FREE   THE   PEOPLE

A   CITIZENS   GUIDE   FOR   SOCIAL   CHANGE

BY

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# CHAPTER I

## Introduction

It is clear that there are many marginalized groups of people: citizens who are aging, who are incarcerated, who are hungry, who are mentally retarded, who are emotionally disturbed, who are handicapped, who vary from the typical. People labeled as deviant are considered to possess some quality significantly different from what most people possess. This different quality is generally negatively valued. Such people are often the subject of jokes, ridicule, and scorn.

The current and historic situation of institutionalized citizens is symbolic of the greatest tragedy of civilization: domination by the force of myths, forcing person-kind to relinquish the capacity for choice. Ordinary people - consumers of services - have their needs interpreted by an elite and solutions presented in the form of recipes. When the consumers of human services attempt to save him/herselves they drown in leveling anonymity, without hope, without faith. The consumer becomes domesticated.

It becomes clear that if consumers and managers of human services could have a set of tools with which they could identify their needs, incorporate their ideology, state their methods, objectives, and validate their actions, then those consumers and managers would emerge to announce by their actions that they are nearing a stage of sufficient organization to break their submissive silence. This action is human liberation.

Human liberation speaks not of violence, rather of awakening and freeing. It seeks not to be labeled and, therefore, spurned. It does not negate development, rather it pleads for the liberation of all men.

Nobody has systematically applied a philosophy for general social change combined with today's management technology. This paper will focus upon one of these negatively valued groups, citizens who are mentally retarded, in order to specifically design, develop, and validate such a blend of ideology and management technology. It will: 1) examine historical management approaches in serving people who are mentally retarded; 2) examine the relationship between ideology and technology in services for citizens who are retarded; 3) demonstrate and validate a human management system which consciously blends ideology and technology in serving citizens who are mentally retarded; 4) relate such a human management system to people with special needs in general; 5) move from an incarcerating service ideology to a liberating service ideology through the management of human service systems.

The purpose of this study, therefore, is to present and evaluate a human management system designed and developed specifically to help free a particular group of marginalized people by combining an ideological stance with management technology. The marginalized group is the mentally retarded. The management technology is a combination of systems theory, management by objectives, and precision management - an evolution of precision teaching as developed by Ogden Lindsley.

No change agent can exist neutrally. All those who serve in any way or have any impact on the establishment of more humanizing conditions

have the responsibility of merging the person and his/her needs with the tools of technology in order to help the person grow.

In bringing about societal change, there can be no room for technology or humanization alone. To isolate these two concepts is naive. To herald technology of and by itself results in warehouses for the mentally retarded, irons for the imprisoned, tombs for the elderly, medication for the emotionally disturbed. To herald a humanizing ideology alone as the messiah results in a rhetoric without action, without substantial change. It seeks for the elevation of the oppressed while actually degrading them because it does nothing. It moves from place to place, without being of the people. Technology is a critical part of social change. The social change agent who negates technology will fail. Just as the person who forged the first tool needed it to help transform the world, so also today's social change agent needs technology to humanize the world. Technology and humanizing ideologies are interdependent.

In this nation, if transformations are to come about in those who are oppressed, as well as those who are oppressing, technology and humanistic ideologies must become one. Technology and ideology must be put in the hands of the people.

Substantial structural reformations can occur in human service projects. However, they will not likely rapidly occur in the projects themselves. The prison walls will not come tumbling down. The darkened corridors of the backwards will not be filled with light. Hopefulness will not replace despair. These structures are not in the hands of the people.

Over time, humanizing structures will emerge in communities. Gradually, change agents will enter into communion with the people. The people - the handful of irate parents of retarded citizens, the Indians on the reservations, the imprisoned men and women, the disenchanted professional - will begin to emerge. In their emergence they will, among themselves and with others:

1. state their mission, based on humanizing ideologies;

2. organize themselves;

3. state their objectives;

4. act;

5. validate their actions.

The people's emergence may not be clearly seen. The mechanistic scientist, present during the transformation, might not be able to hear this quiet evolution. Nevertheless, communities will be imprinted with the effects of these structural transformations.

CHAPTER II

Review of the Literature

This review of the literature focuses on three major points:

1. Ideology and technology are not incompatible.

2. The most humanizing change emerges from the people.

3. Humanizing organizational objectives can be validated

   both in terms of frequency and celeration.

## Ideology and Technology

An ideology is described as one's beliefs as they apply to reality
and as they evolve with reality.  Freire states that ideologies cannot
exist outside of reality:

As men relate to the world by responding to the challenges

of the environment they begin to dynamize, to master, and

to humanize reality.[1]

Although man has this capacity to transform the world, he often is
silenced from doing it.  Such silencing kills man.  Eric Fromm states:

...freedom requires that the individual be active and responsible,

not a slave or a well-fed cog in a machine...It is not enough

that men are not slaves; if social conditions further the

existence of automatons, the result will not be love of life,

but love of death.[2]

It becomes clear that marginalized people are voiceless.  They are
voiceless in the sense that the social organizations which exist to serve
them often do not.  They seem to serve only themselves, perpetuating
their own existence.  Consumers, dissatisfied with dehumanizing social

service organizations, learn not to raise their voices in justified indig-
nation. After a while such a fear becomes habit. The vision of man's
total development begins to disintegrate. Man becomes depersonified and
dehumanized.

Freire defines humanization as the process in which men "enter into
the essence of the problematized object... The more they unveil it, the
more their awakening consciousness deepens, thus leading to the 'conscien-
tization' of the situation. Their critical self-insertion into reality
makes the transformation of their state of apathy into the utopian state
of denunciation and annunciation a viable project."[3] The more margin-
alized people raise their consciousness, the more they will insert
themselves into reality as voices, as social change agents. They will
begin to denounce human exploitation, while at the same time announcing
a new, liberating reality.

Critical consciousness demands radicalization. Some may fear the
word radicalization. Those who control others, human service system
managers, fear losing their power over others. However, consumers of
services, if they are to free themselves and announce their own humanity,
must become radicalized. Freire states:

Radicalization...is predominately critical, loving, humble,
and communicative, and therefore a positive stance. The man
who has made a radical option does not deny another man's
right to choose, nor does he try to impose his own choice...
The radical does, however, have the duty, imposed by love
itself, to react against the violence of those who try to
silence him - of those who, in the name of freedom, kill his
freedom and their own. To be radical does not imply self-

flagellation. Radicals cannot passively accept a situation
in which the excessive power of a few leads to the dehumaniza-
tion of all.[4]

In today's world it is quite difficult for consumers to be served by
service institutions. Although most service institutions have massive
technological resources, their very institutional nature often prohibits
them from serving the consumer.

Many technocrats themselves recognize the need to value the person
and his/her reality. Kobayashi states:

...people regard organization as something which operates of

its own accord by fitting people without any personality into a

mold-- something which should not be colored by human beings and

is just like an automatic machine. This kind of thinking leads

them to stipulate job authority. They are so accustomed to the

idea that rules and regulations take precedence over the indi-

vidual that they view these as absolute; as requiring people to

do whatever "the book says".[5]

Even those within service systems vie for internal power. If those
within service systems struggle for personal authority over those within
their own organization, one must seriously question how much the total
service organization struggles for domination over its consumer popula-
tion.

The essence of a service system is to serve its consumers.
Frequently, these serve only themselves. However, some view technology
as a means not as an end. Drucker states:

Business enterprises - and public service institutions as

well - are organs of society. They do not exist for their

own sake, but to fulfill a specific need of society, community, or individual. They are not ends in themselves, but means.[6]

Wren touches upon the blending of values and technology:

This search for harmony may be defined as the quest for a just adaptation of human needs and aspirations to the requirements and goals of the organization...to resolve the conflict between the logic of efficiency and the logic of sentiments.[7]

The degree to which service systems recognize who their consumers are is the degree to which they will fulfill their supposed mandate. If marginalized people are recognized as primary consumers, the service system will begin to respond to consumers' needs. If the primary consumers become conscious of their human and legal rights, they will begin to announce those rights.

## Humanizing Change Comes from the People

The concept of individual freedom is not a stranger to management. There is no fundamental need for technology to contradict ideology. Indeed, technology should be the servant of humanistic ideologies. Lindzey and Aronson state:

In order for an individual to achieve a high level of self-esteem he must be able to control his immediate environment; for how can he achieve self-actualization if others are specifying his behaviors and determining the outcome of his actions?[8]

Although this appears to be very logical, consumers of human services are denied this environmental control. At best consumers receive a token control.

Regarding such a need for participative management, Bass and Barrett discuss the need for members of the organization to emerge as individuals over time, since they have been suppressed by tradition:

> ...experimental results, particularly for the hypothesized
> relation between less structure and more productivity, are
> mixed and only apply to some jobs in some parts of the
> organization (Leavitt, 1963)... Proponents argue and offer
> that there will be a payoff from reducing structures but
> that effects may lag. It may take several years before
> effects are felt.[9]

Extending the concept of participative management out of the organization, leads one to envision consumers of human services participating in the management of the fulfillment of their own needs, creating a solidarity between manager and consumer. Such participation might detract from the orderly processes of bureaucracy, but surely it would result in the mutual growth of both manager and consumer over time.

The Japanese management technology is noted both for his partici-pative nature and its effectiveness. Yoshino describes the Japanese system thus:

> ...the leader in the Japanese context is not a strong
> individual directing and inspiring the group to achieve
> objectives that he himself has set for the group... The
> primary requisite for leadership is the skill needed to
> build harmonious interpersonal relationships and to develop
> group solidarity; technical competence is far less important...[10]

Freire in delineating the role of the agronomist-educator in the
Third World explains how an agronomist, as an example of an agent of
change, cannot be before, or be over, or be for the peasants, rather he
must be with them. Any kind of reform, Freire states, "involves political
decisions that give effect and impulse to the technological proposals
which, in that they are not neutral, affirm the ideological positions
of the technologists."[11] Technology and humanization are not necessarily
antagonistic.

## Validating Humanizing Objectives

Humanization can be defined as "the validation of one's own or
another's thoughts, feelings, desires, or needs."[12] It is the continuous
validation of man's growth, of man's liberation.

Human service systems, as corporate and societal change agents, have
a corporate and societal responsibility to validate their existence in
terms of how they assist man in his material and human development.
Consumers of human services have a responsibility and a right to expect
this validation. However, both human service managers and consumers
often fail to recognize the need for validation.

Drucker pinpoints this major weakness in human service systems:
"Being dependent on a budget allocation militates against setting
priorities and concentrating efforts; yet, nothing is ever accomplished
unless scarce resources are concentrated on a small number of priorities...
Being budget-based makes it even more difficult to abandon the wrong
things, the old, the obsolete. As a result, service institutions are
even more encrusted than businesses with the barnacles of inherently
unproductive efforts."[13]

Drucker emphasizes the fact that service institutions need to define their purpose and missions, as well as all those achievements which flow from the mission. Such definitions must be made with, by, and for the people.

It is through such definitions of mission and achievements that a service system can validate itself to its consumers.

Johnson, Kast, and Rosenzweig ask:

Why is it that subsystems and/or project systems should be reviewed and adjusted continually? One obvious reason is that requirements change over a period of time, hence the system needs to be redesigned in the light of evolutionary trends.[14]

Since human service systems exist to meet the needs of consumers, it is reasonable to expect those needs to be met. It is clear that man and his environment are continuously changing. Thus, service to consumers requires an adaptive and flexible measurement system. It is through measurement that validation occurs.

Wolfensberger and Glenn give four rationales for the need to validate human services:

-In a service-conscious and measurement oriented society, the pressure of expanding service demands upon limited resources will mean that resource allocation must be tied increasingly to cost-benefit rationales.

-Services will increase (or maintain) high performance if the quality of their operation is overtly and perhaps publicly specified, and compared to the operation of other services.

-Agencies will plan and operate better programs if they must
compete for funds, and if the outcome of this competition is
determined by the agencies' ability to achieve specified
program standards.

-Increasing consumer participation on all levels within agencies
and society itself can be channeled and utilized by means of
"instrumentatilities" (guidelines, standards, assessment
devices) that are of a nature likely to optimize input and
feedback so as to have the highest likelihood of improving
human services.[15]

By focusing upon specified movements of the service institution, it
is possible to apply to organizations the principles developed by Ogden
Lindsley in Precise Behavioral Management (Koenig, 1972). Koenig's
research made two basic points:

1. frequency is a universal measure of behavior,

2. celeration is a universal measure of change in frequency.

Frequency is the level at which a particular behavior is occurring.
Celeration is the rate at which the behavior is changing. The actions of
human service organizations can be looked upon as organizational behaviors.
These organizational behaviors, as any other behaviors, have the pro-
perties of frequency and celeration. Thus, the strategies developed by
Lindsley in Precise Behavioral Management, can be applied to human
service systems, especially in terms of validating where an organization
is (frequency) and where it is going (celeration).

Porter states: "Measurement and communication are inseparable
operations in the sense that unless there is a means of communicating the

measured value to a human being...there would be no point in carrying out the measurement process."[16]

Such a need for measurement of both frequency and celeration in the objectification of the humanization inherent in systems serving people becomes more apparent when the need for men to know both where they stand in relation to the world and also where they are going are considered. Freire describes the need to unite subjectivity and objectivity:

The action of men without objectives, whether the objectives

are right or wrong, mythical or demythologized, naive or

critical, is not praxis, though it may be orientation in the

world. And not being praxis, it is action ignorant both of

its own process and aim. The interrelation of the awareness of

aim and of process is the basis for planning action, which

implies methods, objectives, and value options.[17]

CHAPTER III

Definitions and Issues

This chapter focuses on some of the issues and functional definitions

which are basic to an understanding of this study:

1.  a definition of mental retardation,

2.  myths of mental retardation,

3.  the principle of normalization,

4.  a definition of total institutions,

5.  a definition of human service management,

6.  constitutional and legal issues.

Since one of the objectives of this study is to understand the

ideological dimension of human services, it is appropriate to specify

some of the most relevant issues and define some of the most fundamental

concepts.

Definition of Mental Retardation

Approximately 3% of the people in the United States, a total of six

million people, will be classified at some time in their life as mentally

retarded.[18] There are many definitions of mental retardation; one of the

most prevelant being the use of the intelligence quotient (I.Q.). The

use of the I.Q. to label and categorize the future of persons has come

under major criticism, since poor performance on intelligence tests may

be attributable to other factors, such as cultural and language disadvan-

tage.[19] There is some general agreement, however, that a diagnosis of

mental retardation might be based on several criteria including:

measured intelligence quotient, adaptive behavior, and medical classifi-

cation.[20] A definition that relies on the above three criteria, and that

might find wider acceptance than others is one proposed by the American Association on Mental Deficiency (AAMD): "Mental retardation refers to subaverage general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior."[21]

## Myths of Mental Retardation

The socio-cultural potential of the mentally retarded has not always been appreciated. Throughout the centuries, there have been several well defined characterizations of the mentally retarded, which has been reflected in their treatment and care. According to Wolfensberger, there are seven major historical characterizations of citizens who are retarded. These are the retarded person as:

1. a sick person. When the retarded are viewed as diseased organisms, they are cared for as sick people in residential facilities structured on the (medical) hospital model.

2. a subhuman organism. Many have viewed the retarded as subhuman, as animal-like, or even as "vegetables". When viewed as animals, they are also cared for as animals, i.e., locked in isolated indestructible living units, fed without the use of utensils, and given no choice over their environment. Just as animals have no rights, the retarded lack certain rights; right to privacy, right to property, right to communicate freely, and right to individuality.

3.  a menace. Because of their deviancy, many viewed the
    retarded as individual or social threats to society.
    Thus, the retarded were isolated from the community,
    and sometimes an element of persecution entered into
    their treatment.

4.  an object of pity. The mentally retarded have been
    seen as "suffering," perhaps unaware of their condition,
    and as "the eternal child" who will never grow. Thus,
    a paternalistic environment is needed for their care
    which protects them and also makes few demands on them.

5.  a burden of charity. Here the retarded were viewed as
    being entitled to their board and keep, but to no
    luxuries or extras. The retarded is to be grateful
    and should work as much as possible for his "keep".

6.  a holy innocent. The mentally retarded have occasionally
    been viewed as special children of God, incapable of
    committing evil voluntarily, and perhaps even living
    saints sent for a special purpose. The "holy innocent"
    was thus gladly accepted and integrated into the family
    and community. If he was placed in residential care it
    was usually within a monastery or a hospital run by
    religious orders. Despite the relative good care a
    retarded individual might have received he was still
    viewed as having little potential for growth and change.[22]

## Normalization as an Ideology for Freeing Retarded People

Normalization can be defined as utilization of means which are as
culturally normative as possible, in order to establish, maintain, or

support behaviors which are as culturally normative as possible, according to Wolfensberger (1972).

Normalization does not say that all people are the same. It does say that there are certain behaviors and environments which are acceptable for the majority of the people in any given culture. It does not say that all people have to be the same. It does say that all people in a given culture should have the opportunity to live, work, and play as any other citizen of that particular culture. It does not say how to do specific things. It does say that the actions, interactions, and interpretations of a citizen who is retarded be done in the least restrictive way.

It seeks not to congregate people with special needs; rather it seeks to allow people to remain in their own community with their own natural families and friends. It attempts to shed stereotypical labels from people. It looks at people with special needs as people who have specific behavioral and environmental needs. It plans to meet those needs in the most dignifying and integrative way possible, always being careful not to take the person out of his natural community.

