BLOCK 3 PRIVATE TROUBLES AND PUBLIC ISSUES

UNIT 19 ISSUES IN DISABILITY: INTEGRATED LIVING
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UNIT 20 SOCIAL WORK IN THE CONTEXT OF DECLINE
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INTRODUCTION AND AIMS

Introduction (written by the course team)

This unit is written by Ken Davis who has been for some years a leading figure in the emancipation activities of disabled people in Derbyshire, where he and his colleagues have achieved a considerable degree of progress towards a new conception of disability and the services connected with it. Ken Davis himself is not only a prominent local figure – he is a Derbyshire County Councillor – but is also nationally and internationally known for his work and writing.

The unit is one of the few in the course written by someone who would once have been seen as a 'client' of the services, in this case a disabled person. To challenge and throw off the role of client can be a long and tortuous process. Unfortunately, although an account of how Ken Davis achieved this transition would have been both fascinating and instructive, there is no space here to treat this in any detail. Ken has rather addressed himself to issues that are significant for this course and offers, therefore, only a partial account of his own part in the events described. However, by writing as a participant he provides a client's perspective of both 'the problem', and the relevant action and service delivery, rather than solely that of the professionals or other policy makers, as in earlier units. This encourages us to start from a fundamentally different set of basic assumptions and to see disability as a form of discrimination rather than as an individual attribute or failing.

Ken Davis also makes it clear that this client-led change in perspective is being brought about by an international movement and is therefore not restricted to operation and interpretation within the context of one set of local social and political conditions. In the United Kingdom, however, interventions like The Chronically Sick and Disabled Person's Act, 1970, have aimed to improve the conditions of both individuals and families but not to bring about any fundamental structural change. The implementation of Community Care and other policies has been subject to the overriding needs of the economy as determined by other dominant and conflicting interests and much has been simply left undone. Professional intervention has carried with it a professional definition of need and professional control of clients. Even charities and other pressure groups who have intervened in the 'social problem' of disability are semi-private welfare organizations whose independence is constrained by the market conditions within which they operate, and their need to associate and even collaborate with official agencies, as well as to confront and substitute for them.

In the context of this relatively small scale intervention by the Derbyshire Coalition of Disabled People, we can see the practical problems that arise and cut across a wide range of different socio-political ideologies in action, several of which are more generally considered in Block 4. The case study. Section 3 of the unit, draws on the ideas of workers' co-operatives in a context that brings them as much in conflict with some of the service assumptions of municipal socialism as with marginalizing market options. And in its fourth section the unit considers the flaws in a pressure-group strategy which leaves the interest-group as a consumer ultimately fitting into but not challenging those market principles, and co-operating with the professional and statutory authorities in ways that may but perhaps need not subvert the group's primary focus and intentions.

Three important emphases are discernible in this unit, the individual, the social and the value placed on professional expertise rather than on disabled people's own knowledge and experience. The unit aims which follow this Introduction have, therefore, been structured around these themes. The first three aims concern the individual and the way in which disabled people have united to re-examine collectively the social structures which discriminated against them. The second three are concerned with the social structures, existing services, how they are provided and how their provision has been renegotiated by the disabled. The final aim, number 7, is concerned with the way the experts' views about disabled people can conflict with and override disabled people's own knowledge and experience.
Although this is in some ways an artificial structure, it does indicate something of a progression, in that we move from individual to shared experience. This serves to emphasize that individual experience can amount to more than individual personal misery, and can be the result of social arrangements and structures which marginalize, restrict and oppress the whole group. The group Ken Davis writes about moved on from in-group consciousness-raising to look at their relationship as a group of disabled people with existing service provision and providers. They contemplated which elements of procedures and practices were the source of their common discontent and began to react against these, and in the light of the knowledge they acquired about the sources of their frustration, began to work creatively with the service providers to renegotiate the whole relationship and resources. This was a process which required individual and collective action and a close look at service structures as they were then set up. It also raised questions about power and control which, too, are everywhere central to the issues in this unit.

**Aims**

1. To raise questions about the role of disabled people as ‘clients’. To raise questions about the professionals’ need for clients and about the social construction of these clients as passive recipients of care, with ‘need’ being accepted as a given.
2. To raise questions about the professionals’ ‘right’ to determine other people’s life-styles and constrain other people’s life choices.
3. To provoke thinking about the importance of asserting individuality and choice and the exercise of this and self-advocacy in the context of different perceptions of social responsibility.
4. To explore the way in which traditional service provision in this area has often obscured causes and causal relationships in the assumed ‘dependency’ of disabled people.
5. To raise consciousness about crucial elements in traditional service provision by following an account of an organized reaction against it. This reaction highlights what were regarded as crucial features of the oppression of disabled ‘clients’.
6. To examine the way shared experiences acted as the catalyst for collective action.
7. To raise questions about the relationship between experience and ‘expertise’.
In recent years, some physically impaired people in all parts of the world have been involved in a process of ‘coming together’ in their own organizations. These organizations, which encompass people with many kinds of impairment, have explored shared problems and developed a unity of purpose within their own movement. Although this has been an international development the different social, political and cultural conditions experienced by individual organizations have governed the particular activities undertaken in each area. The emergence of such organizations of disabled people seems at first more clearly understandable in countries where there are no or few public welfare programmes, but this movement also includes organizations from the ‘developed’ as well as the ‘developing’ world. Indeed, the movement has become significant in industrialized nations, where there is an establishment of professional and other workers organized to define and alleviate the problems faced by disabled people.

Clearly, the development of the movement demonstrates that it can no longer be taken for granted that groups such as physically impaired people are better off, the more public money is devoted to professional interventions into their problems. As the movement has grown in strength and unity, it has challenged the very foundations of professional interventions, in both theory and practice.

We will begin our work in this unit by looking at the Disabled People’s International, in order to give you a birds-eye view of a movement which is still a very recent phenomenon in the arena of social change.

1.1 The Disabled People’s International (DPI): a rejection of professional control

The organization which gives international expression to this movement is DPI. DPI’s roots lie in the collective experience of disabled individuals worldwide who were increasingly discontented with the ways in which other people controlled their lives. The following cutting from the Winnipeg Free Press of 24 June 1980, reports on an event which brought this discontent to a head. It kick-started DPI into existence as the organized international voice of these previously fragmented reactions by individual disabled people. It also highlights some of the central issues confronting the organizations which make up the movement, particularly in the economically developed world. Rehabilitation International (RI), the organization mentioned at the start of the cutting is, by contrast, controlled by non-disabled professionals concerned with the rehabilitation of disabled people.

Read the report reproduced below. As you read, remember the discussions in earlier units of this block about the tensions and conflicts surrounding the relationship between the ‘caring professions’ and those who receive services. Then write down what you think to be the central issues at the Congress from the point of view of disabled people. In the case of social work, these issues have been discussed within the profession rather than between social workers and their clients.
You will notice that RI had been planning for 'greater representation to be given the disabled' for four years, but when disabled people put them to the test, power-sharing was decisively rejected. Greater representation was quite clearly something to be given not conceded, power should be exercised not by quota but by competence, equality should not come in a day but in a transition. The essentially patronizing relationship between professionals and disabled people is quite openly revealed in these remarks. The central issue here is that of power and control. At the time of the Congress, in 1980, disabled people had no organized international voice and thus no power. Five years later, when DPI was becoming established with nearly 60 member nations, RI reluctantly agreed to a limited degree of formal representation from disabled people. Such shifts in the balance of power are achieved at enormous expense by disabled people who, in addition to coping with personal physical problems, have also to struggle to organize in a world designed by and for non-disabled people.
The basic organizational unit of DPI is the National Assembly, which is made up of disabled representatives from local and national organizations – which must be controlled by disabled people – in each member country. Assemblies are drawn together in five Regions: Africa, Asia, Europe, Latin America and North America. Each Region elects five representatives to a World Council, which is the supreme governing body of DPI. A World Congress is held every fourth year. The first was in Singapore in 1981, the second in the Bahamas in 1985. In the first five years of its existence, DPI received the equivalent of about two million Canadian dollars for its activities, and was granted consultative status at the United Nations and observer status at the International Labour Organization.

**Q**

It is an interesting fact that, in the whole of DPI, Europe is the smallest and least developed region in terms of membership, as well as from the point of view of disabled people gaining representation on bodies which develop and determine disability in the region. Why do you suppose this is?

It is certainly the case that, of all DPI’s regions, Europe has had the longest and most concentrated history of industrial and associated forms of social development. The sophistication of its economic, social and political infrastructure reflects the comparatively high levels of wealth and service provision in the region. Woven into this infrastructure are many pre-industrial influences which have adapted to maintain continuity through newer social forms, particularly individualist perceptions of disability as being a personal tragedy in need of relief or welfare. The interlocking web of statutory and voluntary service provision has come to be dominated by, and to depend on, such perceptions, and has severely inhibited the development of DPI in this region. However, disabled people’s organizations are working to re-structure these negative influences in Europe. In this country, a contribution to this effort has been made through the national assembly which represents Britain in DPI – the British Council of Organizations of Disabled People (BCODP).

### 1.2 The British Council of Organizations of Disabled People: re-working organizational relations

The development of BCODP as the emerging voice of disabled people in Britain has to be seen in its historical context in order to be properly understood, and this section can give only the briefest outline. The first non-statutory organizations concerned with disability issues were all controlled by able-bodied people, who were usually parents of disabled children, or professional workers concerned about the absence of, or inadequacies in, help for disabled people. Often, their central purpose was the promotion of charity or state-funded care in place of exclusive and exhausted parental care. Behind such organizations is the often unquestioned assumption that it is perfectly legitimate for non-disabled people to speak for, determine and set goals for disabled people. Historically, too, such organizations have tended to focus on particular categories of impairment, thus dividing individuals within one category from those in another. BCODP is the organizational result of many earlier unco-ordinated reactions against this kind of paternalism.

