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Repeatedly throughout this book, maximal feasible integration of deviant persons into the cultural mainstream has been defined as a major corollary of the principle of normalization. Indeed, to many human management agencies, effective integration is one of the major challenges posed by the principle.

A large number of human management agencies are specialized for service to specific deviancy groups. Thus, we have specialized agencies for the retarded, disordered, poor, deaf, blind, epileptic, crippled, and so forth. Since specialized service often means segregated service, agency specialization raises some very problematic questions. To what degree must a special person be served in a special agency? To what degree is agency specialization necessary in order to meet special program needs? To what degree is specialization desirable because of socio-historical-attitudinal reasons? And when is specialization merely an administrative (though perhaps crucially important) expediency?

It is a well-established fact that specialized services have rarely developed as the specialized components of broad or even generic service schemas. Instead, many specialized services were established by small special-interest groups, often because generic services had failed to serve the special persons who were of concern to such groups. Thus, schools for the blind, deaf, retarded, *etc.* typically were founded for children excluded from public schools. Special clinics for the retarded developed because of the systematic failure of mental health and child guidance clinics to deal with the problem. The list could go on.

Clearly, where the service mainstream excludes persons with special problems and needs, special services must be created. And particularly where a special group is excluded or perhaps even persecuted for attitudinal reasons, the special service entity must not merely provide a needed service, but also function as an advocate and 'watchdog' for its special clientele.

In many cases in the past, as generic services increased, and as attitudes improved, special services allied themselves with generic services, or were even absorbed by them. Thus, in the last decades, many special programs for retarded children have been absorbed into the public school system, sometimes together with their buildings and entire staff. Increasingly, human services are seen as a right rather than a privilege; the generic societal service system is growing and broadening; and increasingly fewer conditions and persons are excluded. With this phenomenon in mind, Jaslow (1967), in a widely-quoted treatise, addressed himself to the issue of agency specialization. Though based on experience in the field of mental retardation, his discussion has much broader relevance.

Jaslow proposed a six-point program that would hopefully lead to a balanced as well as coordinated service system. Stated here in a generalized way, these six points were: opening of generic agencies as much as possible to special clients; provision to all generic workers of a broader orientation toward special conditions; redefinition of functions of special services, and evolution of clear criteria for their utilization; placement of specialists into generic services of adequate size; development of standards for training and service; development of coordinating mechanisms within communities.

An approach of the above nature would go a long way toward integrating special and mainstream services, and toward developing program quality. In this chapter, I want to take up certain strands contained in these suggestions, and elaborate upon them.

### **Contracting with generic agencies for service to special groups**

Specifically, I will propose that a major integrating mechanism for special agencies can be the evolution of contracts which assure that selected potential clients of a special agency can receive appropriate services from specific generic agencies. In many cases, such contracts would imply a 'purchase of services', although other variants are also conceivable. The rationale of this proposal is that contracting would achieve integration, and that the special agency can function both as a back-up resource and a watchdog.

In many instances, such contracts would initially set up a trial arrangement, since much inexperience, uncertainty, prejudice, and mutual anxiety will have to be overcome, both on the specialty and the generic side. As these arrangements prove fruitful – as many or most of them should – contracts can be renewed and firmed up, and a regular renewal provision and procedure can evolve. Contracts can also contain cancellation clauses, and specifications regarding cancellation of services to specific persons rather than of the entire arrangement.

However, in order to make the proposed schema work, certain safeguards are needed. After all, there has always been some integration in the past, but often such integration has not worked out too well. For example, the retarded offender who is processed 'like any other offender' can be severely damaged. The disturbed child who is left to sit in a regular class without any special attention or provision may be integrated physically, but not socially; his needs – special or even nonspecial – are not well served. Thus, we must not merely strive to achieve physical integration, but also social integration; and we must institute certain safeguards that assure humane, appropriate, normalizing management – in some instances management of relatively higher quality than that received by the generic client.

