to write position papers, and the dissemination and discussion of such position papers in the process of continued planning. On an advanced level, the agency offers extensive support and receptivity to outside ideological leaders and change agents

who are in a position to interact on a repeated basis with agency personnel in such a fashion as to bring about readjustments in plans and goals.

Level 1 *There is virtually total absence of planning within the agency.*

Level 2 *Some informal planning takes place, but the relevance of such activities to actual program change is questionable, & project personnel do not appear to have any appreciation or understanding of the planning process.*

Level 3 *Minimally acceptable appreciation or actualization of planning endeavors. Weaknesses exist such as exist in most human service structures at the present time. Project exhibits either*

- a *a gratifying appreciation & understanding by project leaders of the need for planning & the planning process, but with only minimal efforts so far to actualize this ideation; or*
- b *modest & relevant activities useful to the planning process are going on, but current leadership personnel has very little appreciation & understanding of the planning process.*

Level 4 *Leaders exhibit appreciation & understanding of futurism, planning needs & processes, & engage in considerable planning activities of a relevant nature. However, some elements needed for a Level 5 rating are missing.*

Level 5 *All the major elements for adaptive planning are present, & they are systematized. There is high futurism consciousness. The agency habitually elicits & utilizes new ideological input, evolves & applies its plan, adapts it flexibly to new situations & clearly fixes planning responsibility. The plan is disseminated within the agency, understood by its staff & at least available [if not actively disseminated] to others, such as consumers.*

R2213 Program evaluation & renewal mechanisms

(includes the development of concepts and the emission of actions)

Self-renewal is the key to adaptive service delivery, but typically receives only a fraction of the attention it demands. For the purposes of this rating, we can differentiate between renewal processes and program evaluation, keeping in mind that these are not always separable, and that they can and should be much more part and parcel of day-to-day agency operation than may appear from this discussion.

Self-renewal mechanisms might include the fostering of an atmosphere of non-defensiveness and communication, as via brainstorming sessions and retreats. Members may be encouraged to question existing structures, perhaps through the production and circulation of position papers, and perhaps even the tolerance of adversary-type processes (e.g. setting up an independent legal aid officer or ombudsman in one's own agency). There may be an openness to external input, such as from consultants. A rare but laudable form of external boundary-weakening is the temporary exchange of staff among agencies. An internal equivalent might be job rotation.

Assessment

	Internal					External				
	None	Some	Moderate	Extensive	Near-ideal	None	Some	Moderate	Extensive	Near-ideal
Awareness	0	1	2	3	3	0	1	2	3	4
Frequency, intensity, & variety of assessment:										
Clients	0	1	3	4	5	0	1	3	4	5
Staff	0	1	2	3	4	0	1	2	3	3
Program	0	2	4	5	6	0	2	5	7	8
Utilization of results	0	1	3	5	6	0	2	5	7	8
Economy, practicality, feasibility of measures	0	1	3	5	6	0	1	3	4	5*

* An agency being voluntarily assessed by PASS should probably get 5 points here.

In assessing *program evaluation*, raters must address themselves to at least six questions or issues.

1 Optimally, assessment would address itself to (a) client performance, (b) staff performance, and (c) program effectiveness. Also assessed should be the degree to which the protection of clients' rights and welfare is monitored.

2 Assessment can be internal and external.

a By far the most common types of assessment tend to be internal. Though desirable, such assessments are often fragmented, biased, and conflicted. Provisions for internal evaluation can come from such measures as suggestion boxes, client turnover or termination rates, and cost-yield analyses.

b External assessment is more highly valued than internal, particularly in regard to program performance. External measures might include PASS; accreditation assessments; assessment by outside expert consultants; feedback from client consumers by means of questionnaires and surveys; and the monitoring activities of citizen and consumer organizations, and possibly of other public groups such as public officials, legislators, etc.

3 The larger and more varied the measures for any type of assessment, the more revealing and effective is the assessment apt to be.

However, the quality, extensiveness, and proven utility of evaluation procedures should be estimated by the rater. The usual types of clinical (team) conferences should only be given very modest weight.

Client growth and development may be evaluated, internally or externally, by means of administration (preferably before-and-after) of standardized and reliable instruments assessing change (such as intelligence tests, information and achievement tests, aptitude tests, performance tests, assessments of behavior and conduct, surveys of environmental and status change, inventories, rating scales and observation techniques employing objectified checklists and schedules); by continual charting of behavioral change (as used in precision teaching); and possibly by using means of recording change by mechanical instruments, such as tape recorders and optical devices.

Staff may be evaluated by (regular periodic) review, hopefully based upon objective criteria and rating scales, external examiners and evaluators, periodic comparison of staff function with job descriptions, feedback on staff from clients, etc.

4 In terms of frequency, raters may distinguish between assessments that are absent, sporadic, regular, and continuous. Different types of evaluation may render themselves appropriately to different schedules of frequency.

