

### Valuing People and Valorization: Influences and differences between UK government policy and SRV

by Dr D.G.Race

#### Abstract

This paper examines a major UK government policy document, *Valuing People: A strategy for Learning Disability for the 21st Century*, Department of Health (DoH) (2001), in the light of the key goals of SRV theory. The history of normalization and SRV in the UK and elsewhere is noted as relevant to the analysis, which reveals strong parallels between the 'wounds' of SRV and 'problems' identified by the above document, known as a White Paper. Further parallels are found between the primary goal of SRV and the 'Principles' of the White Paper, and between its objectives and value social roles being achieved for people with learning disabilities. When 'Key Actions' identified by the White Paper are examined, however, and compared with the tertiary goal of SRV, namely enhancing peoples' image and competency, questions are raised as to the effect of the White Paper on the actual lives of those for whom it was written.

#### Introduction

Most historical accounts of the development of learning disability services in the UK, e.g. Race (2002), Gates (1997), agree that when a White Paper (basically a statement of government policy that does not amount to legislation) was produced in 1971, called *Better Services for the Mentally Handicapped*, there was a considerable steer on its general direction from the small but influential international network around the principle of normalization. At the first international SRV conference in Ottawa, in 1994, Wolfensberger gave a fascinating personal account of this network, especially the putting together of the document *Changing Patterns in Residential Services for the Mentally Retarded*, Kugel and Wolfensberger (1969). In this account (published later in Flynn and Lemay 1999) he notes the role of Professor Jack Tizard from the UK as part of the network, and there is no doubt that both Tizard and the *Changing Patterns* document were influences on the 1971 White Paper's proposal to halve the number of people in 'subnormality hospitals' (then the name for UK large institutions).

The fortunes of that White Paper, and the subsequent impact of normalization on UK services, has also been discussed elsewhere, Race (1999a). That paper, and others, e.g. Tyne (1987), Brown and Smith (1992), Race (1999b), acknowledge the powerful effect of normalization, but also note great deal of confusion and contention over the influence, and understanding, of its successor, the theory of SRV. Especially as SRV developed its theoretical grounding, after the Ottawa conference and on into the new millennium, Wolfensberger (1998), (2000), other ideas, namely the so-called 'social theory of disability,' Oliver (1990), and developments in sympathy with, but not the same as, normalization, such as O'Brien's 'Framework for Accomplishment,' O'Brien (1987), or his and others later work on 'person centred approaches,' Lyle-O'Brien and O'Brien (2000), came to be regarded in the UK as either having 'replaced' SRV, or to be a 'new version' of it. More confusingly, the ideas were often referred to as the same thing, as in 'normalisation/SRV.'

It came as no surprise, therefore, that when, thirty years after *Better Services for the Mentally Handicapped*, the UK government published the next White Paper on Learning Disability; *Valuing People: A strategy for Learning Disability for the 21st Century*, Department of Health (DoH) (2001), there is no reference to SRV contained within it. In fact, because of the contention noted above, there is very little mention of 'normalisation' either.

This paper, not wishing to return to the UK debate over 'normalization/SRV', from which I have advocated elsewhere, Race (2002), that it is 'time to move on,' instead looks to examine the 2001 White Paper from the perspective of the basic building blocks of SRV theory. It is hoped that this will provide a better sense of the relevance of SRV to contemporary debates.

In what follows we will therefore use the following fundamental elements of SRV theory. First the 'historical experiences' or 'wounds' elaborated in both SRV teaching events and the longer texts, Wolfensberger (1998), Race (1999a). Second, what has been elaborated more recently, the three levels of 'goals' of SRV, all again taught at training events and highlighted in the texts. The 'primary goal,' is the 'good things in life,' originally appearing in Wolfensberger et.al. (1996). The 'secondary goal' is summarized in the statement, sometimes used as a definition of SRV, that it attempts to achieve the 'enablement, establishment, maintenance and/or defence of valued social roles for people.' The 'tertiary goal' is to attempt to achieve the first two by action, at all levels of social organization from the individual to society as a whole, to arrange conditions of life so as to enhance both peoples' 'social image' and their 'personal competency.' Using these key dimensions, this paper asserts that SRV firstly has a lot of common ground with the White Paper, but that in its more detailed objectives and proposed actions, some important differences are revealed by SRV that pose questions as to the effects of implementation on the actual lives of people with learning disabilities.

