

The Good Things In Life
2007

FACILITATOR'S GUIDE
Half day workshop

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This guide is to assist the facilitator to deliver the "The Good Things in Life" workshop to direct care staff working with people with a disability. The key aims of the workshop are to assist workers to identify their own values and attitudes, to recognise those prevalent values and attitudes within our society and to assist people with a disability to establish, enhance and maintain valued social roles. This workshop is based on the theory of Social Role Valorisation.

Equipment required for presenting this workshop:

- Notebook computer
- Projector
- Overhead Projector (for backup)
- Whiteboard – two sided or electronic
- Butchers paper
- Whiteboard markers (blue, black, red, green)
- Electrical extension cord
- Blue Tack
- Pens
- Participant Workbook including pen and blank note taking paper
- Participant name tags
- Evaluation/feedback forms

Welcome everyone as they arrive, introduce yourself and tick them off the attendance register.

Have name tags and Participant workbooks available.

As the day commences, it is important to outline some of the structure of the day so that the participants are comfortable with what will happen and when. Some topics to cover include:

- Introduce yourself
- Location of restrooms, fire exits
- Reminders about smoking, mobile phones, etc.
- Rules of the day – one person speaking at a time, what is said in the room stays in the room, respect for others, etc.
- Information on parking in the area (do they have to move their car every 2 hours)
- Finishing time, this workshop is designed to go for 3 hours. With a break for 20 minutes after about 1.5 hrs.

Introduce the objectives of the day. This will reinforce the structure of the day, including breaks, and provide a purpose of the day. Participants will also be able to identify if this is new information for them or if it is refresher information.

Objectives:

By the end of this session, participants will be able to:

- identify their own values and attitudes, and recognise those values and attitudes that are prevalent within our society.
- show an understanding of the impact of social devaluation: Life Experiences and Conditions of people who are devalued,
- show an understanding of Social Role Valorisation, and
- identify strategies to assist people with a disability to establish, enhance and maintain valued social roles.

Icebreaker:

Icebreakers are effective for two reasons- so you can get to know the participants and their motivation for attending & so they can meet other participants.

Once the participants are seated ask each person to:

- Introduce themselves to one other person,
- Tell the other person why they are at this workshop, and
- Tell the other person what they hope to learn from the workshop.

This information is to be fed back to the group as a whole and answers recorded on butcher's paper for use later.

This information will give you an idea of whether your participants want to be at the session or whether they were told by management to attend. This will influence the dynamics and responses of the group. By finding out what they want to learn, you will have an idea of their level of current knowledge on the subject and whether your objectives are met at the end of the day. This will assist in further workshop development.

It is of great importance to have an understanding of what is valued and what draws attention to roles that are and are not valued. Failing to understand this means that people with a disability can end up in roles that are not valued by the community, thereby adding to already existing stigmas associated with people with a disability.

Society has certain values. Different cultures often value different things. We must recognise and acknowledge that in all cultures some people are more highly valued than others. What people value can lead to assumptions and stereotypes about other people.

[How would you define the term “values”? \(Record answers on the whiteboard/butchers paper and save\):](#)

“Values” are:

- Those qualities of behaviour, thought, and character that society regards as intrinsically good, having desirable results & worthy of emulation by others.
- The beliefs that guide our behaviour and define what is good or bad, right or wrong, correct or incorrect. They make up our belief system.
- Often influenced by our religious beliefs, our family upbringing, our socioeconomic status, our educational background, etc

Our values are influence by our society – including our parents, our peers, the media, etc. There are things that we personally value that most people in our society agree with, these are the values that the society holds in common.

[Attitudes- how would you define the “attitudes”?:](#)

“Attitudes” are:

- The positive, negative or neutral feelings a person has about something
- People’s biases, inclinations or tendencies that influence their response to situations, activities, people or programs
- How our values are manifested in our actions and in our thoughts to others

You will see that I have already identified your attitudes towards this session at the beginning of today. By gaining an understanding of why you are attending this workshop and what you wish to gain, I can determine your actions and thoughts about today. For example, if you said you were told to attend this session and you thought it would be a waste of time – this negative attitude could influence the way you perform or respond to the day, but if you said you were the first to register and had heard so much about SRV and want to know what it is all about – this would also influence the way you perform and respond to the day, but in a more positive manner.

If you have negative feelings about a certain group of people you will react to them in a negative way. The same applies if you have positive feelings about a certain group of people you will react to them in a positive way.