BCODP also represents a stand against the ultimate futility of such non-disabled prescriptions. In the final analysis, voluntary organizations for disabled people face the same dilemmas as those which have come to be built into the statutory services. The more they are successful in providing ‘care’ for disabled people, or in campaigning on their behalf, the more self-defeating such operations become, and the less social responsibility there remains for disabled people to claim. BCODP, in drawing inspiration from the wider work in the disabled peoples’ movement, has helped to reinforce disabled people’s intuitive understanding that we are not inherently dependent or passive, but that we are perfectly capable of addressing and working out solutions to the problems that we face. It provides an organizational framework within which the inventive talents and creative energy of disabled people can find expression.
There was a substantial growth in self-help organizations showing the ability to release this potential throughout the 1960's and 1970's in Britain. In 1981 a meeting of many of the organizations which were controlled by disabled people took place, and BCODP was formed. Its internal development has been necessarily careful in order to allow time to harmonize the differing perspectives of its member organizations, but the number of these has grown from the original ten in 1981 to 39 in 1988. The BCODP receives a small central government grant which, together with some non-statutory funding, allows the employment of two regionally based workers. Through its membership of DPI it has drawn strength from the knowledge that disabled people all over the world are seeking similar solutions to the issues that arose out of their dissatisfaction with existing services and traditional charity-based organizations for disabled people. Such knowledge is an important component in broadening our education, and building confidence at the local level. The Case Study in the third section of this unit, is devoted to the work of one of BCODP's member organizations, the Derbyshire Coalition of Disabled People, whose development exemplifies these issues.

How best to change the pattern of organizational relationships from the historical position based on the passive dependency of disabled people to one based on support for our own self-help and activity has been a serious issue for BCODP. As we have seen, this is particularly difficult in the context of Europe. By contrast, things were very different in countries such as the United States, in that there was not such a highly organized, deeply professional structure to be challenged. These differences and the reasons for them ran quite deep, and to understand them better it will be helpful now to look at the growth of the Independent Living Movement in the United States. Thus in turn will inform our understanding of the work of the Derbyshire Coalition of Disabled People and other member organizations of BCODP who are involved in developing the philosophy and practice of independent living in Britain.

1.3 The Independent Living Movement: grasping the nettle in the USA

Mary John, in a contribution made in collaboration with BCODP to a Report for the European Organization for Co-operation and Development (OECD) entitled Adult Status for Disabled Youth, describes the important part an organization called Disabled in Action played in stimulating the independent living movement (ILM) in the USA during the period of great liberal enlightenment in the early 1970's. Massive publicity was given to a lawsuit brought by Judy Heumann who was denied a teaching job during a time of great shortage of teachers simply because she was disabled. The case had the effect of mobilizing disabled people, who started coming together to examine the discrimination they experienced in common. Elsewhere in the United States during the 1960's and 1970's other disabled people were active.

As Mary John describes:

Increasing numbers of disabled young people, some of them quite severely disabled, began enrolling in the universities. They became dissatisfied with the segregated settings in which they had to live and like most young undergraduates started to challenge a system that placed unreasonable restriction on their lives. In Berkeley, California, they developed an organization called the 'Quad Squad' which produced sufficient pressure to ensure Federal funding to set up a disabled students' programme at the University. This developed into a disabled-controlled programme providing services such as advocacy, advice on benefits, career guidance, wheelchair repair help with finding attendants, places to live etc. Even as early as 1962, at the University of Illinois, four disabled students had been provided with assistance to move into a modified house on campus and gave an example of what was possible which others followed and developed (John, 1986, p 16)
The activities at Berkeley led to the formation in 1972 of the first Centre for Independent Living (CIL), and the start of a movement which is today given practical expression in some 150 similar centres across the United States. They are an important practical demonstration of what can be achieved when disabled people control resources and focus them directly on the removal of the physical and social barriers which prevent the achievement of personal life choices. Programmes are built on the principle that direct experience of particular impairments should inform the solutions, thus deaf workers are involved in deaf services, blind workers in programmes for blind people, and so on. This self-help, barrier-removal approach to independent living characterizes the movement’s central concern with practice rather than politics. However, as the movement in the United States has matured and developed links with other social movements and trends, its perspective has broadened and a need for more far-reaching social change has been identified. Its constituents have, as Mary John indicates:

> generally started to consider their practical activities within the context of human rights. The search for funding for CIL’s had meant that, as all grants were defined by legislation, disabled people, in at first seeking to be beneficiaries under such arrangements, started to question the very bases of State and Federal budgetary policies, and went on from economic questioning to fundamental enquiries about the assumptions and prejudices underlying the structure of the society in which they lived.

*(John, 1986, p. 18)*

The growth of the independent living movement, dynamic and diverse, was bound in turn to influence the disabled peoples’ movement in Europe. It showed how the struggle to establish a voice of our own could move beyond merely influencing the decisions taken for us by others, to develop practical as well as political expressions.
2 THE SOCIAL RELATIONS OF PEOPLE WITH PHYSICAL IMPAIRMENTS IN ABLE-BODIED BRITAIN

2.1 The Social Construction of Disability

The focus of the disabled peoples’ movement is on society, as distinct from the focus of service providers, which is on disabled individuals. As the movement has increasingly shared the knowledge derived from the direct experience of its members, it has come to adopt a social definition of its common problems. In a short historical excursion into the social origins of disability, Vic Finkelstein has provided a deeper understanding of this perspective. He begins by looking at pre-industrial Britain, a largely agrarian society, but with pressure for survival increasingly being determined by the ability to produce goods or services for sale in the market. Seeking to determine the position of physically impaired people in such a period – which he describes as phase one – he says:

In these conditions ‘cripples’ can be assumed to have lived not very differently to the cripples under feudalism. In the small communities of early capitalism everyone knew each other and had a relatively fixed social status with its attendant family and social obligation (the inheritance of feudal rights and duties). Those who survived severe physical impairment, either at birth or through injury, would have lived as cripples within their communities. It is this proximity between able-bodied and crippled people which explains the ease with which writers could include crippled characters in the literature when writing about the common people. Conditions of life were extremely harsh for cripples, but in a context where life was harsh for all the common people, the circumstances of cripples would not have seemed significantly worse.

Apart from performing domestic duties for their families, such as cooking, making clothes and looking after the young children when possible, cripples unable to perform agricultural work could have supplemented the family income by spinning and weaving. Small and portable, the early machines could have been easily adapted to suit individual physiques. The work was carried out in their homes and cripples had no need to seek employment beyond the family (Finkelstein, 1981, pp 59–60)

Read the above account again, this time giving some thought to the impending changes in British society which would subsequently be brought about by the Industrial Revolution. Try to think from the point of view of a person unable to walk, with limited physical dexterity, perhaps having difficulties with self-care. Remember that this was to be a period of considerable social upheaval and change, and write down what sort of difficulties you think would be ahead for people in this position.

We could expect that market forces would exert a lot of pressure on families to find new means of survival. There would be an increasing migration of labour towards the new factories, workshops and offices. Physically impaired family members could be gravely disadvantaged by new pressures to work separately from their homes. Their own ability to compete, make a contribution, or earn a living could become increasingly problematic.

In fact, as the Industrial Revolution advanced, there was an increasing requirement for people to adapt and conform to the machinery and imperatives of production. The personal consequences for those whose bodies were significantly impaired was economically and socially disastrous. The daily burden of the worker’s walk to and from work itself must have thinned out the number of economically active cripples. Even potentially helpful developments were discriminated against those who were physically impaired. For example, paved footpaths were bounded by the barrier of kerbstones, even the new forms of transportation needed considerable agility to board. Changes in architectural style, whether in domestic dwellings, factories or offices were not accompanied by concern for the needs of people who were physically impaired. The design of machinery for mass production forced home the able-bodied norms which now dominate industrial and commercial practice. Although less physical exertion was
needed to operate the machinery, indicating the liberating potential of technological advance for physically impaired people, workers were subordinated to stressful output regimes which severely disadvantaged those impaired in any way, creating unemployment and poverty.

At this point we can return again to the work of Vic Finkelstein, who refers to the industrialization of Britain as phase two in this process of excluding physically impaired people from society. Read the extract below, and this time consider the relationship of this marginalization process to the growth of professional and related workers having a vested interest in such a development.

Unemployed workers mingled with unemployable disabled people in the growing towns. The need to control population mobility became necessary as well as the need to control civil discontent amongst those out of work. So it was that the next step was taken and civil authorities began building special secure places for disabled people, and others who had no permanent home or source of income, and staffed these places with wardens and attendants.

The medical profession became increasingly involved both with illness and physical impairment. In a climate of great productive activity, those who did not work were regarded with abhorrence and held to be responsible for their poverty and affluences. But the work ethic made it necessary to distinguish between those who were able-bodied but did not work and those who were physically impaired. The latter were to be accepted as rightful recipients of charity and the former as indolent wastrels to be hounded and punished for their sins. Thus the final segregative process occurred which set disabled people apart from all others. Even in unemployability physically impaired people were to be removed from their fellow citizens. (Finkelstein, 1981, p. 61)

It is fairly clear from this account that the transition from the relatively autonomous, socially integrated cripple in Finkelstein’s phase one, to the increasingly dependent and socially segregated disabled person in phase two, was very much a socially determined event. Looked at from this perspective, disability was no more ‘natural’ an event than the poverty of those thrown out of work. Legislation introduced to deal with some of the social problems caused by industrialization had a disproportionately bad effect on physically impaired people. For example, the New Poor Law of 1834, if seen as a device for forcing people back on to the labour market from which they had been displaced (see Unit 13, Section 3), meant that disabled people now had to run the gauntlet of able-bodied norms in order to become self-supporting. As Vic Finkelstein points out, it was a final segregative act in the process of disabling the cripples of that time.

The interventions which followed, from both voluntary and statutory sources, simply took both poverty and disability as ‘given’ and, in so doing, reinforced a tradition of welfare paternalism which stretched back in an unbroken line to the old Poor Law of Elizabeth I, and which could only lead to greater advances for professional workers than for disabled people themselves.