## Identifying the problem-- the wounds are still there

'People with learning disabilities are amongst the most vulnerable and socially excluded in our society. Very few have jobs, live in their own homes or have choice over who cares for them. This needs to change' DoH (2001, p 15)

The above statement, coming as it does early in Valuing People, is a powerful acknowledgement that, despite what have been heralded as major advances in the thirty years between the two White Papers described above, there are still major problems. A lot of the evidence for this is based on a major survey of services, published in 1999 under the heading Facing the Facts, DoH (1999a). In Table 1 below the list of those problems is compared with a summary selection of the list of 'wounds' used in SRV teaching.

As can be seen, and as would be expected from serious study of SRV, the situation of people with learning disabilities in the UK at the turn of the millennium displays many of the devaluing 'wounds,' analysis of which is at the heart of both SRV, and its predecessor, normalization.

Table 1-- Comparison between White Paper 'problems' and 'Wounds' from SRV

<b>Problems and Challenges – from <i>Valuing People</i></b>	<b>Selected 'Wounds of devalued people' – from SRV theory</b>
<p>“In the 30 years since the last White Paper.. progress has been made in closing large institutions and developing services in the community, but.. there are major problems, including:</p> <ul style="list-style-type: none"><li>● <b>Poorly co-ordinated services</b> for families with disabled children especially for those with severely disabled children;</li><li>● Poor planning for young disabled people at <b>the point of transition into adulthood;</b></li><li>● Insufficient support for <b>carers, particularly for those caring for people with complex needs;</b></li><li>● People with learning disabilities often have little <b>choice or control</b> over many aspects of their lives;</li><li>● Substantial <b>health care</b> needs of people with learning disabilities are often unmet;</li><li>● <b>Housing choice</b> is limited;</li><li>● <b>Day services</b> are often not tailored to the needs and abilities of the individual;</li><li>● Limited opportunities for <b>employment;</b>”</li></ul>	<ul style="list-style-type: none"><li>● Relegation to <b>low social status</b></li><li>● <b>Rejection</b>, perhaps by family, neighbours, community, society</li><li>● Cast into one or more <b>devalued roles</b></li><li>● Distantiation, usually via <b>segregation and congregation</b></li><li>● Loss of <b>control</b>, perhaps even Autonomy and Freedom</li><li>● <b>Social and relationship discontinuity</b> and even abandonment</li><li>● Loss of <b>natural, freely given relationships</b> and substitution of artificial, 'paid for' ones</li><li>● <b>Deindividualization</b></li><li>● Involuntary material <b>poverty</b></li><li>● <b>Impoverishment of experience</b>, especially that of the typical, valued world</li><li>● Having one's life <b>'wasted'</b></li><li>● <b>Brutalisation - 'Deathmaking'</b></li></ul>

The table thus not only shows that many of these issues are more fundamental than individual cultural differences would allow for - studies from other countries, almost regardless of their 'progress' in learning disability services, e.g. Millier (1999) display similar problems. It also reveals that, despite the lack of acknowledgement, what might be called 'SRV thinking' has managed to permeate those responsible for production of the White Paper.

## Issues of principle-- Valuing People and the primary goal of SRV

The point above is reinforced when comparison is then made between the 'four primary principles' of Valuing People and the 'good things of life,' the primary goal of SRV. This is shown in Table 2 below.

## Table 2 – Comparison between White Paper ‘key principles’ and ‘the good things of life’ from SRV

### Valuing People - four key principles

### The primary goal of SRV: The ‘Good things of Life’

#### Legal and Civil Rights:

The Government is committed to enforceable civil rights for disabled people in order to eradicate discrimination in society. People with learning disabilities have the right to a decent education, to grow up to vote, to marry and have a family, and to express their opinions, with help and support to do so where necessary... All public services will treat people with learning disabilities as individuals with respect for their dignity, and challenge discrimination on all grounds including disability. People with learning disabilities will also receive the full protection of the law when necessary.

#### Independence:

Promoting independence is a key aim for the Government's modernisation agenda. Nowhere is it of greater importance than for people with learning disabilities. While people's individual needs will differ, the starting presumption should be one of independence, rather than dependence, with public services providing the support needed to maximise this. Independence in this context does not mean doing everything unaided.