The following illustration demonstrates the principle of normalization. The illustration breaks the principle down into three areas - living, schooling, and working. Each of these three areas is divided into three levels - person, environment, and community. Each of the areas and levels is looked at in terms of what is done and how each action is seen:

Figure 1

Normalization Principle

| AREA | LEVEL | WHAT IS DONE? | HOW IS IT SEEN? |
|---|---|---|---|
| L I V I N G | Person | - Restrictiveness of living environment | - Person's self-image |
| | Place | - Quality and frequency of interactions with neighbors | - The perception of the person in the eyes of the people immediately surrounding the person |
| | Community | - Degree of social integration into the community | - The perception of the person as a neighbor and a citizen - |
| S C H O O L I N G | Person | - Restrictiveness of the schooling environment | - Person's self-image as a student<br>- Labeled as a student |
| | School | - Quality and frequency of teaching/learning | - The perception of the person in the eyes of teachers and peers |
| | System | - Degree of social integration into the school system | - The perception of the person as having an equal right to an integrated education |
| W O R K I N G | Person | - Restrictiveness of working environment | - Person's self-image as a worker |
| | Job | - Quality and frequency of working behaviors | - Person seen as a worker |
| | Work-World | - Degree of social integration into the world of work | - The perception of the person as a contributing and productive citizen |

According to Wolfensberger, the principle of normalization deals with both what a person does and the way each interaction is perceived. These two dimensions (What is done and How it is seen) can be divided into three levels. These levels are the person, the immediate and intermediate environment, and thirdly, the larger societal system. For

example, the illustration outlined above assigns three levels to the school-
ing. area - the person, the school, and the school system. Each of these is
then examined in terms of the interaction and interpretation dimensions.[23]

Normalization is an ideology that states all people have a human, if
not legal, right to enter into and be a part of society. All people have
a right to live, work, and play in the least restrictive and most liber-
ating way possible. All people have a right to the necessary societal
support to do so, according to acceptable cultural mores.

Normalization can be pictured as movements (freedom migrations) from
restrictive to liberating environments, movements which enable the person
to grow and develop as fully as possible in environments which elicit or
support human development. Taking living, working, and schooling as three
basic environments, freedom migrations mean that the person must move out
of institutional environments. The person must be physically integrated
into the community. Most importantly, the person must be given every pos-
sible opportunity to be socially integrated into appropriate environments
which allow for freedom and dignity and are perceived as dignifying and
freeing.

Normalization demands:

1.  the separation of the living function from other life
    functions;

2.  physical integration; and

3.  social integration.

Thus, the liberation of people who are mentally retarded must deal with
not only the people who are mentally retarded, but also with human service
programs, and the community. It must concern itself with not only what a
particular person can and cannot do, but also with the perceptions of all
citizens in the community.

## Definition of the Total Institution

Institutions are defined as having the following characteristics:
1) a breakdown of the barriers generally separating the three spheres of
life: sleep, play, and work. 2) All aspects of life are conducted in the
same place and under the same authority. 3) Each phase of daily activities
is carried out in the immediate company of a large batch of others. 4) All
phases of daily activities are tightly scheduled. 5) The various activi-
ties are brought together in a single plan designed to purportedly fulfill
the aims of the institution. 6) There is a basic split between inmates
and the small supervisory staff. 7) Social distance between the two
strata is often formally prescribed. 8) Incentive to work loses its
structural meaning that it has on the outside. 9) Inmates suffer extreme
boredom. 10) Inmates become "discultured", incapable of managing them-
selves on the outside. 11) inmates lose self through a series of abase-
ments, degradations, humiliations, and profanations of self. 12) There
is a creation of so-called "house rules". 13) There is a creation of
"house privileges" or absence of deprivation. 14) Release is elaborated
into the reward system. 15) Inmates are moved, the system is not. (Goffman, 1961)

## Definition of Human Service System Management

The management of human service systems can be defined as the mutually
planned intervention in the life space of others by a human service organ-
ization. This intervention is intended to elicit, maintain, or support
liberating behavioral patterns, using means that are as non-restrictive
as possible. This intervention is done with, by, and for the people
concerned.

The plight of marginalized people is obvious. The need for intervention is clear. It becomes necessary for the human service agency with consumers and consumer representatives:

1. to develop a liberating ideological stand;

2. to state this in terms of a mission;

3. to analyze needs;

4. to analyze resources;

5. to state liberating objectives;

6. to implement those objectives;

7. to monitor growth toward those objectives.

Human service system management will be explored in detail in a later chapter.

## Constitutional and Legal Issues

Constitutional and legal rights, guaranteed to all citizens, are a fundamental source of concern and power in serving marginalized people. These issues and rights are often overlooked or ignored by both managers of human services and consumers. Joined to an ideological commitment, these issues and rights can serve as powerful social change catalysts. Some of the fundamental issues are:

1. a right to the least restrictive environment,

2. a right to due process,

3. a right to equal protection,

4. prohibition of cruel and unusual punishment,

5. a right to education, and

6. a right to treatment.

Each of these issues are examined below in terms of their relationship to and interaction with the need to free one marginalized group particularly-retarded citizens.

## Least Restrictive Environment

This principle has profound ideological and legal implications on services to marginalized people. The principle of the least restrictive environment states that citizens should be free to live as they please unless they are harming others. Freedom should be curtailed to the least extent possible when the government has a legitimate goal to secure.[24] "Even though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle personal liberties when that end can be more narrowly achieved. The breadth of legislative abridgment must be viewed in the light of less drastic means of achieving the same basic purpose."[25]

The six-year old non-toilet trained child should not be incarcerated in an institution simply because he soils his pants in school. The twenty year old young man who has no place to live should not have to be banished to a home for the aged. The young woman who looks and acts differently than most people, though not hurting anybody, need not be institutionalized. Yet, quite often the state provides only one alternative for people with such special needs.

Thus, the danger in the application of this principle is that most often only one environment exists for a person with special needs - an institution. Therefore, legally many people are locked into institutional, custodial-care environments simply because less restrictive alternatives have not been developed. Some judicial recognition has been made of at least the need to seek out less restrictive environments. This is a step forward.

In <u>Lake</u> v. <u>Cameron</u>[26] it was ruled that the District Court was
required to seek out less restrictive alternatives: "an earnest effort
should be made to review and exhaust available resources of the community
in order to provide care reasonably suited to [the person's] needs."[27]

The court in the <u>Wyatt</u> case has also moved toward a recognition of
the right to be treated (served) in the least restrictive environment.
<u>Wyatt</u> concluded:

a. No person shall be admitted to the institution unless a
   prior determination shall have been made that residence in
   the institution is the least restrictive habilitation set-
   ting feasible for that person.

b. No mentally retarded person shall be admitted to the insti-
   tution if services and programs in the community can afford
   adequate habilitation to such person.

c. Residents shall have a right to the least restrictive condi-
   tions necessary to achieve the purpose of habilitation.  To
   this end, the institution shall make every attempt to move
   residents from (1) more to less structured living; (2) larger
   to smaller facilities; (3) larger to smaller living units;
   (4) group to individual residence; (5) segregated from the
   community to integrated into the community living; (6) de-
   pendent to independent living.[28]

There is a growing acceptance by the courts "of a constitutional
duty on the part of state officials to explore and provide the least
stringent practical alternative to the confinement of noncriminals".[29]
This application of the principle of the least restrictive environment,
requires the human service system to determine and meet the needs of

consumers in settings which least restrict their liberties.[30]

Therefore, human service agency managers have a strong tool in the liberating of institutionalized people, if they can develop less restrictive environments. Such environments, while meeting the needs of the population, would free them from the degrading chains of the institution. Until less restrictive alternatives are developed, human service agency managers and consumer representatives deny institutionalized people this forceful legal tool.

## Due Process

An often disregarded or ignored constitutional guarantee is the right to due process. The 14th Amendment states: "nor shall any state deprive any person of life, liberty, or property without due process of law." Concerning involuntary deprivation of liberty, the Supreme Court has stated: "At the least, due process requires that the nature and duration of the commitment bear some reasonable relation to the purpose for which the individual is committed."[31] The existing lack of less restrictive settings and the submissive silence of marginalized people can make due process a sham, unless human service managers and consumer representatives become strong advocates of due process. If "fundamental fairness requires that treatment and not mere custody be the necessary 'quid pro quo' for loss of liberty,"[32] then it is necessary that somebody must monitor that treatment does, indeed, occur.

However, a critical problem arises even in the apparent fulfillment of the due process clause. That is, often those who are charged with the responsibility of guaranteeing this constitutional right have mythologized perceptions of the people whom they represent, simply reinforcing

the existence of institutions. Such perceptions are reflected, for example, in the court that places a profoundly retarded person in an institution because "that is where he belongs." This is done with no consideration of the person as a human being, but rather with the traditional, non-challenged belief that such a place is where the person belongs.

Therefore, due process in reality is often not due process. Rather it too often reflects a dehumanizing processing of people. This processing more often than not remains unchallenged.

## Equal Protection of the Laws

The 14th Amendment also states "...nor deny to any person within its jurisdiction the equal protection of the laws."[33] This prohibits unfair discrimination against, or classification of, any individual or group. This constitutional guarantee often is denied due to the misperception of the dignity and value of all people. Misperceptions often arise out of labels. For example, for two hundred thousand people in this country the label "mentally retarded" equals institutionalization and hopeless-ness. "They alone are picked out for 'preventive detention.'"[34]

This constitutional guarantee applies to people with special needs as much as to any other citizens. The unfortunate problem is that often as soon as a person is labeled as being different - aged, retarded, welfare, mentally disturbed, epileptic, autistic, etc. - traditional stereotypes of the people emerge. As a result, for an example, a person with epilepsy might not be employed due to his epilepsy, although other reasons will be given. The retarded person presented as mentally retarded often will receive less educational opportunities than other children because he has been labeled retarded. The list can go on and on.

## Cruel and Unusual Punishment

The 8th Amendment prohibits cruel and unusual punishment from being inflicted. The Supreme Court has ruled that punishing a person for a sickness as if it were a crime is cruel and unusual punishment.[35] Thus, civil commitment of a mentally retarded person without treatment is the same as punishing him for a sickness and is a violation of the 8th Amendment.[36] Cruel and unusual punishment includes issues such as: overcrowding, inadequate diet, psychological and physical violence, dehumanizing treatment, etc. A federal court has guaranteed residents of an institution "a right to reasonable protection from harm".[37] Yet often people with special needs are not protected from harm. Retarded children and adults are tied to chairs with their mouths taped and informed that they will be treated in isolation.[38] Inadequate diets, overcrowding, violence occur.[39] People suffer unnecessarily. For example, a young man in an institution was treated for psoriasis. Months went by. His body was covered with fissures. The fissures grew deeper. One ear was half eaten away. His hands, feet, and legs were like raw meat. His parents finally learned of the condition. They brought him home. A doctor diagnosed the problem as mites. Within a month the problem was under control. The young man now lives in a community group home and is working in a vocational training center. Surely this young man - labeled as profoundly retarded - was punished for ten years in that institution. He was freed only after having blatantly suffered physically and psychologically for ten years.

The list of physical and psychological abuses can be read as a litany. Often these abuses go unnoticed. Personnel working in environments for people with special needs notice inhumane conditions and treatment. They are shocked by the stench and filth, by the physical and

spiritual violence. They are taught that this evil is necessary. They soon forget their horror. They, along with the residents, become domesticated.

## Right to Education

The historic Brown versus Topeka decision in 1954 recognized the right to equal educational opportunities for all:

Today, education is perhaps the most important function of state and local governments. Compulsory school attendance laws and the great expenditures for education both demonstrate our recognition of the importance of education to our democratic society. It is required in the performance of our most basic public responsibilities, even service in armed forces. It is the very foundation of good citizenship. Today, it is a principle instrument in awakening the child to cultural values, in preparing him for later professional training, and in helping him to adjust normally to his environment. In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms.[40]

Education is not recognized as a fundamental, federal constitutional right as stated in the Rodriguez case. It is not a fundamental right included "among the rights afforded explicit protection under our Federal Constitution".[41] However, a state, through its statutes and laws, may guarantee education to all children.

However, it all too frequently happens that this right, if not totally denied, is at least substantially ignored.

## Right to Treatment

Dr. Philip Ross, commenting on the nearly 200,00 children and adults who are placed in 150 public institutions for retarded citizens, has stated:

> ...generally dehumanizing, fostering deviancy, generating self-fulfilling prophecy of parasitism and helplessness. The conditions I would say are hazardous to psychological integrity, to health, and in some cases even to life. The administration, the physical plants, the programs, and the institution's articulation with the community and with the consumers reflect destructive models of mental retardation. They hark back to decades ago when the retarded were misperceived as being sick, as being threats to society, or as being subhuman organisms...[42]

In 1970, a class action right to treatment case, _Wyatt_ v. _Stickney_, confirmed this right:

> Adequate and effective treatment is constitutionally required because, absent treatment, the hospital is transformed into a penitentiary where one could be held indefinitely for no convicted offense.[43]

The right to treatment (human services), when coupled with the principle of the least restrictive alternative, presents a profound challenge to managers and advocates of liberating human services. If people have a right to both treatment and the least restrictive environment, then this implies that the institutional environments of today will

be abolished as human service advocates and managers develop  and provide
less restrictive and developmental environments.

Conclusion

It is necessary for human service system managers and advocates to
submerge themselves in constitutional and legal rights.  This will then en-
able them to integrate these rights into their ideology.  Human service
managers and advocates will be able to use:

1.  the principle of the least restrictive environment to
    demand as much physical and social integration as
    possible;

2.  the right to due process to establish advocacy systems
    which will safeguard the rights of the consumers;

3.  the right to equal protection to delabel people with
    special needs and force human service systems to meet
    the needs of the consumer;

4.  the prohibition against cruel and unusual punishment,
    to eliminate the myriad of physical, psychological,
    and spiritual abuses so common today in institutions
    and human service systems;

5.  the right to education to give all children equal
    learning opportunities;

6.  the right to treatment to enable people with special
    needs not to be cared for, but rather to grow and
    develop as all other human beings.

CHAPTER VI

Institutional and Community Alternatives

Focusing on meeting the needs of citizens who are mentally retarded, there are currently two management alternatives: institutionalization and community integration. Institutionalization, as has been seen, is per se an authoritarian and dehumanizing process of human incarceration, lacking any humanizing ideology. Community integration is based on the ideology of normalization, mandating the human service manager to bring about both physical and social integration in the least restrictive manner possible.

The purpose of this chapter is to demonstrate operational differences between these two management alternatives. This is done through:

1. an analysis of two institutional and two community environments serving mentally retarded people, using an abbreviated form of the "Program Analysis of Service Systems: PASS"[44] and

2. conclusions from these surveys.

The PASS surveys analyze the management alternatives according to the following variables:

-personal appearance,

-contact with other deviant people,

-physical context of the environment,

-age-appropriateness of possessions,

-labeling,

-external perception of the facility,

-the beauty of the environment, and

-physical overprotection.

Each of these variables was ranked from one to ten. These ten levels were each given a value of one. Thus, a level one rating equaled one, a level two rating equaled two, etc. The lowest possible total score for any program was eight. The highest possible score was eighty.

The surveys of each of the four programs follow. Each program's total scores were given at the end of each survey. The names of the programs were changed for confidentiality.

Pass Survey of the Private Neurological Center for Children

The Private Neurological Center for Children is located on the outskirts of a major midwestern city. It is located in a rural area. It is comprised of one U-shaped building, housing sixty-five children, adolescents, and adults from various parts of the United States. It is a private, non-profit institution for multiply handicapped and mentally retarded people.

It is managed by a medical doctor, who spends two half days a week at the center, taking time out from his private practice. There are approximately fifty other employees working three shifts. There is a registered nurse who is responsible for most of the activities of the resident population. There are other departments designed to serve the residents, such as Music Therapy, Recreational Therapy, Physical Therapy, and Child-Care workers.

Culture appropriate appearance. At the Private Neurological Center the first PASS rating which was looked at had to do with the appropriateness of the appearance of the resident population.

The Private Neurological Center received the lowest possible score on this rating. Of the sixty-five residents at the center most are non-ambulatory, confined in wheelchairs, confined to their beds, or confined to carts upon which they lay prostrate. It is obvious that many of the

non-ambulatory people could have been sitting in wheelchairs and could have been taught to become more ambulatory in the wheelchair, and many of those who were walking could have been trained to have a more normal, more appropriate gait.

Many of the people spent the day in their night clothing. Many of the young adults wore bibs. Many of the people were shoeless. Many of the clients sat all day long, rocking back and forth, making inarticulate sounds, running back and forth aimlessly. The staff made little or no effort to intervene.

In short, regarding the cultural appropriate appearance of the residents of the center, the staff made little effort to go beyond the mere custodial management of the residents and move into the management of the social handicapping conditions which were so obvious.

Deviant contact. In this rating the Private Neurological Center for Children received the lowest possible rating. The reason for this low score was that the residents were placed to a major degree in social groupings which were comprised of deviant individuals.

The recreational programs for the residents are entirely for the residents alone. There is very little effort to physically and socially integrate the people into the community recreational activities. They go to special camps. They go to community recreational activities at hours made available just for them.

The educational activities for the residents are entirely physically and socially segregated. Although it would be quite possible to integrate all the children who are in classes during the day at the Private Neurological Center into classes in the nearby cities or public school systems, no effort has been made to attempt this.

There is a special pre-school in the center which also could physically and socially be integrated into the community. Here again, no attempt has been made to do this.