5 Utilization of the results, reports, data, etc., of the assessments might range from zero to very extensive. The rater should be sensitive to the degree to which the project subscribes to cost-yield concepts, to approaches incorporating systems analysis techniques, and to strategies or organizational adaptation which allow evaluation results to *produce adaptation* rather than merely perpetuation of agency routines.

6 Finally, whatever extent and combination of approaches is used, they should be administratively feasible, realistic, and reasonably economical and efficient. It may be salutary to recall that the frontier trend now is to reserve 10-15% of an operating budget for evaluation and change.

Self-renewal

	None	Some	Moderate	Extensive	Near-ideal
Awareness of self-renewal importance	0	1	2	3	3
Variety of self-renewal measures	0	1	2	3	5
Vigor & effectiveness of utilization of self-renewal measures	0	1	2	3	5
Institutionalization of self-renewal measures	0	1	2	3	4

Level 1 0-10 points

Level 2 11-18 points

Level 3 19-20 points

Level 4 21-50 points

Level 5 51-69 points

Level 6 70-80 points

Of all evaluation measures, program performance is perhaps the single most important one; fortunately, it also lends itself readily to regular, and to some degree even continuous, evaluation.

It should be noted that for any number of evaluation purposes, the agency will need to have available facts about itself. This implies that a rater will have to assess the amount, relevance, and quality of operational data which the project collects about itself, and the way the agency keeps, summarizes, disseminates, and uses such data.

The rating of program evaluation and renewal mechanisms is one of the most complex ones—in some ways even more complex than R113 'Model coherency'; therefore, the instructions for rating along six levels of performance should be considered more in the way of guidelines and examples than rigid prescriptions. However, this does not mean in any way that raters should relax their demanding standards.

A service which has lacked external program evaluation in the past should be allowed some credit for eliciting or permitting a PASS evaluation.

222 Finance

Financial considerations of relevance to PASS, FUNDET, or both could be conceptualized as reducing to five issues: How well does the agency (i.e. its leaders) know its income, expenditures, and costs? How extensively are these data documented? How valid (accurate) are these data and/or future projections? How economically is the project operated? Is the project's budget sufficient for obtaining its objectives?

Since the quality of a service can almost always be improved by restructuring (i.e. reducing) its scope, the fifth consideration is subsumed under FUNDET rather than under PASS. The third issue (accuracy, validity) is similarly included under FUNDET because it is of concern primarily to the determination of the *merit* of funding of a proposed project, rather than being relevant to the quality of either a current or proposed service. The other three issues are handled here by two ratings, since for all but the rarest instances, it can be assumed that knowledge or estimation of the financial situation depends on extensive documentation.

Within 'Financial documentation—extent' the rater should keep in mind that it is not unusual for a service to make unrealistic projections, or to engage in record-keeping, bookkeeping and other practices which fail to disclose the real costs and/or income of a service. Such practices may be due to naivete and negligence rather than any attempt to deceive.

'Budget economy' goes beyond 'Financial documentation—extent' in being concerned with the ratio between costs on the one hand, and service benefits and effectiveness on the other. Obviously, a rater may disagree with an agency on 'Budget economy' because of a disagreement on 'Financial documentation—extent'. Thus, this is one of the instances where one rating may impose a constraint on another one.

R2221 Financial documentation—extent

This rating is concerned with the issue of how well the financial situation of the project is documented. This documentation should be concerned with income, expenditures, and costs. Specifically with regard to costs, the rater should explore the following issues.

- 1 The extent of documentation of costs, both overall, by type of service, and per client.
- 2 Inclusion of all real costs in the above figures. Here the rater should explore whether the agency has adequately separated the cost of the project from other projects it may operate; and whether overhead and other costs have been properly included and separately documented.
- 3 A common error in human services is to present only the expenditures of a service, and not to include hidden costs, such as (a) the utilization of manpower and other resources that are provided free of charge or at a reduced rate, as might be the case with volunteer work or donation of materials,

Level 1 *Financial documentation is extremely crude, covering perhaps only gross categories.*

Level 2 *Financial documentation is significantly better than on Level 1, but still shows major inadequacies.*

Level 3 *Documentation is extensive & perhaps even normative in comparison to many other agencies. However, weakness still exists, most likely in the documentation of hidden costs.*

Level 4 *Documentation is supra-normative by either addressing itself significantly to hidden costs & incomes, or by extraordinary detailing of other finance details.*

Level 5 *Financial documentation is so extensive as to constitute a model.*

space, etc., or (b) capital expenditure hidden in building depreciation. Obviously, operating costs per client, computed on the basis of actual expenditures only, could conceivably show up as a mere fraction of true costs, and this would have considerable implications to the assessment of R2222 'Budget economy', and of FUNDET rating R33 'Financial documentation—accuracy'.

Costs are emphasized above since in many considerations and judgments of raters, they will play an important role. However, it is also important to have an adequate documentation of income, not merely by amounts but also by sources. Again, such documentation may affect not merely this rating, but others as well. For instance, as discussed earlier, the nature of the funding source may have implications to the rating of R111213 'Deviancy image juxtaposition'.

