

Changing lives, changing communities



Changing Lives, Changing Communities (Revised edition)

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**Changing Lives, Changing
Communities** is published by Wesley
Mission Melbourne as part of its long-
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valorisation, the principle described
here.

A community service organisation of
the Uniting Church in Australia, Wesley
Mission Melbourne (WMM) touches
thousands of lives each year. It offers
residential and non-residential services
for people in crisis, people who are
homeless, people with disabilities,
young people at risk, and people who
are ageing.

WMM seeks to meet the community's
most urgent and unmet needs. WMM
services always aim to help people keep
or find a valued social role. Wesley
Mission Melbourne promotes this
theory and advocates a society in
which, as much as possible, all people
can take an active and respected role.

Changing lives, changing communities

The image we get from television, magazines and newspapers is that our community is made up almost entirely of independent, healthy, and beautiful people.

The reality is different. Thousands of people in our community do not fit that stereotype. For a range of different reasons they need some support to participate actively in community life.

The types of support that people require are as varied as their situations. Some people need lifelong assistance with housing, education, mobility and personal care. Others need help in a particularly difficult time to get work or deal with personal problems.

One principle should guide families, community service workers, governments and anyone else who cares about people who need some support. That principle is this: the goal of everything done with that person should be to ensure they get access to the good things in life – love and friendship, respect, the chance to develop their abilities. Of course they also should have such basics as a safe and welcoming home, financial security, appropriate medical care.

Over the years, many phrases have been used to describe ways to help people to get the good things in life.



Every community includes many different kinds of people. Some are wealthy, young and fully independent. Others are older, or use a wheelchair, or have less money. All deserve to be respected and treated as valued members of the community.

Empowerment. Social inclusion. Social integration. The social model of disability. Family-centred or person-centred care.

All of these have their strengths. But this booklet is meant as an introduction to another theory that has been around for a long time and has proved itself. When it is properly applied, people *do get access to the good things life offers*. The whole quality of their lives improves.

This theory is known as social role valorisation. Many people believe that social role valorisation (SRV) is the “gold standard” – the very best way of working with people to ensure that they get the best possible access to the good things in life. It was first developed in Denmark and America, but this booklet presents one version of the way SRV is put into practice in Australia.



A problem of value

To understand SRV, we must accept the reality that, in every culture, some people are valued more highly than others. These values differ from culture to culture. For example, in matriarchal societies, women are more powerful and valued than men. In many Asian cultures, aged people are revered by younger people.

For people who hold ideals of equality of all people and honouring diversity, this can be a hard reality to accept. But the fact cannot be argued – people living in different cultures do give a positive or negative value to various groups of people depending on the qualities the society values.

Modern Western society appears to value wealth and possessions, good health and youthful beauty, competence and independence. What happens in our culture to people who differ from this standard?

Some people differ from the standard by exceeding it. A person with an IQ of 165 is very different from the general population. So is an athlete who wins Olympic medals in swimming. These two people get respect and praise for being different from ordinary people.

But some people differ in ways that are seen negatively by others. A child with cerebral palsy, for example, may use a wheelchair and a communication board. Because he does not measure up to the standards of good looks and competent speech, some people will shun him. They will never see his delightful sense of humour and his high intelligence.

Probably subconsciously – without even being aware of doing it – they will cast him into a lower social status. They will look at him with pity or even ridicule him. Not only will most people reject this one child with cerebral palsy. They also will tend to think negatively of

other people who look or act like him.

This happens with many groups. A person with a mental illness may be considered threatening or a danger to society. Adults and teenagers with drug or alcohol problems may be seen as irresponsible or weak.



Being a record-breaking swimmer makes a few people different from the norm – but in a way that other people admire.

People who are homeless may be ridiculed for their poverty and considered shiftless, even those who have lost their home through injustice or misfortune. Adults with an intellectual disability or an acquired brain injury sometimes are treated like children.

Ill-informed people on occasion confuse the symptoms of certain chronic illnesses with drunkenness. Other people with chronic illness sometimes are suspected of being lazy or malingerers. People with a hearing loss or a visual impairment are often written off as being stupid.

Older people, who may have been respected when they were younger, can

become objects of pity or charity (“the poor old dear”) or of ridicule. Commonly they are spoken of as being childlike, or as being sick, even when they simply are frail.

People who do not speak English may be considered less intelligent. Racial slurs treat people of the non-majority racial or ethnic group as objects of ridicule, as a menace, or as less than human. Their motives and behaviour may be caricatured.

Sometimes these negative thoughts are so extreme that certain people are described in sub-human ways, such as “just being a vegetable” or “no better than animals”.

One word perfectly describes this process: *devaluing*. People such as the star athlete are *valued* members of the community. Ordinary people are valued, too, when they are seen to have a respected role – homemaker, employer, student, worker, parent.