The entire world of the residents resides in the center. There is no possibility for physical or social integration into the community. Such an existence tends to reinforce the deviant behaviors which a person already has, or to establish new inappropriate behaviors where they have not existed. It is for this reason that many of the deviant behaviors such as head-banging, rocking, incoherent babbling, etc. currently exists in the behavioral reportoire of most of the residents.

Building Perception. The building perception of the Private Neurological Center for Children received a level one rating. The appearance of the building is highly inadequate and inappropriate in every way. It is perceived as a building designed to isolate the community from the residents and its residents from the community.

Possessions. The age-appropriateness of possessions which residents have has a heavy influence on the way in which the residents behave, as well as the way in which the staff regards the residents. In this rating the Private Neurological Center for Children received a level two rating. The center allowed the residents to have age appropriate possessions yet made only minor efforts to discourage those possessions which were inappropriate.

Many of the clients, as was mentioned earlier, wear bibs during their mealtime. Many of the clients, though adolescents, have as their only recreational possessions "PlaySkool" types of equipment. Many of the residents, though adolescents, play with dolls and teddy bears. Many of the residents, though able to care for their possessions, have no place to store them.

Most of the possessions of the residents in the center are not individual possessions, but rather they are community possessions, which all residents must share.

There is no opportunity for the residents to have personal money. There is, therefore, no opportunity for the residents to go out into the community and purchase personal possessions, even such things as clothing.

The most blatent example of the lack of personal possessions was the fact that this writer observed that many residents would take a nap after lunch and would go into any bed which was available. It was observed that such behaviors were not noticed by the staff. This indicates a rather high disregard for the value of the person through the lack of the most basic of personal possessions.

Physical Context. The physical context rating subsumes two major concerns: the type of physical context which affects utilization of socially integrating community resources and those physical juxtapositions which enhance or diminish the perceptions of the residents in others' eyes. The physical context should be consistent with the type of service being provided. Work training should occur in work areas. Living should occur in residential areas. Schooling should occur in schools. In this rating the Private Neurological Center for Children received a level one rating. The entire program is located, as was mentioned earlier, in a rural setting, set apart from the greater metropolitan area. Although it is near a major metropolitan area, it is far enough away to disallow all socially integrative types of opportunities. The program mixes the three major behavioral areas: living, socializing, and working-schooling. The residents have their educational activities in the same place where they live. They recreate where they go to school and sleep.

The staff perceives the physical context as inadequate, yet refuses to take action on this inadequacy. The residents themselves, at least the more vocal ones, have expressed a desire to become more socially integrated into the community, yet the physical context of their environment prohibits such social integration.

Environmental beauty. Upon perceiving an environment for citizens with special needs, one is often astounded at the lack of beauty in the environment. Such a lack of attention often reflects the perception of the managers of the environment regarding the people being served. Often times the environments are drab, colorless, and monotonous.     –

The Private Neurological Center for Children received a level two rating. It did show some attempts at beautification, but only of the most obvious and immediate type.

Upon this writer's first visit to the Private Neurological Center for Children, it was observed that the place was filthy, had a very obvious stench of human feces and urine, and was in general, a drab environment. Over the period of time which this writer made his observations, some of the most obvious and immediate types of environmental beautification were made. Periodic cleaning and some more colorful paint was put on the walls. But, in general, the place has remained a drab and barren environment.

Program and facility labels. The label of a building, or the name of a service program, must be carefully considered in order to promote a role perception of the residence that is non-deviant, or that at least minimizes the perceived deviancy. The Private Neurological Center for Children received a level one rating here.  The name - "Private Neurological  Center for Children" -  is entirely inappropriate

to the residents within the program. It is inappropriate for two reasons:
(1) Not all of the residents are children. By calling the center "Private
Neurological Center for Children" it indicates that all of the residents
within the facility are considered to be children. (2) Not all of the
residents within the facility have neurological disorders. Many of the
residents have handicaps which are only physical in nature. Others have
handicaps which are only behavioral in nature.

Many of the program parts of the Private Neurological Center for
Children are labeled as "therapy". There is educational therapy,
music therapy, recreational therapy. There is no need to label recrea-
tion or education or music as therapy, if those activities are to be
socially integrative in nature. The term therapy gives a medical conno-
tation, rather than a developmental connotation.

Physical overprotection. Physical overprotection refers to the
features of the building, its premises, and its major appliances and
equipment. Physical overprotection also refers to features which
unnecessarily lower a person's exposure to normative danger and risk.
The Private Neurological Center for Children received a level two rating.

An example of physically overprotective features in the Private
Neurological Center is that of beds. Many of the school aged children
are forced to sleep in, and spend much of their day in cribs made of
heavy steel. These cribs, while being very age-inappropriate, serve
to further devalue the person by having placed over them a heavy netting
so that the person in the crib cannot stand up, let alone get out of
the crib. There is a work "therapy" program for the older residents
at the center. It has no risk involved. There is no power

equipment, no power tools, no risk. It reflects the image the staff has of the residents in that the people merely weave baskets, thread beads, or other inane activities.

Figure 2

PRIVATE NEUROLOGICAL CENTER FOR CHILDREN:

PASS SHORT FORM

| | |
|---|---|
| Person Appearance | 1 |
| Deviancy Contact | 1 |
| Physical Context | 1 |
| Possessions | 2 |
| Labeling | 1 |
| Building Perception | 1 |
| Environmental Beauty | 2 |
| Physical Overprotection | 2 |
| | 11 |

## Pass Survey of the Public State Hospital

The Public State Hospital is a state operated institution for citizens who are mentally retarded. It serves approximately 235 residents. It is located in a rural area, about ninety miles north of the nearest city. It is situated in a town with a population of approximately 4,000. The state hospital is not even located in a town, rather it is located approxiamtely three miles East of the nearest town surrounded by cornfields.

The residents at the Public State Hospital are from all over the state. They are all eighteen years of age or older. There are over 200 staff personnel at the state hospital. Much of the staff is

classified as maintenance personnel. The Public State Hospital is administered by an elderly medical doctor. The majority of the staff, including the superintendent, lives on the grounds of the state hospital in a separate dormitory.

Culture appropriate appearance. The culture appropriate appearance of the residents in the Public State Hospital, as well as any other facility or program serving citizens who are mentally retarded, reflects to a large degree the types of perceptions which both the staff and the public at large has of the residents within the program. The Public State Hospital received a level one rating. This writer observed most of the 235 residents at the Public State Hospital. At no time was it observed that any of the residents appeared normal. Many of the residents were shoeless. Many had pants with no belts. Most of the men had their hair shaved in a "bowl haircut". Most of the women's hairdos were in a similar fashion. Many of the residents had physical handicaps, which could have been alleviated with orthopedic or prosthetic modifications. For example, it was observed that many of the residents walked "retardedly". Many of the residents wandered around listlessly and aimlessly. Many of the residents were banging their heads against the wall or laying in the darkened hallways. All of these "retarded" behaviors could have been easily changed.

Deviancy contact. In this rating the Public State Hospital received a level one rating. Many of the staff personnel, more than thirty percent, were former mental patients themselves. More than a third of them appeared themselves to be deviant: excessively overweight, physically handicapped, etc. The residents of the state hospital only had contact with the staff at the hospital and themselves. There was very little

integration of the residents into the community. This was made virtually

impossible by the fact of a large number of residents, 235, and the small

population of the nearest community. The majority of activities which

occurred at the institution were for the residents only. Recreation was

solely for the residents. Any infrequent classroom activity was for the

residents only. There was virtually no opportunity for either physical

or social integration.

Building perception. This rating is concerned with the normalizing

features of the buildings of the Public State Hospital, as well as the

history of the buildings. The Public State Hospital received a level one

rating in terms of building perception.

The Public State Hospital, up until it became a state hospital for

retarded citizens five years ago, was a tuberculosis sanitarium. It is

difficult for most citizens of the particular state to have an understanding

of the Public State Hospital since it is so far away from any major popu-

lation center. Its remoteness has isolated it from the eyes of most

people.

The principle building at the state hospital is called Finney. It

is a five story building serving the largest number of residents. Some

of the smaller buildings, called wards, surrounding Finney Building have

smaller numbers of residents in them, but the outward perception of the

building is that of an institution. They are all dark, drab, dreary

appearing buildings. They separate the residents from other residences

for miles.

These buildings were previously a hospital for people with tuber-

culosis. This reinforces the negative perception of the building. Most

of the people whom this writer met frequently referred to the Public
State Hospital as "the old TB Sanitarium".

Possessions. There was little or no effort at the Public State
Hospital to encourage the ownership of personal possessions. What few
possessions any given resident did have were generally age-inappropriate.
The Public State Hospital received a level one rating in regard to pos-
sessions. It was observed that the clients walked around with their
pockets stuffed with the few possessions that they did have: a piece of
candy, a pencil, scraps of paper, etc. Things which the residents could
use were not their own. They were community possessions. Each resident
had no privacy in his bedroom. There was no privacy. Some wards had
ten to twenty beds in them. Those buildings that had partitions between
the beds had no doors to enter into a private room. The rooms had no
dressers, nor closets.

The residents had no opportunity to spend or to manage any of the
money which they did have. In other words, the residents of the Public
State Hospital were made to be almost entirely dependent on the institu-
tion.

Physical context. This rating concerns itself with the proximity
to other socially integrative physical resources such as stores, restau-
rants, playgrounds, other recreational facilities, churches, etc. It
also concerns itself with the physical juxtaposition which enhance or
diminish client's perceptions in the eyes of others. Here again, Public
State Hospital received a level one rating. For the 235 residents at
the state hospital, there is virtually no way in which they could be
integrated into the community. The school system would not
be able to handle the educational needs of the population. The business-
job market would not be able to integrate the resident population into

their work force. The recreational-social life of the community could not absorb the resident population.

It would be virtually impossible to physically integrate the population into that single community. Therefore, the physical context of the Public State Hospital is highly inadequate to meet the needs of the people.

Environmental beauty. Here again, the Public State Hospital received the lowest possible rating, level one. The Public State Hospital had a most depressing environment. It received a level one rating in relation to environmental beauty.

Walking throughout all of the buildings this writer observed the darkness of the corridors, and the darkness of the rooms. There were no curtains at any of the windows. The paint on the wall was worn and drab. Most of the buildings reeked with the odor of human feces and urine. All of the furniture was institutional furniture.

Program and facility labels. The Public State Hospital received a level one rating in relation to its labels. It is called a "state hospital". The large majority of the residents in the institutions are not medically sick. They are mentally retarded. However, the facility is called a hospital. It is administered by a doctor. The doctors at the hospital regard the residents as sick. The places where the people sleep are supervised by nurses. The places they sleep are called wards. The people in the nearby community regard the residents of the institution as being sick. This writer talked to many people throughout the state where the institution is located in order to evaluate the perception of the citizens of the state in relation to the residents of the Public State Hospital. All of the people to whom this writer

talked regarded the residents of Public State Hospital as being sick, hopelessly sick. It would be fair to say that the name of this hospital in relation to mentally retarded citizens was synonymous with hopelessly sick people.

Physical overprotection. The Public State Hospital received a level one rating in relation to physical overprotection.

Every door which this writer entered had to be unlocked by a staff person. Elevators could only be opened by a staff person with a key. A very small number of the residents could go into the city by themselves, but the vast majority had to remain on the grounds or be accompanied by a staff person while in the city. Smoking was allowed under the supervision of staff. No curtains or decorations could hang from the windows or walls. Although the hospital has an adult population, there was no work involved at the state hospital for residents. The most menial of tasks were not allowed, because of fear of either the resident being hurt, or the resident causing a cleaning problem for the staff itself. All the residents were supervised in the various "wards" by central "nursing stations". The toilets were five or six stools without any partitions. Showers had no partitions. Community television sets were hung from the ceiling out of the reach of the residents. There were no vending machines -soda pop or candy or cigarettes - rather, there was a central canteen where a staff person dispensed refreshments for the residents.

It is fair to say that the Public State Hospital was designed to remove any normative risks to the clients. Such removal of risks tends to make the residents dependent entirely upon the staff. It puts them in a position of being cared for, rather than a position of growth and development.

Figure 3

PUBLIC STATE HOSPITAL: PASS SHORT FORM

| Variable | Score |
|---|---|
| Personal Appearance | 1 |
| Deviancy Contact | 1 |
| Physical Context | 1 |
| Possessions | 1 |
| Labels | 1 |
| Building Perception | 1 |
| Environmental Beauty | 1 |
| Physical Overprotection | 1 |
| | 8 |

## PASS Survey of Community Program B

Community Program B is a community-based program serving mentally retarded children in a small midwestern town. It is a town of approximately four thousand citizens. It is located about one hundred miles north of a major city.

Community Program B is designed to serve children from this small town and its surrounding communities. There are approximately twenty-five children in the service program. At least half of the children are labeled as profoundly mentally retarded. At least twenty-five percent of the children are severely multiply handicapped.

The services of Community Program B are comprised of: two group homes, a preschool, and a social service support system.

Culture appropriate personal appearance. In this rating, Community
Program B received the highest possible score. It was very apparent
that the staff of the service system gave much time and effort towards
valuing the cultural appropriateness of the children's appearance. All
handicaps - vision, hearing, etc. - were not overtly apparent. Children
requiring special prosthetic devices had devices which were not only
developed to fit the child, but which also were not blatently obvious in
their appearance. Atypical bizarre mannerisms evident in many profoundly
retarded children were either not apparent, or if apparent, were being
individually decelerated. It was obvious that the staff attended
systematically and intensively to the reduction of stigmata. The staff
displayed a profound understanding of the issue of social interpreta-
tions of individuals who are perceived as deviant. They went to great
lengths to obtain corrective measures, including major surgery.

Deviancy contact. In this category Community Program B again
received the highest possible rating. The service system went to great
lengths to avoid client contact with other deviant groups. It became
evident, after talking with various people in the community that the
people in the community interpreted the school as just another school.
A large part of this type of interpretation is due to the fact that the
staff in the service system are recognized as being of high quality and
high standards.

Physical context. In this rating Community Program B received a
level seven, above average, rating. This rating applies to those pro-
grams where adequate and appropriate measures had been taken to assure
that the appearance and history of the facility do not readily

elicit typically "non-normative" perceptions of the clients. Community

Program B has one home, which they bought, in an ordinary residential

neighborhood in the town. Another group home was newly constructed in

another residential neighborhood. The physical context rating was not

at the highest possible level because next door to the newly constructed

group home is the developmental center where the children go to school

during the day. Also on the same block there is a home for senior

citizens called "Good Samaritan Home". Such a juxtaposition of services

for people with special needs reduces the score for Community Program B

services slightly. Physical context is also reduced by the fact of the

placing of the residential facility within a few feet of the develop-

mental center.

Possessions. The Community Program B has made extensive efforts to

guarantee the children to possess possessions which are considered

appropriate for their particular age groups. They had in their own

private possessions, e.g., in their own dressers and closets, possessions

typical of childhood. It was obvious that the staff made an extensive

effort to teach the children the value of their own private possessions

as well as the rights of the other children to have their own private

possessions. The program received the highest rating.

Building perception. The perception of the various buildings of

the Community Program B ranks above average in the sense that the build-

ings have been designed to blend in with other facilities and buildings

within the town. The most distracting element is that the developmental

services are right next door to the group home. However, this has been

done in such a way that no labels or signs indicate that fact. Thus,

passers-by do not perceive the buildings to be those of "special programs."

Environmental beauty. In terms of the quality of the setting, Community Program B scored the highest possible rating. All facilities were extremely comfortable and dignifying. It was noted that many attempts had been made at beautifying the environment in an age-appropriate manner. The residential facilities looked like typical homes. They gave the appearance of children living within them. The developmental center appeared to be an ordinary preschool, in the normalizing sense.

Program and facility labels. The program labels attached to the Community Program B system ranked above average. Social integration is effected by the way service locations, facilities, and programs are named or labeled. The greatest weakness in this rating is the fact that within the name of their service system is included the word "handicapped". For purposes of social integration and the perception of the community of the children, it would have been more beneficial to drop the word indicating that the children are "different". In the town, the name given the program is a highly valued word. It not only is the name of the county, but it is also the name of a highly valued industrial complex located within the town.

Physical overprotection. Community Program B ranked above acceptable in terms of physical overprotection. Physical overprotection refers to those physical features within the environment which are not very readily changed or moved. Overprotection refers also to features which unnecessarily lower client's exposure to normative dangers and risks.

As was mentioned earlier, the Community Program B service system and its facilities appear to be typical of any other living or schooling environment. There were some weaknesses, however, in those environments which indicated minor and tolerable compromises on the overprotection rating. These compromises were some apparently unnecessarily locked doors and high locks on doorways. Outside of this, however, the children were allowed risk. Such normative risk lent itself well to the program and the children in the program in terms of their learning.

Figure 4

COMMUNITY PROGRAM B:   PASS SHORT FORM

| Personal Appearance | 10 |
|---|---|
| Deviancy Contact | 10 |
| Physical Context | 7 |
| Possessions | 10 |
| Labeling | 7 |
| Building Perception | 7 |
| Environmental Beauty | 10 |
| Physical Overprotection | 7 |
| | 68 |

## PASS Survey of Community Program A

Community Program A is a community service program serving mentally retarded children, adolescents, and adults. It is located in a midwestern town. There are approximately 35 people in the program. The program serves two neighboring communities. In the Community Program A there is a developmental preschool in one town, a developmental preschool in the other town, a work training center, and plans for a group home.