Adequate presentation of costs is a particularly important issue in judging proposals for services that have not yet been implemented.

R2222 Budget economy

On several occasions, program accountability has been discussed and emphasized. However, service quality should not only be assessed via social accountability, but also via fiscal accounting. The present rating is concerned with the cost-effectiveness of the project. The rater should consider cost in terms of money, manpower, time, material and other resources. Benefits are assessed in terms of number of clients served, the urgency of the problem to which the project is addressed, and the advantages to community and society. More specifically, such benefits might include emotional breakdowns prevented, family dissolution averted, human loneliness dispelled, health preserved or restored, services or social participations mediated, proper treatments provided, persons habilitated, dollars as well as manpower saved, and justice rendered or preserved.

Raters should orient themselves to the fact that typically, human services are grossly wasteful, though sometimes in subtle rather than obvious ways. One reason for their waste is the fact that training institutions have almost completely failed either to instill into their students a systems orientation to human services, or a commitment to the ideology that quality services can and should be rendered at economy costs. Such an ideology is called for both in terms of elementary accountability to the public, and as quite probably providing the only means whereby truly comprehensive human services will ever become available.

This rating is not intended to promote the concept that a service should spend a minimal amount of money, and/or try to save money at the expense of service quality. Instead, it promotes the ideal that a service should strive to yield optimal and maximal benefits at minimal costs. If a service attempted to economize by reducing service quality, such efforts would, of course, be apparent on many other ratings, particularly perhaps in R1143 'Intensity of relevant programming', *R1141 'Physical overprotection', *R1151 'Physical comfort', and 21 'Manpower considerations'.

Evaluation of the economy of the project budget should include consideration of the following.

- 1 An adequate population base to insure that program size does not fall below minimum, raising the cost-per-client intolerably high. For example, sheltered workshops are typically inefficient if they are very small.

Level 1 *Project is grossly wasteful; personnel are almost entirely unmindful of cost-yield rationales.*

Level 2 *Obvious inefficiencies exist, but the project can at least be considered justifiable, perhaps because of factors such as one-time lead-in costs.*

Level 3 *A gratifying cost-yield balance exists, although further improvement is obviously feasible.*

Level 4 *Cost-yield balance is very high, but continued aggressive probing is likely to result in at least modest additional improvements.*

Level 5 *Quality services are rendered at economy costs & appear optimally cost-beneficial; objectives & benefits are explicitly stated; & program decision & planning techniques intimately involve cost-yield considerations. Thus, the project constitutes a model to others.*

- 2 A reasonable capital investment, adequate for the equipment needs and the number of clients served.
- 3 Consideration of operating costs in relation to the physical arrangements of the facility to be used, keeping in mind that location can affect cost. For instance, locating certain programs or services adjacent to and sharing resources with other facilities may permit both to operate at a much lower cost, although such concentration of services may violate the principle of integration or of group (deviancy or age) juxtaposition.
- 4 Staffing should be considered, including
 - a the reasonableness of personnel costs in relation to prevailing or required professional and non-professional salaries and staffing patterns;
 - b appropriate number of clients or client places to justify the employment of all needed personnel.

While a project may score high in financial documentation, but low on budget economy, the reverse can rarely be the case. If a project's costs are inadequately documented, the rater should make his economy ratings on the assumption that costs are high rather than low. Also, raters should keep in mind that in cost-effectiveness (R2222 'Budget economy') on PASS, a service can score high even though it has some weaknesses in various quality areas. In other words, a service does not have to score on a high level *everywhere* in order to score high here. Even services with considerable weaknesses may still be remarkably cost-beneficial and even of a demonstrating nature.

3 FUNDET

3 FUNDET

In order to apply FUNDET appropriately, the rater must have read the explanatory narrative for PASS. He should keep in mind that FUNDET ratings are **not** concerned with project quality, but with project features which independently bear upon the decision whether or not a project should be supported financially by the body under whose auspices the ratings are being conducted. In order to render his judgments knowledgeably and fairly, it is essential that the rater be familiar with the aims, policies and standards of the sponsoring body, as these relate to the specific project under review. Documents which greatly facilitate the rating of a project on FUNDET are listed in Table 6.

R31 Continuation of funding

The rationale for inclusion of this element is that a funding agent would, and should, almost invariably be concerned with the continued and long-term funding and operation of the service it supports. Also, almost any funding agent would encourage recipients of its support to seek additional and/or alternative funding from other sources. In many cases, funding agents specifically intend that their funds serve primarily as 'seed' or initiation money.

In instances where funds are sought for a one-shot project or expenditure (one-time equipment purchase, a six-month study, etc.), applicant projects automatically receive the highest score attainable.

Evaluation of the likelihood of continuation of local, alternative, additional, matching, etc. funding for the operation of a project should include consideration of

- 1 extent and duration of agency financial sources, grants, subsidies, matching monies, earmarked mill levies, donations, earnings, etc.;
- 2 restrictions on fund utilization imposed by existing funders and circumstances;
- 3 past community or civic activities indicating atmosphere of potential support.

