

SRV, Change and Good Lives

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In this paper Greg explores the history of SRV as a framework and the legacy of SRV that exists in Queensland today. He highlights how it is essential to have a sufficiently robust framework for change to ensure meaningful change is created. Finally, Greg shows how SRV offers this and much more to anyone looking to create positive change in both the lives of people with disability and the services invited to assist them.

Having a robust 'thinking' framework to understand how to address the needs of marginalized people helps us achieve three things. Firstly, it helps us identify our underlying assumptions and beliefs and requires us to develop a clear idea of our intentions and direction. Secondly, it helps us to identify the most effective approaches to use, thus avoiding taking up an approach that is no more than the latest fad; and thirdly it utilises an evidence base that helps turn possibilities into likelihoods. I, and many others across the world, have found that SRV ticks these boxes.

This paper examines the use of Social Role Valorisation (SRV) as a theoretical and practice framework, its legacy in Queensland and its worth as a framework for developing human service responses that are most helpful to the people at the heart of our efforts for change.

In the absence of a decent conceptual framework, people rely on habit and history. For example, how often have you found when asking someone why they do something a certain way they say that 'we've always done it that way' or 'that's how I was taught'?

Prior to the significant changes occurring throughout the 1970s and '80s in Queensland, the support provided to people with disability was restricted by outdated and limiting ideas that existed due to habit and history. The framework that counteracted and challenged these old ideas and showed a new way forward most effectively was SRV.

What is SRV?

A very brief definition of SRV is 'valued roles for devalued people'. In other words, if marginalised people want access to the good things of life and to be well regarded by others, then being in positively valued roles will help. Getting and keeping those roles will be greatly assisted by paying attention to people's competencies as well as the image they project.

Importantly, SRV is a social theory and not values-based training. In other words, it provides us with a framework of thinking rather than a set of rules. Whether or not we care to apply SRV or even elements of SRV are values-driven decisions. Of course having values that decry prejudice and a passion for all people having equality and decent lives makes for a fertile ground for SRV.

What SRV offers

Why might we choose SRV over other conceptual frameworks for designing responses for assisting marginalized and devalued people?

First of all, SRV comprehensively addresses service design for devalued people; other frameworks tend to focus on only one or two elements of what is required. For example, rights based approaches might reduce all issues to 'rights'; person-centred planning often focuses on planning but not implementation; the social model of disability at times ignores people's vulnerabilities. Of course these are all useful concepts but are insufficient for designing well thought through responses that relevantly and potently address people's needs and desires in ways that are most likely to lead to a good life. By SRV taking such a comprehensive approach, one that considers all of the issues in providing good service response, it maximises the likelihood of good outcomes for the person.

SRV raises our consciousness about vulnerabilities and the psychological and physical hurts that come from rejection, segregation, abuse etc. Wolfensberger was very clear that people's experiences, including the unpleasant things (wounds) done to them, influence what a person's fundamental and urgent needs might be. We can look to what is important to the person and for the person but we must also be highly conscious of the wounds they've experienced. Not being aware of wounds like rejection, discontinuities and distanciation (distancing) means they could remain unnoticed. Even worse though is where service responses focus on the behaviours arising from such wounds. This leads to behaviour management rather than responses to the wounds and the impacts on people.

The SRV framework gets us to understand the impact of service decisions and societal actions through the eyes of the most vulnerable recipients of service. In learning about SRV, we are encouraged to stand in the shoes of people with a devalued status. This then helps us understand just how service responses have impacted on the person. It also assists us avoid the overwhelming focus on things like the administrative and financial constraints in the first instance. In other words, it helps us to identify the most effective approaches to use, thus avoiding taking up the latest fad.

As we begin to design responses, SRV invites us to 'think typical', that is, to consider what is culturally valued. Wolfensberger, and his life-long collaborator Susan Thomas, showed how this assists us to develop support arrangements that clearly lead people to have lifestyles like others, and to have valued roles that are likely to provide the person with access to the good things in life.

SRV lays out a set of comprehensive strategies for both the analysis of services and the development of personalised responses. In my opinion one of the most useful and critical Wolfensberger frameworks is that of model coherency – it shows us how to most effectively construct individualised responses as well as what not to do (Wolf Wolfensberger, 1998, pp. 111- 118; Wolf Wolfensberger, 2009). Model Coherency shows us the difference between the service content and service processes. We are then able to develop the most relevant and potent responses to addressing peoples' needs and pursuing their dreams.