[Can anyone give me some examples?](#)

Think about how people react to:

- A group of people with a disability? fear,
- A group of teens in heavy metal clothing? fear/uncertainty
- Beggars on the street? fear/uncertainty/pity/charity
- A very beautiful woman? pleasant/maybe a bit uncomfortable if it is different for you
- The top neurosurgeon in the country? out of your depth/avoid them/God-like
- A Nobel Prize winner? out of your depth/avoid them/God-like

Are the reactions positive or negative?

Attitudes are how we show our values and they are a reflection of the wider society or community in which we live.

Divide the whiteboard/butchers paper into 3 columns, like so:

What do you value?	What does society value?	What are some of your roles?
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What do YOU value? What things do YOU find desirable?

(Record responses on the whiteboard in column one of three)

Examples that may be given: good health, money, financial security, friends, family, independence, freedom, education, meaningful employment, travel.

Do you value people with a disability? Do you think they should experience the same things that we value and find desirable? *Participants can be left with this thought. They do not need to answer this question.*

Our values are influenced by the society that we live in. Different societies will have different things that they regard as intrinsically good or worthy of emulation. Compare our cultural response to older people with that of the Aborigines and their elders.

What does our SOCIETY value? That is: worthy of emulation, intrinsically good?

(Record answers in column two of three on whiteboard)

Examples can include: sport, money, fitness, beauty, nice car, owning our own home, home ownership.

It may be necessary to identify who you value or wish to be, then identify what it is about them that is worthy of emulation.

Certain people in society hold certain roles. Roles are the characteristics of certain people in relation to their position within society, within family, within community.

What are some of the roles that you hold? What roles did you have today? (Record in column three on the whiteboard)

Examples can include: mother, father, sister, brother, employee, employer, student, friend, planner, organiser, driver, sportsman, budgeter, cook, cleaner, homeowner, investor, researcher, motivator, initiator, etc.

Out of the lists that we have here, what roles do the people you work with have? Circle in a different colour marker.

It should appear that there are few roles or characteristics that have value attached to them for the people with a disability that they work with.

Does it show that there are few roles or characteristics that have value attached to them for the people with whom you work? This is because people with a disability are often not valued by our society. They do not hold roles that our society values. Many of them fit into what is called 'devalued' roles.

Devalued is, in simple terms, the opposite of valued. Devaluation occurs when a person is seen as being different and the differences are socially significant and negatively valued. (O'Brien 1987 pp.4) Devaluation is about what happens to a group of people when the majority or most powerful groups in society act negatively towards them.

To be devalued the differences of a group are perceived as negative differences by the majority of society. Reasons why this can happen include:

- people see differences as threatening to them or the people they love – this can result in interpreting behaviours as menacing or dangerous
- a lack of information or education about differences makes people wary and unsure of how to act – leading people to distance themselves from the group
- the strong desire for people to belong to the most popular, most powerful and most valued group – this makes people want to define who does not belong. (reference: Nova employment guide)

What type of roles is there that are generally devalued?

Examples can include: unemployed, young pensioner, homeless person, Homeswest client, offender, client, follower, etc.

Devaluation is about what happens to a group of people when the majority, or most powerful groups in society, act negatively towards them.

Brown eye, Blue eye study:

Jane Elliott, a pioneer in racism awareness training, as a third grade teacher in an all-white, all-Christian community, she struggled for ways to help her students understand racism and discrimination. She adopted the "Blue-Eyed/brown eyed" exercise, (in which participants are treated as inferior or superior based solely on the colour of their eyes) as a result of reading about the techniques the Nazis used on those they designated undesirable during what is now called the Holocaust.

The purpose of the exercise is to give white people an opportunity to find out how it feels to be something other than white.

The reason for the impact of the stereotypes and the resulting discriminatory laws can be found in the values and prejudices of people in society (Pfeiffer, in Barton pp 79)

History of services for people with a disability

The duration of this session is very limited; therefore the history of services will only be touched on. More information is in the participant's handbook.

We can see how society's attitudes towards people with a disability have changed over the last 150 years or so by looking at the history of disability services. The history of disability goes back thousands of years, but since the mid-1800's, there are better records and more significant changes than ever before. An understanding of historical social attitudes will help to understand the current community attitudes and the difficulty workers and service providers have in providing services that meet individual needs and wants. A more detailed timeline is provided in your handbooks.