Culture appropriate personal appearance. The Community Program A received a level 5 rating here. This means that at least minimal effort was being made to insure the culture appropriate appearance of the clients. The service system engaged in various measures to improve the cultural appropriateness of the appearance of the clients, without going to extreme extents to help the clients in this regard. This rater observed some clients with typical "retarded" behaviors, bizarre mannerisms such as rocking, self-hitting, etc. One of the main reasons for lack of appropriate effort in this regards was the lack of adequate staffing. This, however, does not make up for the lack of culture appropriate appearance. It was noted that many of the behaviors could have been decelerated with more intensive efforts of the staff at hand.

Deviancy contact. The Community Program A service system received a level seven rating. This rating indicates that the project was virtually, but not entirely, devoid of deviant workers or contacts. The staff at the Community Program A was a qualified and appropriate staff. Certified teachers and teacher aides were working in the adult work training program. However, there were some volunteers who appeared to be inappropriate. In the work training center high school students were being used to work with some of the older work trainees. Also, it was evident that a special education teacher on loan from the public school system was not able to function well within the public school system, and was, therefore, sent out to work with the retarded adults.

Building perception. Community Program A services received a level five rating. This rating applies where projects are located in facilities which are moderately inappropriate in appearance. The work training center was located in the former school part of the public school system. The history of the building and the appearance of the building does not give the outsiders the impression that the building was a place of work. Rather, the building is perceived as a school where children or adolescents attend. Also in planning for the acquisition of a group home, the Community Program A programs was seriously considering purchasing a former nursing home. Such a purchase would be extremely inappropriate due to the history of such a building. The developmental preschools, however, were located in buildings perceived as preschools.

Possessions. Community Program A received a level five rating. This refers to projects where adequate efforts are made in encouraging clients to value possessions appropriate to their age. The children's program received the highest rating in this regard. However, the work training facility did not seem to make extensive efforts with work trainees regarding age appropriate possessions. It was noticed that many clients in the adult training center had age inappropriate lunchbuckets, age inappropriate clothing, and age inappropriate grooming. Also, many of the adult clients appeared to have little idea of the value of money and the value of private possessions. There was no place for the work trainees to store their materials. There was no related instruction to teach them the value and use of money.

Physical context. The Community Program A received a level five rating. The rating is for projects in contexts which make them barely appropriate. The location of the two preschools appear to be

typical. However, the adult training facility was located nearly a mile outside of town. Since the community has no transportation system, the building was inaccessible to some clients. There were no industries near the work training facility. The proposed group home is also located in a neighborhood which has a home for the aged.

Environmental beauty. Within the physical facility area, Community Program A took advantage of rather old buildings and converted them into functional and adequately beautiful developmental and work activities training centers. The developmental centers were quite pleasant in their atmosphere, although one of the program's buildings was rather old and not as attractive as the other developmental center. The program received a level seven rating.

Labels. The Community Program A received a level five rating. Program labels were not suggestive of deviancy, yet no effort was made to pursue the evolvement of more favorable names. The adult training facility was called "Oak Grove". This was the name bestowed by the public school system. A more industrial name would have enhanced the perception of the adult clients by the community.

Physical overprotection. The Community Program A received a level eight rating. The risks involved in the children's programs were no different from any typical preschool. The adult work training center used power saws, drill presses, and other "dangerous" power equipment in its training program.

Figure 5

COMMUNITY PROGRAM A:  PASS SHORT FORM

| | |
|---|---|
| Personal Appearance | 5 |
| Deviancy Contact | 7 |
| Physical Context | 5 |
| Possessions | 5 |
| Labeling | 5 |
| Building Perception | 5 |
| Environmental Beauty | 7 |
| Physical Overprotection | 8 |
| | 47 |

Figure 6

SUMMARY OF SCORES FROM PASS SURVEY

| | PUBLIC STATE | PRIVATE NEUROLOGICAL | COMMUNITY PROGRAM A | COMMUNITY PROGRAM B |
|---|---|---|---|---|
| Personal Appearance | 1 | 1 | 5 | 10 |
| Deviancy Contact | 1 | 1 | 7 | 10 |
| Physical Context | 1 | 1 | 5 | 7 |
| Possessions | 1 | 2 | 5 | 10 |
| Labeling | 1 | 1 | 5 | 7 |
| Building Perception | 1 | 1 | 5 | 7 |
| Environmental Beauty | 1 | 2 | 7 | 10 |
| Physical Overprotection | 1 | 2 | 8 | 7 |
| | 8 | 11 | 47 | 68 |

## Figure 7

### TOTAL SCORE SUMMARY



|  | PUBLIC STATE | PRIVATE NEUROLOGICAL | COMMUNITY PROGRAM A | COMMUNITY PROGRAM B |
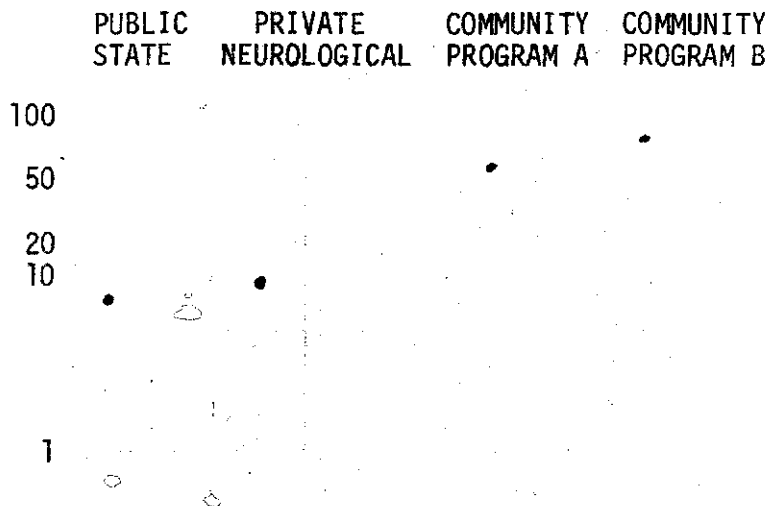
## Conclusions

The scores of the four rated programs validate this writer belief that:

1. Normalization demands the separation of the domiciliary and learning/socializing functions.

2. Public State Hospital and Private Neurological Center for Children (institutions) would score at or near the lowest possible scores.

3. Community Programs A and B (community-based) would score at or near high acceptable.

The further away a program is removed from the institutional model, the closer it approximates normative experiences for its clientele. Institutions serve to herd and maintain people. Community service systems have the potential of not only physically integrating people, but also socially integrating them into society. Institutions enslave. Community services enable human liberation.

CHAPTER V

Future Oriented Strategies

Future oriented social change issues emerge from the current reality of services to retarded people. All human service systems serving mentally retarded citizens must deal with these issues. These issues, turned into change strategies, will have a major impact on liberating retarded citizens. These strategies are:

STRATEGY I: To develop environments which will physically and socially integrate people with special needs (mentally retarded) as much as possible into the mainstream of society.

STRATEGY II: To develop normalizing curricula and training programs.

STRATEGY III: To develop service programs which dignify and value all people.

STRATEGY IV: To enhance the perception of the individual person with special needs.

STRATEGY V: To shape new societal attitudes for people with special needs by community-wide and state-wide changes.

A brief discussion of these five strategies is warranted.

Change strategies

Strategy I: To develop environments which will physically and socially integrate people with special needs as much as possible into the mainstream of society.

Overview: Learning-living-behaving occur within physical and social contexts. In order to create normalizing environments, it is necessary

to physically and socially integrate each person as much as possible into the mainstream of society.

Integration is necessary for various reasons. Some of these reasons are:

1. More learning opportunities occur in terms of:

   a) variety of experiences

   b) access to valued peer models

   c) greater likelihood of normative experiences

2. There is greater likelihood that services will be truly:

   a) of good quality

   b) based on right

3. There is more opportunity to exercise autonomy, choice, citizenship privileges, and freedom.

4. There are more opportunities to meet a wide range of people and form mutually satisfying relationships.

5. There is a transfer (generalization) of image from valued to devalued persons.

6. Self-image is strengthened.

7. There is a greater likelihood of contributing to society. (Wolfensberger, 1972)

For example, the school system which erects "special" facilities for "special" children is simply creating "special" barriers to normative learning and behaviors.

Strategic Objective I: To develop learning environments and opportunities for people with special needs which will enhance both physical and social integration.

Strategy II:  To develop normalizing curricular and training goals.

Overview:  A primary concern is to establish, maintain, or support culturally acceptable behaviors for people who have special needs.  On the one hand, people with special needs must be integrated.  On the other hand, to do this, certain skills must be acquired, maintained, or supported.

Thus, it becomes important to pinpoint those behaviors which will enable the child and adult to function as independently as possible. Whether at home, in the school, or at work, each person with special needs must learn certain skills and behaviors.  These are often very basic, yet overlooked.

Some typical behaviors and skills which must be looked at are:

| Behavioral Category | Example of Normalizing Pinpoint |
|---|---|
| Motor Skills | Walks with appropriate gait |
| Language Skills | Attends |
| Self-care Skills | Dresses self |
| Environmental Skills | Moves from place to place |
| Academic Skills | Recognizes name |
| Interpersonal Skills | Participates in group |
| Inner Feelings | Feels good |

The system committed to serving all of its people, therefore, must develop and/or adopt teaching-learning approaches which will serve the needs of all its people.

Strategic Objective II:  To develop curricula which will serve the needs of all people with special needs.

Strategy III:  To develop service programs which dignify and value all people.

Overview:  Many people, professionals included, believe that some people should not or cannot be afforded the opportunity to learn and grow. Many say, "He is too retarded to learn. . .She is non-trainable. . ." Too often such attitudes arise from traditional approaches to serving (or not serving) people with special needs.  To change this situation human service agencies must move:

FROM:  congregating large numbers of people with special needs. . .

  TO:  dispersing people with special needs throughout the community;

FROM:  age inappropriate routines and activities. . .

  TO:  age appropriate routines and activities;

FROM:  medical management. . .

  TO:  human management;

FROM:  physical and social overprotection. . .

  TO:  dignifying risk;

FROM:  static curricula. . .

  TO:  developmental curricula

Strategic Objective III:  To develop services which will dignify people with special needs.

Strategy IV:  To enhace the perception of the individual person with special needs.

Overview:  In serving a person with special needs an agency must deal with both what the person learns and also how that person is perceived by himself and others.  Quite often how the person is perceived depends

upon factors outside of his control. Some of these factors are:

1. Forms of personal address.

2. Imposed attire.

3. Imposed grooming.

4. Types of learning.

5. Forms of recreation.

6. Allowance of reasonable risk. (Wolfensberger, 1972)

Strategic Objective IV: To enhance the perception of each person with special needs by looking at what the person learns and how it is being learned.

Strategy V: To shape social attitudes.

Overview: The individual consumer and professional are dependent upon broader, more encompassing societal structures and pressures than merely a particular program.

The child who is ready to learn can be thwarted by the ill-prepared teacher. The teacher can be thwarted by an ill-prepared school system. The school system can be thwarted by a non-responsive community. The community can be thwarted by ill-designed policies. Traditional institutional alternatives can breed on their own political and economic strength.

In order to shape new societal attitudes at various geo-political levels it is necessary to:

1. Structure human service systems and patterns which will guarantee that each person with special needs will be served in his/her community in the least restrictive manner possible.

2. Revise funding and taxing patterns and priorities.

3. Pass relevant legislation. (Wolfensberger, 1972)

Strategic Objective V:  To shape new societal attitudes for people with special needs by community-wide and state-wide changes.

CHAPTER VI

A Management Model for Human Service Agencies

The management of human service agencies can be defined as: the establishment, maintenance, or support of liberating social change strategies which result in the liberation of marginalized people. This necessitates a blending of humanistic ideologies and management technology. It uses the ideological visions of tomorrow and the management technology of today. It recognizes reality, without accepting it. It plans for and moves toward human liberation. It enables people who are economically, socially, psychologically, and/or spiritually enslaved to migrate out of slavery. It prevents others from becoming enslaved.

The management model involves the following:

1. statement of ideological mission,

2. analysis of the needs of the people,

3. organizational model,

4. statement of objectives, and

5. a measurement system.[45]

Each of these is examined more closely.

## Statement of Ideological Mission

It seems that all too frequently human service systems focus on processes rather than outcomes. Too often school systems focus on money spent rather than factors learned. Job training programs concentrate on people served rather than people employed in jobs. Overseas food relief programs count tons of grain delivered rather than people adequately fed. Nursing homes concern themselves with the number of beds filled rather than the number of people humanely treated. The list could go on and on.

In the rush to manage human service systems quite often the primary consumer is forgotten. This failure to serve the consumer causes human service systems to come and go. It causes them to have little or no impact on the consumer of human services.

Therefore, it becomes most important for human service systems to state their ideological base, a base upon which they will build or contribute to a freer society and, thus, a freer consumer. The statement of ideology becomes the mission of the human service system. Ultimately, movement toward the mission is what validates the human service system's existence. In this sense, all else is process. Even the most strategic objectives are processes in relation to the human service system's mission.

It is necessary to continuously validate the human service system's existence. It becomes necessary to pinpoint major indicators which enable the manager of the human service system and the consumers of the services to validate movement toward the organization's mission. These growth indicators, however, derive their value from the ideological mission. By themselves they are only processes.

Population Needs Analysis

It is extremely important to define as exactly as possible the population that is being served and the geo-political area in which it operates. The population must play a large role in the structuring of the organization, for their needs will determine the human services system's objectives.

In order to define the population it is necessary to specify which populations are currently being served and indicate the number of people

other agencies in the same geo-political area are currently adequately
serving. Then it is necessary to specify the people who are yet unserved.

## Organizational Model

Next it is necessary to draw a model of the organization in order
to have a clear picture of the organization before objectives are
specified. The organizational model consists of three major dimensions -
societal, program, and consumer. The societal dimension pictures the
broad societal changes the service system will provide. The program
dimension pictures each of the major program parts flowing from each of
the services areas. The consumer dimension pictures each of the sub-
parts flowing from the administrative dimension.

## Statement of Objectives

As the initial planning develops, it is necessary to integrate into
the system an on-going set of objectives. It is important to measure
each consumer's movement toward the mission.

> The service institution has performance trouble precisely because
> it is not a business. What businesslike means in a service in-
> stitution is control of costs. What characterizes a business,
> however, is control by performance and results. It is effective-
> ness and not efficiency which the service institution lacks...
> The most sophisticated and at first glance, the most plausible
> explanation for the nonperformance of the service institution is...
> the objectives of those services are 'intangible' and so are
> their results. This is at best a half-truth. 'The development
> of the whole personality' as the objective of the school is,
> indeed, intangible. But teaching a child to read by the time
> he has finished third grade is by no means intangible and can be
> measured easily and with considerable precision.[46]

## Measurement System

A critical factor in the management of a human service system is the measurement of the objectives of the organization over time. What an organization states as its mission must be validated on an on-going basis. It is most important to measure the performance results of the human service agency on the societal, program and consumer level. The measurement tool should have as many of the following characteristics as possible:

1. It should be standardized.
2. It should be able to convey as  much information as possible.
3. It should be able to relate past and present information as well as project  future trends.
4. It should be able to cover as wide a range of performance results as possible.

The Standard Behavior Chart, developed by Ogden R. Lindsley, meets all of the above criteria. The following pages will explain its use.

## The Standard Behavior Chart as a Measurement Tool

Introduction. The Standard Behavior Chart (SBC) has been recognized as a powerful measurement tool.

One of the purposes of this paper is to demonstrate its use in the management of human service systems.

Precision Teaching has popularized the efficacy of using one form of the Standard Behavior Chart, known as the Daily Behavior Chart. The Daily Behavior Chart enables one to measure both frequency and celeration over time in terms of the number of "movements per minute". It is used by individuals to measure their own or others' growth on a daily basis in precise behavioral pinpoints.

The SBC has evolved into other forms. Each form - the Weekly Chart, Monthly Chart, Yearly Chart, etc. is based on the SBC. Each is distinct, enabling measurement of behaviors over different time spans. However, each is the same in effect, allowing for the measurement of both frequency and celeration across time.

This study has focused on the use of the Monthly Chart (MC) as a management measurement tool. All too frequently managers of human services systems loose sight of where they have come from, where they are, and where they are going. Often grandiose plans are made and then lost sight of. Often decisions are made based on the feelings of the moment, rather than on facts. At times managers know where they are in relation to their organizational objectives, rarely can they project where they will be. The MC enables program managers to select significant program-growth-indicators to chart the frequency of those indicators on a monthly basis; to project the growth trends of those indicators; and to make management-decisions based on those frequencies and celerations.

How to Fill Out the MC

As was stated in the previous chapter, the measurement tool which is chosen is of critical importance. The MC contains all of the character-istics mentioned in the previous chapter, plus others. All possible organizational growth indicators can be put on the MC. The MC can be defined as a tool which measures growth over time. It is standardized in its format; it conveys more information than any other current data display tool; on it the manager can project where the organization is going in relation to the widest possible range of organizational behaviors.

The first step in using the MC is to fill in all of the blank spaces at the bottom of the chart. Looking at the chart on the following page, first fill in the following information: the administrator responsible for the program, the manager of the objective, the objectives code number, and the name of the agency. Then state who is collecting the data, and who is charting it. Next, briefly state what objective result is being counted. The next step is to synchronize the dates at the top of the chart with any other charts which are being kept. Next the manager charts. The chart on the following page has horizontal lines which are numbered. These are called the "frequency lines". It is on these lines that the counts of organizational behavior are placed. The vertical line are "month lines". The dark vertical lines indicate six month intervals. The chart on the following page demonstrates these points.