### **Administrative safeguards for integrative services**

Below, I will sketch ten conceivable mechanisms which – in various combinations – should greatly increase the probabilities that purchase of service and similar contracts and cooperative agreements will indeed result in normalizing services for special clients. Some of these safeguards are not specific to the contracting mechanisms, and can also be applied for the improvement of any service. Two safeguards (citizen advocacy and funding tied to performance) are covered in considerable detail in separate chapters. The chapter on 'Normalization via agency performance assessment and

differential funding' will describe a new system (PASS) for objective assessment of service quality, and several of the mechanisms discussed below are among the attributes of an agency that are subjected to evaluation by PASS.

#### MAJOR RESPONSIBILITY VESTED IN A SPECIALTY 'POINT'

As long as our culture clearly identifies a group of clients as very special, there should be within a geo-political area and service system (*e.g.* agency, office, or function) one 'point' that is charged with a special concern for this group. This 'point' acts as a coordinator, watchdog, and back-up in regard to the special group. Many examples of such arrangements exist. For instance, a 1968 law restructured the Nebraska Office of Mental Retardation, and actually charged it with seeing to it that all the retarded who need services receive them. This responsibility can be met by this office in a number of flexible ways, by either providing direct services, by delegating them, by contracting for them, or by facilitating them. What is remarkable is that of these options, direct service has not been found necessary, and delegation of responsibility to autonomous regional offices has been quite successful. (For further description of the Nebraska system, see Wolfensberger & Menolascino, 1970a, 1970b.)

#### REGULATORY CONTROL

Laws or ordinances could subject the agencies that serve special groups to the regulations, standards, licensing, and surveillance of relevant (usually provincial- or state-level) specialty offices. These regulations might be made applicable only to those agencies that have a certain minimum number of special clients among its generic clientele; or they could be made applicable in any instance in which the regulating agency provides funds for service to a specific special person. For instance, in Nebraska, the above-mentioned law permits the State Office of Mental Retardation to impose its standards upon agencies which accept its money. Again, in order to facilitate the supervisory process, state or provincial regulatory powers might be delegated to local offices or even representative agencies, such as a local or regional specialty service system, or a 'point' such as described above.

#### WRITTEN AGREEMENT ON PROGRAM QUALITY

Where services to special individuals are contracted to a generic agency by a specialty agency or 'point', the contract should include specific written provisions that relate to the nature and quality of the services to be rendered. In other words, the contract must go beyond fiscal and administrative matters, and must be made contingent upon the meeting of certain program requirements.

#### FUNDING TIED TO PERFORMANCE ASSESSMENT

Written agreements are not enough; there must be ways to assure that agreements are kept. Many of the mechanisms enumerated below can address themselves to this task, but one is to apply objective performance criteria to an agency, and tie funding to this performance. If the agency falls short of acceptable goals, funding (which may include contracting) is terminated, and the service is purchased elsewhere. A tool for assessing agency perform-

ance is discussed in the chapter on 'Normalization via agency performance assessment and differential funding'.

#### CONSUMER REPRESENTATION

When a specialty agency contracts with a generic agency for the provision of services to its potential clientele, the contract should insist that the generic agency has built into its governance consumer participation from the specialty area concerned. If the contractor has a governing board, approximately half the board should consist of potential, active, or past consumers; and at least one of these should represent the interests of the involved specialty group. In some cases, one consumer could represent the interests of more than one specialty group. If the contractor does not have a governing board in the usual sense, or if it has a board which by law can consist only of public officials, then at least there must be an advisory board with approximately 50% consumer representation, including one person to represent the interests of each prominent specialty group served.

In many cases, both governing *and* advisory boards of the above descriptions are desirable. Especially in cases where a contracting generic agency offers several major services, or services at several locations, an advisory board for each type of service and/or perhaps for each service location will be needed in addition to the single overall governing board.