Brief History Timeline:

- 1800's – large institutions were built to house "defectives". This included people with a disability (idiots, imbeciles, feeble-minded), epilepsy, mental illnesses and also prostitutes, vagrants, criminals, delinquents, etc. Prior to this, most people with a disability were cared for at home, in jail or killed.
- In the 1850's many institutions had the aim of teaching those people categorised as "improvable", by the 1880's this changed to just providing custodial care for the people labelled 'defectives' and the establishment of farm colonies far from urban areas to protect the residents from society and then by the 1900's they became 'hospitals' to cure the residents.
- In Western Australia, people with a disability and people with a mental illness were housed in the hull of a ship in Fremantle harbour, and in 1857 they were moved to a disused warehouse. The Fremantle Asylum was completed in 1886 (now the Fremantle Arts Centre). Claremont Hospital for the Insane was completed in 1908; by calling it a hospital this indicates the medicalisation of intellectual disability. Montgomery (Superintendent of Fremantle Asylum and established Claremont) requested a "hilltop site so that the cooling sea breezes might disperse those miasmas still thought to cause disease". Claremont Hospital for the Insane was officially opened in 1908 with

700 patients, and by 1920 there were 1100 patients. [Refer to handout on Letchworth Village that is in their workbooks.](#)

- Eugenics movement – The Eugenics Movement was a very popular idea from about 1900-1930. And strongly seen during the time of Nazi Germany. It is based on the belief that disabilities were hereditary. The belief was that if feeble-minded people were allowed to breed it would dilute the gene pool. This added to the belief that feeble-minded people produced a greater number of offspring than the 'better' women in society and that the children of feeble-minded parents would also be feeble-minded. [Refer to the handout on A Committee to Eradicate Feeble-mindedness.](#)
- “a reorganisation of Claremont in 1972 divided the section for psychiatric patients from those with intellectual disabilities”. (Cocks, Fox, Brogan, Lee, 1996 pp.100).
- planning commenced for the move of *all people* with intellectual disability to Pyrton from Claremont for all the youngest children by 1967 and the younger adults by 1973, this process took time and was not completed until 1984. Therefore the last person with intellectual disability moved out of Claremont in 1984, a mere 27 years ago.
- Parent movement: started when parents wanted more for their children than an institution. Most started out providing education and vocational services for their children. In WA they commenced in the 1950's with Slow Learning Children's Group (now Activ Foundation) and the Mentally Incurable Children's Association (now Nulsen Haven)
- Separation of mental health and disability, late 1970's- at least 12 reports written on services to people with a disability examining poor quality, availability and accessibility. Began to criticize the link between health, mental health and disability. They recommended the separation of health and disability.
- 1985-Individual Statutory Authority established under the Intellectually Handicapped Persons Act 1985 – called AIH (now known as DSC following legislative changes)
- Disability Services Act 1993 (WA) – cutting edge legislation that required services to show outcomes to the consumers rather than the service. (This Act followed the Commonwealth Disability Services Act 1986.)

From these examples it is a bit clearer to understand how attitudes and actions can be seen as a reflection of the wider society or community in which someone lives. If a group of people were seen as being a danger to the make up of society by the majority or by a more powerful group, a worldwide acceptance of eugenics, forced sterilization and banned marriages can be seen. Thus, a group of people were seen as devalued.

Devaluation

Devaluation frequently occurs because of differences that people have that they have no control over, such as a disability, their colour, their ethnic/religious background, or their gender.

Devaluation is the basis of SRV, it is about recognising and acknowledging that certain people are being perceived and interpreted by others as having lesser value and taking steps to improve a person or groups perceived value in society. It is also about maintaining and developing socially valued roles.

[What are the effects of devaluation?](#)

At its extreme, the consequences of devaluation can be life threatening. There are certain life impacts or consequences social devaluation. Not all people experience all of these consequences, and even people who are valued can experience some the impacts. However, people from devalued groups often experience more negative life consequences more often. This terminology has recently changed to "Impacts of Social Devaluation: Life Experiences and Conditions" but you may still come across the term 'wounds' and 'wounding'.

There are 21 identified impacts of social devaluation: Life Experiences and Conditions of people who are devalued. The first 8 are related to rejection and the remaining 13 related to the loss of control.

1. A physical impairment becomes life defining. It determines ones relationships and often the language used contributes to this; i.e. Person with cerebral palsy is call the spastic or the CP.
2. Functional impairment i.e.; language describes the person – diabetic, head banger, alcoholic
Again, language can define the person

These life defining circumstances can lead to:

[If someone has a functional or physical impairment, what can happen to them?](#)

[What would be the potential result of being defined by your impairment?](#)

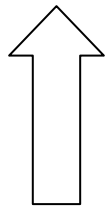
[SRV defines 6 situations that are a result of impairment.](#)

[Record the answers on the whiteboard](#)