People who are valued usually are included in the community, and have access to love and respect, friends, paid or voluntary work, a home, and the other good things society offers.

But other people, such as those discussed above, differ from the standard in a way the community does not regard highly. They are cast into low status

roles. They become *devalued*. They are then at risk of being excluded, and of missing out on the good things of life.

People who are devalued by others are at risk of being excluded and of missing out on the good things of life.

Many people who are devalued by others find life hard because of their difference or impairment. Some of these cannot be overcome. A man with a chronic illness may never recover his lost vigour. A woman with a head injury may never think as quickly as she used to. An old man will never be young again.

But when such people are devalued by society, they face even worse

problems than those caused by the disability, injury, illness or other difference.

One thing is certain: Being put into a low status social role is something that society does to a person. Devaluing is done to people by others. Therefore, being devalued can be overcome. So can its hurtful effects.

Diminished by devaluing

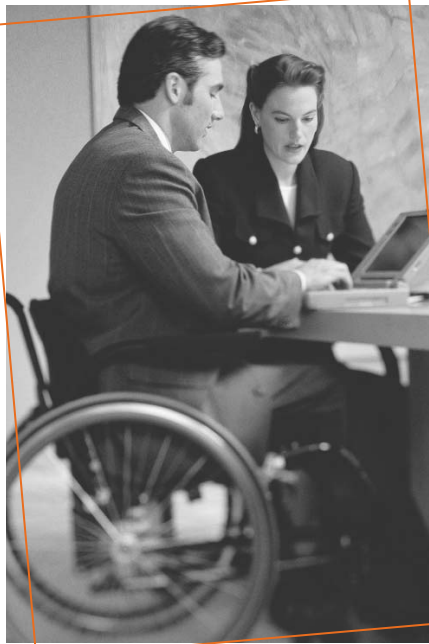
Earlier, we noted that people who are devalued by others are at risk of being excluded and of missing out on the good things of life. Because they are devalued by others, they are likely to be treated in ways that reduce their dignity, development, competence, health, wealth, even the length of their lives. They may be rejected, even persecuted.

For example, a man with a drug problem may be rejected by everyone, even his own parents. A young woman with a disability may never get the chance to learn skills that would help her earn a living. An old man in residential care may feel robbed of his dignity when a staff member watches him in the shower or toilet.

A common problem for people who are devalued by others is poverty. They may live only on a pension which leaves them barely enough to cover their needs. Western society usually gives higher status to people with wealth and possessions. Poverty therefore pushes people who may be devalued more firmly into low status roles. Poverty is both a cause and an effect of being devalued.

The way people are treated also affects the way they act. Most people know about self-fulfilling prophecies – the idea that people generally act the way other people expect them to. If people who are devalued by others are treated as though they have low-status roles, they are likely to live down to

those expectations. They will behave more and more often in ways that confirm those low expectations.



A man with a disability has the respect of his employers and customers because of his valued skills and abilities.

A vicious circle takes over. As people behave in less and less valued ways, their social status sinks even further. People around them expect even less from them, which brings about even more “un-valued” behaviour. This vicious circle denies people the chance to explore their full potential.

Roles have the key

How does social role valorisation – SRV – challenge the process of devaluing? SRV says that if people who are at risk of being devalued hold even one valued social role, they have a better chance of being included and of getting the good things in life.

Consider the magnificent cellist Jacqueline du Pré. Even after multiple sclerosis prevented her from performing in concert, she was in great demand as a teacher.

A talented software designer was recruited by a new company. They thought nothing of ensuring that his

desk was modified to accept his wheelchair and of putting an automatic door on floors of the building he often needed to use.

Despite their disabilities, these two people held respected social roles that kept them from being rejected. Their standing also challenged stereotypes, and helped some people to change their view of *other* people with multiple sclerosis and *other* people with paraplegia.

Successful individuals from a group of people who are generally devalued may be seen just as exceptions. But when famous or successful people tell the public their story, public opinion about their group can improve.

Hazel Hawke has been voted one of Australia’s “living treasures” and is probably best known for the years she shared the Prime Minister’s Lodge with her then-husband, Bob Hawke. When she and her family announced in 2003 that she had Alzheimer’s disease, they hoped to break a taboo. They hoped to help people see beyond the label of Alzheimer’s to the person beneath.

Professor Allan Fels, former chairman of the Australian Competition and Consumer Commission, and his wife, Maria-Isabel Cid, and their daughter, Isabella, told the story of Isabella’s schizophrenia on national television. They wanted people to understand the difficulties of having schizophrenia and the need for acceptance.