2.2 Redefining disability

So far in this section I have described the way in which disabled people found themselves locked in an historical process which necessitated a redefinition of disability. The sense in which Finkelstein uses the word ‘disability’ is founded in the social consequences of economic forces and this contrasts sharply with the definitions created by various professionals who, in perceiving disability from the context of their own social roles, focus directly on the individual rather than society. Typical of the definitions from this perspective are those offered by the World Health Organization.
Impairment: any loss or abnormality of psychological, physiological, or anatomical structure or function.

Disability: any restriction or lack, resulting from an impairment, of ability to perform any activity in the manner or within the range considered normal for a human being.

Handicap: a disadvantage for a given individual, resulting from an impairment or disability, that prevents the fulfilment of a role that is normal depending on age, sex, social and cultural factors for that individual (WHO, 1980).

In Britain, the Union of the Physically Impaired against Segregation (UPIAS), one of the members of BCDOP, established in 1974, produced its own set of definitions in 1976, which were designed to correct the negative effects of this kind of individualistic taxonomy. The concept underlying these definitions is now broadly consistent throughout the disabled peoples' movement. The Union's definitions are:

Impairment: lacking all or part of a limb, or having a defective limb, organ or mechanism of the body, and

Disability: the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression (UPIAS, 1976, p 14).

Although the distinction between these two sets of definitions is reasonably plain without my emphasis, it is perhaps the interpretation of such definitions which matters most. Read them again, then think about how they would affect the use of resources for disability service provision.

On the one hand, to define disability (or handicap) as a consequence of impairment is to tend to focus resources on the solution of individual problems. The 1971 OPCS Survey conducted by Harns which overlapped the passage of the Chronically Sick and Disabled Persons Act 1970, adopted similar definitions and exerted considerable influence on disability service provision by local authorities. The use of such terminology focuses attention on the individual and his or her impairment, and so authorities were impelled by the Act to seek out, assess and make provision for individual need. The influence of this 'medical model' permeates much post-war legislation affecting disabled people. The growth of vested interests in segregated homes, day centres and transport, of sheltered workshops and special schools is an unavoidable aspect of this approach. On the other hand, a 'social model' of disability would stimulate structural change. It would, for example, tend to focus resources on changes in the way transport systems, employment practices and the built environment were designed and organized. This approach would shift resources away from dealing with the effects, to tackling the underlying social causes of disability. Such a social definition of disability clearly has profound consequences for traditional forms of service provision. At the same time, it makes it necessary to face the fact that there is a power system to be challenged by disabled people if there is to be any lasting change, and this will become clear as we turn now to our case study on the development of the Derbyshire Centre for Integrated Living.
In this section we shall be taking a close look at the initiative by the Derbyshire Coalition of Disabled People (DCDP) to establish a Centre for Integrated Living (CIL) in the County. The Derbyshire Coalition of Disabled People was set up following an initiative taken by disabled members of the local DIAL (Disability Information and Advice Line) at the beginning of the International Year of Disabled People. With support from Derbyshire Social Services Department, a county-wide conference was set up in February, 1981 to which all individuals and groups known to have an interest in disability were invited. The outcome of this conference was a call to set up a ‘consumer’ organization, controlled by people who were themselves disabled, dedicated to pursue the main aim of the International Year – full participation and equality – when 1981 was past and forgotten. Later that year, the County Council agreed to fund such an organization and the Coalition was established in its own office and with its own paid staff. The disabled people who were involved in the founding of DCDP were closely in touch with local concerns. By 1981, they had dealt with some 5000 queries through DIAL and were aware that traditional service responses were out of touch with disabled people’s real needs and changing expectations. In addition, through their work in maintaining DIAL, Derbyshire’s information bank, they had become aware of broader national and international trends in disability. They were in contact with the growing number of new organizations in Britain run by disabled people themselves and were aware also through the literature of the development of the independent living movement in the USA. These experiences had convinced them that changes were needed and a CIL seemed to be the best way forward.

Before going further, let me say that DCDP is actually in being as a registered company, and receives substantial support from Derbyshire County Council and other bodies. It is a formally established enterprise, founded on clear principles.

However, it took some four years of preparatory work to get to this position and this case study is devoted to some of the events of this period, which fall into three clear phases: exploration, formulation and implementation. For the most part, information is presented in chronological sequence, except for occasional ‘scene setting’ descriptions. Inevitably the content of this section is selective – but is designed to illuminate the major themes and issues identified in the Introduction: the experiences of the individual, the interplay between the individual and the social structure and the insights that emerged from this.

3.1 Exploratory phase

The Company Secretary’s report to the first AGM of the DCDP gave the following brief historical background to the development of the Centre. From a very early stage, as described below, the Coalition had the in principle support of the County Council for the project and the joint working group mentioned in the extract had already been set up.

A Derbyshire CIL was first proposed by the Derbyshire Coalition of Disabled People in 1981. When it sought and obtained the in principle support of Derbyshire County Council for the idea, 1981 was, of course, the International Year of Disabled People, the aim of which was full participation and equality for all disabled people. The Coalition was itself formed in 1981, again with support from the County Council. The International Year had proved, locally at least, to be the stimulus for some new and progressive ideas.

Work on the first phase of the Derbyshire CIL started with discussion papers produced by Coalition members, and progressed early in 1982 into a joint working group with County Council officers. This first phase ended when a documentary film, ‘Statement of Intent’, was made coincident with an exploration by the Coalition of the boundaries between segregated, dependency-creating services and facilities for independent living. The Centre was set up to give a new direction and impetus to the development of services which would secure the full participation and equality of disabled people in mainstream society. It is a development which has come about at the culmination of an era which can be summed up as a period during which non-disabled experts became the active providers and disabled people the passive recipients of their solutions to our...
problems. The end of this era was introduced by developments in technology which offer new freedoms, greater independence, and opportunities for even the most severely disabled people to gain control over their own lives and make a positive contribution to their communities (DCIL, 1986).

These comments, made some fourteen months after the establishment of the DCIL, did not, of course, mean that the fight was over. In many ways, the establishment of the Derbyshire CIL was just the beginning. But in 1981, when the idea was first floated by DCDP the struggle had hardly begun. In those early days, it really was a struggle for understanding, for interpreting our own experiences and those of our colleagues in the United States, and translating this knowledge in the context of our own social system.

Let us turn now to the reference which has been made to a series of meetings between the Derbyshire Coalition of Disabled People and officers of the County Council. This development, and a broad summary of the work and context of the group, is described by Susan Kay, one of its officer members.

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(Kay, 1984, p. 22)

As can be judged by the above comments, the meetings were practical, and committed to be responsive to the reality of local conditions. They were also informed by a determination in the Coalition to relate its work to other groups in Britain who were trying to establish CILs. This commitment by DCDP to support and strengthen the growth of the disabled people's movement recognized the need to work for unity on the part of disabled people. Events in the USA had shown that CILs had a vitally important part to play in redressing the power inequality between disabled people and the controllers of disability policy. They provided an active role for disabled people themselves, helped bring resources within their control, and introduced new structures for service delivery systems utilizing direct experience of disability as a resource.

A series of papers, which can be seen as a running record of the development of ideas about the establishment of a Derbyshire CIL, and which extends to cover the period during which the Joint Working Party met, was subsequently published by the Coalition. These papers were practical documents concerned with the organization and functions of DCIL and the kind of service it could offer. But they also contained a strong reflective content, with frequent references to issues and matters of principle. The fourth paper set out the following ideas:

A CIL was proposed by the DCDP Steering Committee early in 1981 and supported in principle by the County Council shortly afterwards. In a paper presented by Brian Lewis to the Steering Committee in March, 1981, a Derbyshire CIL was described as a system of services created by and staffed by disabled people, which could provide 'the magic of peer counselling and peer models' serving people of all ages, whether blind, deaf or mobility impaired.

The CIL was envisaged as providing the basis for extending the concept of
rehabilitation beyond narrow definitions based on medical models of disability to include a variety of supports designed to facilitate independent functioning in a normal social context. Thus concept, to a large extent developed at the first CIL in Berkeley, California during the 1970s, is referred to as ‘independent living’ although severely disabled individuals have of course informally developed and applied their own independent living methods for many years.

Independent living is acquiring the skills and support necessary for severely impaired people to have freedom to live where and how we choose with full control over our lives. It is living alone, or otherwise within the community. Elaborating, Brian Lewis says it is deciding one’s own pattern of life, schedule, food, entertainments, vices, virtues and friends. It is freedom to take risks and freedom to make mistakes. It is freedom to learn to live independently by living independently.

In these early discussions within the DCDP Steering Committee the Derbyshire CIL was seen as purpose-built, unconnected with any local authority building or residential home. It was proposed that the following services be operated from the Centre:

1. Maintenance of and updating the Disabled Persons Register
2. Setting up a county-wide care attendant register
3. Housing services, from design to direct labour
4. A co-ordinated, county-wide accessible transport service
5. Mixed physical ability, commercially viable workshops
6. Information, advice and associated support services
7. Publicity and communications service
8. Aids and equipment showroom and store
9. ‘Halfway House’ rehabilitation service
10. Peer counselling service

As discussions proceeded and widened to embrace the relationships between the CIL, the Coalition and other bodies, factors emerged which modified these early proposals. It was, for instance, axiomatic that services should develop out of the direct experience of people who are themselves disabled. However, to put this principle into practice, it was considered important that disabled people at the local level in the county should be able to elucidate their own needs and the solutions to them, which in turn should be reflected by the services offered by the Derbyshire CIL.

A further modifying factor was closely related to the way the Coalition’s Aims could be achieved in practice. The DCDP Aims are:

To promote the active participation of disabled people in securing such help as may be necessary to ensure maximum possible independence in daily living activities and full integration into society with full control over our lives.

The guiding principle adopted, encourages the realization of our Aims through the development of local services to meet local needs under local control. This appears to be the best method of promoting the active participation of disabled people and, at the same time, securing the means of independent, integrated living.