3. Often these people are relegated to a low social status based on cultural values eg; wealth vs. poverty, young vs. old, unemployed vs. employed.
4. Person may be rejected by community, neighbours, society (all except paid staff) because they need to be cared for by others and also because of fear.
5. May be cast into one of the 6 historical deviancy roles:
 - a. non-human = vegetable, animal (implies they behave in a primitive, uncontrolled manner, sturdy furniture, unbreakable windows/TV's, soundproofing, locked areas, barred windows, one way lock doors, fences and gates, no rights,
 - b. menace = locked building, staff in uniform, segregating the sexes, removing from the community

- c. Object of ridicule = clown, circus, adults behaving childishly or participating in children's activities.
- d. Object of pity = 'suffering' from their disability, protective environments, fundraising, donation plaques, logos, underpaying workers, worthy cause
- e. Burden of charity = many institutions evolved from charitable homes. Charity sees an entitlement to food and shelter but no frills or extras.
- f. Eternal child or Holy Innocent = person considered harmless and treated as a child, using mental age for adults, décor, promoting age degrading activities (visiting Santa), calling them kids, ordering child's portion of a meal
- g. Sick/diseased = nurses, medical décor, calling people patients, participating in medical programs (going for a swim becomes hydrotherapy)

- 6. Symbolic stigmatising – grouping similar people together, neglecting personal appearance, cemetery near a nursing home.
- 7. In jeopardy of being suspected of having multiple deviances eg: sick and old, dirty old man, people with disability are sex offenders
- 8. Distanced by segregation or congregation – uniforms, name tags, separate entrances, off limits areas, separate facilities, lack of access, ignoring presence. Segregating people with a disability can be equally as devaluing as congregating people with a disability, we all know of the 'special buses' – orange with a white stripe.

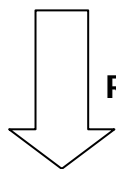


Related to rejection

Each of these are related to rejection by the community. As a result of community rejection or relegating people into some sort of 'assumed' role, they often experience a loss of control over their lives. Thinking about someone who has an impairment and is at risk of being rejected, what sort of consequences do you think they would experience? In what ways would they experience loss of control over their lives? It may help to think in terms of someone you work with.

SRV defines a further 13 experiences that are related to loss of control.

Record answers of the whiteboard.



Related to loss of control

- 9. Loss of control – no personal history, dependent on pension, may need to enter a service,
- 10. Discontinuity with physical environment – moving people often. Often moving to another place due to changing needs or services decision.
- 11. Relationship discontinuity – 'care workers' coming and going, may need to move to receive services, make friends with someone and they move onto another job or place to live

12. Substitute free relationships for paid ones – implies the only people who want to be with you are paid or charitable volunteers.
13. De-individualisation – grouping instead of treating as individual, difficult to differentiate between the needs of the service and the needs of the individual.
14. Material poverty – minimal possessions, no personal possessions – photos, knick knacks, collectables, items of personal interest, individuality
15. Impoverished experiences – have not learnt from experience and impacts on future coping,
16. Spiritual poverty – no opportunity to develop or maintain spirituality
17. Life wasted – low expectations, denied typical experiences, spending hours waiting for activity, lives timetabled
18. Brutalisation and death making – abuse in nursing homes, excessive use of drugs, withholding drugs, moving people into the community with lack of support
19. Awareness of being a source of anguish to loved ones – talking about person in front of them, aged don't want to be a burden
20. Personal insecurity – testing and fantasy relationships, withdrawal, anger, rage
21. Resentment and hatred of privileged citizens

Do you think people can experience more than one of these impacts? Think of someone you work with, which one of these would you think they have experienced or could relate to?

People can have more than one. How about:

#1 – a physical impairment,

#9 – loss of control

#11 – relationship discontinuity

#12 – substitute free relationships for paid ones.

A good analogy to understand the impacts is to think of each one as a brick. The more bricks you carry the harder it is. Some people can be carrying so many bricks that they are completely weighed down by them.

So how do we prevent the devaluation of the people that we choose to work with? We will examine this following the break. You have 20 minutes to grab a drink, stretch your legs and have a chat.

Break

On return from the break, examine the practical side of how to create and maintain valued social roles for people who are devalued or vulnerable to devaluation.