Level 1 *Project appears to lack sufficient financial support, perhaps indicated by*

a vague statements of financial backing, without tangible or meaningful documentation;

b initial matching funds coming from a one-shot contribution, without assurance of continued support;

c assertions regarding future financial support based on highly speculative conjecture or hope, or on unwarranted optimism.

Level 2 *Community atmosphere & potential support sources justify reasonable expectations of funding, despite lack of firm or written documentations or assurances. The rater should consider such points as*

a the existence & involvement of powerful, active interest groups, e.g. organizations, consumer associations, etc.;

b active civic leader support;

c favorable opinion on the part of public & potential funding sources;

d past actions of a favorable nature by civic groups, other funding sources, etc.;

e indications of strong [local] support in the news media.

Level 3 *The probability of continued financial support is very strong, although written documentation is absent or 'soft'. E.g. informal governmental promises are strong; what written assurances exist are not yet from those persons or offices which are empowered to make definitive ['hard'] commitments, but from sources close to them; written assurances are of an interim nature & still require official legitimization, etc.*

Level 4 *Concrete, documented assurances of continued financial support, with written authoritative letters of intent or assurance from governmental bodies, agencies, organizations, etc.*

Level 5 *Indications of unusually favorable support, e.g. the existence of a legal-fiscal base for continued support such as*

a existing, earmarked tax mill levies

b permanent endowments, with the amount of income reasonably stable, specific & adequate.

R32 Funding exploration

Generally, a funding agency will have little reason to substitute its own money for services which are or can be appropriately financed from other sources. This rating is concerned with the degree to which applicants for funds have explored other resources which might reasonably constitute funding sources.

Level 1 *No other funding sources have been explored by the applicant agency.*

Level 2 *Evidence is unconvincing that much more than a token or modest effort was put forth in seeking out alternative financial sources.*

Level 3 *Alternative funding has been explored, but additional exploration is still reasonable.*

Level 4 *Exploration has been extensive & gratifying, though not exhaustive.*

Level 5 *The applicant has so extensively explored & ruled out alternative funding sources that no further effort on the part of the agency appears reasonable or justified.*

R33 Financial documentation—accuracy

The intent of this rating is to determine the accuracy and appropriateness of the proposed budget. From ignorance of budgeting issues, lack of experience, over- or under-estimation, day-dreaming or downright cynicism, funding applicants may submit budgetary plans which are either (a) grossly inaccurate, or (b) totally inadequate for carrying out the proposed project. An appropriate concern of funder agencies is to allocate resources to projects which have accurate as well as adequate budgets so as to minimize the likelihood of misuse of funds, program failures, debacles and over-runs, etc.

The accuracy (possibly veracity) of the financial documentation provided by an agency is much more difficult to assess than the extent of the documentation itself. Here especially, the rater should therefore give a higher rating where he entertains reasonable doubts.

Where future budgets, incomplete current budgets, or proposed projects are concerned (but to some extent also with ongoing projects), the rater might consider the reality-orientation of the agency leaders in general, their competency and sophistication in financial matters, and their general financial performance. For instance, projections made earlier might be compared with actual outcome, and the projected costs of currently proposed projects might be examined in light of current costs for similar existing services in the same agency. The rater should keep in mind that human service workers tend to identify themselves closely with their proposals, and are typically overoptimistic in their anticipations.

Three ways in which financial accuracy can be impaired is by failing to include (intentionally or otherwise) significant data; by unnecessarily maintaining multiple budgets which are not integratable with each other, and which obscure important financial issues; and by other obscurantisms which (possibly despite considerable extent of financial documentation) result in failure to answer even relatively basic questions.

The rater should be careful to judge accuracy independent from R2221 'Financial documentation—extent', recognizing that sometimes, inadequate documentation may make accuracy judgments difficult. On the other hand, programs often provide extensively documented budgets which are inaccurate or, at the least, misleading. Here a rating is made on accuracy regardless of the extent of budget documentation.

Level 1 *The financial documentation appears to be grossly inaccurate or unrealistic in at least one critically important rubric [e.g. income, salaries, space costs, equipment cost, indirect costs, etc.]; or the recent track record of the agency or project administration indicates gross inaccuracies in financial planning & operation, or blatant dishonesty & extensive intentional or quasi-intentional obscurantism.*

Level 2 *Significant but not gross unrealities appear to exist, & major problems can reasonably be anticipated. E.g. the proposed budget appears significantly lower than one could predict to be essential if one is to attain the proposed goals with the desirable level of quality.*

Level 3 *Project budget estimations are moderately unrealistic, but not incapacitatingly inaccurate or intentionally deceptive. Perhaps a moderately important cost category has been omitted, [e.g. transportation costs to carry out the proposal may have been omitted in a crisis assistance program], at least one significant cost category appears to be clearly but not greatly on the low side.*