The implication of these factors was such that the CIL could only be seen as part of a wider project, which was subsequently renamed DILP – the Derbyshire Independent Living Project. In this way, the development and delivery of centrally managed services would be more likely to be responsive to the expressed needs of disabled people at the local level, central services less likely to inhibit local initiatives, and the CIL more efficient and accountable than might otherwise be the case (DCDP, 1985).

Whilst changes in the early service proposals as listed above were to follow, the suggestion of maintaining the Disabled Persons Register held by the Social Services Department was closely linked to the Information and Publicity Services (see items...
six and seven. This reflected the need to improve the dissemination of up-to-date and accurate information to disabled people, something which had already been identified by the local voluntary Disablement Information and Advice Line (DIAL, Derbyshire). The care attendant register was intended to offer an alternative to the existing domiciliary service controlled by statutory agencies. By linking disabled people to helpers who would provide for a wider range of needs than those normally available, these services would come under the direction of the disabled person. The housing services would link both with the ‘Halfway House’ service, which would help disabled people to discover their potential for independent living and the aids and equipment store, to be set up in response to the lack of any local facility which allowed disabled people to shop for aids and equipment in a more normal way. One element of the peer counselling service would be to offer a source of support to those in crisis, drawn from the direct experience of their disabled peers. The self-supporting workshops, where it was envisaged that disabled and non-disabled people would work together, could, among other things, fabricate non-standard equipment or adaptations essential to meet the needs of some disabled individuals.

By October 1982, discussions had progressed considerably further and Coalition members had been obliged to face up to further issues raised by their involvement in the Joint Working Party. There was a sense in which the discussions which had taken place hitherto had been merely tokenistic. What I mean by this is that, in a situation where service providers have all the power and control and disabled people have none, talking and planning can take place in a climate of indulgence and tolerance that the service providers can easily afford. Joint consultation does not necessarily lead to joint control or the implementation of new services. There was also an awareness of the ease with which large and powerful agencies can co-opt an organization’s leading representatives, defuse pressure group demands and incorporate their ideas into established service structures. Despite these background concerns, there was political support for the Coalition as a local voice of disabled people and, since the early 1970's, Derbyshire Social Services Department had been encouraging innovative approaches to community living through the establishment of a Service Development Section. Consequently, there was a mutually supportive climate based on similar philosophies existing between DCDP members and some social services staff. Nevertheless, the serious issue as to how to translate this climate of support into action came up in the sixth paper in the series. This paper set out two questions for the elected Council of DCDP to consider:

(a) when we talk of disabled people controlling services for independent living, do we mean total, exclusive control? (b) If not, what principles should guide DCDP in developing joint methods of control?

We had so far accepted a joint, co-operative approach, e.g., with councillors in developing policy support for DCDP, with officers of the County Council, through Joint Working Groups on DILP, mixed ability co-ops, peer counselling, etc. Then we began to press for early, positive action on CIL, a meeting being arranged with leadership councillors to ‘clear lines’ on the principle of building in a direct consumer involvement in developing services funded (in whole or in part) by the local authority.

Given the reality of our acceptance of a joint approach and given that service providers in health and social services are still working independently from the Coalition in developing solutions to our problems, there is an urgent need for the development of a unified strategy for the delivery of independent, integrated living services. Before any more public money is committed on behalf of disabled people.

The joint working relationships which have so far evolved have two aspects.

(a) an external aspect, in developing services in their broad outline.
(b) an internal aspect which is to do with joint working relationships in the actual delivery and day to day running of services.

As already mentioned, there is an urgent need for a unified strategy in respect of the former, while the latter is yet to be addressed.

(DCDP, 1985 pp. 19–20)
Pictures show the Centre, at Ripley, Derbyshire, visitors signing in, the information office, an information research worker and the disabled and able-bodied staff.
The fourth and sixth papers, quoted above on p. 15 and p. 17, bring together ideas from the earlier discussions and summarize the position reached by DCDP members of the Joint Working Group in mid 1982. Turn back and read these papers again, then identify the issues you think would be important for statutory service providers and their perceptions of the needs of disabled people.

In the broadest sense, what service providers were confronted with were the collective ideas of a group of disabled people who had been reflecting on their experience and coming up with some very different practical solutions to those offered by statutory providers. There is a fairly well-developed holistic approach to services and facilities being proposed in the fourth paper, which contrasts strongly with the fragmented approach to provision adopted by statutory agencies. And of course the crucial question of control is beginning to come up – a major issue, not only for the County Council, but also for the DCDP. Whatever support the Coalition might have had for its proposals for the DCIL, the hard fact remained that the overwhelming weight of control lay in the established service system. It was feasible that a CIL along the lines being suggested could be set up, and find its place in the broad spectrum of statutory/voluntary services. If that happened, however, the Coalition was aware that the DCIL would be to some extent 'bunhed', harmless and marginal to mainstream provision. Far from introducing a new structure, it would be subsumed in existing structures, leaving the status quo relatively intact. Nevertheless, the Coalition had set off intent on real change and was guided by quite clear principles. The weight of the existing service system was based on dependence, passivity and segregation of disabled people – quite the opposite to the independence, activity and integration the DCDP was dedicated to pursue. It knew that if it did not make a decisive challenge to the status quo, quite apart from being rendered relatively ineffectual, the CIL would compromise these basic principles by allowing itself to become locked in a collusive, self-perpetuating cycle of social work provision. Mainstream services would continue to produce dependence and passivity in disabled 'clients' at one end of the spectrum – whilst the DCIL would be working at the other end, quite possibly with the same individuals, to support their independence and social re-integration.

The Coalition's answer was to suggest the phasing out of the County Council's only segregated residential institution, Cressy Fields, whilst phasing in DCIL in the same building. The conversion of an institution into a CIL would make an unequivocal statement about the prospect of colluding with segregated, dependency-creating services, and give a clear direction to future service provision. It would also be a highly symbolic event and a rallying point for the Coalition's cause. This proposal concluded the seventh paper in the series.

About the same time that all these issues and questions were being addressed, the Coalition was being approached by researchers from Link, an ATV programme devoted to topics of special interest to disabled people and those involved with their concerns. Link were looking to make a follow-up to their earlier award-winning film about the disabled people's movement in the USA called 'We won't go away'. The Coalition's work at the time was considered to exemplify the position of the movement in Britain. After a period of negotiation between the programme company and the Coalition, the go ahead to make the documentary film we have referred to earlier – called 'Statement of Intent' – was given. The cameras arrived at the point where the eclipse of Cressy Fields by the proposed DCIL was being discussed, and they added a further dramatic dimension to events at the end of 1982.
Let us try to speculate on some of the issues raised for a statutory authority by this particular proposal:

1. Do you think the key issue would be perceived to be an attack on a respectable residential establishment?
2. Would the central issue be the method by which the idea was introduced into a statutory body?
3. Would this new idea represent a deeper challenge to the ideology and practice of social work?
4. Would it all boil down to issues of control and power?
5. What do you think the most significant issues for the authority might be?

At this stage in the exploration the Coalition was entering the arena of power. It was not only challenging professional ideas about what services are best for disabled people, but was introducing new ideas which raised questions about the future role of existing services. This of course can lead to considerable internal resistance from workers with a vested interest in things staying as they are. And this in turn can bring a trades union dimension - and quite possibly a political pressure on controlling political interests to protect the status quo. You can imagine, for example, the difficulties facing the Coalition when presenting a Labour controlled authority with this particular challenge. At a time when Conservative government policies were adding a new dimension to existing pressure for the closure of longstay institutions as part of a much broader strategy to dismantle and privatize services, here was a body of disabled people arguing for something which could be interpreted as being very similar. The controlling Labour Group’s position at the time in Derbyshire was to resist Conservative policies in defense of jobs and services. Clearly, from this political perspective, the Labour Group could not countenance the Coalition’s proposition as it stood. And of course, because they were the Coalition’s major funding source they held the trump card in terms of power. As it turned out, the detailed arguments were never developed in any formal dialogue between the Coalition and the Council. The specific suggestion of phasing out an institutional facility in a CIL was lost. But the issues for the Coalition were significantly different, and could not be measured simplistically in terms of victory or defeat. Susan Kay, one of the Social Services Department’s officers on the Joint Working Group, adds a final comment on the Coalition’s argument.
This is perhaps an opportune moment to reflect on the issues and arguments presented thus far. Thinking back again to the second section of this unit, we have to recognize the historical possibility that disabled people, having been squeezed out of mainstream economic activity during the rise of capitalism, were made dependent and ripe for 'capture' by successive waves of service providers. Disabled people did not choose the forms of service provision currently on offer in Britain. Able-bodied people are also dependent on others but have developed the means of modifying the environment to suit their needs by what have become normal social processes. At the very least they have evolved an appropriate agenda for those who make the relevant decisions. But this construction of conditions based on the expectations of able-bodied people has incorporated the segregation of disabled people and effected their exclusion from consideration of their own needs. Much dependence is socially constructed in a society where able-bodiedness is presumed to be the norm — and appropriate social reconstruction would remove much dependence and services also. CIL should of course be seen in context — but not necessarily in context of what other people have chosen to provide for disabled people.

3.2 Formulation

The making of the film 'Statement of Intent' marked the end of the first phase of developing the Derbyshire CIL. The County Council were concerned about the issues raised by the film, and they had made their opposition to the suggestion of changing the role of Cressy Fields unequivocally clear. At the County Council's request, a meeting was held at the beginning of 1983 to review the Authority's relationship with the Coalition. However, by the time the meeting took place the disabled members of the DCDP Council, by now more aware of their own collective strength, were sufficiently confident to exercise diplomacy and had already decided that, on the matter of the re-orientation of Cressy Fields, a tactical withdrawal was the most prudent course of action. Although it was not an unanimous decision, it had been accepted that the problem of segregated, dependency-creating services was not something which could be dealt with by reference to a single issue. The members acted on this decision, and were in a position to table at the meeting a plan for the development of a CIL which was quite separate from the institutional issue. They had also by this time decided that, in the context of established welfare provision, shared control and joint design and delivery of services was preferable to any exclusive arrangement. The Council responded positively and negotiations recommenced. The plan took the following outline form.
Possible Outline Form of Derbyshire CIL

1. Organization and management
An autonomous, incorporated body limiting the liability of its members and guaranteeing representation from parties having a direct interest.