Hazel Hawke is a much-loved Australian, and Isabella Fels is the daughter of a prominent public person. They hold valued roles in the community so they were not devalued, despite their illnesses.

It is essential for *all* people at risk of being devalued to gain or keep valued social roles. By having a valued social role, they have a better chance of having access to other good things in life – a home, friends, financial security.

Parents, families, friends and service providers need this central goal:

Do everything possible to increase the likelihood that the people they care about will have access to roles that are valued by the general community.

Anything less does not offer a person the chance for the best possible life.

Guidelines for value

SRV teaches that both individuals and communities will need to change if people at risk of being devalued are to be valued and included. Our community has barriers that can shut people out. Some of these are physical barriers – like inaccessible buildings and badly designed public transport. But the emotional barriers – like ignorance and negative attitudes – can be even harder to overcome.

To help overcome these emotional barriers, and to protect people from being devalued, a basic teaching of SRV is that we need to pay particular attention to image and to competence.

Image is important. While it may seem superficial, our culture commonly judges people on the image they present. This is true for people who expect to be valued by the community. A person being interviewed for a new job, for example, will take special care that his hair and clothes look good. A doctor knows that looking neat and clean makes it easier for her patients to trust her.

Presenting a good image is even more important for people who are at risk of being devalued. When “Martin”, a man with a history of alcohol abuse, walks to the shops freshly shaved and wearing a clean shirt and trousers, he makes a good impression. If he were to go unshaven and in stained clothing, people might be inclined to dismiss him as a “dero” or even be repelled by him.

Competence is valued. Our culture respects competence. People who may be devalued may need help to learn to do well even one or two things that other people value. Being competent improves the chances that other people will see them in a valued social role.

When Martin first moved into a group home, the garden was overgrown. One of the workers saw him pottering in the garden. By teaching him skills and investing in the right tools and plants, agency staff helped Martin improve his competencies. He has now totally replanted the garden and maintains it, a competency others appreciate.



Developing new garden maintenance skills like pruning helps a person to be seen as a valued potential employee.

Martin has improved his image and his competence, with support from people who practise SRV. He now has a better chance of being seen by other people in the valued social role of “neighbour”.

COMMUNITY LIFE: One of the most important things for Martin’s image and competence is the fact that he lives in a typical house in the general community. His current valued social role was not imaginable when he lived in a large shelter for homeless men.

Today, living in the community, instead of in a large institution, is a fact of life for most people at risk of being devalued. Living in the community provides the best access to a valued social role and, consequently, life’s other good things.

In Australia, as in North America and Europe, SRV played a major role in the move to close down institutions for people who were devalued. SRV still has a major role to play in making sure that community life is as fulfilling as possible.

It is not enough to arrange “physical integration” – placing a person in a house or flat in the community. A

group home can become a “mini-institution”. A person’s own home can become a prison. A person at risk of being devalued may need extra help to become a genuine part of the community and to get or keep a network of friends and contacts.

Service providers need to ensure that they provide services in a way that makes the most of a person’s life in the community. An older man continues to live in his own home where he receives many services to help him look after his health. He is also involved in numerous

clubs and community learning activities. The personal care services, however, refuse to schedule their visits around his community activities. Thus, although he lives at home, his ability to participate in the community is limited as he must stay home to wait for the services he needs.

Families and workers can help a person to make choices that enhance their social roles. A young woman with an intellectual disability finishes her schooling and looks for meaningful day activities. She is frustrated and unhappy in the segregated activities offered. She and her parents decide to use the available funding to help her participate in a community choir every week. Now, her love of music has an outlet, she travels with the choir to perform and has even recorded a CD. The extra effort by her parents and workers has helped her inclusion.

Living in the community is one of the basic guidelines taught by SRV. It helps to change community attitudes and to prevent individuals from being devalued. Four other SRV guidelines give more detail about strengthening an individual's image and competencies.

Following these guidelines helps to create conditions in which people at risk of being

devalued can gain a valued social role and thus the good things in life. They have been proven to work with people who are devalued in any way, from those with the most severe disabilities to people who are temporarily homeless.

EXPECTATIONS: People generally do what is expected of them. This can create vicious circles of low expectations for people at risk of being devalued. But high expectations can help people learn and change.

No matter how disadvantaged or disabled or old, everyone has the ability to learn, change and grow.

For example, a boy who has been homeless harasses staff and residents of his new group home and is destructive in the agency office. Office staff set clear



Living in the community makes it easier for people who are at risk of being devalued to enjoy ordinary activities like ten-pin bowling with friends and family.

standards of behaviour for him, while letting him know they like him. Soon he is helping around the office. His appearance and behaviour improve and he becomes a regular casual worker in the office when staff are on leave.