Level 4 *The documentation appears to be essentially realistic, although minor real or potential inaccuracies may exist. E.g. a men's group home budget proposal, modelled after experiences in a women's group home, may have budgeted inadequately for food.*

Level 5 *Budget appears accurate & appropriate for the type of proposed service & stated objectives, except that precedents, cross-references & similar evidence which may forestall miscalculations are scanty or non-existent.*

Level 6 *Budget is not only accurate & appropriate, but very well supported in terms of previous experience, cross-references, reasonable cost-of-living & other relevant 'escalator' allowances, etc.*

Raters unfamiliar with costs associated with the type of project being rated may need to consult with persons who have more experience, and may have to gather information on the following topics:

- 1 Start-up and per-client operating cost of similar services in the region, or in other comparable communities.
- 2 Typical wage-scales for the proposed or comparable jobs in the area.
- 3 The type of facility the project intends to utilize, and related costs.
- 4 The area and population distribution of potential clientele of a project in which transportation is to be provided.

34 Hardship factors

Although funding agencies have sometimes utilized a vast array of measures and formulas (e.g., per-capita buying power, per-capita income, assessed valuation or combination formulas which attempt to define poverty areas, high crime-rate areas) in order to determine various 'hardship' criteria and priorities, three elements were felt to subsume most of these measures, and to serve adequately in establishing the presence or absence of relevant hardships. These elements are 'Financial need', 'Socio-ecologic hardship', and 'Geo-demographic hardship', each to be assessed independently.

R341 Financial need

In some problem areas and types of services, financial needs are much higher than in others. Thus, it makes eminent sense to give some priority to proposals for services where financial need is especially high. However, raters are cautioned against relying solely upon agency-generated information concerning financial status.

Level 1 *The agency is already funded adequately to carry out the project at issue without support from this funder.*

Level 2 *The agency could reasonably establish &/or operate the proposed project [possibly at a reduced scope or increased efficiency level] through existing &/or available monies.*

Level 3 *Other already available partial sources of funding would enable the proposed service to establish &/or operate adequately with only additional partial support from this funding source.*

Level 4 *The proposed service apparently could not operate at this time without the financial support requested from this funder.*

Level 5 *Without the aid of the requested funds, an established service project would have to be discontinued.*

342 Socio-ecologic hardship

This element rates projects according to their orientation to serve regions in which there is a high concentration of socio-ecological problems which have deleterious impact on the regional population.

Indices of socio-ecological hardship include:

- 1 an excessively large number of unserved potential service recipients residing in the area;
- 2 non-availability of health, social and other related relevant services;
- 3 high infant mortality rates;
- 4 a high rate of poverty;
- 5 a large proportion of area residents on public assistance rolls;
- 6 high unemployment rates;
- 7 high prevalence of family dissolution;
- 8 poor housing conditions, such as evidenced by
 - a a large number of units below minimum living standards;
 - b a large number of persons per unit;
- 9 a high rate of crime, drug addiction, mental disorder, etc.

A small agency or program might put all of its efforts into a high-need region and yet have little effect because of its small size, while a large agency might have considerable effect even with modest efforts. Therefore, both types of phenomena will be rated: (a) the amount of project *effort* (resources) to go into special-need areas; and (b) the *impact* the project is likely to have on special-need areas.

R3421 Socio-ecologic hardship— effort

The proportion of the agency's budgeted funds allocated to special need areas is:

Level 1	0%-10%
Level 2	10%-25%
Level 3	25%-50%
Level 4	50%-75%
Level 5	75%-90%
Level 6	90%-100%

R3422 Socio-ecologic hardship— impact

Level 1 The project will likely have no impact on special need areas of the service region.

Level 2 Only minimal likely impact.

Level 3 Appreciable likely impact

Level 4 Extensive likely impact.

R343 Geo-demographic hardship

Geo-demographic hardship is defined by a combination of three phenomena: the size area to be served, its population density, and its population distribution. Obviously, the interaction among these three variables can affect the ease with which services can be delivered.

Density refers to the compactness of the population in the region, e.g. urban congestion areas (high density) versus sparsely populated rural areas (low density). Population distribution is concerned with how evenly the population is spread throughout the geo-political area served. Thus, a project would face major service delivery challenges if it were serving a large (perhaps rural) geo-political area with low population density, where the population is lopsidedly distributed throughout the region.

Level 1 *The geo-demographic area does not present any extraordinary challenges in any one or combination of the variables listed. Usually such an area would be of small size & have a fairly even population distribution of relatively high density. In such an area, there generally will be fewer transportation problems & it will be easier to achieve dispersal of services.*

Level 2 *The geo-demographic area is moderately difficult to serve. These projects might have one of the following characteristics:*

a slightly too large an area for relatively easy delivery of services;

b a moderately uneven population distribution;

c a population density that provides modest difficulties.