2. Aims and values
CIL based on stated aims and values derived from the concept of independent, integrated living.

3. CIL development
Initially through a joint development group composed of representatives from interested parties.

4. Location and type of building
Central to the population distribution of the county, in a structurally sound, accessible building close to community facilities with adjacent parking and room for expansion.

5. CIL services
Services designed to support local services for independent, integrated living, some requiring users to travel to the CIL, others mobile and available on location. Services phased in subject to ‘client’ need and existing service availability.

6. Phase I services (available on start-up)
(i) Information and advice service (DIAL Derbyshire)
(ii) Viscom communications link for deaf and speech impaired
(iii) Advocacy service for claims appeals and tribunals
(iv) Counselling/peer counselling and advice services
(v) Community Link Programme
(vi) Consultancy service – planning and design.

7. Phase II (6–18 months after start-up)
(i) Aids demonstration service
(ii) Blind services – tactile map and reader services
(iii) Transport co-ordination
(iv) Improvisation workshop

8. Phase III services (18 months onward)
(i) Mobility centre
(ii) Aids research and development centre

9. Staffing
Staff drawn from disabled people, professionals and other workers, employed by the CIL Board on full-time or part-time basis with NJC pay and conditions as appropriate.

10. Training
Via an orientation course in independent, integrated living with specific courses on important topics – also available to outside workers.

11. External relations
Links with interested bodies and agencies encouraged and formalized.

12. Funding
A diversified funding policy with the possible exception of ‘core services’ supported by the County Council (DCDP, 1985, p 29).

You will have noticed a number of changes from the proposals for services which were in the fourth paper in the series quoted in Section 3.1. By this time, the Coalition was itself pursuing a number of practical projects, anticipating the eventual establishment of a CIL in Derbyshire. A further factor was the growing influence of DCDP members with sight or hearing impairments. The effect of these developments enabled the Coalition to put forward a proposal for a CIL which could offer some services on start-up. Preliminary discussion with DIAL Derbyshire (see p. 14) had indicated that its information and advice service could operate from the DCIL, and an embryonic service in advocacy, peer counselling and consultancy on planning and design was already being offered informally by both DIAL and DCDP members. The Viscom communications link was an attempt to bring together developments in information technology, such as teletext, electronic mail and Vistel (a portable keyboard/screen which allows typed messages to be exchanged on normal telephone...
lines), to the advantage of people whose hearing impairments made it difficult or impossible for them to gain access to information outlets designed for the hearing world. A Coalition survey carried out in West Derbyshire had indicated support for a 'newslink service', through which contact could be made with readers willing to read material of the visually impaired person's own choice. The wider use of tactile maps, which are designed to assist orientation by means of touch, was being suggested by some blind members, and the mobility centre was proposed to meet the increasing demand for powered wheelchairs and car adaptions. The Community Link Programme was already being explored through a successful fund application for a pilot project designed to ensure that the needs of disabled people at the local level were not divorced from the development of the DCIL itself.

It was agreed to form a second Working Party with the task of reporting to the Social Services Committee with formal proposals for the establishment of a Derbyshire CIL. This eventually happened in October 1983, and the Report put to the Committee followed the outline set out above. It was formally recorded that the DCIL was in accord with the council's policy, and it was resolved to pursue an application for Joint Funding with the Health Authorities to finance development staff, and also to adopt a diversified approach to funding the other costs involved in the scheme. The proposals were recognized as being of central importance to the Committee's future service development strategy.

This introduces a second, major aspect of work during the formulation phase in 1983. The need to re-direct dependency-creating services towards independent, integrated living goals, having been raised as part of the work of the Joint Working Party in the previous year, was subsequently taken up as a planning exercise inside the Social Services Department. DCDP recognized that this was likely to be a more productive, long-term solution than singling out any one particular part of service provision such as Cressy Fields, and were able to participate with the officers concerned in drawing up a three-year strategic plan for service development. The strategy identified a clear aim for services, stressed the implications for the department, and set out what needed to be done and by whom. Extracts from the document are printed below.

**Aim**
To secure 'independent, integrated living' opportunities for disabled people in order to promote their full participation in the mainstream of economic, social and political life in Derbyshire.

**How are we going to do it?**
Planning for development
The strategy is focussed around two inter-related and inter-dependent themes:
1. The establishment of a Centre for Independent Living
2. Mainstream services

It is planned that the Centre for Independent Living will offer a resource system (services being initially centrally based although increasingly moving into local areas as the service develops) which will feed into mainstream service provision as it develops throughout the county. The inter-relationship between the CIL and mainstream services is essential. All workers offering mainstream services to disabled people will be able to take advantage of resources offered by the CIL as these develop. This will provide for real, qualitative changes in people's lives and the CIL will thus be a resource on which workers as well as disabled people themselves can draw. (DCCSSD, 1983, pp. 1-2)

The strategy then goes on to outline the development of DCIL before turning to the re-direction of mainstream services. A three-phase programme was designed to this end. The first phase focused on the existing main service divisions - residential and day services, and field services. The task was to stimulate debate, promote planning and develop demonstration projects to be carried out by three teams of workers. Collectively referred to as the 'Disability Project', the first was located in the residential institution at Cressy Fields, the second at a day centre, the third at an
area social services office. Subsequent phases had as their focus regional planning (first phase teams to be relocated in five geographical areas of the county, with new teams appointed to meet the staffing requirement), and a further extension/relocation in the third phase, which would have as its focus the need to ‘go local’ – possibly with teams based at each of the twelve area social services offices across the county. It may occur to you that the direction of this phased development is a progression towards the kind of patch-based community-oriented mode of social service organization mentioned by David Boswell in Unit 18. However, this was not a stated objective of the strategy. Rather it was expected that the experiences gained by the team workers in one phase would inform the development of the next and would complement other Departmental policies, particularly the growth of regional and local planning groups designed to inform departmental service responses.

We have looked at two main aspects of developments concerning the Derbyshire CIL during the formulation phase, and we can see that many of the issues which were raised in the exploratory phase were now being addressed in a very practical and positive way. Look back over the brief extracts and commentary on the strategy and, bearing in mind the material you have been given about the exploratory phase, list what you think are the benefits and costs to the Coalition of taking this route towards achieving their aim of setting up a CIL.

The fear the DCIL would become marginalized, and have very little impact on mainstream services, appears to have been met by its central location within the strategy. Of course, one major disadvantage with this is the risk of ‘incorporation’ the small, relatively weak organization is swallowed up by the more powerful statutory agencies concerned, with the consequent weakening of the power of its innovatory ideas. You may think a better approach would have been to risk marginalization, and work instead to influence services from outside the system. Certainly, some disabled people in the DCDP did see things this way. Nevertheless, the majority view prevailed that it was better to work for change from within because it was more consistent with the DCDP’s commitment to the need to restructure the helper/helped relationship. This in turn would enable DCIL workers to link the teams working towards the re-direction of mainstream provision with mutually beneficial opportunities for close collaboration and support. Of course, being able to influence the formulation of an overall aim and strategy, which echoed the Aims of DCDP, was considered to be a major step forward towards full social integration. However, you might have thought an unpredictable cost in terms of loss of support could come from disabled people conditioned into dependence on segregated facilities such as residential homes, day centres, holidays or other arrangements which might eventually come under pressure. A further disadvantage could follow from the Coalition being locked into the difficult process of managing change – sapping its limited energies and resources through having to deal with reactions against the service re-orientations it sought to achieve. You may have thought it beneficial for the future financial security of DCIL, however, for it to be recognized as part of the council’s policies and strategic developments, and this was a further factor in the Coalition’s thinking at that time.

It is possible now to take an advance look at the kind of model which had evolved out of the experiences of establishing the DCIL. This can be drawn from a document describing the term ‘integrated living’ which, towards the end of 1983, had replaced ‘independent living’ in the Coalition’s vocabulary.

Whilst the nature of the barriers preventing the full social integration of disabled people in Britain are very complex, in essence it was considered that they stem from the unequal nature of the able/disabled relationship. Where barriers exist, it was recognized that they were erected on the assumption of able-bodied normality, on decisions taken
by non-disabled people. It was also recognized that the design, delivery and control of services and facilities was for the disabled by the non-disabled, usually without challenge to fundamental assumptions.

The concept of 'integrated living' grew out of this analysis. It asserts that the social integration of disabled people will follow when service delivery systems are themselves integrated, i.e., when people who have personal experience of the daily problems of disability are themselves directly involved in service design delivery and control. The approach is less to do with merely overcoming barriers, but more with removing their causes.

Thus the proposed CIL developed into the Derbyshire Centre for Integrated Living (DCIL), a limited company jointly controlled and managed by representatives from statutory bodies and disability organizations. A team of disabled and able-bodied workers pursue DCIL objectives. And the DCIL itself is part of an increasingly integrated framework of service development which includes the social and health services and, more recently, education.

The main task for DCIL is to focus resources more precisely on the fundamental needs of disabled people. Thus service development is in the seven main areas: information, counselling, housing, technical aids, personal assistance, transport and access. Without action in these areas of need disabled people will continue to be denied equality of opportunity to take part in mainstream education, employment and leisure facilities (DCDP, 1986).

This 'potted' explanation of the concept of integrated living contains many of the ideas and issues which we have so far discussed and it helps to sharpen our perceptions of the differing philosophies and trends which have emerged within the disabled people's movement worldwide. It proposes an approach to service delivery which clearly differs significantly from the usual social welfare provision by giving prominence to the notion that, in terms of CIL services, the ends should be prefigured in the means that the social integration of disabled people will be best secured by the integration of disabled people into the design and implementation of service delivery systems.