2. Synchronize dates ----
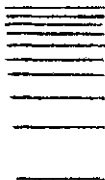
MONTHS

FREQUENCIES

1. Fill in blanks ----

Administrator          Manager                                    Objective Result Counted

Agency                                        Data Collector

Figure 8

How to Fill Out the MC

65

## How to Use the MC to Collect Frequencies

The MC has a wide variety of measurement uses. The most basic use is to collect frequency counts on organizational objectives on a monthly basis. This, of course, is only the first step in using the MC as a measurement tool.

To place frequency counts on the MC:

1. select the appropriate month line;

2. select the appropriate frequency line;

3. place a dot (for something being increased) or an "x" (for something being decreased) on the appropriate month and frequency lines.

The chart on the following page demonstrates these steps.
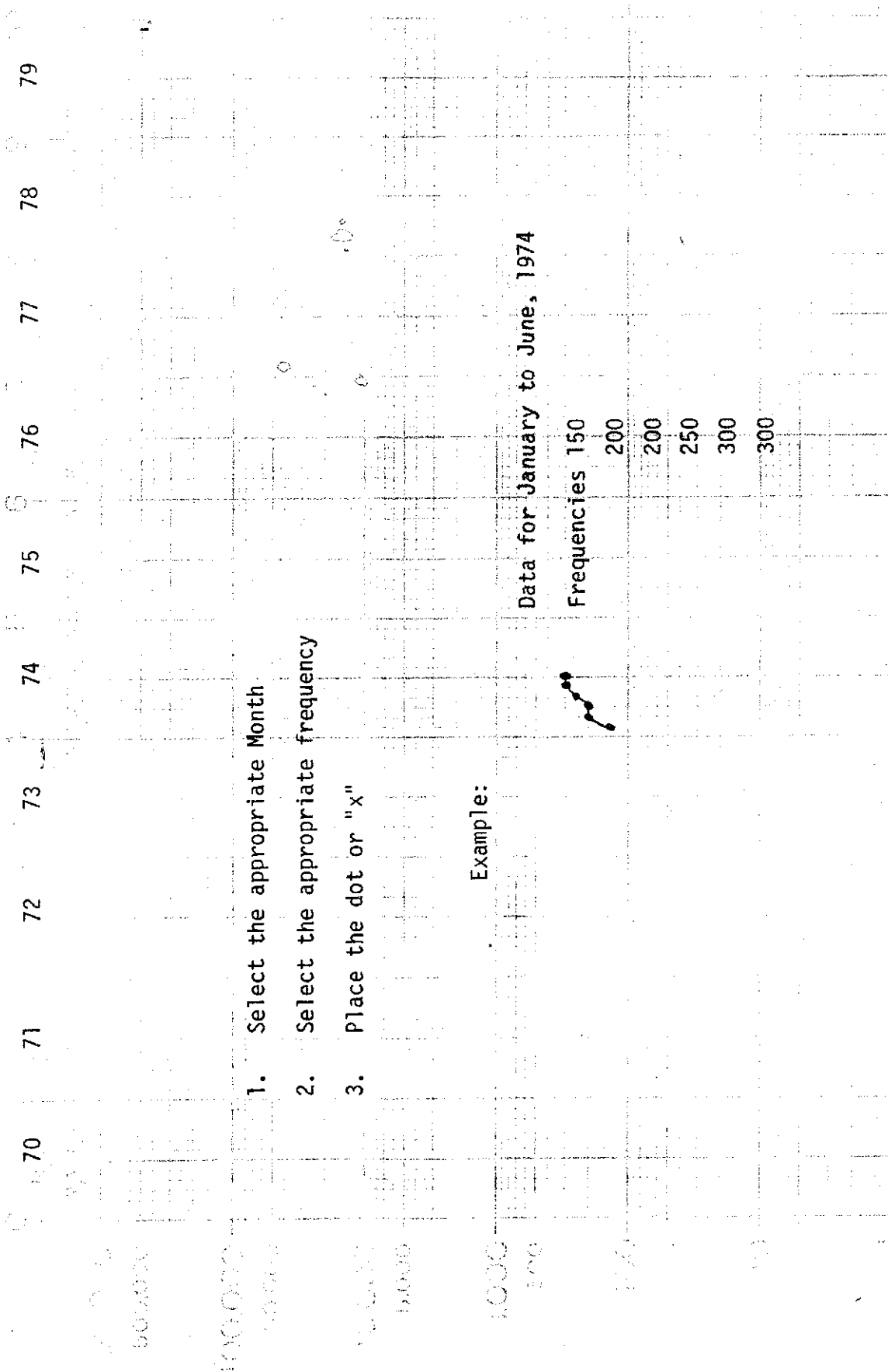
Figure 9

How to Place Data on the MC

67

SAMPLE CHART



1. Select the appropriate Month.

2. Select the appropriate frequency

3. Place the dot or "x"

Example:

Data for January to June, 1974

Frequencies 150
200
200
250
300
300

Administrator

Agency

Manager

Data Collector

Objective Result Counted

## How to Project Future Growth

The MC, as all other Standard Behavior Charts, enables one to project celeration trends. It enables the manager to not only measure the past and the present, but also to project into the future. This makes the MC a powerful measurement tool. It makes the future now. It makes decision-making future-oriented as well as present oriented.

Once there are several (8-10) data points (frequencies) on the chart, the human service system manager can draw celeration lines through the trend of the data. The celeration line can then be continued beyond the data as a straight line into the future. To draw the celeration line, free-hand (Pennypacker, Koenig, Lindsley, 1972), the following steps should be followed:

1. Determine the slope and direction of the trend visually seen in the frequencies.

2. Draw a straight line through this trend.

3. Project this "best-fit-line" into the future. The future trend of the data will generally follow this line.

This is demonstrated on the following page.

Figure 10

How to Project Celeration

69

SAMPLE CHART

PROJECTING FUTURE GROWTH

Example 2

Projection to 2,000

Example 3

Projection to 30

Example 1

Six Month into
the future the ap-
proximate frequency
of this data will be
35

Administrator    Manager    Data Collector    Objective Result Counted

## How to Determine Variability

The chart also accurately shows the manager what range of variability can be expected. Since it is known that results will vary from time to time, it is helpful to know how much they will vary. Knowing this, the manager can then plan for acceptable "above normal", and "below normal" progress. To find the range of variability:

1. draw the straight line through the data;

2. draw another line parallel to this line from the highest data point that has been charted;

3. draw another line parallel to this line from the lowest data point charted;

4. the higher and lower lines indicate the highest and lowest range normally expected;

5. these lines can also be projected into the future.

The following chart demonstrates these points.

1. Draw straight Future Growth line

2. Draw another line parallel from the highest data point.

3. Do same from lowest data point.

Figure 11

How to Measure Variability

SAMPLE CHART

71

COUNT PER MONTH
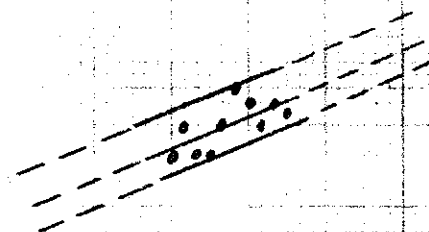
Administrator                    Manager                                   Objective Result Counted

Agency                                          Data Collector

## How to Use the MC to Measure Process and Product

Managers of human service systems need to monitor both process and product information. It frequently happens, however, that emphasis is placed on process information, rather than product information. If, for example, an agency has the mission to assist mentally retarded adults to obtain full-time, competitive employment, then that agency should be intensely and continuously monitoring the number and celeration of people moving into jobs. All other organizational objectives are processes. This does not mean that processes are not important. It does mean that agencies must be concerned with end-results.

The following MC is an example of a product chart (the number of people placed on jobs per month).

# Figure 12

## Product Chart

### SAMPLE CHART



Job Placements
Objective Result Counted

McGee
Data Collector

Administrator    Manager
"Midwest Work Training Center"
Agency

Process refers to all those organizational actions and interactions which lead to the fulfillment of the organizations mission.  At various organizational levels one person's process might be another person's product.  For example, the following charts  on agency finances were products of an "income-expenditure" objective.  However, in relation to the mission these are processes.  The end-result (product) was job-placements.

Figure 13

Process Chart

Income (DVR)

All Voc

Byrnes

ENCOR

10,000

1,000

100

10

68  69  70  71  72  73  74  75  76  77
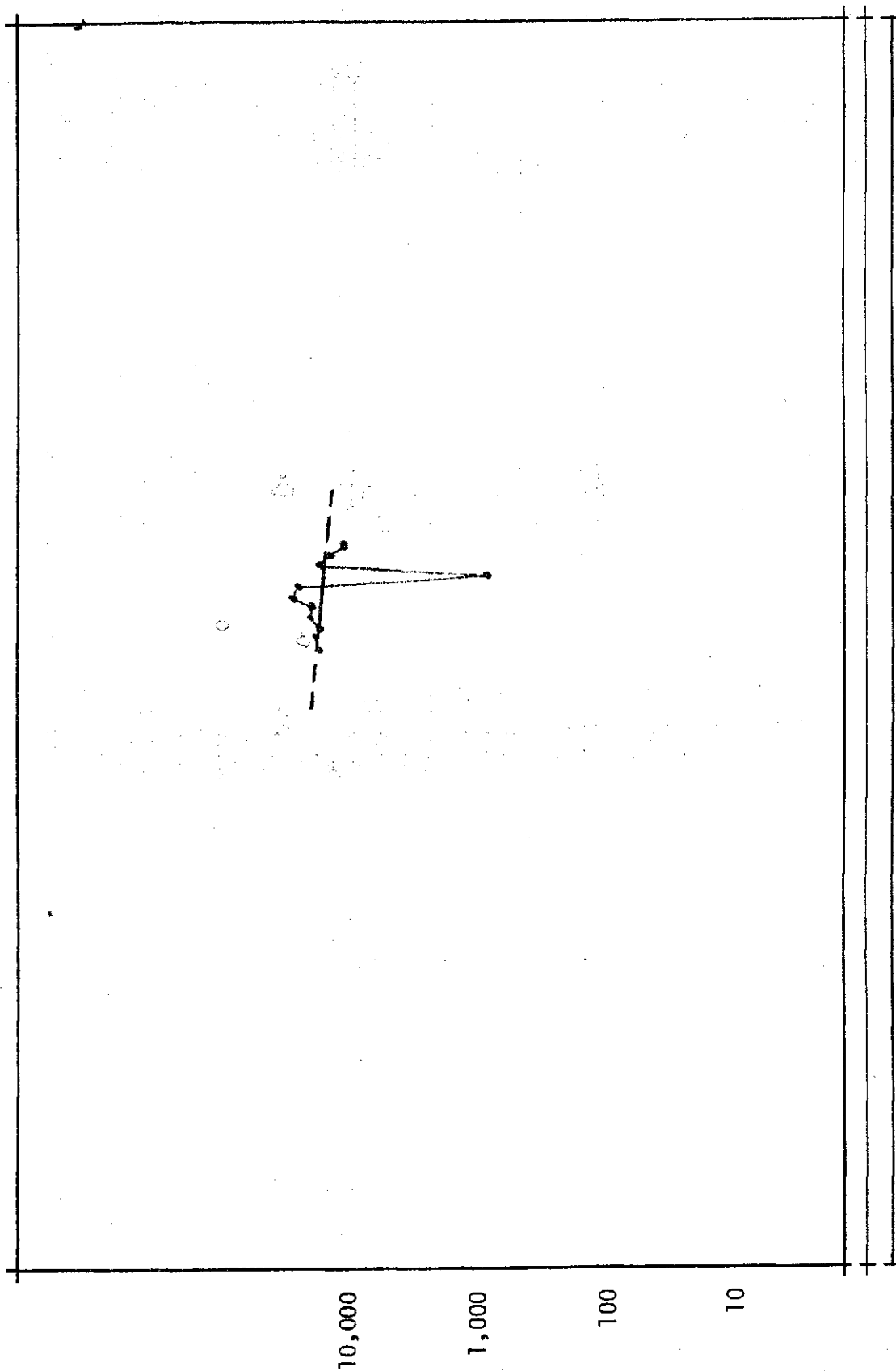
Figure 14

Process Chart



Contract
Income

Vocational Work Stations
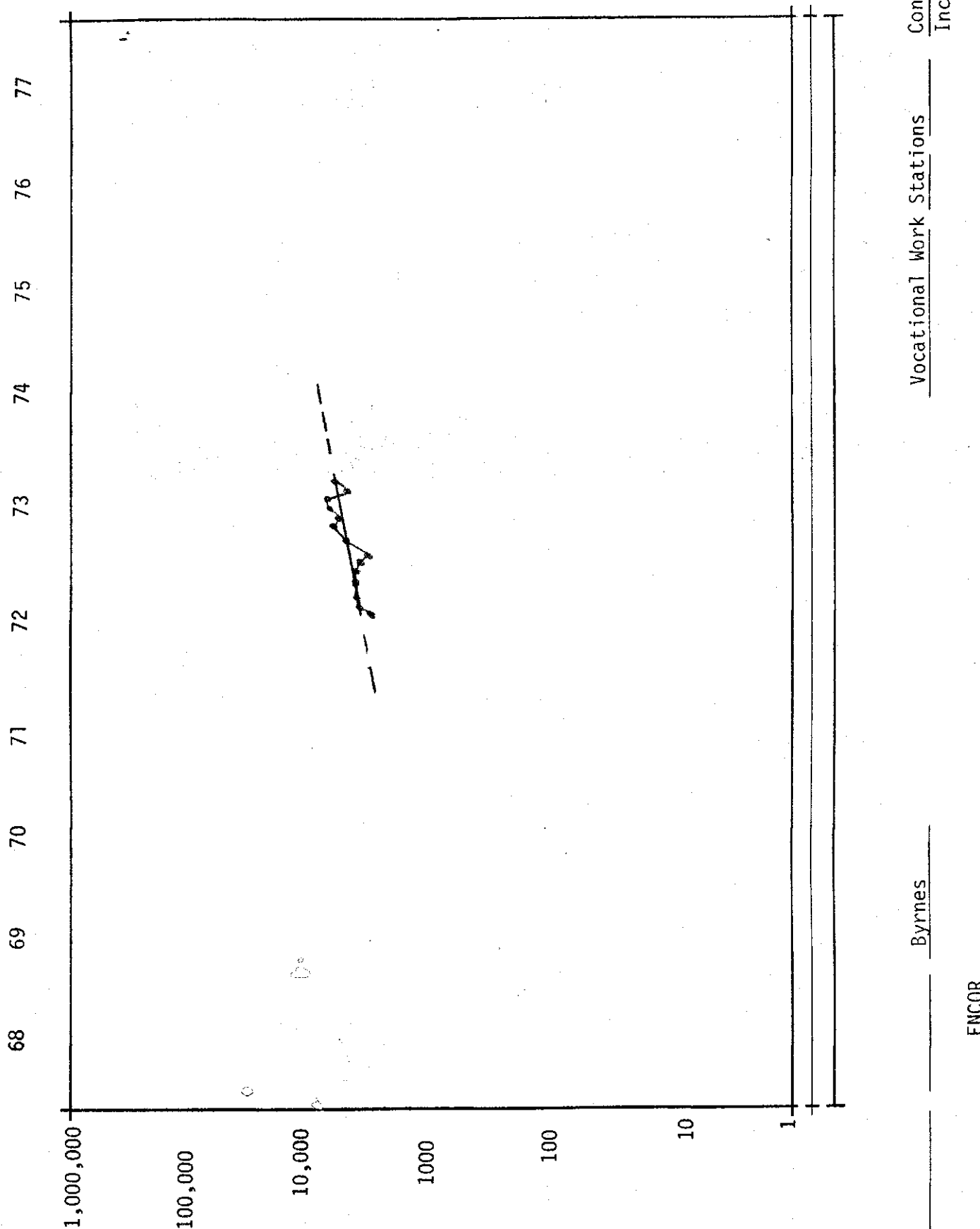
Byrnes

ENCOR

Figure 15
Process Chart

77

DAILY CHART TRACER (CT-8)
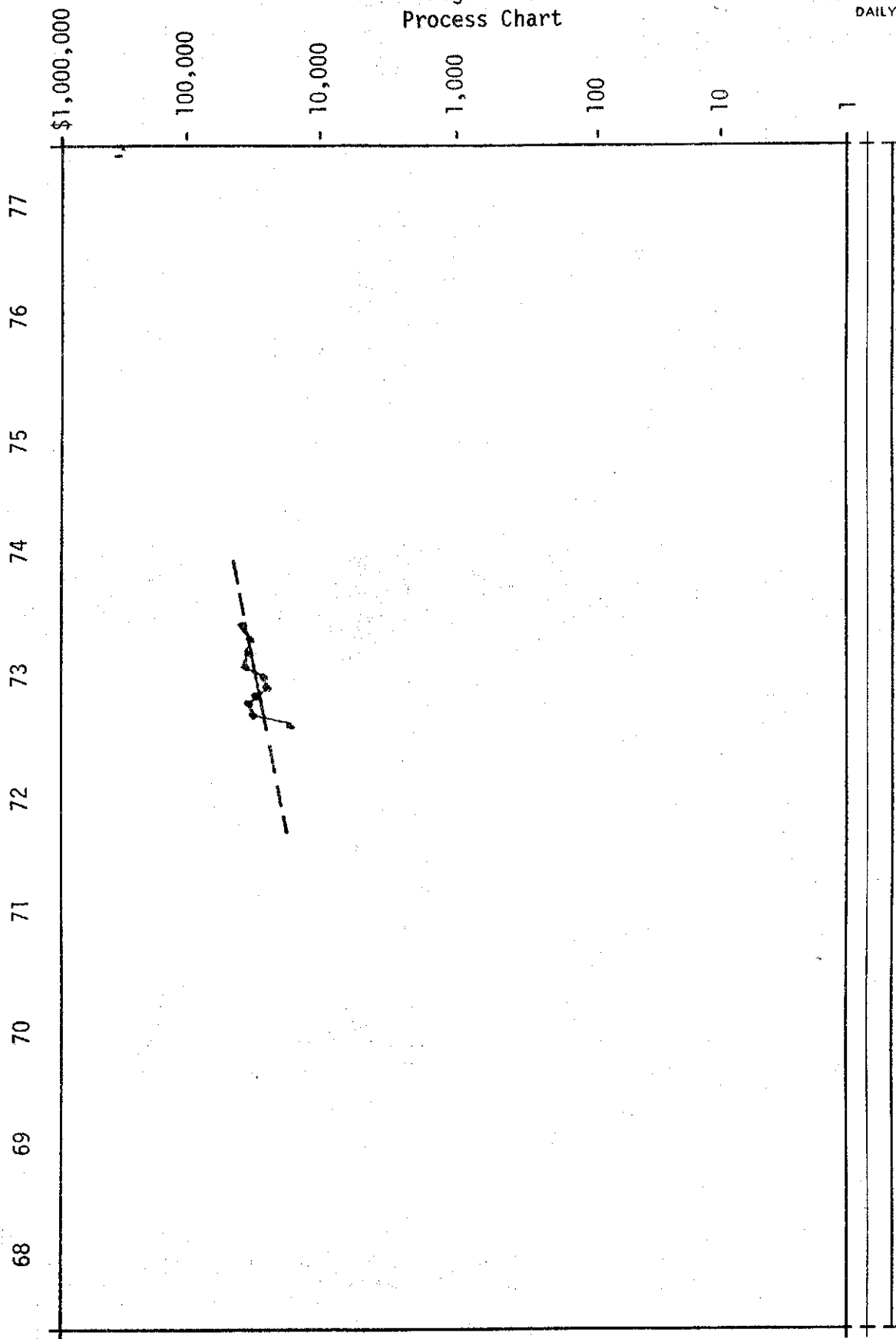
Title XVI
Billing