Social Role Valorisation

The theory of Social Role Valorisation is what disability services around the world use to guide them in the services they provide. Social Role Valorisation or SRV, as it is commonly referred to, is quite a complex social theory and there are courses available to learn about it in greater detail. This workbook will give you a general overview and make it relevant to your everyday work

SRV is a complex theory that was defined by Wolf Wolfensberger in about 1983. SRV evolved out of the theory of Normalisation that was defined by two Danes, Bank-Mikkelsen in 1959 and Nirje in 1967. Throughout the 1970's, Normalisation gained momentum through human services. Unfortunately, choosing a term that most people felt they knew the meaning of was detrimental. Many people interpreted Normalization to mean making people normal and debates continued on what was normal. In 1982, American Dr. Wolf Wolfensberger proposed that normalisation be renamed Social Role Valorisation because "the most explicit and highest goal of normalisation must be the creation, support and defence of valued social roles for people who are at risk of social devaluation. If a person's social role were a societally valued one, then other desirable things would be accorded to that person almost automatically, at least within the resources and norms of his/her society." (Wolfensberger, 1983)

SRV is applicable to any group of people that are devalued, but the majority of the work has been with disability and is just coming to be considered in aged care and other areas.

Having an understanding of what society values, as well as what society devalues, and the affects of wounding, ensures that as a disability worker you are able to identify situations that can have a negative impact on the person you work with.

[How do we go about "creating, supporting and defending valued social roles for people who are at risk of social devaluation"?](#)

There are several ways in which people who work with people who are devalued can go about creating, supporting and defending valued social roles. But first there are several themes of SRV that are essential to really understanding this social theory. With our limited time here, I will briefly go over the themes and move onto the "how" of creating, supporting and defending valued social roles. There is more detail in your handbooks about the themes of SRV.

The themes of SRV are:

1. Unconsciousness: unconsciousness refers to the things that we do without thinking about it. Sometimes these things are so part of us that we are unaware of them. This includes our attitudes and values, as was examined in the beginning. Unconsciousness sustains social devaluation and SRV aims to raise the consciousness or awareness about the issues of devaluation and their impact. Unconsciousness can also explain how society may do bad things to some people while at the same time believing that they are helping them – eg the eugenics movement. As we have seen, a lot of what we learn is unconscious. We learn from many areas including our family, our friends, papers, books and the media.

Unconsciousness also has to do with a low awareness of what devaluation is and the reality of what is happening to people who are devalued. A lack of awareness can lead to further devaluation of the individual without even realising it. SRV aims to ensure that we are aware of devaluation, aware of its impact on the person and aware of strategies to prevent devaluation.

2. Social Imagery: symbols and images that are attached to devalued people influence role expectancies about them and their social value. SRV suggests that people are reliant on signs and symbols to make their decisions. We treat people differently purely because of these signs and images. If people are surrounded by negative images, this will affect our responses to them. Some of the images relate to appearances. A lot of social imagery is unconscious.

Think about the images portrayed in these examples:

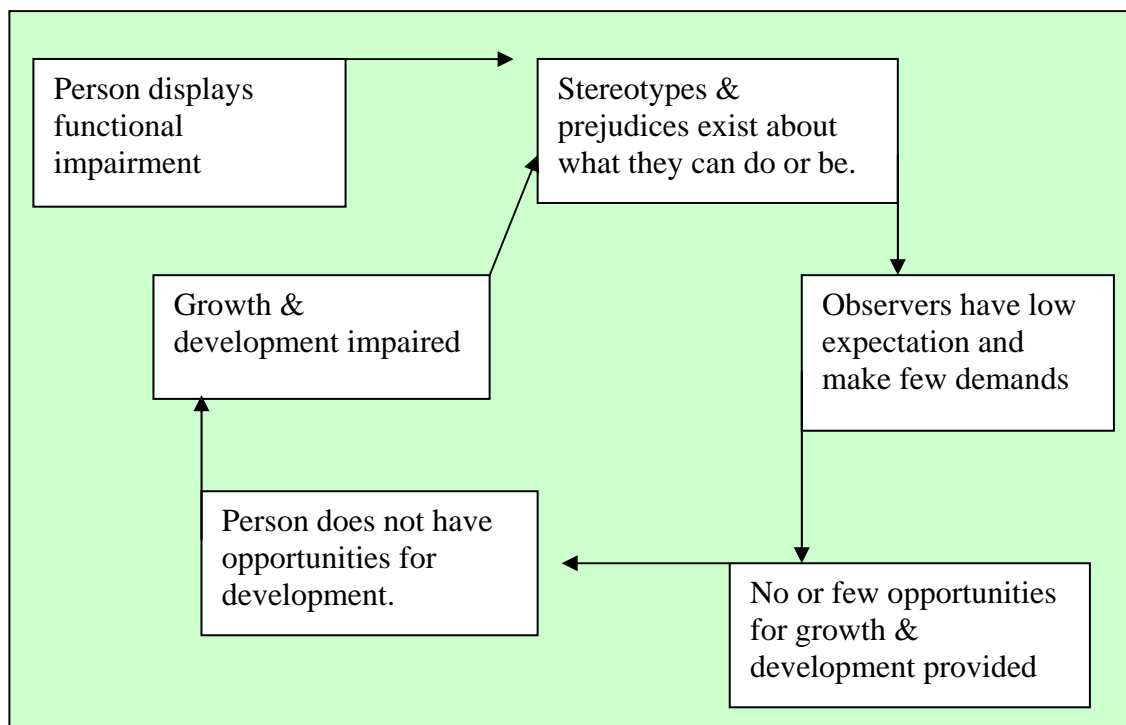
- Why were institutions located out of town on a hill? What did this portray unconsciously?
- What would be portrayed if you saw a group of women with a disability wearing childish clothing?