Family, friends and workers do not need to *state* their expectations of people at risk of being devalued. These show in the settings where people live and work, in the activities they are asked to do, in the ways they are spoken to and about, and in the behaviour of people around them.

A girl with an intellectual disability is raised in a musical family. When her sister begins to study a musical instrument, it is assumed that she will, too. Her parents' expectation that she can learn to play the violin fuels her own expectations. She takes pride in passing her exams and playing in the orchestra at her church.

One service offering food,

counselling and other support for people who are homeless grills people extensively about their requests for food. If they are deemed genuine, they

are given prepared packages labelled "A gift of food from XYZ Services". The implicit message is that the people seeking food might be dishonest, might cheat, and certainly are burdens of charity. These low expectations devalue them. They might even lead to dishonest behaviour.

Contrast this with another agency set up using SRV guidelines. When people request food, the staff ask minimal questions. They give people plain plastic bags and leave them to choose what they need from a room filled with donated food. The agency finds that most people take only what they need. They respond to the expectation that they will be honest and responsible.

Another agency offers respectful help to people addicted to illicit drugs. They focus on the people as individuals, not as dangerous and menacing. An older woman is mugged in the street near the agency office and a group of the people addicted to drugs run to her aid. They catch the assailant and call the police. They live up to the agency's expectations of them as good citizens.

People's abilities can be surprising. An older Japanese woman living in a house for people with dementia teaches a young staff member the complex etiquette of a Japanese tea ceremony.

GROWTH: All people can learn, change and grow. No matter how disadvantaged or disabled or old, everyone has the ability to develop further. People who believe this

For people to get the chance to develop to their fullest, people who care about them must also grow, and expand their ideas of what is possible. This often means accepting that people who are devalued by others need to take risks. Other people do – it is essential to learning.

A young woman with an intellectual disability lives with her parents. A friend finds out that the young woman

swearing in front of their children and improve their own table manners. They know the children will follow their example. The power of imitation can also help people at risk of being devalued to improve their competence and their image.

A woman with a history of mental illness gets a training position helping to build a community garden. At first, she spends a lot of her time smoking and drinking cups of tea. But she notices that other people save their smoking and tea-drinking for breaks. She starts to use her time more productively and takes real pride in the work she achieves. When the program ends, she is offered a steady job. With good role models, she has become a valued worker.

People at risk of being devalued not only need good role models. They also need to be able to identify closely with them. Practices that set a service's employees apart hinder this. They make it hard for the people at risk to see that they are like the employees and can follow their example.

At the day program for people with an acquired brain injury, everyone joins in the activities – workers, clients and even visitors. It is easy for the people to identify with the workers – everyone is called by first name, everyone dresses

casually, and everyone sits together around one big table to share the noon

meal. The clients can easily identify with the workers and aim to imitate them.

When successful Aboriginal athletes visit schools with a high proportion of indigenous students, the students can identify with the athletes. They are then more likely to be able to hear the messages about staying in school, caring for their health, and taking pride in achievement.



People at risk of being devalued have abilities that are often overlooked. For example, a frail older man can still teach pool to a younger family member.

obviously hold high expectations for people at risk of being devalued.

If a person is *not* becoming competent, is *not* learning new skills, the fault may lie in the teaching. Everyone learns best with material and activities relevant to real life, enough time, good instructors, and real reasons to learn.

Cooking is a useful skill that many people with an acquired brain injury need to learn or relearn. At a day program, the cooking lessons are in a well-equipped kitchen and very relevant to real life. The meal becomes the shared lunch both for those who are cooking and for people in the program doing other activities. Not only do the people cooking learn a skill. They also are valued for producing a tasty meal.

has never learned to make tea because her mother is afraid that she will burn herself. The friend goes through each step with the young woman and shows her how to take care with the boiling water. The woman is delighted with her new skill. She now can carry out the valued social role of hostess.

Getting out to attend a creative writing course is a risk for a retired woman severely crippled with arthritis. But it's worthwhile because she wants to learn the skills she needs to write a book about her professional life.

IMITATION: One of the best ways to learn is by imitation. Parents instinctively act on this when they stop

Imitation is a powerful way for anyone to learn.

EXTRA EFFORT: People who care about people at risk of being devalued may need to bend over backwards to help make up for the many ways in which they already have been hurt.

“Sharon”, for example, was born with a physical disability. She lived in institutions and in several foster

homes. She missed out on typical childhood experiences like camping and going to parties. She has never had a boyfriend. Perhaps most hurtfully, she has not had a valued role. She has been laughed at, ignored, and thought to be stupid.

People who care about Sharon will make an extra effort to keep her from being hurt more and to make up for the damage that has been done. For example, to prevent further hurt, they will make sure that she has a stable home, with no more shifting.