#### Choice:

Like other people, people with learning disabilities want a real say in where they live, what work they should do and who looks after them. But for too many people with learning disabilities, these are currently unattainable goals. We believe that everyone should be able to make choices. This includes people with severe and profound disabilities who, with the right help and support, can make important choices and express preferences about their day to day lives.

#### Inclusion:

Being part of the mainstream is something most of us take for granted. We go to work, look after our families, visit our GP, use transport, go to the swimming pool or cinema. Inclusion means enabling people with learning disabilities to do those ordinary things, make use of mainstream services and be fully included in the local community

1. Family, or an equivalent small intimate group for those who have no family...
2. For most people, a place they can call home. This is often where one has family, but not necessarily so.
3. Belonging to an intermediate but still relatively small-scale social body...
4. Friends...
5. A transcendent belief system that gives the human being spiritual anchors....
6. Work, and especially work that can be invested with meaning other than, and usually in addition to, merely a way to gain money or comparable material gain...
7. Absence of imminent threats of extreme privation (e.g., via penury, starvation, homelessness) and of violent death.
8. Opportunities and expectancies that enable one to discover and develop one's abilities, skills, gifts, and talents. In most societies today, this would also include schooling...
9. To be viewed as human and treated with at least a basic level of respect, and by more than just a very few people.
10. To be dealt with honestly.
11. A reasonable assurance that one will not be a victim of gross injustice, even if perfect justice is not to be had.....
12. Being treated as an individual.
13. Having a say in important decisions affecting one's own life.
14. Access to at least many of the sites of conduct of everyday life; not to be excluded from such places of normal human intercourse.
15. Access to at least many of the ordinary activities of human social life, including their associated opportunities.
16. Being able to contribute, and have one's contributions recognized as valuable.
17. Good health.

The similarities between the two sets of ideals should be apparent, though the Valuing People expression of what is desirable comes more in terms of 'rights,' or what 'ought' to happen. The similar end result, in SRV terms, is expressed less as a value position, more as the probabilistic result of applying role-valourizing actions via the secondary and tertiary goals. This is an important difference, elaborated at some length in Wolfensberger's 1995 paper where he refers to the 'if this, then that' approach of SRV, challenging those (especially UK based) critics, e.g. a number of the authors of the collection of essays in Brown and Smith (1992), who argued that 'normalisation/SRV' 'imposes' a set of values or solutions on individuals. Ironically the Valuing People 'principles' are more prescriptive statements than the SRV notions of the 'good things of life.'

### Valuing People objectives and valued social roles

Prescription might, on first reading, be said to describe many of the objectives of Valuing People, though as we shall see, when these are examined at the more detailed level of specific actions, either clarity as to action required is lacking, or the chances of success, at least as measured in role-valourizing terms, are weak. Before that, however, Table 3 below continues the comparisons of Valuing People and SRV by looking at those objectives of the White paper that relate to specific service forms and user groups (as opposed to planning, organisational or implementation objectives) and their implications in terms of the secondary goal of SRV.

**Table 3 – Comparison between selected White Paper objectives and their implications in terms of 'valued roles' from SRV**

#### Valuing People – objectives relating to specific service forms and user groups

**The secondary goal of SRV: 'Enablement, establishment, maintenance and/or defence of valued social roles' – some valued roles implied by the Valuing People objectives**

##### Objective 1: Disabled children and young people

To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.

- Community member
- Family member

##### Objective 2: Transition into adult life

As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family, and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment.

- Mainstream school pupil
- Further education student
- Vocational trainee

##### Objective 3: More choice and control

To enable people with learning disabilities to have as much choice and control as possible over their lives through advocacy and a person-centred approach to planning the services they need. (inc Direct Payments)

- Purchaser of services
- UK citizen
- Homeowner

##### Objective 5: Good health

To enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary.

- Tenant
- Friend
- Sportsperson

##### Objective 6: Housing

To enable people with learning disabilities and their families to have greater choice and control over where, and how, they live.

- Sports fan
- Wife, husband, lover

##### Objective 7: Fulfilling lives

To enable people with learning disabilities to lead full and purposeful lives within their community and to develop a range of friendships, activities and relationships.

- Parent
- Worker

### **Objective 8: Moving into employment**

To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work and to make a valued contribution to the world of work.