Being aware of the unconscious imagery that we are promoting (sometimes negatively and sometimes positively), and taking steps to portray positive images, is how workers can improve a persons value within society.

Factors that influence imagery (positive or negative) to an individual:

- Nearness to the individual
- Frequency, number of times it is seen
- Emotional intensity of the image (eg: snakes)
- Physical setting of home/buildings (location, appearance)
- Activities (types of activities, when they occur, routines)
- Groupings (large or small, with whom, friends, staff, ages)
- Personal (appearance, possessions, clothing, haircut)
- Language (names & labels: Johnny vs. John, how you speak to the person, do you include them in conversations?)
- Service aspects (name, logo, funding body)

3. Expectancy: Role expectancies and role circularities (self fulfilling prophecies) are among the most powerful social influences and control methods known. SRV identifies the means by which these influences operate (physical environment, juxtaposes, language) and how they can be used to convey positive or negative role expectancies. Many devalued people occupy roles which have negative expectancies attached to them, such as unemployed, poor, uneducable, service user. Multiple deviant roles may work as a vicious circle leading to further role loss and negative outcomes. SRV develops strategies about how to influence mind sets and expectancies positively.



A Self-fulfilling Prophecy:

“If we believe you are like it, and treat you like it, you will become like it”

4. Competency and the developmental model: enhancing competencies is reliant on a belief in the developmental model – that all people are always able to change, learn and adapt. Competency enhancement becomes impossible if we do not believe this. Historically, people with a disability were not expected to learn, grow and develop. We saw earlier how society’s beliefs inhibited the development of people with a disability throughout history.

Many people who are devalued have experienced wounds (impacts) that have limited or prevented them from developmental learning opportunities such as learning from experience, going to school, getting a job, having friends, making decisions and making mistakes. We all function daily by recalling past experiences to tell us how to act in certain circumstances, if we have not had those experiences we do not know how to react or act.

5. The effectiveness of services and other interventions: A measure of the effectiveness of service may be made by measuring whether it:
- is relevant to the needs of the users
 - is as intense as possible and
 - uses a model which addresses the identified need/purpose of the service
- It refers to the extent to which *what* a service does and *how it does it* fits with the needs of the service users.
6. Relationships between people: Our social identity is a product of our interactions with other people. We build a social identity from the variety of contact that we have with others. Knowing others and having other people value us, can protect us from harm. People who are devalued often have a limited set of people to interact with and often have fewer and less intense real supportive relationships. Access to the 'good things in life' is more likely to be afforded to devalued people if valued people see themselves as being like them and having things in common. If devalued people are seen as being identified with valued people, less harm will come to them.
7. The importance of modelling for learning: One of the most powerful methods of learning is imitation. Much of what we have learned about how to behave is learned by imitation. This is both conscious and unconscious. We are more likely to imitate the behaviour of someone we respect, admire or just feel a kinship to. We also learn bad behaviour by the same process. SRV is concerned with how the dynamics of imitation and modelling, particularly via the grouping and segregation practices of human services, serve to promote socially devalued behaviours. These dynamics can also be used to positive ends.

Many of our behaviours are developed by following someone else's lead, we have all heard of 'lead by example'.

As workers, it is vital that we lead by example in all of our day to day practices. That includes addressing people appropriately, dressing appropriately for an occasion or work situation, showing respect and privacy within a person's home and generally treating others and their possessions as we would like to be treated.

8. Integration and participation: segregation from valued society is a major wound experienced by devalued people and reinforces negative societal beliefs about those groups. SRV provides a set of rationales in support of the social integration of devalued people in valued participation, with valued people, in valued activities, which take place in valued settings. If devalued people are enabled to become part of society in a fully integrated manner, they are far more likely to benefit from good things in society. By associating devalued people with valued activities or valued people, we are raising their status within their community.