Vocational

Byrnes

ENCOR

Behavior Research Co.
Box 3351 Kansas City,
Kansas 66103

$1,000,000

100,000

10,000

1,000

100

10

1

68    69    70    71    72    73    74    75    76    77

Figure 16

Process Chart



Behavior Research Co.
Box 3351 Kansas City,
Kansas 66103
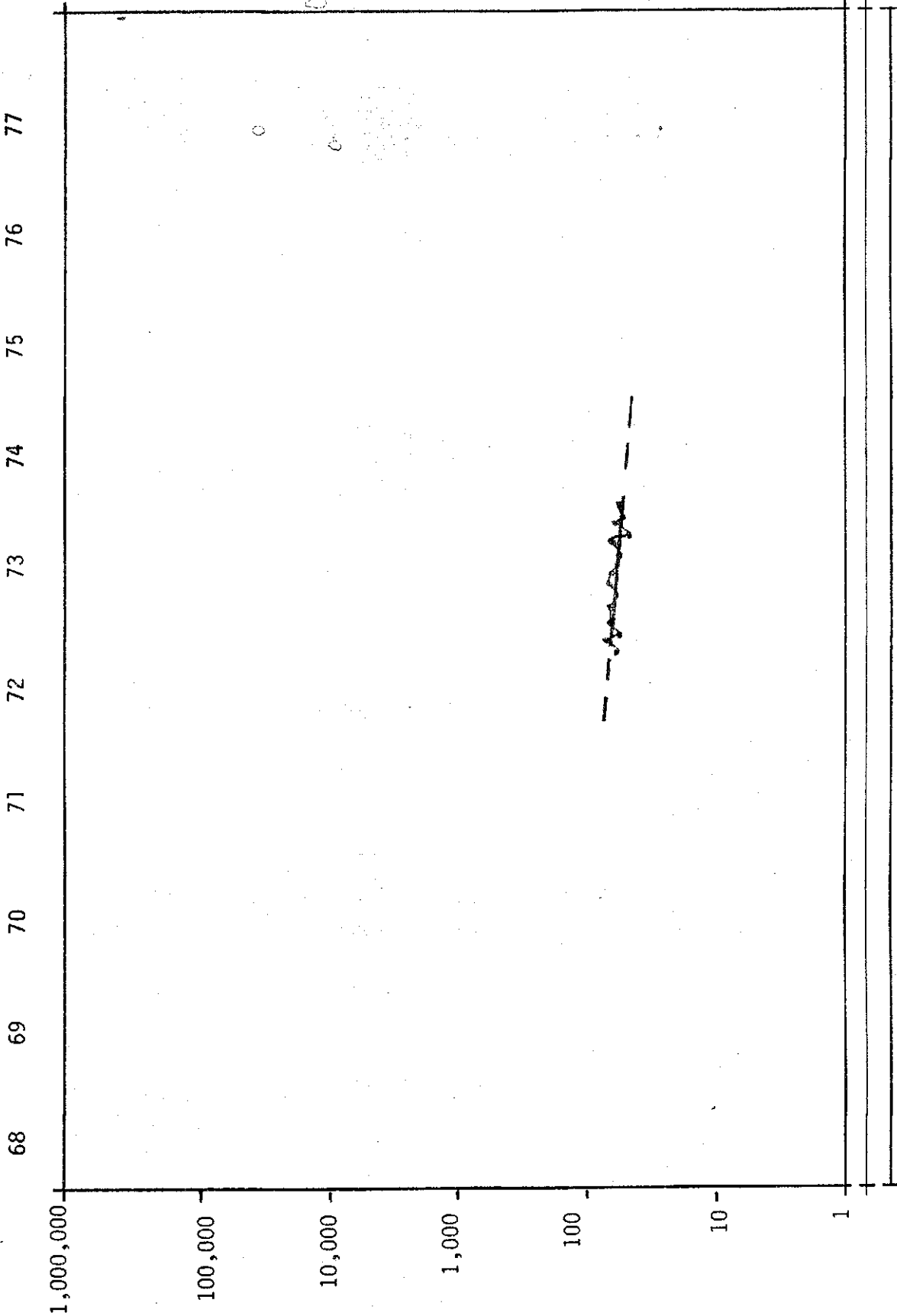
Byrnes        Vocational Workshops        Average Client

Pay in
Training

Figure 17

Process Chart



Byrnes _____    Work Stations _____    Client Pay _____

ENCOR _____    _____

Figure 18

Process Chart

Figure 19

Process Chart
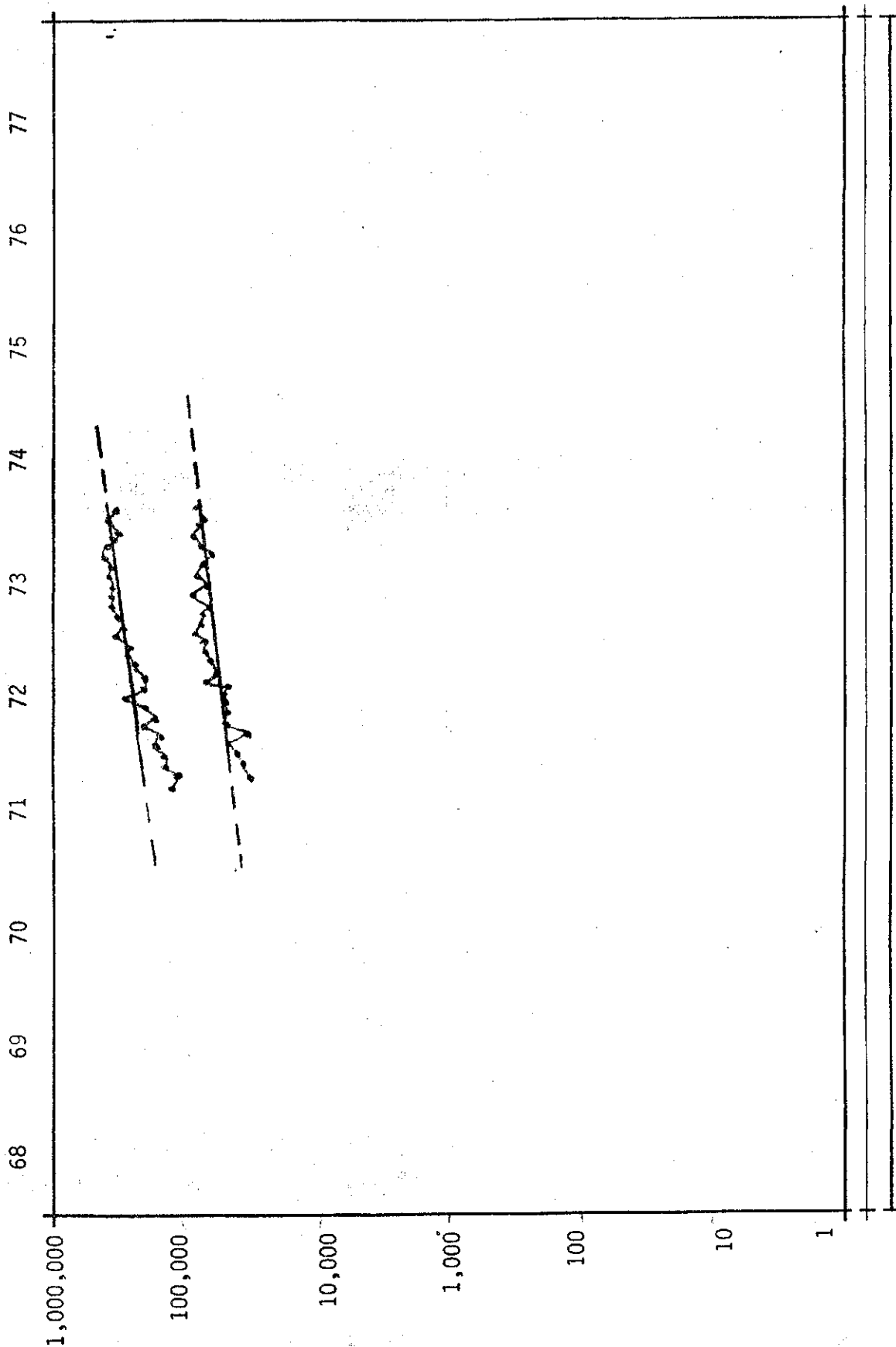
Expenditures

Total Agency &
Workshop Division

Byrnes

ENCOR

Figure 20

Process Chart
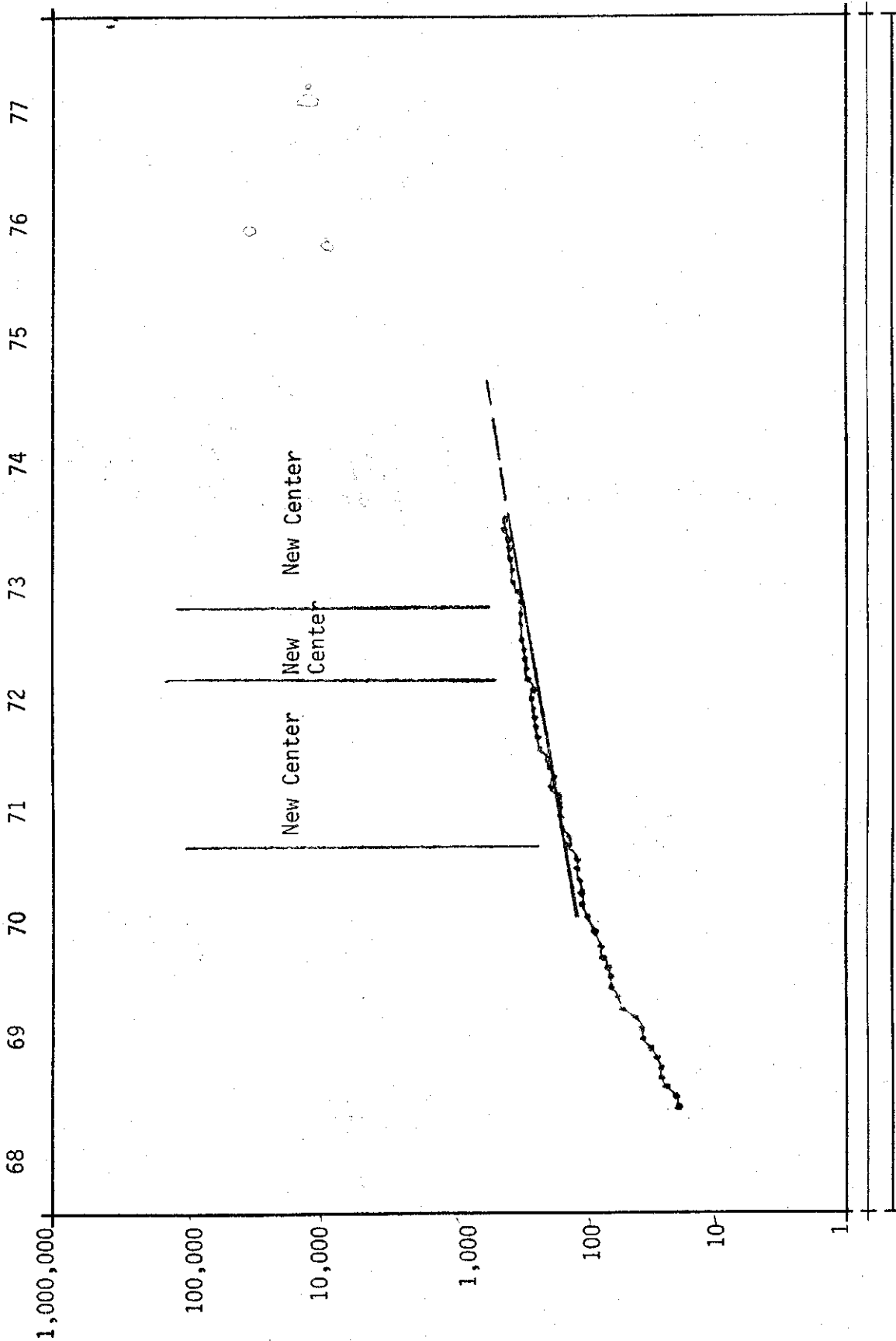
Figure 21

Process Chart

Total Vocational ___ Cumulative Staff

Byrnes ___

ENCOR ___

## How to Compare Charts

A functional use of the MC is to compare the information on different charts. Since the MC is standardized in its format, this can be done easily.

The following chart demonstrates how all the process charts in the previous section can be compared.

1. On a separate chart, onion-skin paper, or acetate draw the celeration line of each chart.

2. Analyze the trends.

3. Make decisions based on where each trend is going, as well as all trends.

Celeration

| Celeration | Indicator |
|---|---|
| x 1.2 | Total agency budget |
| x 1.18 | Vocational budget |
| x 1.3 | Title XVI income |
| ÷ 1.2 | Voc. Rehab. income |
| x 1.3 | Contract income |
| x 1.6 | Work-stations payroll |
| x 1.01 | Client per diem |
| x 1.2 | Cumulative Clients |
| ÷ 1.15 | Avg. client pay in shops |
| x 1.2 | Cumulative staff |

Figure 22

Celeration Comparison

Celeration Comparisons

## Conclusion

In this celeration summary chart there are ten growth indicators; however, only one (Cum. Tot. People Served) approximates an outcome. All the other celerations are financial processes. The agency, giving 10:1 attention to fiscal affairs, is in a dangerous position, that is, making processes the focal point of decision making. While not abolishing the need to measure income and expenditures, the human service system manager must use the tool of measurement especially to validate its movement toward its ideological mission.

CHAPTER VII

Human Service System Management Model in Action

The data for this research comes from the Kansas University
Affiliated Facility Outreach Program which this writer has coordinated
from its inception in January, 1974 under the directorship of James F.
Budde. The data will cover the period from January, 1974 through
December, 1975. The project has had the following as its organizational
mission: to assist communities in Kansas, Iowa, Nebraska, and Missouri
to develop the most normalizing and least restrictive environments for
citizens who are mentally retarded through the use of human resources
and technology. The data reflects growth toward this mission in relation
to frequencies which have been gathered as indicators of the project's
objectives. The frequencies indicate where the project stands in any
given month, as well as celeration projections which indicate where it
is going.

Societal Objectives

The societal objectives of the outreach program were twofold:

1. to increase the frequency over time of the number of
retarded people, as well as other developmentally
disabled people, moving from institutional (segre-
gated and restrictive) environments to socially inte-
grative, freeing environments. These movements are
termed freedom migrations.

2. to decrease over time the number of institutionalized,
retarded people. These movements are termed enslave-
ment migrations.

## Program Objectives

The outreach system included needs assessment, and research and development, as well as outreach. More specifically, the program objectives were:

1. assess problems confronting the developmentally disabled individuals, service networks that provide services for the developmentally disabled, and the Developmental Disabilities Councils;

2. conduct research and development activities that are used to produce systems or products that will solve the assessed problems or needs;

3. maintain a resource pool and an outreach delivery system in order to provide technical assistance and products for the people who need them, where and when they need them;

4. evaluate and improve products and the outreach delivery system;

5. maintains a high degree of accountability to service systems, funding agencies, and consumers.[47]

## Distribution of Services

The following map illustrates the geographic distribution of the Kansas U.A.F. outreach program. Each dot represents an agency within a state to whom one or more services have been provided, January, 1974 - December, 1975.