Clearly if the objectives of Valuing People were to be met, then the opportunities for many valued roles, in the government's words above 'denied' to 'many' people with learning disabilities, would be multiplied many times. At least as then predicted by SRV theory, therefore, the 'good things of life' would be increased for people.

### **What is going to happen? Actions in Valuing People**

To get from objectives to the achievement of goals, however, requires action. Looking at the specific actions prescribed by the White paper in paragraph 2.9 under the heading 'Action for Change' the realisation of its objectives is somewhat open to question. Table 4 below lists the actions, and before further discussion a number of terms and policies in the table need a brief explanation to an international audience.

*Quality Protects* was a policy set up in 1999, DoH (1999b) to introduce targets and performance indicators for all childcare services, especially so-called 'looked after children.' The 'targeted' money for disabled children is taken up, in no small measure, by action for children with physical, rather than learning disabilities. The Learning Disability Award Framework is an approved modular framework for training mainly frontline staff, which agencies and authorities can either purchase from approved training agencies or develop and get approved themselves. The structure was devised in response to the discovery, in a 1998 survey, Boxall and Race (1999), that over 80% of staff in learning disability services had no qualifications in the field in which they were working.

*Partnership Boards*, again applied across the general health and social care field, were introduced following various policy documents encouraging 'modernisation,' joint planning, and joint working, DoH (1998a, 1998b, 1998c). They were followed by the Local Government Act of 1999 and the Health Services Act 2000, the latter of which made available earmarked funding for 'pooled budgets' of previously separate health and social care agencies.

## **Table 4 – Details of Government actions to carry out objectives**

### **Action for Change – from *Valuing People* paragraph 2.9**

#### **“The government will....**

- Set out a new vision for services for disabled children and their families, to be delivered through an integrated approach by health, education and social care. Disabled children will be fully included as an integral part of the Government's major reform agenda for all children and families. The Quality Protects programme targets £60 million over the next three years on improving support for disabled children and their families;
- Enable disabled young people to have equal opportunities for moving into adult life, with new support from the Connexions Service;
- Give people with learning disabilities more choice and control by developing advocacy, extending direct payments and introducing a national framework for promoting a person-centred approach to planning. The Government is investing £1.3 million per annum for the next three years in establishing a National Citizen Advocacy Network and promoting self-advocacy, both in partnership with the voluntary sector;
- Provide £750,000 over the next three years to establish a National Learning Disability Information Centre and Helpline in partnership with Mencap;

- Enable all people with learning disabilities to have access to a health facilitator and to have a Health Action Plan;
- Complete the reprovision of the remaining long-stay hospitals to enable everyone still living there to move to more appropriate accommodation by April 2004;
- Take forward a five year programme for modernising day services to provide more individualised support, with clear targets and bridging finance;
- Set a new Government target for increasing employment for people with learning disabilities, backed by the development of local employment strategies;
- Introduce the new Learning Disability Awards Framework in April 2001 to provide a new route to qualification for care workers in the learning disability field; and
- Strengthen partnership working by giving local councils lead responsibility for establishing new Learning Disability Partnership Boards. These will build on existing partnership structures to bring together public, voluntary and independent agencies and the wider community within the overall framework of Local Strategic Partnerships. Partnership Boards will be responsible for implementation of the White Paper and will need to submit updated Joint Investment Plans (JIPs) setting out plans for local action to the Department of Health by 31 January 2002.

Part of the Partnership Board process involves the mandatory production of 'Joint Investment Plans' each year, hence the reference in the last point of Table 4.

In the explanations above the astute reader may have noticed that a significant number of the actions involve integrating learning disability into existing health and social care programmes and policies for a wider range of service users. This perception is reinforced by the financial and other provisions, noted in the following paragraph (2.10) in the White Paper, by which the government claims to 'provide a strong national lead.' As many service managers noted at the time, Valuing People does not bring with it 'new money' for direct services. What it calls the 'Learning Disability Development Fund,' the only funding relating to direct services, draws on revenue released from 'NHS old long-stay funding' ♦ effectively the reduction in spending by the National Health Service as people moved from hospitals to community facilities funded from other, mostly local authority, budgets. Other than that, the 'Learning Disability Task Force' and the 'Implementation Support Fund' of ♦2.3 million a year for the 3 years from 2001, whilst obviously important, do not provide resources to local health and social care agencies to be used on direct services.