Congregation can be as devaluing as segregation. Workers need to be aware of the potential impact of congregation and segregation when it comes to working with people who are, or are at risk of, devaluation. One or two people supported to participate in a mainstream activity (Adult Community Education class of twelve) can be much more valued than a group of six people participating in the same class. Workers should seek out the best options when assisting someone to participate in the community. The best options are often reliant on an understanding of the perceived

positive value in terms of the type of activity, the support person, age appropriateness, the venue, the timing and other factors.

9. Positive compensation: (the conservatism corollary). Devalued people experience heightened vulnerability in which the likelihood of negative things happening to them, and the harmful consequences of those experiences, are much greater than for valued people.

To support people who are devalued, extra effort should be put into finding extra positive attributes to outweigh the negative. When there is a choice of options, the most valued of them should be chosen. Positive compensation is about the extra effort that must be put into overcoming personal deficits in people who are devalued. It is also about being aware of the things that are likely to go wrong and anticipating the alternatives to prevent bad things happening.

People who are valued usually have the resources (friends, family, competencies) to be able to cope with a wound/impact that they may acquire. People who are devalued, having already experienced many wounds/impacts throughout their lifetime, may not have the resources to be able to cope with further wounds/impacts. The additional wounds/impacts may be much more serious and devastating for this individual as compared to people who are valued and acquiring wounds/impacts.

Strategies to create, support and defend valued social roles

Repeat use of some images already used while doing this section.

Divide the group into 7 groups. Each group will examine one of the seven strategies and report back to the entire workshop. SRV strategies handouts will assist with this exercise.

1. Defend valued roles: the first process in defending valued roles is to identify which valued roles someone may have.

Refer back to the roles that you identified as valued – employee, son, student, friend, etc.

Compare the way it would be if you introduced someone as the person you care for as compared to the person you work alongside. How about the difference between perceptions of a single mother versus a single father? Are single mothers more valued now than they were 10 years ago? How about divorce? Compare our perception as a society to divorce now to that of the 1960's, 1970's or even 1980's? Even the terminology we use today changes the value of a person – the disability industry regularly changes labels from patient to client to consumer to service user and so on.

2. Maintain valued roles: once valued roles are identified for an individual, it is important to maintain those roles to maintain their social value. In employment it is important to assist them to maintain the employment to maintain the role of an employee as compared to someone unemployed. [Some of the sheltered workshops make jarrah furniture – a carpenter is more valued than 'he works at a sheltered workshop', even picture framer, clay pigeon maker, cardboard packaging production assistant....](#)
3. Acquire valued roles: You may find it difficult to identify the valued roles of some people that you may work with. It is important to look closely at what valued roles they may have and any skills and interest they have, to identify any roles they may be able to acquire. [Identify their likes, interests, hobbies, etc.](#) This can be done by taking the time to get to know the person and their family, and by trialling a range of activities.
4. Re-valorising roles: this one is a little more complex. It is about identifying negative or neutral roles that someone may have and changing them into positive roles. Someone may have an amazing knowledge of movies or music, and it could be possible to create some value in the individual based on their abilities. Unfortunately, re-valorisation can be risky in that you have to be careful not to turn the persons abilities into 'party tricks' thus leading them back into one of the historical deviancy roles (object of ridicule, eternal child)
5. Image and competence management: this is one of the most important ones for workers and a fairly easy one to understand. It is up to the workers to assist people to attain and maintain valued roles. Imagery plays a large part in this as well as competences. Imagery and competency are important *PATHWAYS* to creating a positive image of an individual or group of people. Think about the image portrayed by someone smelly, unshaven and wearing torn and dirty clothes as compared to the same person shaven, clean and in neat tidy clothing.

Think of the image portrayed of:

- Someone dribbling,
- Someone going out with food on their shirt,
- A dirty and unkempt wheelchair,
- A support worker wearing a T-shirt with offensive language or pictures,
- A support worker in a mini skirt and high heels.

Now consider the support worker (dressed in a pair of clean jeans with a nice top) who carries a small bag with a number of flannels in it to be able to wipe saliva off the person's face on a regular basis. The person's shirt is dry and clean and there is no sign of a bib or flannel on their chest. The support worker may even carry a spare shirt in the bag just in case. The support worker is portraying a positive image of the person with a disability.

6. Competencies go hand in hand with this, that is if someone feels good and is rewarded/acknowledged for doing good things or accomplishing things, they are more likely to repeat it. Going back to the unshaven, filthy man. In this role it could be assumed that people in the street would have avoided him, they would not have spoken to him and he would have been rejected. But, if when he was clean, people spoke to him, they acknowledged his presence and he was complimented, there is more of a chance that he would repeat it. As workers with people with a disability it is our role to assist them to understand this and the consequences of their actions or choices. The same applies in the home situation.