Level 3 *The area-population constellation will be very difficult to serve. Considerable difficulty would be present in 1, or modest difficulty in 2 of the 3 aspects.*

Level 4 *The area-population constellation will be very difficult to serve because of considerable difficulty in at least 2 of the 3 aspects.*

Level 5 *The geo-demographic constellation will present major service challenges, e.g. a project serves a very large geo-political area with a low average population density that is very lopsidedly distributed.*

R35 Non-duplication—newness

Potential funders are legitimately concerned with the extent to which a project might possibly reach out for clients who are already adequately served, and thereby duplicate already existing services while other types of clients needing other types of services may continue to remain unserved. Even where only a specific type of service is duplicated, and potential clients for this type of service are so numerous that no competition for clients will ensue, legitimate concern with priorities may exist. For instance, in a town in which a developmental day care center for thirty children already exists, and where an additional thirty children require the same type of service, it may be inadvisable to fund an independent second child development center rather than to double the capacity of the first one.

New services contribute toward the development of comprehensiveness; they tend to contribute to the strengthening of new trends; and they often have high start-up costs. All these are additional reasons for incorporating this rating.

In consequence, it is the intent of this rating to reward projects which will provide new services, services to new clients, or both—either by being totally new, by adding a new service component, or by extensively reorganizing themselves so as to constitute a virtually new entity. By the same token, the rating intends to punish projects which would set up services which compete for clients, or which would unnecessarily contribute to the fragmentation already so common in the service delivery system.

Points are not merely awarded for services yet to be initiated, but also for those initiated in the very recent past. The rationale here is that service systems with independent funding may occasionally and justifiably risk initiation of a

Level 1 *Funds are requested for continuance of a service which has been in existence for more than 1 year, & which is not undergoing sufficiently significant reorganization to warrant special consideration here; or it appears to duplicate existing services extensively.*

Level 2 *Project has been in existence for more than 1 year, but is to be improved by extensive reorganization or expansion; it appears to provide minimal or no duplication of existing services. E.g. a parent-operated nursery which is to be reorganized into a professionally-operated developmental day care program; an occupational center for adults reorganizing into a bona fide workshop [vocational services center]; expansion of an education program to include a younger age group.*

Level 3 *Project, or new or expanded program component, has been in existence for no more than 6-12 months, & it appears to provide no or minimal duplication of existing services.*

Level 4 *The project or expanded program component has been in existence for 6 months or less, & it appears to provide no or minimal duplication of existing services.*

Level 5 *Project is not in existence now, & it appears that virtually no duplication of existing services will occur.*

project in the hope of receiving further funding later, or because valuable initiatives may be lost by waiting for the results of the funding review process. Should funding be approved, the agency can invest that proportion of its own funds which will thereby be released into other services instead.

If at all possible, the applicant should present acceptable evidence of cooperation and agreement with other relevant agencies which clarifies mutual responsibilities, and which supports a claim of service need and non-duplication.

Newness of a service is not to be confused with innovativeness, which is covered in PASS rating R125. Furthermore, should the service be one which primarily facilitates other services, it may also receive credit under R36 'Service utilization enhancement'.

R36 Service utilization enhancement

Many services (e.g. transportation; certain types of assessment, information and referral services; orthotics; etc.) by their very nature, expand the service provided in an area by enabling clients to attend existing programs. However, in the absence of appropriate direct service programs, support services such as these do not contribute to service enhancement or even impact. Thus, a hot line for an *existing* juvenile residential drug program would earn credit here, whereas a proposal for a hot line in anticipation of a residential drug program to be started six months later would not earn credit. Other often mis-timed programs include assessment clinics, and information and referral services, established in regions where even the most basic 'hard' services are lacking or already grossly overextended.

The intent of the rating is to (1) reward proposals for services which function in support of already existing services, perhaps expanding their capabilities; (2) reward services without which other services might not be able to operate (e.g. a transportation service which would allow a child development center in a rural area to operate concurrently); (3) punish proposals for services which would expend funds irrelevantly or even counter-productively.

Although a support service may enable new clients to be served, the rating is distinct from R35 'Newness' since a support service for which funding is sought may be already well-established. However, it is possible that an agency will receive credit on both ratings if the assessed service is new or recently established.

The question of duplication of service effort is not an issue in this rating; and in instances where service enablement and support is not the issue, proposals automatically receive the highest level.

Level 1 *No service utilization enhancement. E.g. an information & referral or assessment clinic requests funds to serve an area where no services currently exist to which clients can be referred.*

Level 2 *Minimal service utilization enhancement. Either:*
a proposals which would only partially support existing services; e.g. a telephone crisis service on alcoholism, drug use & suicide in an area where only a very limited mental health service exists; or

b projects which will support programs which are to be established within a year or so.