To make up for past damage, they will work with Sharon to help her develop the best possible image and competence. This can involve some subtle decisions. For example, Sharon is offered two jobs, equal in pay and convenience. One is doing office work in a funeral home; the other is in an electrical supplies business. Because the community generally is uneasy about anything related to death, the better job for Sharon is in the electrical business.

This guideline reminds families and service providers to take extra care in every way in which they work with people who may be devalued. People who have been hurt throughout their lives are vulnerable. They can be hurt by things that would not hurt other people.

A housing development, for example, is built on the site of an old abattoir. The reputation of an ordinary family will not be hurt if they buy a house there. But it would not be the

most desirable location for a group home for people at risk of being devalued.

Enhancing a person’s image and competence is not always easy. This goal can sometimes be in tension with other goals. For example, encouraging a person to take risks in order to learn might seem to be in conflict with a duty of care.

Another tension can exist with the aims of individual choice and empowerment. A person with a history of mental illness living in a block of apartments with minimal support does

It can take time and care to help a person enhance their image and competencies.



When the instructor is a similar age and wears similar clothes and interacts easily with people at risk of being devalued, it is easier for people to imitate the instructor and thus learn a new skill. People with an acquired brain injury take instruction from their sculling coach.

not want to bathe. Staff know that he will not be accepted by the wider community. But they also want to honour his choice.

SRV proposes a way of thinking about this that can help people at risk and those who care about them. This way of thinking is called “If this, then that”. Staff can say to the person who doesn’t want to bathe: “If you don’t bathe before you go out, then you will find that people will ignore you. They will not want to stand close to you and they may not serve you in the shop.”

The same question can help families involved in family-centred programs to decide the best way forward. “If your son participates only in programs for people with disabilities like his, then his range of contacts will be less varied. If he also goes to some programs in the general community, he will meet a wider group of people.”

This will not solve all the tensions. But often, when a family or individual can see the alternatives, it is easier to make a decision that will enhance a person’s social standing. Friends and workers can help by allowing plenty of time so that the person or family does not feel pressured. They can supply accurate information about the possible

results of making each choice. They can look for creative ways to make better choices possible.

A more accepting community

Living in the community and following these four guidelines – expectations, growth, imitation, extra effort – can help make opportunities for *individuals* to get a valued social role. They then can more easily be accepted by others.

Following other guidelines can help the *community* become more accepting.

GOOD EXPERIENCES: Unless the community has positive experiences with people it devalues, old stereotypes will not fade. People who care about a person

learned sign language and have learned about someone who is different from their other friends. They think it's good that he is in the mainstream class instead of "with other special needs kids". Several say they hope he will be in their class next year.

their integration into the community is a positive experience for them and for others. The attitudes of at least a few people have changed.

GOOD IMAGES: The images shown to the community of people at risk of being devalued should be positive, concentrating on abilities and opportunities. Negative images encourage the community to put such people into a low-status social role instead of a valued one. Service providers especially need to understand that negative images can be both subtle and unconscious and need to take care to show positive images.

This is closely related to the guideline about having high expectations. When service workers or family members present the best possible image to others of an individual at risk of being devalued, they also show the person that he or she is valued.

The power of images can be used to let the community see people in respected social roles. A job training centre for people with an intellectual disability is called Ace Employment Service. Publicity shows the clients in a valued social role – working hard to learn a real job.

A publicity photo of a young Aboriginal person as the volunteer friend of an older white person helps to breakdown negative stereotypes of indigenous people.

Advertisements, brochures and websites for many agencies working with people with physical impairments feature people participating in the community, getting jobs, and achieving at school. Some agencies have changed their names to focus on people's abilities rather than their disability. Such measures command respect rather than pity for people who use the service.



A photo of an older woman and her friend preparing afternoon tea suggests that the older woman holds the valued social role of cook or host. The focus is not on her frailty.

at risk of being devalued need to do everything they can to ensure that encounters between the person and members of the general community are good for both. This does not mean pretending that differences do not exist. It means taking care that the emphasis is on abilities and opportunities.

A young teenager with autism, "George" uses sign language to communicate. He is integrated into a mainstream classroom at a large secondary school. His teachers take special care that learning activities involve George with his classmates. For example, in maths, students devise projects George can undertake with them. They must think clearly about how data is collected and about ways George can make graphs.

His classmates are happy to explain these projects. They say that George is "fun and smart". By having him in the class, they point out that they have

"Joan" is a young woman who cannot use her legs or arms, cannot talk, and is slow to comprehend new ideas. When people meet her, they sometimes wonder whether she is aware of them. But then she greets them with a smile and shows them that she appreciates being included in conversation. Visitors learn that people can communicate without speech.