#### CITIZEN ADVOCACY

Children and impaired persons who are not in a position to strongly represent their own interests, and who do not have parents or spouses capable of representing their interests for them, should have these interests represented by a citizen advocate who is an unpaid volunteer and free from conflicts of interest. Such advocates should function on a one-to-one basis, and in any of a number of conceivable roles: informal friend, guide, counsellor, trustee, foster or adoptive parent, guardian, *etc.* Since 1970, citizen advocacy offices which set up and back up such advocacy relationships (but do not render direct advocacy services themselves) have been established in numerous states and provinces. Further details are found in the chapter on 'Normalization via citizen advocacy' later in this book, and in Wolfensberger and Zauha (being published).

#### WATCHDOG COMMITTEES

Specialty groups or agencies that purchase or arrange for services by generic agencies may appoint or arrange watchdog committees to conduct continuing surveillance over the generic agencies to whom service is contracted. Such committees may be appointed to monitor either specific agencies, or specific services contracted to more than one agency. For example, a committee might monitor all contracted developmental day care services, regardless of the number of generic agencies with which such day care may have been contracted; other committees might be concerned with vocational services, residential services, *etc.*

#### PLACEMENT OF SPECIALISTS INTO GENERIC AGENCIES

In accordance with Jaslow's (1967) suggestion, professionals with expertise in various specialties could be placed into consultancy and resource roles

into those generic agencies which are expected to serve a sizeable number of special clients. Obviously, because of the shortage of such personnel, this option will only be applicable to larger agencies.

#### PROVISION OF EXTERNAL CONSULTANCY TO COOPERATING AGENCIES

Many generic agencies are so small and/or serve so few persons with special conditions that one cannot justify the employment of even one specialist. Such agencies might be provided with external consultancy by the contracting or coordinating specialty agency. In many cases, such consultancy could or even should be made available free of charge, in which case it should be viewed by the contractor or coordinator as part of the overhead of the contracting or coordinating costs. The consultant(s) could provide more detailed and sustained assistance than the envisioned advisory board, but also would be expected to work closely with it. In most cases, of course, the consultant(s) would assist a number of agencies, rather than merely a single one.

#### BACK-UP SPECIALTY SERVICES

Even with much good will and consultancy, there will be instances where, for a variety of reasons, generic agencies will not be able to cope with certain persons having very special needs. Therefore it is important in many service fields to have at least one specialty back-up service of each major type in every service system. For instance, in time, the mental retardation service system in an urban area may be able to contract out most of the needed developmental day care, and may meet most of the vocational service requirements of its retarded adults in industry-integrated work stations. Nevertheless, the system should probably operate at least one specialized developmental day care center, and at least one specialized vocational services center. In these specialty settings, difficult problems can be worked out, parental anxieties about integration can be reduced, specialists can be trained, *etc.* Also, the existence of such fall-back centers will reassure generic agencies, and may render them more willing to risk integration. Fall-back provisions can be included in the contracts.

#### **Conclusion**

Previous discussions of normalization and integration in this book have underlined the fact that integration can only be achieved if deviant individuals are dispersed widely within society, rather than congregated. For instance, a bowling alley, swimming pool, church, hospital, neighborhood, or camp can integrate a few stigmatized persons at a time, but not scores, hundreds, or even thousands of them. It is such congregation of hundreds or even thousands in the past that has made necessary the building of separate schools, camps, hospitals, churches, swimming pools, dance halls, skating rinks, movie houses, bowling alleys, *etc.*

Integrating programs and mechanisms, such as have been described above, are not new. In various versions, they have been sporadically developed and documented in Canada, the United States, and elsewhere. What must become new is the assimilation of such program goals into our ideology, and their *planned, systematic, routine* implementation in our service systems.

Prevailing local or even national ordinances, regulations, situations, and laws will constitute obstacles to the implementation – or at least the efficient

implementation – of some of the things proposed above. Here, we must recall that program ideology and concepts lead the law, and not *vice versa*. If our ideology is good; we should and can change laws and regulations so as to comply with it; indeed, many are already overdue for revision, and consensus on the need for change is gathering as new community services are developing, and as building, fire, and program codes, regulations, and laws are found to be inconsistent with modern service concepts.

There should be no mistake about it: integration requires hard work, planning, consideration, sensitivity, and care. Segregation is a quick and easy way – like euthanasia.