Level 3 *Considerable service utilization enhancement. E.g. an orthotics or physical therapeutics program which supplies equipment & training for staff of broader existing developmental services to the multi-handicapped, allowing many additional physically handicapped & perhaps non-ambulatory clients to attend day programs from which they are currently being excluded; an information & referral service in an area with a wide variety of follow-up facilities & programs.*

Level 4 *Extensive service utilization enhancement. Proposals which support other services to the extent that these services could virtually not operate in their absence; e.g. in a rural area, a transportation service supporting a vocational program which would have to discontinue or dramatically reduce its service load without such transportation support.*

37 Funder priorities & requirements

Either implicitly or explicitly, three priorities and/or requirements are typically established by funder agencies. *Priorities* usually fall into two areas: the type of service that a funder can, should, or wishes to fund; and the type of clientele that he can, should or wishes to support. Funder *requirements* may involve adherence to established policies, standards and other regulations of the funder. Therefore, this element will assess proposals in three dimensions: 'Client appropriateness', 'Program appropriateness' and 'Consistency with funder policies & standards'.

R371 Client appropriateness

Laws or policies may restrict a funding agency to supporting only certain groups of clients in a certain handicap category, (e.g. emotional disturbance, autism) or a certain age category (e.g. school age, 18 and over, elderly persons). Even in instances where this is not true, or even within a narrowly regulated category of clients, funders may wish to establish certain priorities.

This rating will assess project adherence to these requirements or priorities. However, this rating does not deal with issues of client appropriateness for the applicant agency, which is assessed in R113 'Model coherency' and other PASS ratings. In instances where funding agencies establish both disability and age priorities, two possibilities exist:

- 1 Where PASS is used in conjunction with FUNDET, R142 'Age-group priorities' can be adapted to reflect funder age priorities.
- 2 'Client appropriateness' can be subdivided into two ratings, one for age-group appropriateness, and one for handicap type or other client characteristic. If this is done, the level criteria as they now read can be used for both ratings, and the weights for the R371 levels can be divided between these two ratings in proportion to the relative importance attached by the funder to each subdivision.

With certain proposals, raters may have very strong reason to believe that because of lack of commitment, forethought, or understanding within the applicant agency, requested funds are apt to be diverted to inappropriate clientele. Such judgment might be based on evasive, ambiguous, or ambivalent information; an agency may be already strongly committed to clients other than those to be served with the funds sought here (particularly if the previous clients are perceived as more 'worthwhile'); there may be obvious lack of understanding of major service issues involved with the proposed project and clients; or there may be lack of enthusiasm and excitement about the proposed clientele and service. E.g. a program serving primarily children who are emotionally disturbed but not retarded applies for funds clearly designated for the retarded; a children's psychiatric clinic applies for funds earmarked for autistic children, but there is good reason to believe that such funds will be utilized solely for already existing clientele, of whom only a minor segment would qualify.

R372 Program appropriateness

Just as there may exist mandated or established funder priorities for a specific type of *clientele*, the types of *programs* may also be restricted or fall into a priority schema. Thus, specific funders may be concerned with vocational training, or infant stimulation, or medical-type services, etc. This rating deals solely with such program emphases rather than with the clientele served.

The same cautions indicated for determining client appropriateness should be exercised by raters in regard to intentional or unintentional agency deceptiveness. Projects may apply for funds with one type or form of service as stated objectives, when the agency in reality will be providing another, e.g. an agency applies for funds earmarked for rehabilitation in order to conduct a recreation program with only tangential rehabilitative benefits; funds earmarked for educational programming may be requested in order to support foster placement service, etc.

Level 1 *Support requested for clientele which is not a concern of the funding agency; or clientele appears within the concerns & priorities of the funder, but there is strong reason to believe that such funds will be diverted to other purposes.*

Level 2 *Clients are only marginally those desired by the funding agency.*

Level 3 *Clientele substantially meet the requirements of the funding agency, with only a negligible portion of the requested funds apt to be used in support of other clientele.*

Level 4 *Funds would be utilized unreservedly for the clientele with which the funder is concerned, but this clientele is not the highest-priority clientele of the funder.*

Level 5 *Funds would be used unreservedly for clientele which is the highest priority of the funder.*

Level 1 *Support is requested for a type of service which is not a concern of the funding agency; or the service is perceived to be within the concerns of & priorities of the funder, but there is strong reason to believe that such funds will be diverted to other purposes.*

Level 2 *The service is only marginally that desired by the funding agency.*

Level 3 *The service substantially meets the requirements of the funding agency, with only a negligible portion of the funds apt to be used in support of other services.*

Level 4 *Funds would be utilized unreservedly for services with which the funder is concerned, but these services are not the highest priority of the funder.*

Level 5 *Funds would be utilized unreservedly for services which are the highest priority of the funder.*

R373 Consistency with funder policies & standards

The intent of this rating is to provide funding agencies with a measure by which project applicants can be evaluated according to their consistency with funder policies, standards and regulations. Although the specific standards and policies will vary with agencies, care should be taken that those assessed by this rating cover aspects other than, or in addition to, those included in other ratings, such as the two previous ones.

The funder policies and standards which this rating intends to assess may be of any type or combination of types. Typical standards and policies of funding agencies will include: programmatic standards, dealing with recommended staff-to-client ratios and curriculum content; facility standards; licensing standards; wage and hour regulations; building and fire codes; etc.