It also interprets and develops the position established by the first CIL in Berkeley, California, that services for disabled people should be controlled by disabled people themselves. You will remember that the extract from the sixth paper in the series on the Development of the Derbyshire Centre for Integrated Living reprinted in Section 31 of this unit met this question of control head on. In essence DCDP’s view was that the shifting of exclusive control from one social group to another does not remove the oppression which lies at the heart of the disability relationship. The task, as DCDP saw it, was to establish a CIL based on ideas of equality and mutuality and focused on the helper/helped relationship.

The latter stages of the formulation stage were devoted mainly to the practical problems of producing and costing a detailed development plan for DCIL and finding the money to make it all happen. A meeting of the Social Services Committee in February 1984 asked the Policy Committee to agree to what was, in effect, a position of 'financer of the last resort' for the development of the Centre, and to match by 50 per cent any funding which might be obtained from the European Social Fund. By 1985, funding for three years from the innovative projects section of the ESF had been agreed and a building identified. The location of the building caused some debate inside DCDP. Some took the view that it would best be located 'on the High Street', while others suggested that it would exert more influence over the ways services developed if it had physical proximity to the statutory service system. Although the latter was what happened, the argument was decided more by the availability of hard cash than other considerations.

By the end of 1984, a constitution for DCIL had been devised which provided for a governing body of 30 people serving on a General Council of 12 appointed by DCDP, a further 12 from the County Council, and six from voluntary organizations in the County. It was a requirement that at least 50% of the members should be disabled, and the Chair (who would have a casting vote in the event of an equality of votes) should always be a disabled person. A smaller Management Committee of ten
members, which reflected in the same ratio the composition of the General Council, would oversee the day to day running of the Centre. It was a constitution designed to exert pressure on bodies to move towards equality for disabled people as well as providing a basis for equality in DCIL itself. It was subsequently translated into the present Memorandum and Articles of Association of Company limited by Guarantee, and registered as a charity to open up more opportunities for financial support in line with the diversified funding policy of the Centre. During the first quarter of 1985, the General Council and Management Committee of the CIL were appointed and elected respectively and, by March, the two CIL Co-ordinators were appointed and were taking the first steps towards implementing the development plan for the Centre. The formulation phase was over.

3.3 Implementation

It is, perhaps, the practical application of new approaches which best consolidates the creation of an alternative set of ideas which are opposed to the prevailing orthodoxy. We will turn now to consider a few issues which have arisen out of the practice of the DCIL. As I have said, by February, 1984, a plan for the development of the DCIL had been agreed which was based on seven fundamental areas for action. This came about through an analysis made by Coalition members of their own experiences of developing independence and establishing themselves in the community. This work was subsequently confirmed by the Disability Project teams working on the mainstream services side of the service development strategy.

Reproduced below is an extract from a paper written by the Disability Project which identifies the ‘seven needs’ of service users. Read this through and then, as an exercise in establishing the position stated in the final paragraph, ‘that the seven needs have to be viewed as a comprehensive whole’, try to describe the steps which might have to be taken by, say, a person having tetraplegia, confined to a wheelchair due to complete paralysis of the lower limbs and with only partial use of hands and arms, wishing to move away from the parental home in order to get established independently close to a job for which she or he had successfully applied.

The 1983 strategic framework outlined plans to move away from welfare paternalism and to move towards a collaborative relationship between service users and providers. In order to do this, the Disability Project was set up in 1984. The Project was to look at the design and delivery of services in a residential day-care and fieldwork setting and was charged to work closely with CIL. At the same time, local and regional planning groups organized workshops involving professionals, volunteers and consumers. All these workshops identified a similar range of issues and needs, which have become known as ‘the seven needs’, and began to form a framework for the development of our own services and, influenced the design of CIL services. These seven needs are:

1. Information
2. Counselling
3. Housing
4. Aids
5. Personal help
6. Transport
7. Access

Efficient use of scarce resources means that the seven needs have to be viewed as a comprehensive whole. Fragmentation of statutory responses leads to waste, e.g. housing departments still systematically produce housing which, nationally, requires millions of pounds to adapt. Just thinking of ‘mobility' involves, for some disabled people, an interlinking of transport, access and personal help, for example. The seven needs are thus seen as the fundamental needs for all people who want to participate within a society or in the community in which they live. Other needs may be identified by individuals as being important, e.g. work, education, leisure. However, it is our belief that these are secondary needs, which could be met by ordinary mainstream enterprises and services if the primary needs are met. (DCCSSD, 1986)
You probably discovered the absolutely key role of information in this kind of exercise and the central importance of finding the right house in the right place. Starting from this central position, there would be a need for information about the supply of housing in a strategic relationship to the place of work, possibly near to accessible shops and community facilities. In practice, of course, finding any suitably located housing at all is extremely difficult, and can take years to obtain, unless one has substantial independent means. For what we have in mind, however, let us take the line of least resistance and assume a house has been found, together with a helpful Social Services Department who had perhaps advised on adaptations and technical aids, and negotiated available grant aid. You have realized from the discussion on the ‘seven needs’, that this advice would have a crucial impact on the amount of personal assistance the disabled person might need. The functional limitations caused by the person’s physical impairment – which might, for example, include an inability to transfer from a wheelchair – might be removed by the supply of a self-operated ceiling-mounted track hoist. Such equipment has a bearing on the basic design and layout of the house itself, for instance, given the right relationship between the bathroom and bedroom, a single track could link a number of transferring functions, e.g., from wheelchair to bed, chair to lavatory, and chair to bath or shower chair and vice versa. Adaptations to the property would ideally have these relationships clearly in mind. Of course, the disabled person could be unfamiliar or lack confidence in the use of such equipment, and might need peer advice – perhaps peer counselling – from another disabled person who knew the practical techniques as well as the emotional significance of its successful use. The combination of efficient house adaptation and the successful use of such technical aids, could dramatically cut down the hours of personal help which might otherwise have to be found and paid for. I realize that some of the above may contain unfamiliar detail, but the important point is to recognize that gaining independence for some disabled people does in fact often rest on the minutiae of individual interaction with their immediate environment.

In the absence of transport a house can become a prison for a mobility-impaired person, and it clearly plays a crucial role where someone has to find a way to and from work. Perhaps the problem could be solved by selecting a place to live where an accessible transport scheme was already in operation, or by obtaining an adapted car, or by finding a helpful taxi driver. You might have realized that solving the transport problem is certainly vital – but to little effect if problems of access are thrown up by the built environment, particularly at the workplace.

Having got this far, in what can only be a limited and superficial look at the issues, you may well have realized firstly, just how tightly the ‘seven needs’ interlock in this particular example, and secondly, just how little of what is presently provided in the way of services is relevant to ensure that a person in this position could find a solution before he or she lost the job on offer. The example of tetraplegia was chosen to highlight the relevance of each of the ‘seven needs’ in securing integrated living. Some disabled people who contact the DCIL and/or the Disability Project do not require, or seek, help with all of these ‘needs’, but nevertheless they provide an important framework for practical action.

The above activity was as much an exercise in the need for community action and social change, as it was an exercise in individual casework. It illustrated the need for specialist information geared to serve these changing demands. Peer counselling, a potent factor in raising expectations and performance, needs developing. Housing, generally designed on the assumption that occupants will be able-bodied throughout their lifetime, generates long delays and large adaptation budgets to secure individual solutions. Technical aids are still supplied through different agencies, and are usually devoid of the opportunities for consumer choice that non-disabled people would expect when they select equipment to meet their needs. Personal help
services are insufficiently comprehensive and flexible, and are supplied from a mixture of statutory, voluntary and private agencies with an irrational system of benefits, which may or may not cover the costs involved. Having access to public transport still depends on where you live rather than on what is needed. Access to the built environment, despite attempts to legislate and change building regulations, requires a system of eternal vigilance to ensure that barriers are still not produced and reproduced.

DCIL's role was to become the focal point for changes in these fundamental areas of need and it commenced its implementation phase from this position. It was to take practical action in these seven areas, conscious that they were basic to the whole range of human social activities, but targeting employment as a strategic objective with implications for social integration far wider than the impact it would have on disabled individuals. By October, 1985, a strategy for implementing the development plan had been produced.

Many disabled people have low expectations of their own ability in relation to the jobs people do in the mainstream economy. Given the central role of work in our society, DCIL has the task of working for practical changes that will bring disabled people to the threshold of the world of work. The human side of the problem is to do with individual confidence, ability and self-esteem, and DCIL clearly needs to develop a positive, enabling ethos within which disabled people can gain strength to cross that threshold. A further issue you may have identified is that integration into economic life (or any other form of social activity) does not necessarily mean full identification with it. Jobs may have to be re-designed, and society certainly has to change, in order to admit disabled people as equal participants. But that does not mean of course that disabled people would then automatically become "people just like everyone else". Disabled people would bring with them into society both the reality of their physical difference and a common identity as members of a distinct social group with its own history and collective experience.

In developing this positive ethos, DCIL needs to contribute to the process of generating among disabled people a greater awareness of this common identity, and with it a sense of pride in themselves as disabled people. In this sense, you may consider that the kind of integration DCIL should perhaps have in view is one with multi-cultural dimensions. This would certainly assist the task of working with disabled people at the individual level, since it would help remove the problem some disabled people have of trying to be something they are patently not - just like other people. This is all part of the process of constructing an alternative hegemony of ideas. The values of the dominant culture in our society, of course, do not only undermine the capacity of disabled people to determine their own self and social identity. They also present very practical barriers which prevent most disabled people embarking on the voyage of self and social discovery on equal terms. Many of these barriers find expression in the 'seven needs', but others are not so immediately obvious. What I mean by this is that the DCIL, when offering a disabled person the opportunity to acquire greater independence with a view to full social integration, is
also offering both the idea and the reality of loss of state benefit. This can severely inhibit the willingness of some disabled people to put their foot on the first rung of the ladder, and quite understandably so. In what is basically a ‘sick or fit’ benefits system, each step towards a job is a step away from relative financial security. The influence of the dominant (able-bodied) culture on the design of the benefits system is ill-designed to reinforce and assist the requirements of the disabled people’s movement for full participation and equality.