#### **Actions and outcomes: Effects on people's lives**

If there is no new money for services, what effect might the White Paper have on the lives of people with learning disabilities? One answer to this might be found in the discussions in the various chapters of what was the first textbook since Valuing People, Race 2002. These views could be crudely summarised as 'good on participation in planning and some individual services, less confidence in developing or assuring quality services.' To compare these views with the analysis of this paper, we have adopted the device of judging the actions on four criteria, two from the White Paper and two from SRV. From the White Paper, we noted earlier the issues around 'rights' 'empowerment' and SRV, something that has been discussed more recently by Wolfensberger (2002). More directly derivative, though this is disputed, is the notion of inclusion. In the statement from Valuing People in Table 1 above, the word is clearly taken to refer to inclusion in the 'sites of everyday life' which would accord strongly with the notion of 'social integration and valued social participation' in SRV. When we look at the White Paper actions, as opposed to principles or objectives, then a more narrow focus of inclusion seems to appear. This will be discussed below, after Table 5 has been presented. In that table each of the eleven objectives of Valuing People is listed, with the actions from Table 4 allocated to each. Symbols attached to each then gives this author's view of whether the actions are likely to fulfil one or more of the four criteria, i.e. are they likely to allow the exercise of rights, to increase or reinforce existing inclusion, to enhance people's social image, and/or to enhance or support their exercise of personal competency. For some whose effects are difficult to imagine, there is a 'who knows?' symbol.

Looking at the table a number of immediate things stand out. First, the dominance of actions around rights and inclusion. It is, of course, hardly surprising that a document whose principles include rights and inclusion should meet those two criteria in most of its actions. What is more challenging is that, despite a strong agreement between the analysis of the current problems identified by Valuing People and the 'wounds' of SRV (Table 1); between the Valuing People principles and the 'good things of life' of SRV

**Table 5** Valuing People actions and their effects on inclusion



(Table 2); and between the objectives of Valuing People and the secondary goal of SRV concerning valued roles (Table 3), there are very few of the actions of Table 4 that can be honestly assessed as being likely to improve people's social image and personal competence. The question then arises as to whether this matters, and it is likely that many of the critics or pall-bearers of 'normalisation/SRV' discussed earlier would answer that it does not. If people have their rights, it would be argued, and there are moves towards inclusion, then who cares that SRV would predict continued low quality outcomes if no attention is paid to the perceptions of society. The Conclusion below would differ from this view.

### **Conclusion-- processes in place, but what about outcomes?**

Even if SRV is less relevant to UK services in the new millennium, just looking at Table 5 from the point of view of a direct impact of any sort on people's lives reveals a strong assumption that the

processes put into effect by Valuing People will then produce desirable outcomes. In addition, there appears to be a further assumption that the involvement of people with learning disabilities in these processes is almost a sufficient outcome in itself. Certainly the tension between SRV and 'empowerment' discussed by Wolfensberger (2002), and also by my colleague at this conference, Kniveton (2003), goes some way towards explaining the prominence of this assumption. Those who would assume, however, that simply by putting people onto Partnership Boards and setting guidelines for 'person-centred approaches' the entrenched service system identified in the government's own survey, DoH (1999), and echoed elsewhere, Race (2002), will deliver positive outcomes, display a naivete and ignorance of history that is unfortunate. I have argued elsewhere, in fact, Race (2004, in press) that the historic view of learning disability as represented in the eugenic period and, for a brief period, challenged successfully by normalization, is still alive and well. John O'Brien (2002), in a seminar one year after the White Paper, argued that Valuing People represents a challenge to the service world to make the processes work, since the key difference between 1971 and 2001 is the prescriptive nature of the Better Services document in terms of models of service. The problem that this paper raises concerns the willingness and readiness of the service system, totally different in 2001 from 1971 in terms of homogeneity and consistency after its fragmentation by the Thatcherite welfare market, to deliver services that not only involve people in the processes proposed by Valuing People, but that have the quality to enable people to lead the sorts of lives implied by its objectives.

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**Submitted by Dr D.G. Race, Salford Social Work Research Centre, University of Salford, UK**

E-mail: [D.G.Race](mailto:D.G.Race)



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