Joan's family has arranged for her to live with a helper in a large house divided into several flats. Other people rent the flats on the understanding that they will find ways to include Joan in their lives. These people have come to feel like a family. For some, Joan is the first person with severe disabilities they have known.

Because the people who care about Joan and George have worked hard,

Images are powerful and must be as positive as possible.

Most organisations insist that staff refer to service users as “people” first; the devaluing difference comes second. Thus, agencies work with children who have Down’s syndrome, people with an alcohol problem, and older people with a memory disorder.

This may seem a small point but it is a reminder that *everyone* is a person of many parts. If a person is labelled “an epileptic”, it may be hard to remember that he also is a university professor, a husband, and a skilled woodworker.

Despite much progress in this area, negative images that reflect badly on people are still to be found. People seeking refugee status are detained behind barbed wire, giving the image that they are so dangerous that they need to be in prison. Ads emphasising hand-outs of food and clothing give the image that low-income people are burdens of charity.

Service workers should be especially aware of potential harm in one area: Activities, clothing, possessions, and language should be right for the *age* of the individual or group.

In the general community, people know that some things clearly are for children, others for adults. A typical teenager does not watch “Play School”; a young working woman does not dress like a schoolgirl; a retired man enjoys bowls or woodworking.

But mismatches often happen when services are offered to people at risk of being devalued. The usual problem is to give the impression that an adult is still a child. Older people in residential care are asked to sit on Santa’s knee at Christmas and are called “boys and girls”. A house for young adults with an intellectual disability is decorated with posters of preschool TV shows instead of pop stars.

Mismatches like these let the public continue to assign adults to the low-status role of child. They also create a vicious circle: those who feel put in the

role of children act more childishly, and then are treated even more as children.

Another point requires care. There is an old saying that people are judged by the company they keep. This is true for people at risk of being devalued.

In the past, it was common practice to separate people with some kind of disadvantage from the general community. There were “special” schools, large psychiatric “asylums”, shelters for homeless men. These institutions *segregated* people at a disadvantage from the general community. Further, people at a disadvantage were grouped or *congregated* with other people who were at a disadvantage.



People at risk of being devalued need opportunities to develop real friendships with ordinary members of the community. Such friendships enhance their image and their competence, and improve the quality of both people’s lives.

This had two bad effects. First, people were cut off from easy access to people who could become their friends and help them get along in the real world. Second, their image was damaged. They were judged by the company they kept, not recognised as individuals with unique interests and abilities. Instead, the community associated them with all the other people in segregated services. So they

seemed more odd, more different, even unapproachable.

Today, Australian society no longer has huge segregating and congregating institutions. But the same problems can still occur on a small scale and be equally damaging. For example, one suburb, or even one street within a suburb, can

become a magnet for too many community residential units. Houses for people recovering from alcohol abuse, teenage offenders, and adults with mental health issues all may be on the same street.

This can happen when different agencies and government departments do not communicate with each other. But it can also happen within a single agency.

For example, one agency runs a recreation program for children and teenagers with a disability. Several workers thought it would be fine to include juvenile offenders living in the community. But this principle reminded them that this would congregate two groups whose image needs to be bolstered and the idea was shelved.

Whether within a suburb or within a program, gathering together groups of people at a disadvantage can transfer negative images from one group to another and does not provide a valued, typical community.

However, images of association can be positive. A publicity photograph for a residence for older people shows one older woman baking scones with one volunteer. Before it became aware of this guideline, the same agency used a photo of a group of older people in wheelchairs sitting in the garden. Such pictures reinforced the notion that older people should be grouped together and set apart from others.

It is easier to see people as individuals if they are not removed from the wider community and not grouped with other people who may be devalued.

The history of a theory

These are the major points of social role valorisation. Some of these ideas have been around for a long time, like self-fulfilling prophecies, judging people by the company they keep, learning by imitation.

What made SRV revolutionary – and what makes it continue to be relevant – was weaving these ideas and others into a comprehensive theory. That theory explained why things go wrong for people who are devalued, and how things can be changed.

Originally, that theory was called normalisation. But a more accurate term now is used – social role valorisation (SRV).

The theory has a fairly long history. Two Danes working in the field of mental retardation first used the term “normalisation”. N.E. Bank Mikkelsen helped get it into Danish law in 1959. In 1967, Bengt Nirje said it meant “making available to the mentally subnormal, patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society”.

By 1969, the concept was spreading. An American, Dr Wolf Wolfensberger, became one of the main interpreters. He made the leap from the Scandinavian focus on the environment – the patterns and conditions of life – to an emphasis on individuals, their characteristics and behaviours.

Wolfensberger also realised that the ideas could be used beyond the field of intellectual disability. By 1982, he and his colleagues had decided that the most important goal was a valued social role.