At this stage, we can leave our examination of DCIL. The latter part of the above discussion identified just one small detail of the practicalities involved in setting up and beginning to run the Centre. Many other such issues have emerged, all of which have played their part in the continuous process of appraisal and re-appraisal which has become part of its establishment and operation. At this point, two years into the implementation phase, 27 workers – 13 of whom are disabled – are involved in the development of its services and practices.
4 THE HELPER HELPVED RELATIONSHIP: FUTURE ISSUES

4.1 Contrasting Perspectives

CILs, whether in Britain or the United States, are built on an analysis by disabled people of information derived from the 'experiential perspective' on disability — a perspective denied to professional observers. The 'independent living' approach to CILs pioneered in the USA utilizes the experiential information in a way which enables disabled people themselves to control service outcomes. The 'integrated living' approach to CILs pioneered in Derbyshire is designed to use information drawn from both perspectives to facilitate jointly controlled outcomes. DCIL focuses on the able/disabled, helper/helped relationship as the locus of both problem and solution.

This enables us to make interesting comparisons arising out of the work of an American researcher, Gerben De Jong, who draws on the work of Thomas Kuhn in a book called *The Structure of Scientific Revolutions* (1970), to identify the place of the independent living movement in the historical progression of disability policy. Kuhn used concepts such as 'paradigm', 'anomaly' and 'paradigm shift' to explain the nature of scientific progress, and in developing his own ideas De Jong observes

As a historian of the natural sciences, Kuhn observed that scientific facts did not emerge by simple accumulation or evolution, but were the products of new ways of thinking — new scientific paradigms. Paradigms define reality for the scientist. They provide the framework by which problems are identified and solved. A paradigm also describes the technology needed to solve a given problem. Kuhn's historical frame of reference is not only applicable to the natural sciences but is appropriate to the social sciences and social policy as well (De Jong, 1979, p. 57).

For Kuhn, an 'anomaly' amounted to some observed event which did not comfortably fit into the framework of a dominant contemporary paradigm. A 'paradigm shift' happened when such anomalies caused pressure for new explanations and the existing paradigm was replaced by one that was more adequate. De Jong thinks that the rehabilitation paradigm is the dominant paradigm in disability, one in which problems are generally defined in terms of inadequate performance in activities of daily living or in terms of inadequate preparation for gainful employment. In both instances the problem is assumed to reside in the individual. It is the individual that needs to be changed. To overcome his/her problem, the disabled individual is expected to yield to the advice or instruction of a physician, physical therapist, occupational therapist. (De Jong, 1979, pp. 58–9).

The fact that increasing numbers of severely disabled people succeed without, or in spite of, professional interventions amounts in De Jong's view to an anomaly requiring explanation in terms of a new paradigm. For instance, many severely disabled people, who would normally be potential or actual inmates of residential institutions, now live in their own homes. Often those apparently most in need of professional help manage independently without the help of rehabilitation professionals. The 'independent living paradigm' is replacing the 'rehabilitation paradigm' in response to such anomalies.
The paradigms are described and compared in the table below. I would like you to study this table – then re-think this comparative approach with the concept of ‘integrated living’ in mind. Try to fill in the second table, giving the status of this concept against each of the items in the first column.

A comparison of the rehabilitation and independent living paradigms

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Source: De Jong. 1979, p. 62

<table>
<thead>
<tr>
<th>Definition of problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locus of problem</td>
</tr>
<tr>
<td>Solution to problem</td>
</tr>
<tr>
<td>Social role</td>
</tr>
<tr>
<td>Who controls</td>
</tr>
<tr>
<td>Desired outcome</td>
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</tbody>
</table>
You probably came up with something along these lines

<table>
<thead>
<tr>
<th>Item</th>
<th>Integrated living concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of problem</td>
<td>Exclusion from or restrictions on full social participation</td>
</tr>
<tr>
<td>Locus of problem</td>
<td>In the able/disabled helper/helped relationship</td>
</tr>
<tr>
<td>Solution to problem</td>
<td>Re-structuring the relationship, producing joint solutions</td>
</tr>
<tr>
<td>Social role</td>
<td>Equal participant</td>
</tr>
<tr>
<td>Who controls</td>
<td>Power sharing</td>
</tr>
<tr>
<td>Desired outcome</td>
<td>Integrated living</td>
</tr>
</tbody>
</table>

As we shall see in the concluding section of this unit, De Jong’s approach has not been free of criticism, and I have myself avoided assigning ‘paradigmatic status’ to the concept of integrated living since this approach can gloss over certain questions, for example, those concerned with the role of the ‘medical model’ (see p 13) in the service of a capitalist economic order. You may wish to consider this question separately in relation to Vic Finklestein’s points in Section 2.5 which touch on the historical aspects of the construction of disability and you may also think back to the discussion of ‘health’ in Unit 11, sections 2.5 and 2.6. You might also like to consider what constraints are placed on understanding a situation by adopting an essentially medical orientation and explanation of it, and who is thereby designated as the authority in defining and dealing with the ‘problem’ in question.

4.2 Political perspectives

These distinct approaches within the disabled peoples’ movement illustrate how similar experiences can be interpreted in different ways. As we saw in Section 1.3 of this unit, the independent living movement originated in the USA and, although its members have many experiences in common with disabled people here in Britain, its approach there — as here — was bound to be shaped by broader social, economic and political influences.

This is illustrated in a commentary by De Jong on the political orientation of the independent living movement:

The purpose here is to fashion an argument that seeks to show that the movement for independent living is, with some exceptions, very much committed to a larger free market pluralist ideology that has dominated American political life and social policy. Contrary to what some may think, the movement for independent living is not so radical when its basic ideological commitments are exposed. The movement’s commitment to America’s political and economic institutions and processes is very much intact (De Jong, 1979, pp 41–2).

De Jong claims that the independent living movement in the United States identifies with the ideas of consumer sovereignty, self-reliance and political and economic rights which lie at the heart of American free-market, pluralist ideology. Yet if this is the case, then the movement can hardly be seen to be apolitical, even if it does not ‘belong’ to a specific political party. De Jong’s claim implies that, because the independent living movement makes no challenge to these ideological bulwarks of American society, then it stands in support of them. By this reckoning, CILs in the
USA amount to little more than vehicles through which disabled people can compete for their share in the American dream. Indeed, if any American interests are threatened by the independent living movement, it happens from within the relative safety of a social system which, as one critic, Gareth Williams, notes, is condoned, if not by the movement, then at least by De Jong himself.

Williams is particularly critical of De Jong's work, both in its methodology and ideological perspectives. With regard to the latter, he admits that there is much to be said for the idea of enhancing the self-reliance of disabled people through consumer power and choice. Conversely, he recognizes the difficulties involved when statutory agencies have control of the process of defining need and distributing scarce resources. Nevertheless, he is concerned that the independent living movement seek to overturn the monopolistic power of social welfare systems in favour of free market forces. The ultimate effect of this approach would be to reduce public intervention to the level of a financial intermediary offering the means through which disabled consumers can become sovereign in the private service market place. The push by the movement to compete for and secure statutory rights to the benefits which will confer consumer sovereignty upon them clearly makes sense in the context of shrinking national budgets - and holds political attractions for those who wish to curb the expansionist appetite of service delivery systems through the mechanism of cutbacks in public spending. It is the consequences of this approach which worries Williams.

The attractions of this approach are dependent upon the kind of political theory to which De Jong adheres, where free and equal persons compete for resources. However, the market model of society, with its possessive individualist assumptions, is only partially accurate because it does not adequately recognize power differentials and class divisions. The market model conceptualizes atomized individuals competing for scarce resources in the context of equal natural rights. It fails, however, to adequately account for the fact that in spite of the postulate of equal natural rights and rationality market societies generate class differences in effective rights and rationality (Williams, 1983, p. 1005).

To be committed to the individualism which Williams sees at the heart of the independent living movement, would be to ignore the class divisions, inequality, insecurity and poverty which accompany so-called 'free and equal' access to the capitalist market place. Although the movement in the United States links up with other disadvantaged groups to take community action in a process of mutual support - this does not remove the system of competitive multiple pressure group bargaining where the most appealing come out on top with the most. Indeed Williams makes the point that our own social welfare system was a response to the failure of the market to respond to people's basic needs, and goes on to say that consumer choice and self-reliance are worthy principles, but outside the context of a comprehensive political strategy they can, especially in the present context, become an excuse for public neglect to pass itself off as benevolent minimal government, leaving the mechanics of social and economic disadvantage undisturbed (Williams, 1983, p. 1006).
5 CONCLUSION

At this point, having looked briefly at some political interpretations of current issues in the disabled people’s movement, we can leave our work in this unit. It is not, in my view, an easy task to determine the position of the concepts of either independent or integrated living on the left/right political spectrum. Whilst there is a central concern with the expression of individual freedom and control over our own lives, this does not necessarily imply adherence to the values of the free market. Few members of the disabled people’s movement would deny that a civilized social response to the fact of disability involves a commitment to the idea of collective responsibility. It is the nature of state intervention which is at issue, not the principle. Particularly in the case of integrated living, there is a clearly stated aim for such interventions, and an emphasis on re-structuring the means by which this aim is to be achieved. The idea that disability can be defined and administered away by professional workers is under attack, and is being replaced by new structures through which disabled people are introducing themselves as social actors in a process of social change. This cannot but create tensions in the existing helper/helped relationship but, as we have seen in this unit, such tensions can be faced and overcome.
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ACKNOWLEDGEMENTS

Grateful acknowledgement is made to the following sources for permission to use material in this unit

Text

Tables
Table p 32 (top) De Jong, G The Movement for Independent Living: Origins, Ideology and Implications for Disability Research. East Lansing, University Centres for International Rehabilitation/Michigan State University
Unit 20 SOCIAL WORK IN THE CONTEXT OF DECLINE

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Aims and objectives

There has always been conflict and controversy over welfare state provision and over the particular role played by social workers. In this unit we provide a critical review of social work’s rapid growth in the 1960s and early 70s and examine the growing difficulties the profession has faced in the 1980s. We explore three sharply contrasting views of social work’s future from the Right, Centre and Left.