In those cases where funding agencies do not require or recommend adherence to any specified set of standards or policies, the project is assumed to be in accordance with the agency's requirements, therefore automatically receiving the highest level score.

Level 1 *Standards & policies of the project are grossly inconsistent with those prescribed by the funding agency in at least 1 major area.*

Level 2 *Only minimal consistency with many of the standards & policies of the funding agency.*

Level 3 *While the project is only minimally consistent with standards & policies of the funder, the areas affected are of only minor importance, the weaknesses exist in tolerable proportion, & reasonable indications have been given that measures will be initiated immediately to move toward compliance.*

Level 4 *Meets all standards & policies adequately.*

Level 5 *Funds would be utilized unreservedly for services which are the highest priority of the funder.*

Program Analysis of Service Systems, Third edition, 1975

PASS CHECKLIST

Agency being rated: _____ Date: _____

Subsystem being rated: _____ Rater: _____

PASS ELEMENTS

LEVELS

Physical integration

*R111111	Local proximity	1	2	3	4		
*R111112	Regional proximity	1	2	3	4	5	
*R11112	Access	1	2	3	4	5	
*R111131	Physical resources	1	2	3	4	5	
R111132	Program-neighborhood harmony	1	2	3	4	5	
R11114	Congregation, & assimilation potential	1	2	3	4	5	6

Socially integrative interpretations

R111211	Program, facility, & location names	1	2	3	4	5
*R1112121	Function congruity image	1	2	3	4	
*R1112122	Building-neighborhood harmony	1	2	3	4	
R111213	Deviancy image juxtaposition	1	2	3	4	5
R111214	Deviancy program juxtaposition	1	2	3	4	5

Socially integrative program structures

R1112211	Deviant staff juxtaposition	1	2	3	4	
R1112212	Deviant client & other juxtaposition	1	2	3	4	5
R111222	Socially integrative social activities	1	2	3	4	5

Age-appropriate interpretations & structures

*R11211	Facilities, environmental design & appointments	1	2	3	4	5	
R11212	Personal appearance	1	2	3	4	5	
R11213	Activities, routines & rhythms	1	2	3	4	5	6
R11214	Labels & forms of address	1	2	3	4	5	
R11215	Autonomy & rights	1	2	3	4	5	
R11216	Possessions	1	2	3	4		
R11217	Sex behavior	1	2	3	4	5	

Culture-appropriate interpretations & structures

R11221	Internal design & appointments	1	2	3		
R11222	Personal appearance	1	2	3	4	5
R11223	Activities, routines & rhythms	1	2	3	4	
R11224	Labels & forms of address	1	2	3	4	5
R11225	Rights	1	2	3	4	5

R113	Model coherency	1	2	3	4	5
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PASS ELEMENTS

LEVELS

Developmental growth orientation

- *R1141 Physical overprotection
- R1142 Social overprotection
- R1143 Intensity of relevant programming

1	2	3	4	
1	2	3	4	5
1	2	3	4	5

Quality of setting

- *R1151 Physical comfort
- *R1152 Environmental beauty
- R1153 Individualization
- R1154 Interactions

1	2	3	4	
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Ideology-related administration

- R121 Comprehensiveness
- R122 Utilization of generic resources
- R123 Consumer & public participation
- R124 Education of the public
- R125 Innovativeness

1	2	3	4	5	6
1	2	3	4	5	
1	2	3	4	5	6
1	2	3	4	5	
1	2	3	4	5	6

Human science orientation

- R131 Ties to academia
- R132 Research climate

1	2	3	4	5
1	2	3	4	5

Regional priorities

- R141 Deinstitutionalization
- R142 Age group priorities

1	2	3	4	5	6
1	2	3	4	5	

Manpower considerations

- R211 Staff development
- R212 Manpower development

1	2	3	4	5
1	2	3	4	5

Internal administration

- R2211 Administrative control & structures
- R2212 Planning process
- R2213 Program evaluation & renewal mechanisms

1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	6

Finance

- R2221 Financial documentation—extent
- R2222 Budget economy

1	2	3	4	5
1	2	3	4	5

FUNDET CHECKLIST

Project being rated: _____ Date: _____

Subsystem being rated: _____ Rater: _____

FUNDET ELEMENTS		LEVELS					
R31	Continuation of funding	1	2	3	4	5	
R32	Funding exploration	1	2	3	4	5	
R33	Financial documentation—accuracy	1	2	3	4	5	6
Hardship factors							
R341	Financial need	1	2	3	4	5	
R3421	Socio-ecologic hardship—effort	1	2	3	4	5	6
R3422	Socio-ecologic hardship—impact	1	2	3	4	5	
R343	Geo-demographic hardship	1	2	3	4	5	
R35	Non-duplication—newness	1	2	3	4	5	
R36	Service utilization enhancement	1	2	3	4		
Funder priorities & requirements							
R371	Client appropriateness	1	2	3	4	5	
R372	Program appropriateness	1	2	3	4	5	
R373	Consistency with funder policies & standards	1	2	3	4	5	



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