[How could you improve image and competence in the home environment?](#)

Improve interactions, treat them as the homeowner and you are the visitor, help them to establish some pride in their home, respect their privacy, encourage choices, help them understand the consequences of their choices and actions, if they share with many other people help them develop job sharing roles but with flexibility. By treating people as the homeowner, and the worker as the visitor (which they are) people can be assisted to develop a valued role as well as a range of competencies to then be viewed by others as being in a valued role. Assisting people to undertake duties that accompany being a homeowner is vital. This includes cooking, shopping, home maintenance, gardening, deciding on what to eat and when to eat.

It is important to assist the person to attain and maintain a positive image and developing a person's abilities or competencies can assist in achieving this.

7. Role management: this is about managing the social roles. As a worker with someone who is either devalued or at risk of devaluation, it is important to focus on the valued roles they have. SRV is often mistakenly interpreted as to mean forcing people into things they may not be interested in, to attain a valued role. SRV is about identifying the valued roles a person has, or can acquire, and building on them. To have a positive image in the community is being valued as a "local".

8. Action at different levels: SRV is theory that can be applied by intervening at different levels of society to prevent devaluation. As direct care workers, we often only see it at the personal level, that is, with the individual. But in direct care we can also work on the social systems that are in the immediate vicinity of the individual – your family, your friends, your colleagues. The next level would be the places where the person goes and has direct contact with people that they don't know personally (yet). This includes people in the local community such as banks, grocery stores, deli, etc. If people have positive contact with people with a disability they will be more accepting of other people with a disability that they come in contact with in the future. Service providers, government, advocacy services and others contribute to promoting valued roles and acceptance at a larger level.

Wolfensberger (1995) defined an “if this, then that” formulation of decisions related to SRV. That is,

If we are aware of how some people are socially devalued

And

If we know of the common life experiences of people who are devalued

And

If we have a vision for a better life for people who are devalued

Then

We can implement the SRV framework to maintain, develop and defend values social roles for people vulnerable to devaluation.

Summary

As a worker with people with a disability, Social Role Valorisation is the key theory that guides organisations in the services that they provide. Unfortunately, some services could do a lot better. The knowledge a worker has about SRV can go a long way to ensuring the people you work with, as well as all people with a disability, are afforded the good things in life and viewed positively by their community.

The most recent definition of Social Role Valorisation by Dr. Wolf Wolfensberger (1995) is “The application of what science can tell us about the enablement, establishment, enhancement, maintenance, and/or defence of valued social roles to people.”

This workbook provides a brief overview of SRV and how workers with people with a disability can incorporate it into their day to day workings. To understand SRV, workers first need to understand what they and their society values (and does not value). Do you value people with a disability? Valued social roles differ within different cultures and something that is valued in one culture may not be valued in another. This ensures that SRV is relevant to different societies and cultures around the world. What we value as a culture is determined by our upbringing, our family, the media (print and film), our friends, our religious beliefs and others. This is very often unconscious and we rarely think about or question what our values are or where they have come from. SRV challenges workers to do this and in turn, provides strategies to ensure that the people with whom we work, which currently are or are at risk of being devalued, are portrayed in a socially valued way.

Strategies to enable, establish, enhance, maintain, and/or defend a person's valued role is by way of:

- Image
- Competence
- Community Life (integration and participation)
- Expectations
- Growth (and development)
- Imitation (and modelling)
- Extra effort

Often workers do not feel that they can contribute to SRV, but workers are the key to implementing SRV practices. It does not need to take time, it does not need to take money and it does not need to take permission. Practices that value the people you are working with should be an assumed part of your role.

[Next time you are at work, have a think about:](#)

- The appearance of the people you work with,
- How they are spoken to in the home, in the community, in their place of employment,
- The appearance of the staff,
- Where the people you work with go to recreate, to shop and to socialise,
- How they may be perceived by their neighbours and their community,
- Is there a distinction between staff and service users,
- What terminology or jargon do you use,
- What terminology or jargon to other staff use,
- The appearance of their home or place of employment?

SRV "can help not only to prevent bad things from happening to socially vulnerable or devalued people, but can also increase the likelihood that they will experience the good things in life. Unfortunately, the good things in life are usually not accorded to people who are devalued in society. For them, many or most good things are beyond reach, denied, withheld, or at least harder to attain." (Osburn, 1998)

Work together to ensure the people you work with have opportunities to enjoy
THE GOOD THINGS IN LIFE.

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Further reading websites:

www.socialrolevalorisation.com

www.diligio.com