They realised that the poor treatment of many people who are devalued was due to their low status. But when a person has even one valued social role, that status changes. Other people’s

perceptions and expectations rise and, almost automatically, other good things in life follow for the devalued person.

In 1988, Wolfensberger defined social role valorisation this way: “*As much as possible, the use of culturally valued means in order to enable, establish and/or maintain valued social roles for people.*” His most recent (1995) definition of SRV is: “*The application of what science can tell us about the enablement, establishment, enhancement, maintenance, and/or defence of valued social roles for people.*”



Employer, member of the community, staff person or volunteer of a human services organisation – whatever your role in life, you can make a difference to the lives of people who are at risk of being devalued by applying SRV principles in your daily life.

“Social role valorisation” is more encompassing than “normalisation”. It also removes several problems with the former term. “Normalisation” led to fruitless debates about what is “normal”. In modern Western culture, almost any kind of appearance or behaviour is considered normal by someone. It is much easier to agree which actions, appearances and roles are valued by most people than to decide which are normal.

SRV also makes clear that the point is not to be on making conditions in existing human services as “normal” as possible. Instead, the point is to do whatever is necessary to increase the likelihood that devalued people will live as valued neighbours with valued roles, rather than as devalued clients of

human service organisations.

In Australia, SRV has been influential in transforming human services. It has had a clear impact, for example, on the Commonwealth Disability Act 1986 and the Commonwealth Disability Discrimination Act 1992. In Victoria, it influenced the Victorian State Disability Plan 2002–2012, as well as earlier legislation like the Disability Services Act of 1991 and the Intellectually Disabled Persons Services Act 1986. The National Standards for Disability Services also draw on SRV principles.

However, there has been some confusion about the meaning of social role valorisation. Also, some people believe it is no longer relevant. This booklet aims to reduce that confusion and show its continuing importance.

But this publication has sketched only briefly the theory and its history. SRV is a fully developed social science theory, based on careful observation of people over long periods and in many settings.

In addition, the part played by the unconscious means that what appears to be a simple theory has complex implications. To uncover those takes time and thought.

No one can be an expert on SRV after reading only this booklet. A list of suggested books, articles and training experiences is given on page 12.

We hope this booklet will whet your appetite for further learning, personal growth, and structural change. As we have seen over the past 40 years, SRV can contribute to massive social change.

One of the strengths of SRV is that it can help shape government policy and it can be acted upon by every individual. You can act on SRV principles starting now. In all your personal contacts with people who may be devalued, *you* can value them. *You* can resist negative stereotypes. *You* can be a force for change.

Summary of important concepts in Social Role Valorisation (SRV)

A WORD ABOUT WORDS

This booklet uses ordinary English, not jargon or more technical language. But a few words and phrases are central to social role valorisation (SRV) theory, and it is useful to be familiar with them. A summary of the principal themes and terms follows, with page references to relevant pages in this booklet.

Learning the basic vocabulary of SRV is as important as it would be to understand such complex words as carburettor and ignition in the study of auto mechanics – and no more difficult. By re-reading the appropriate sections, the term should be clear.

1. LESS VALUE

People who differ from cultural standards in a negative way often are thought to have less value. They become devalued. We often deny this because it happens unconsciously, but it is real. SRV concepts: *Devaluing or social devaluing, the role of unconsciousness*. See page 2 – A problem of value.

2. LOW STATUS

A devalued person is likely to be considered by other people to have a low social status. Again, this happens unconsciously. See pages 2 and 3.

3. FEW OPPORTUNITIES

As a result of this low social status, devalued people are likely to be denied opportunities to gain respected roles. They may even be rejected or persecuted. See page 3 – Diminished by devaluing. People with valued social roles, on the other hand, almost automatically can get the good things in life.

4. RESPECTED ROLE

Helping a devalued person to find or keep a valued social role is the most important goal of any organisation or individual who cares about a devalued person or group of people. SRV term: *social role valorisation*. This is discussed on page 3 – Roles have the key. It is defined on page 10.

5. NEW VIEWS

To help a devalued person get a valued social role, the task is to change the way the community sees the person. Being devalued is not something in the person; it is the view that the community has, and it can be changed. See pages 3 and 4 – Roles have the key, and Guidelines for value.

6. GUIDELINES

The community's view of a person can be changed by applying several guidelines. These guidelines have been summarised from the core themes of SRV theory. See pages 4 – 9.

- A. COMMUNITY LIFE. People's image and competence are best enhanced when they live in the general community rather than in any kind of institution. Care must be taken that people living in the community are genuinely included. (See pages 4 and 5.) For prejudices against devalued people to fade, the general public needs to have positive experiences with devalued people. SRV themes: *personal social integration, valued social participation*. See pages 4 and 5.
- B. EXPECTATIONS. Most people live up or down to the expectations others have of them. People who care about devalued people must have high expectations of them. SRV themes: *role expectancy, role circularity*. See page 5.
- C. GROWTH. All people can learn, change and grow. To do this often

means taking some risks. SRV themes: *developmental model, dignity of risk*. See page 6.