SRV's Origins and Historical Place

By the late 60s in North America, other countries and in some parts of Australia, including Queensland, the Community Living Movement was gaining momentum. This movement was focused on people with disabilities either leaving segregated, congregated institutions or being supported to live better lives in the community.

In the same period the Principle of Normalization was developed (followed later by Wolfensberger's Social Role Valorisation), and like the Community Living Movement, its intention was to see people with disabilities living good lives in typical community contexts.

By the 80s and 90s significant change was occurring, driven by a clear vision of community living, and by people who were committed to this vision and SRV as a theory. SRV contributed 'to the shift in professional opinion towards a preference for community living, the induction into the system of dissident young people in large numbers, the family and related advocacy movements and the key role of pivotal professional leaders in service and government roles' (Michael Kendrick)

The Queensland Experience

The Queensland Government decided in the late 60s to create a system whereby people with disabilities would be housed separately from people with mental illness. The new system commenced in 1976 and the institutional arrangements were immediately replaced with, among other things, new complexes being built to house people with disability in areas across Queensland. Efforts were made to move people out of the institutions into houses in the community, mostly in groups of six.

All of this effort was based on the Scandinavian version of Normalisation, which focused on 'as normal an existence as possible' and 'normal patterns or conditions of life'. Despite Wolfensberger's North American writings on Normalisation, the Scandinavian model never incorporated thinking about 'social roles' and associated concepts.

Why does this early Queensland experience matter?

The Queensland Legacy

The distinction matters because Queensland chose the Scandinavian approach. Wolfensberger's teachings about the importance of roles, which grew into SRV, were never really adopted. Perhaps the implications for doing so were just too much: too much effort, too much money.

In the mid 80s, the Commonwealth Government, through its massive change effort leading to the 1986 Disability Services Act, did use SRV as a key informant of the new service types and the subsequent legislation. The Commonwealth invested in SRV by sending many of its staff and agency staff to SRV training. The Queensland

office actively sponsored the development of quite a few services and advocacy programs that were strongly influenced by SRV and by other Wolfensberger formulations.

Then, in 1992, the Hawke government, transferred responsibility for services (other than employment and some advocacy) to the States. While SRV concepts figure heavily in the State legislation, the State still resisted implementing SRV-informed approaches.

The legacy of these matters is that Queensland has a service system that ranges from quite restrictive approaches, including small congregated and segregated sites, through to services and advocacy programs that still use SRV as a key theory to inform practice.

Where are we now?

SRV remains very popular with various groups: those who were exposed to it in the days of changing from restrictive, institutionalized responses; those new to the sector who have SRV-influenced mentors; and families and people with disabilities. However it is also fair to say that many services don't even know SRV exists. This is a worrying situation because without a decent theory to inform practice, my experience tells me there is little or no understanding of 'quality' apart from bureaucratic measures and nothing to guide practice except good intention. A sign of modernistic thinking is seen in assertions that nothing from the past can teach us about the present and future. Rather than being past its use-by-date, SRV as a 40 year-old theory is as relevant to the group-based building-based services and also to the creation of individualised better lives today as it was in the 1980s.

Too often I have seen responses that are influenced by the enticements of funding, the limits of bureaucratic rules, the imperative of keeping the senior echelons embarrassment free, swayed by the demands of unions and so on. SRV is the only comprehensive framework that keeps our eye on the person and their needs and dreams while examining how best to meet those needs. Its central idea of enabling people to have valued social roles is as relevant to people with disabilities, older people, people with mental health issues as it is to refugees and young people. It is relevant to a range of service and personal environments. It is simple yet complex, and enlivening yet challenging.

Robert Flynn and Raymond Lemay speak succinctly to the issue of declining change efforts: *'It is a truism that intellectual and reform movements must renew themselves on an ongoing basis to counteract the staleness and entropy that menace them from within and the rapid changes in context that threaten them from without'*.

For those who truly want to see people with disabilities get a life like others take for granted, then it is vital that we equip more people with knowledge through theory, provide opportunities for critical reflection and development about their practice, and opportunities to gather with like-minded others.