Figure 23

Geographic Dispersal

of Outreach Services
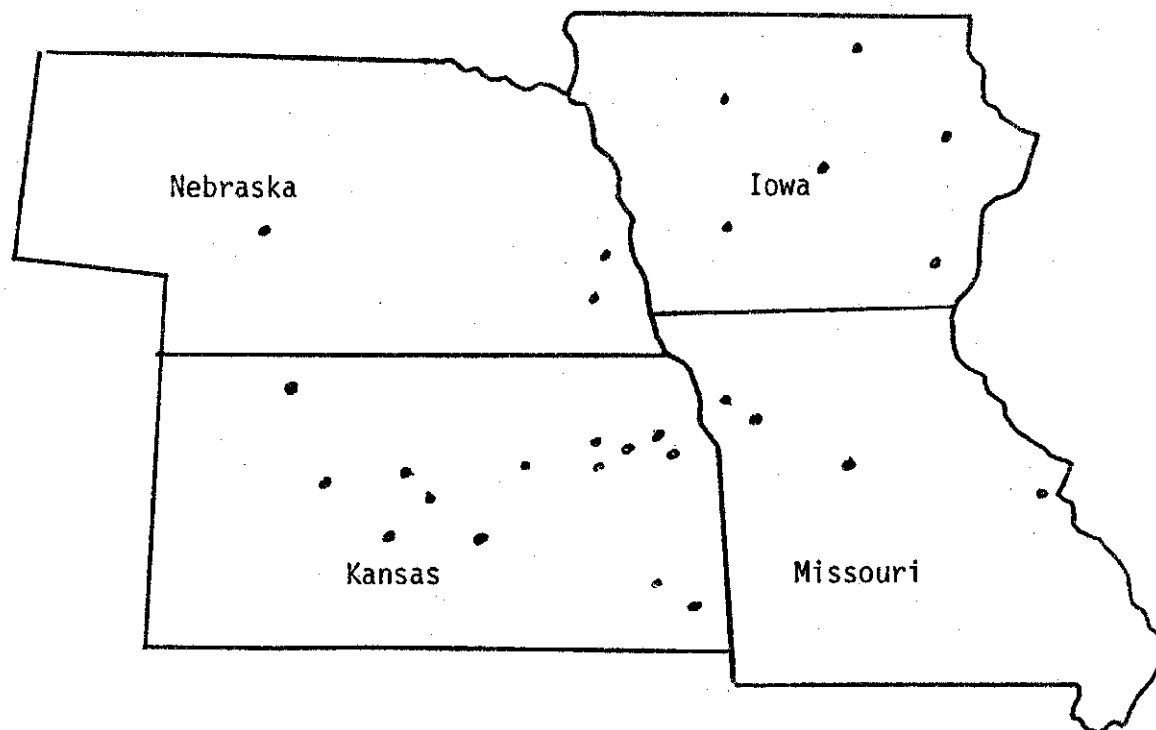
Organizations Served

The quantity and type of U.A.F. Outreach Services for the twelve month period and for the last quarter are as follows:

Figure 24

Jan., 1973 - Dec., 1974

REGION VII (Kansas, Nebraska,
    Iowa, and Missouri)

Types of Agencies

18 direct service agencies involved

3 state Disability Councils involved

18 regional Disability Councils involved

2 state Associations for Retarded
    Citizens involved.

3 local Associations for Retarded
    Citizens involved

3 state institutions involved

1 statewide professional organization
    involved

The above illustration reflects: 1) the number of organizations served, and 2) the number of the various types of organizations served. These agencies may have been served on one or more occasions.[48]

Data

The following data reflects the Outreach Program's growth toward its mission. The data reflects pinpoints on both levels of service: program and societal.

## Program Level

The program level refers to the particular agency's growth toward its objectives. These objectives are efforts which the human service agency determines it must do, if it is to effect social change. The Outreach program has had as its primary objective: to deliver human resources and technology to human service systems and consumer representative groups so that those service systems and consumer representative groups would establish, maintain, and/or support less restrictive and more normalizing environments for citizens who are developmentally disabled.

The following charts depict program-level-growth-indicators. These indicators are regarded as processes. They only relate indirectly to the primary consumer, the mentally retarded citizen. In this regard they can, therefore, be considered as process indicators. It is necessary to monitor the frequency and celeration of these indicators in order to validate the implementation of the program's plans. These plans were formulated with consumer input. The indicators were as follows:

1. Requests for services fulfilled,

2. U.A.F. personnel involved,

3. Cost of delivery of services,

4. The contracts fulfilled for Kansas, Iowa, Nebraska, and Missouri, and

5. The contracts fulfilled for Kansas alone.

From these indicators program decisions were made at appropriate times. The Monthly Charts reflect the growth across time of the program:
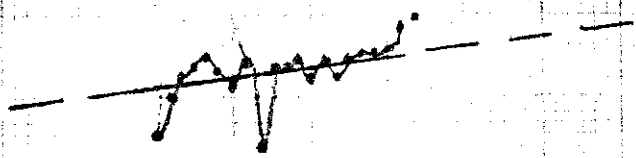
Figure 25

Cost Chart

CALENDAR YEAR

70    71    72    73    74    75    76    77    78    79

Budde            McGee
Administrator        Manager
        Kansas - U.A.F.
        Agency

Cost
Objective Result Counted

McGee
Data Collector

Figure 25

Cost Chart

Budde            McGee
Administrator        Manager
        Kansas - U.A.F.
        Agency

Cost
Objective Result Counted

McGee
Data Collector

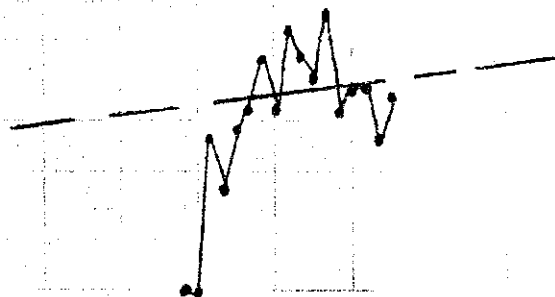70    71    72    73    74    75    76    77    78    79

Figure 26

Service Chart

93

Budde
Administrator

Mcgee
Manager

Kansas - U.A.F.

McGee

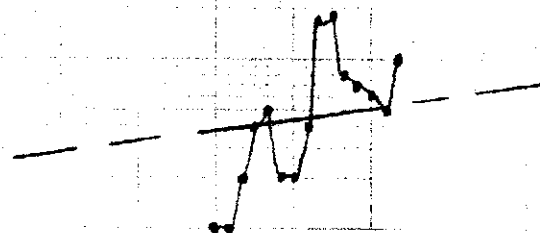Requests for services met: 4 states
Objective Result Counted

Figure 27

Service Chart

Budde
Administrator

McGee
Manager

Kansas - U.A.F.

Agency

McGee

Data Collector

Requests for services met: Kansas
Objective Result Counted

94

Personnel Chart

Figure 28

Budde
Administrator

McGee
Manager

Kansas U.A.F.
Agency

MCGee
Data Collector

Other staff involved
Objective Result Counted

Figure 29

96 DAILY CHART TRACER (CT-8)

Celeration Summary



Celeration Summary

## Conclusions Emerging from Program Impact Data

### Figure 30

| Growth Indicator | Celeration | Conclusion |
|---|---|---|
| Cost | x 1.2 | Cost is fairly in pace with increase in services provided. Cost reflects salary, mileage, and per diem. |
| Request Fulfilled: 4-States | x 1.2 | The program has decided to become regional in scope. This growth is adequate. |
| Requests fulfilled: Kansas | x 1.3 | It has been politically expediant to concentrate on Kansas, due to funding. This growth is more than adequate. |
| Other Personnel Involved | x 1.05 | The Program Coordinator has to involve other U.A.F. personnel in the outreach effort. This celeration is less than adequate, indicating new strategies are required. |

## Societal Level

The societal level refers to the ultimate impact of the human service system upon society. The program level referred to the interaction of the human service agency (the Outreach Program) with its pre-established plans. The societal level focuses on the end-result of all the Outreach Program's activities. At this level the mission of the agency takes on a concrete meaning: The societal level measures were:

1. Positive impact on the upgrading on creation of less

restrictive environments (fertile soil).

2. No impact on the above (rocky soil).

3. People moving into less restrictive living environments (living migrations).

4. People moving into less restrictive working environments (working migrations).

5. People moving into less restrictive schooling environments (schooling migrations).

6. Total of freedom migrations.

# Figure 31

## Freedom Environments
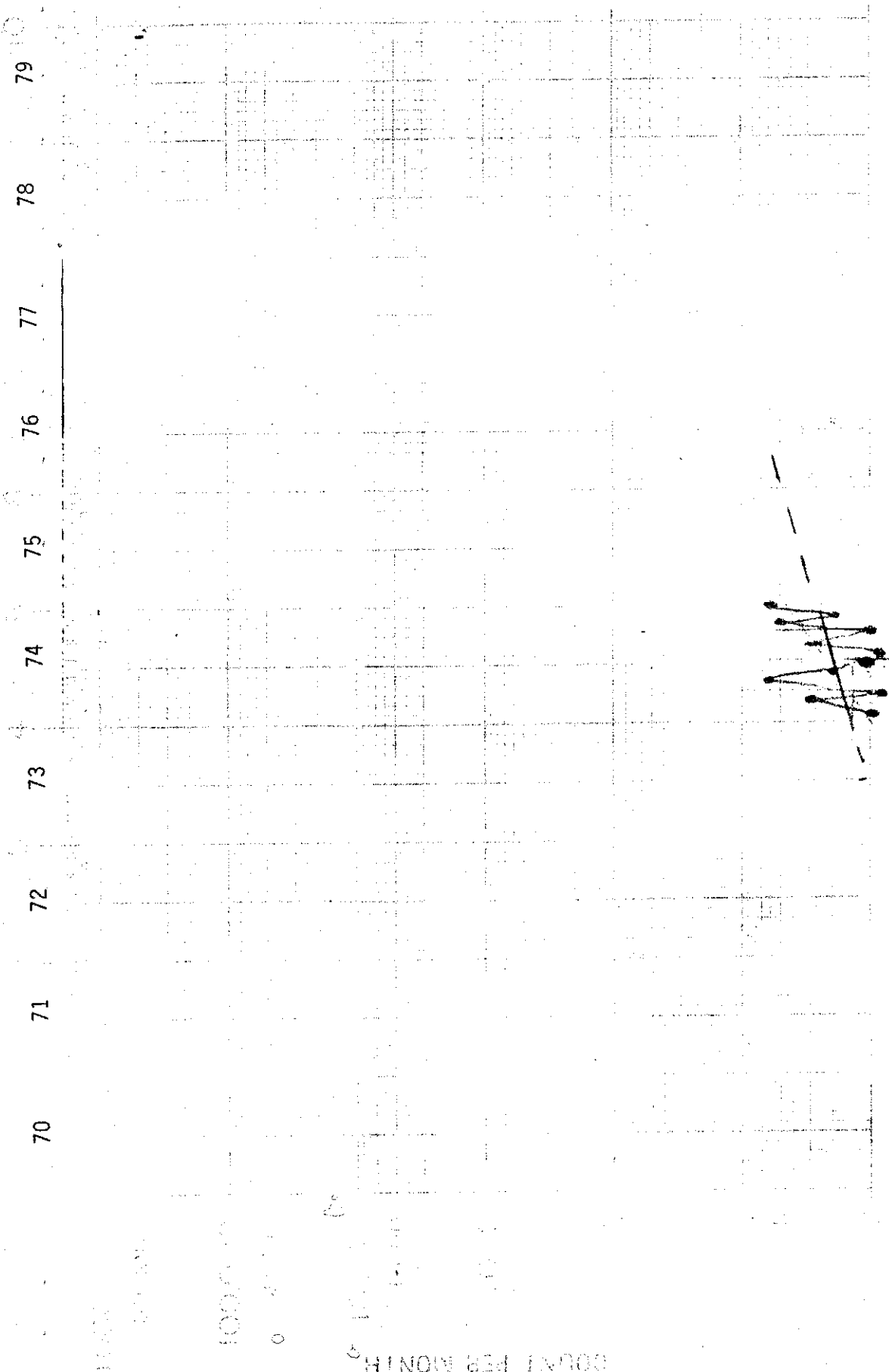


Upgrading or development
of freedom environments

Objective Result Counted

McGee
_____

Budde          McGee
_____  _____
Administrator   Manager
               Kansas - U.A.F.

Figure 32                                                     100

## No Impact on Environment



No Impact on environment
Objective Result Counted

McGee

Budde                    Mcgee
Administrator          Manager
Kansas – U.A.F.

The following MC illustrates the societal impact of the Outreach Program in terms of the number of people moving from restrictive environments - physically and/or socially segregated - to freeing environments. An example of this would be a person moving from an institution, to a group home, to independent living.   Such movements are called freedom migrations.   They resulted from direct or indirect Outreach Program Activities:

Figure  33

Freedom Migrations

| Month | Living | Working | Schooling | TOTAL |
|---|---|---|---|---|
| January | 0 | 0 | 20 | 20 |
| February | 8 | 20 | 12 | 40 |
| March | 0 | 0 | 0 | 0 |
| April | 10 | 20 | 12 | 42 |
| May | 25 | 20 | 0 | 45 |
| June | 0 | 0 | 0 | 0 |
| July | 0 | 0 | 0 | 0 |
| August | 0 | 5 | 80 | 85 |
| September | 0 | 0 | 15 | 15 |
| October | 25 | 75 | 15 | 115 |
| November | 0 | 0 | 12 | 12 |
| December | 10 | 20 | 20 | 50 |

71    72         73      74      75    76      77      78      79

Figure 34

Living Migrations



102

Budde          McGee
Administrator       Manager
    Kansas - U.A.F.
        Agency
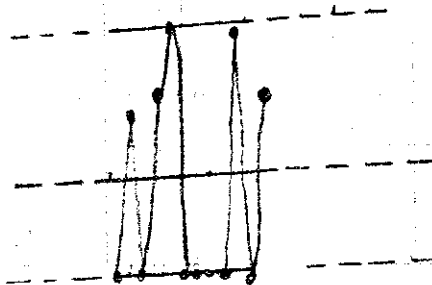
McGee
Data Collector

Living Migrations
Objective Result Counted
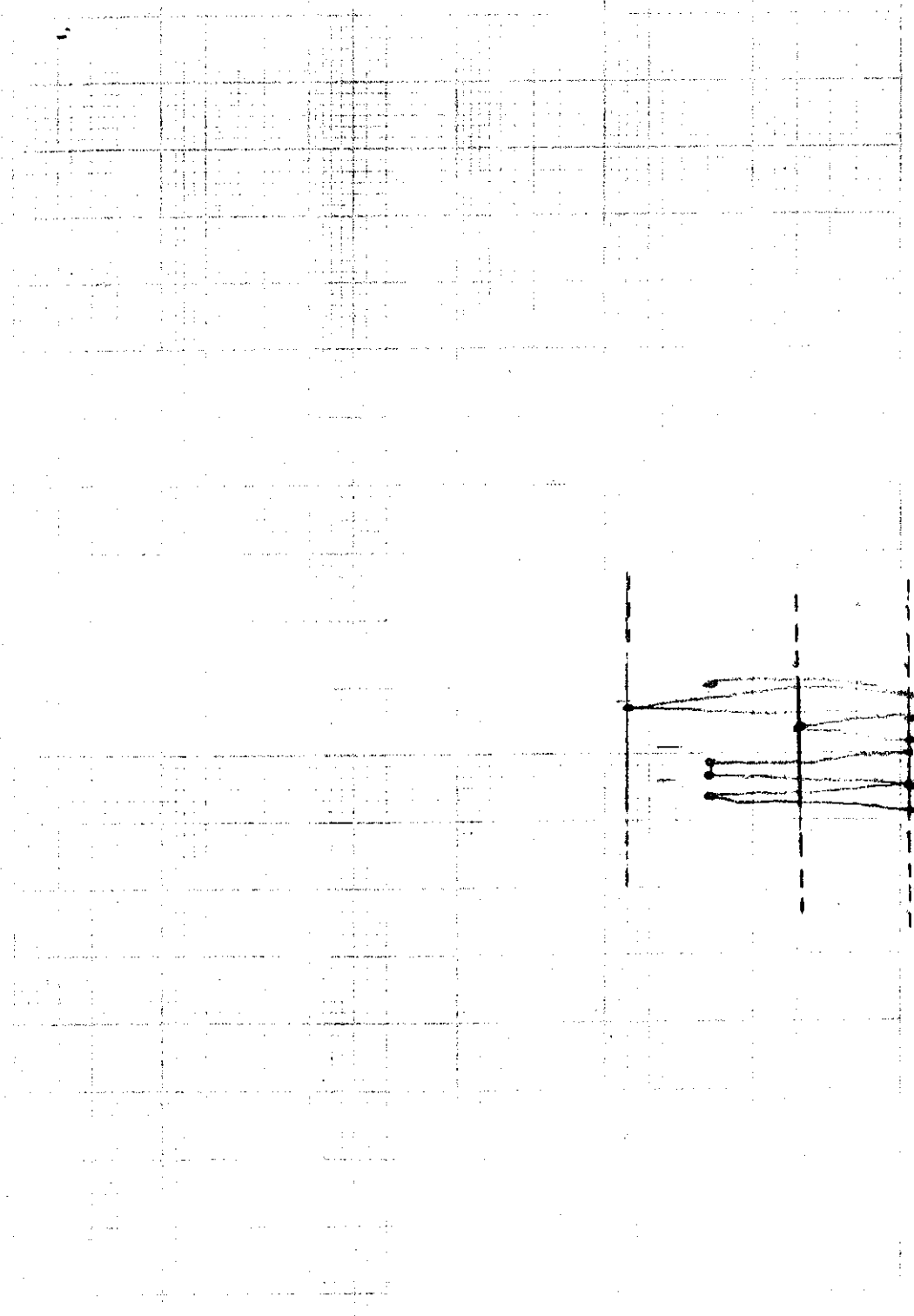
Figure 35

103

Working Migrations



Working Migrations
Objective Result Counted

McGee

Budde          McGee
Administrator      Manager
Kansas - U.A.F.