- D. IMITATION. Imitation is a powerful way to learn. Devalued people need good role models and need to be able to identify closely with them. SRV theme: *power of imitation*. See page 6.
- E. EXTRA EFFORT. People who care about devalued people must bend over backwards to make up for past hurt. SRV theme: *conservatism corollary*. See page 7.
- F. GOOD IMAGES. Images of devalued people given to the community should be positive. (See pages 8 and 9.) Especially to be avoided are images that do not match the person's age (page 9) and images that show devalued people grouped together and set apart from the general public (page 9). SRV themes and terms: *the dynamics and relevance of social imagery, age-appropriate imagery, congregation, segregation*.

The goal: Gaining access to the good things in life by ensuring a valued social role for every person at risk of being devalued.

7. THE THEORY

Taken together, these ideas form the basis of the theory called social role valorisation (SRV), formerly known as normalisation. See page 10.

The theory provides a goal – gaining access to the good things in life by ensuring a valued social role for every person at risk of being devalued. It also focuses on using the right methods to achieve the goal – activities, settings and staff valued by the general community for valued people of the same age.



For more information

INTERNET RESOURCES AND TRAINING EVENTS

The best place to start learning more about SRV is on the SRV website: www.socialrolevalorization.com

This site provides links to other reading and to Australian training events.

Attending a workshop or other training event is the best way to come to terms with the deep implications of social role valorisation theory and its application to human services. Training events are held regularly throughout Australia.

You can also get more information by writing to:

Association for Advocacy and Change through Training
Suite 1, 587 Canterbury Road
Surrey Hills VIC 3127

These events teach participants the principles of SRV and a system of evaluating human services according to SRV principles.

Reading the work of **Michael Kendrick**, who is familiar with the Australian context, will help tease out many of the implications of SRV theory. Go to his website and follow the links to "Publications":
www.kendrickconsulting.org

The **Community Resource Unit**, a non-profit community organisation in Queensland, has an informative website and sells a range of publications, including several listed below. Go to their website and follow the links to "Publications":
www.cru.org.au

Other useful resources are on the British SRV website:
www.diligio.com

BOOKS AND ARTICLES

Many books and articles discuss social role valorisation. The following represent a starting place (unless otherwise noted, all addresses and telephone numbers are Australian):

Wolfensberger, Wolf. *A Brief Introduction to Social Role Valorisation as a High Order Concept for Addressing the Plight of Societally Devalued People, and for Structuring Human Services.* 3rd edition. Syracuse, New York: Training Institute for Human Service Planning, 1998. Available from the Community Resource Unit, Suite 5B, 19 Lang Parade, Auchenflower QLD 4066. For more information: (07) 3870 1022; cru@cru.org.au; or www.cru.org.au

Wolfensberger, W. et al. "Some of the Universal 'Good Things of Life' Which the Implementation of SRV Can Be Expected to Make More Accessible to Devalued People". *International Social Role Valorization Journal*. 2 (2) (1996), 12–14.

Cocks, Errol. *An Introduction to Intellectual Disability in Australia.* 3rd edition. Canberra: Australian Institute on Intellectual Disability, 1998. (The Institute is the publishing arm of the National Council on Intellectual Disability.) For more information, contact the Institute, PO Box 771, Mawson ACT 2607; (02) 6296 4400; ncid@ncid.org.au

Cross, A. et al, eds. *Gathering the Wisdom: Changing Realities in the Lives of People with Disabilities.* Brisbane: CRU Publications, 1999. Available from Community Resource Unit. For more information: (07) 3870 1022; cru@cru.org.au

Flynn, Robert J. and Raymond A. Lemay. *A Quarter-Century of Normalization and Social Role Valorization: Evolution & Impact.* Ottawa: Prescott-Russell Children's Aid Society, University of Ottawa Press, 1999. For more information:
www.socialrolevalorization.com, follow links to "SRV Resources".

Leipoldt, Erik. "Courage in a brave new world: A disability perspective". Go to www.socialrolevalorization.com, follow links to "SRV Resources".

SRV/VRS Journal: *The International Social Role Valorization Journal.* Raymond Lemay, ed. 2882 Cour Tresa, Ottawa, Ontario K1T 2H1, Canada, rlemay@seapr.ca
For more information or to subscribe: www.socialrolevalorization.com, follow links to "SRV Journal".

Additional copies of **Changing Lives, Changing Communities** may be ordered through Wesley Mission Melbourne.
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