Figure 36

## Schooling Migrations



70  71  72  73  74  75  76  77  78  79

COUNT PER MONTH

Schooling Migrations
Objective Result Counted

McGee
Data collector

Budde                McGee
Administrator        Manager
Kansas U.A.F.
Agency

Figure 37
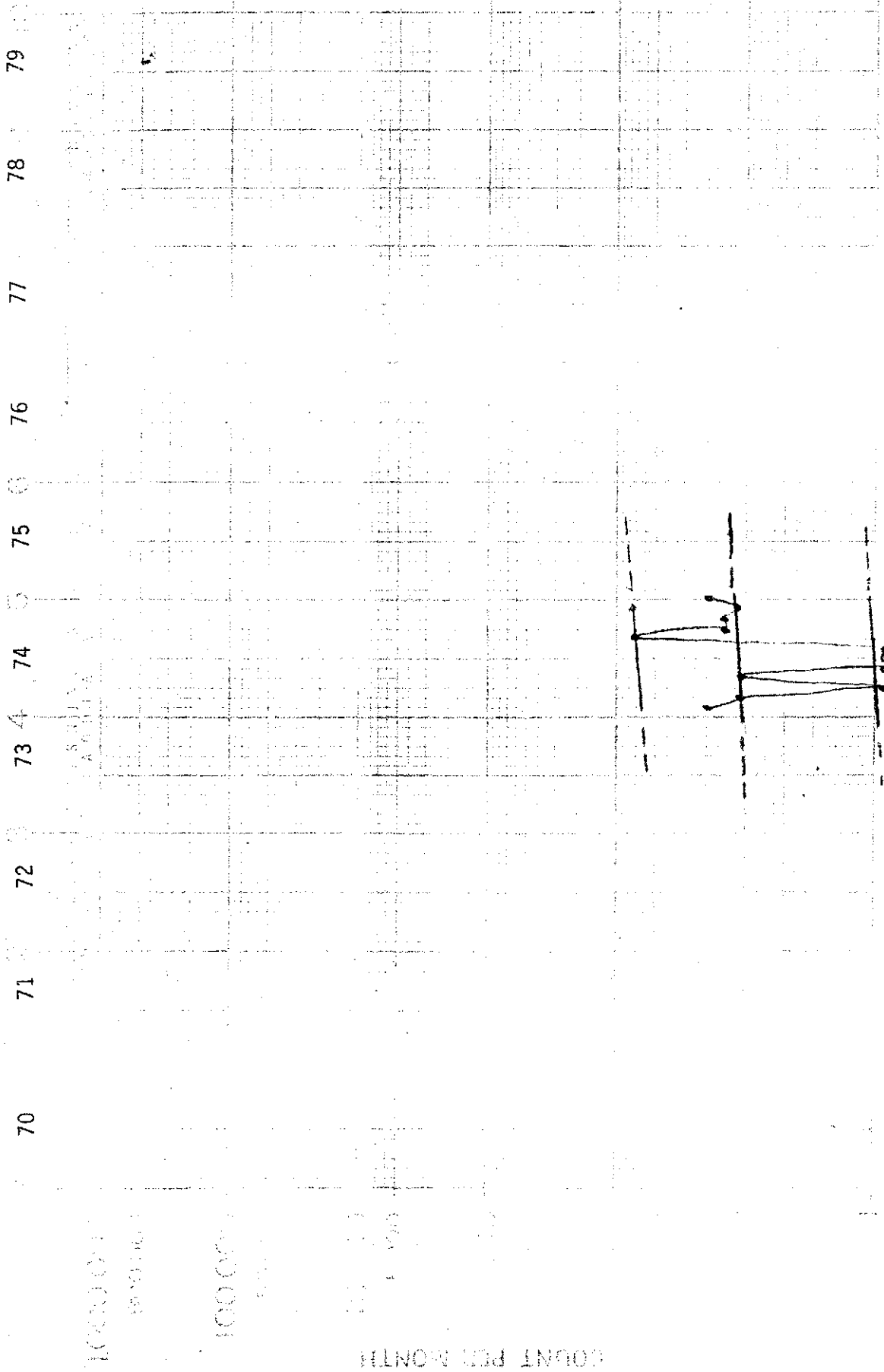
Total Freedom Migrations

70   71   72   73   74   75   76   77   78   79

1000.000
500.000

100.000
50.000

10.000
5.000

1.000

Budde                McGee                          Total Feedom Migrations
Administrator        Manager                        Objective Result Counted

105

Figure 38

Professionals Ideologized

100,000

5.000

Budde                    McGee
Administrator            Manager
        Kansas - U.A.F.

Professionals Ideologized
Objective Result Counted

McGee

Data Collector

Figure 39                                                                 107

## Kansas Deinstitutionalization
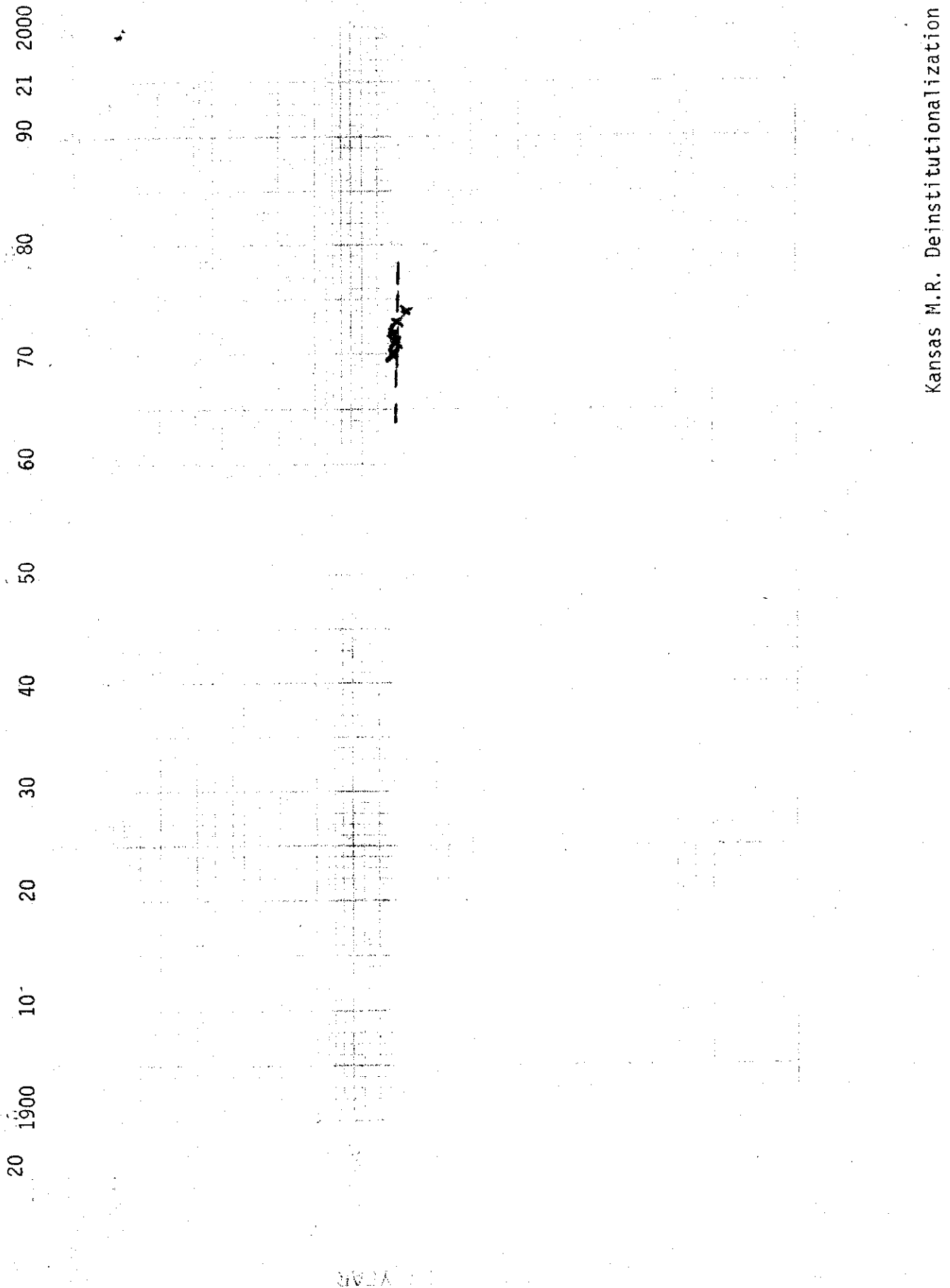


Kansas M.R. Deinstitutionalization

| Living Migrations x 1.1 | Working Migrations x 1.09 | Schooling Migrations x 1.2 | Total Migrations x 1.18 |
|---|---|---|---|
| People Ideologized x 1.6 | | | Deinstitutionalization ÷ 1.001 |
| Development of Freedom Environments x 1.4 | No Impact ÷ 1.6 | | |

Celeration Summary

Figure 41

Conclusions Emerging from Societal Impact Data

| Growth Indicator | Celeration | Conclusion |
|---|---|---|
| Living Migrations | x 1.1 | Living migrations have a low celeration as feared. To have deinstitutionalization, living alternatives must be developed. |
| Working Migrations | x 1.08 | Working migrations has the lowest celeration. Because of this the Outreach Program is developing strategies which will result in the establishment of less restrictive work environment. |
| Schooling Migrations | x 1.2 | Schooling migrations have been generally into infant stimulation programs and integrated preschools. Strategies are underway to effect change in public schools |
| Total Freedom Migrations | x 1.18 | Total migration celeration is reasonable, considering the project is only one year old. The project is planning various strategies to increase its impact: training regional outreach personnel, establishing state-wide training institutes, developing a four-state advocacy system, etc. |
| People Ideologized | x 1.6 | This indicator demonstrates a very real desire for consumer advocates and professionals to base their actions on a liberating ideology. |
| Freedom Environments | x 1.4/ ÷ 1.8 | Early in the program it was decided to not waste effort trying to free people from institutions, but to provide alternatives. Institutions are "rocky soil". |

CHAPTER VIII

Merging Ideology and Technology in Human Services

The concepts developed in the previous chapters can be used as a
management model for all human service systems, systems with the
mission of meeting human needs. Various human service systems serve
various populations. They operate in different socio-political en-
vironments. They have varying amounts of human, financial, and tech-
nological resources. Yet, each and every human service system does
exist to meet human needs regardless of resources. The challenge for
all human service agencies is to mobilize all their resources to meet
the needs which originally brought them into existence, even if this
means a total reformation and restructuring of the system. The chal-
lenge for personnel in human service systems is to raise their con-
sciousnesses to such a degree that they initiate this social change,
always recognizing the potential job instability such consciousness
might bring about.

Human needs in this country are obvious. It is also obvious that
these needs are not being met. Current human services result in
schools where instruction is given in the form of recipes. Children
drop out, take drugs, are wasted. Hospitals for emotionally disturbed
people are surrounded and isolated with walls, barbed wire, and
locks. The people inside these hospitals live in a world of drugs.
They are prepared to leave reality, rather than confront it. Older
people, having passed their lives contributing to the community, are
moved into nursing homes, where they are soon forgotten. Young
offenders of the law are sent to be rehabilitated among hardened
criminals.

Each of these different environments periodically announces changes in their structures. Each is injected with massive amounts of money. Substantial change is to come. Consumers wait. Time passes. The system remains the same.

To decelerate the dehumanizing actions and inactions of human service systems it is necessary to create, maintain, and support humanizing actions. To do this human service system managers, acting as social change agents, must:

1. define the population they purport to serve;

2. analyze the human needs of that population;

3. analyze the resources that are necessary to meet those needs;

4. formulate a mission, based on a humanizing ideological foundation, with the population;

5. develop a long range plan that will fulfill the mission;

6. develop organizational objectives to implement the plan;

7. monitor the implementation of those organizational objectives in terms of both frequency and celeration.

.Therefore, it is necessary for the manager of the human service system to:

-Make a firm ideological commitment to free the people.

-Others will likely struggle against you, attempting to halt social change.

-Develop a flexible, adaptive, evolutionary long-range plan with committed professionals and consumer advocates.

-Others will likely scorn your plan, looking upon the difficult as impossible.

-Develop a flexible, adaptive, evolutionary set of action objectives.

-Those who have political and economic power must grow with your objective.

-Implement the plan and objectives.

-Growth occurs over time. The best change is often slow, but steady change.

-Validate your actions, especially freedom migrations.

-Many who control the resources will have to learn to change as the consumers grow freer. They must recognize the primacy of the person.

## Social Change Guide

There are many issues surrounding the creation or reformation of human service systems. The manager of human service systems, as well as service advocates, must understand these issues and have a technological capability to bring about social change. The remaining pages outline a

guide and checklist which can be used by service system managers and advocates to confront and resolve the most pressing issues of marginalized people.

Proposed Social Change Guide

Guide: Rate the social change system none, low, medium, or high according to each factor.

| I. Ideological Commitment | None | Lo | Md. | Hi |
|---|---|---|---|---|
| 1. Statement of liberating ideology | 0 | 1 | 2 | 3 |
| 2. Expressed understanding of liberating ideology | 0 | 1 | 2 | 3 |
| 3. Commitment to separation of domiciliary and other life functions (schooling, working, playing, etc.) | 0 | 1 | 2 | 3 |
| 4. Commitment to long-range fulfillment of ideology. | 0 | 1 | 2 | 3 |
| 5. Commitment to validate growth over time | 0 | 1 | 2 | 3 |
| | | Hi 15 | | _____ |

| II. Needs Assessment | | | | |
|---|---|---|---|---|
| 6. Specification of geo-political area | 0 | 1 | 2 | 3 |
| 7. Specification of legal mandate | 0 | 1 | 2 | 3 |
| 8. Specification of demographic-political make-up of area | 0 | 1 | 2 | 3 |
| 9. Specification of needs population | 0 | 1 | 2 | 3 |
| 10. Specification of resources | 0 | 1 | 2 | 3 |
| | | Hi 15 | | _____ |

| III. Planning | None | Lo | Md. | Hi |
|---|---|---|---|---|
| 11. Development of long-term plan based on ideological commitment | 0 | 1 | 2 | 3 |
| 12. Inclusion of developmental arrangements | 0 | 1 | 2 | 3 |
| 13. Inclusion of living arrangements | 0 | 1 | 2 | 3 |
| 14. Inclusion of work arrangements | 0 | 1 | 2 | 3 |
| 15. Plan to disperse the above arrangements throughout geo-political area | 0 | 1 | 2 | 3 |
| 16. Inclusion of necessary, esoteric services (such as medical support) | 0 | 1 | 2 | 3 |
| 17. Development of client support systems (such as counseling, transportation, etc.) | 0 | 1 | 2 | 3 |

Hi 21 _____

| IV. Short-Term Plan | None | Lo | Md. | Hi |
|---|---|---|---|---|
| 18. Statement of action objectives dealing with implementation of long-term plan | 0 | 1 | 2 | 3 |
| 19. Validation of those objectives across time | 0 | 1 | 2 | 3 |
| 20. Allowance for decision-making across time based on validation process | 0 | 1 | 2 | 3 |
| 21. Flexibility and adaptability evidenced in decision-making process | 0 | 1 | 2 | 3 |
| 22. Necessary resources acquired | 0 | 1 | 2 | 3 |

Hi 15 _____

| V. Agency-Service System Monitoring | None | Lo | Md. | Hi |
|---|---|---|---|---|
| 22. Allowance for primary consumer (person) input and monitoring and decision-making | 0 | 1 | 2 | 3 |
| 23. Allowance for secondary consumer (system, funding agents, etc.) input | 0 | 1 | 2 | 3 |
| 24. Allowance for tertiary consumer input | 0 | 1 | 2 | 3 |

Hi 9 _____

| VI. Implementation of Plan | None | Lo | Md. | Hi |
|---|---|---|---|---|
| 25. Degree of Least Restriction | 0 | 1 | 2 | 3 |
| 26. Degree of physical integration | 0 | 1 | 2 | 3 |
| 27. Degree of social integration | 0 | 1 | 2 | 3 |
| 28. Validation of change-actions | 0 | 1 | 2 | 3 |

Hi 12 _____

TOTAL Hi 87

To free people with special needs will take much effort. This effort will require the mobilization of ideologically committed people, the acquiring of necessary resources, planning a liberating service system, and validating the effect of the system in relation to its ideological commitment.

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