The bulk of your work in this unit will focus on three Reader articles:

- Patrick Minford, ‘The role of the social services a view from the New Right’ (Ch 5)
- Joan Cooper, ‘The future of social work a pragmatic view’ (Ch 4)
- Ann Davis, ‘Hazardous lives – social work in the 1980s a view from the Left’ (Ch 6)

When you have read these articles, answered the questions on them and read the associated unit commentary, you should have a clear understanding of some of the main elements in the three approaches as they apply to key areas of social work provision. In particular we look at how the articles address six questions:

1. Who should provide social work services?
2. Who are social work’s clients?
3. What criticisms are offered of current social work practice?
4. What role should the family and community play in service provision?
5. What changes in social work practice would the authors like to see?
6. What is the broader relationship of social work to society?

There is one television programme (TV 11) associated with this unit. It would be useful if you could have read up to and including Section 2.2 before watching the programme. Cassette 5, Side A is also relevant to the unit.
In the 1960s and 1970s social work grew rapidly. One illustration of the scale of the changes is provided by looking at social work training. In 1960, 296 social workers graduated from recognized courses (Younghusband, 1978), in 1972, the second year of the new Certificate of Qualification in Social Work, 2183 students were awarded the certificate, by 1980 the figure had risen further to 3507 (CCETSW records).

If social work could be said to have had its halcyon years, these were undoubtedly in the United Kingdom, in the 1960s. The Labour government elected in 1964 was concerned to tackle social problems and was sympathetic to non-punitive approaches to social deviance. The 1969 Children and Young Persons Act gave social workers a much larger role in the treatment of delinquent children, based on the premise that the root cause of delinquency often lay in individual and family maladjustment. Punishment alone was thus an inadequate and indeed unjust response. Bottoms, in a review of the passage of the legislation, attributed it to the 'conjunction of interest and ideology between the British Labour Party and those in key positions in British social work' (Bottoms, 1974, p. 322). Bottoms argues that the 1968 White Paper, *Children in Trouble* (Home Office, 1968), has much more of the influence of professional social work thinking, this seems to reflect the growth in power in the three-year interim [since the 1966 White Paper] of a very strong team of civil servants at the top of the Children's Department of the Home Office, led by the late D H Morrell and Miss Joan Cooper. For them delinquency is a presenting symptom of a deeper maladjustment, children will grow up deviant if they are denied the advantage of early social work (Bottoms, 1974, pp 331–2).

This practice of interpreting social problems in social work terms was reflected in the early conception of the Community Development Projects launched in 1968. The projects were intended to use community action approaches to mobilize the local community to challenge perceived social pathologies and to reduce dependency on the social services. In part the objective was to provide a community dimension to traditional social work intervention (Loney, 1983).
Social work ideologies were also backed by the growing strength of professional social work organizations in their move towards common action and ultimately common organization around social work issues. Bottoms argues that this process was culminating in the late 1960s, and that this, together with the Seebohm Report, "probably crucially assisted the institutionalization of professional social work concepts within the Home Office at the relevant time" (Bottoms, 1974, p 333). The establishment of the Seebohm Committee and the implementation of its major recommendations was itself a reflection of the growing power of the social work profession (Hall, 1976).

Many were sceptical of this enthusiastic embrace of social work solutions, arguing that as yet there was little research evidence to support social work's claims which thus 'remain largely a matter of faith' (Sinfield, 1970, p 28). The primary attraction of social work, it was suggested, lay in its ability to offer a remedy to social problems which did not depend on large-scale expenditure or more fundamental social changes. In that sense it was attractive, as Sinfield argued, to 'those who do not want to transform the structure of society, but only the means of accommodating "problem groups" to the rest of society' (p 41).

Nonetheless, as John Clarke indicated in Unit 14, the establishment of the Seebohm Committee in 1965 and its report in 1968 paved the way for the reorganization of the personal social services. The 1970 Local Authority Social Services Act required relevant local authorities to create a new committee and appoint a director in charge of a Social Services Department (Hall, 1976, p xx) This presaged the further expansion of social work in the 1970s. Between 1971 and 1974 the number of people employed in local authority Social Services Departments increased from 145 000 to 197 000 (Gough, 1978, p 11).

Spending on the personal social services, of which social work was a part, was particularly rapid in the first part of the 1970s, rising by nearly 70 per cent between 1971 and 1975. Ferlie and Judge (1981, pp 313–14), reviewing the evidence, conclude that 'The golden age for spending on the personal social services was quite clearly the first half of the 1970s'. Growth slowed significantly in the following decade with the establishment by central government of a 2 per cent per annum growth target figure, intended to be sufficient to meet the growth in need caused by demographic changes, most notably the increase in the number of the elderly. In practice some local authorities were able to achieve higher growth rates than the central government targets suggested. Growing demand and the fact that costs in the public sector tend to rise faster than the level of inflation nonetheless made it difficult to maintain previous levels of service.

The election in 1979 of a new Conservative government committed to reducing public spending, resulted in central government attempts to reduce spending on the personal social services. The 1979 Expenditure White Paper proposed cuts of 6.7 per cent for 1980–81 against the spending levels of 1979–80 (Webb and Wistow, 1987, p 164). In the event local authorities successfully resisted this cut and secured real growth of some 3 per cent, though in the following year a small decline in spending took place. Across the board the picture was uneven, with some local authorities being significantly more generous than others. Webb and Wistow, surveying the general pattern of spending between 1978–79 and 1983–84, noted that the 2 per cent growth level required simply to maintain service levels was not universally achieved. ‘Almost two-fifths of all English Social Services Departments received less growth over those years than was considered necessary to maintain service levels’ (Webb and Wistow, 1987, p 167). Webb and Wistow ask to what extent the evidence indicates that service levels have been maintained and propose as the more rigorous test of this that the question posed should not be about absolute levels of provision but provision in relation to need, best measured through the changing size of the client group. They conclude that using this per capita measure the clear conclusion between 1978–79 and 1983–84 is of ‘the failure to maintain service levels across the board’ (Webb and Wistow, 1987, p 169).
Webb and Wistow focused particular attention on services for the elderly, noting that half of the intended 2 per cent growth rate was to enable local authorities to maintain those services. Table 1 indicates both absolute and per capita changes in service provision. The decline in residential care was in line with the planned shift to community care (discussed in Unit 19), but it is clear – with the exception of day care where the expansion is directly linked to the decline in residential facilities – that per capita service levels were not maintained.

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Social work, as John Clarke indicated in Unit 14, came increasingly under attack, through the moral panic generated by the press sensationalism over child abuse cases (Unit 16) and the increasingly vocal scepticism of critics on the Left and Right. The political context within which social work was operating had also changed with the Labour government’s public expenditure cutbacks initiated in 1976, and subsequently with the election of a new Conservative administration in 1979, profoundly unsympathetic to ‘throwing money at social problems’.
2.1 Poverty and unemployment

The world recession, in part triggered by the OPEC oil price increases of the early 1970s, was compounded in Britain by the consequences of the government's tight fiscal and monetary policies. Unemployment soared by more than two million, creating a growing demand on the social services.

The 1980s saw significant increases in poverty which, like unemployment, of which it was a partial consequence, triggers growing pressure on the personal social services. The number of people living below the basic supplementary benefit or poverty line was 2.8 million in 1983 (the last year for which full figures were available when this unit was written in 1987). This constituted a 33 per cent increase since 1979 (Child Poverty Action Group, 1986).

Government figures released in July 1986 showed that the number of those living on or at no more than 40 per cent above the supplementary benefit line increased from 11.5 million in 1979 to 16.3 million in 1983, this represents nearly one in three of the population. Figures 1 and 2 illustrate the growth of poverty in this period.

Figure 1
Numbers of people on and below the supplementary benefit level

Source: Pachaud 1987, p. 23

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Figure 2
The increase in poverty

Note: drawn to scale but scales differ

Source: Pachaud 1987, p. 25

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2.2 Social work and the poor

The unemployed have always provided a grossly disproportionate share of social work's clientele. One survey of a range of research evidence concluded that:

- Only about 10 per cent of client referrals will be from a person in employment.
- Approximately 20–30 per cent will be from the unemployed.
- 25 per cent from "economically inactive" persons, and from between 20 to 35 per cent from elderly clients.
- Ninety per cent of clients are likely to have incomes from a source other than employment—the DHSS in almost every case. (Becker and MacPherson, 1986, p. 18)

An analysis of referrals to Strathclyde Social Services in 1984–5 found that in 76 per cent of child abuse cases and 77 per cent of child neglect cases the family was on supplementary benefit. Seventy per cent of all children received into care in Strathclyde were from families where the household head was unemployed (Becker and MacPherson, 1986, pp. 39, 51). Unit 16 will already have alerted you to the importance of the social factors affecting child abuse.

Another study, by Rhodes and Vest Wilson, of children taken into care in Newcastle between 1971 and 1977 found a marked correlation between family income and receptions into care. Becker and MacPherson summarize the findings thus:

1. Eighty per cent of children's families were living at or below supplementary benefit levels on the first reception into care.
2. This figure increased the more times a child was received into care. Consequently, the figure of those parents living at or below supplementary benefit levels was 83.7 per cent for children received into care on a second occasion. 91.3 per cent of parents whose child was received into care on a third occasion. 94.2 per cent on the fourth occasion. 96.9 on the fifth occasion and a hundred per cent by the sixth reception into care.
3. Ninety-one per cent of the children coming from one-parent families on the first reception were living at or below supplementary benefit levels. Children who repeatedly came into care were more likely to come from a one-parent family. (Becker and MacPherson, 1986, p. 51)

A more contemporary perspective on this was provided in 1986 by the comments of Brian Roycroft, the Director of Newcastle Social Services Department. Roycroft estimated that in 1986 some 17,000 children in the city were living in conditions of 'severe poverty'. He argued that there were obvious links between the increasing amount of child neglect, abuse and sexual abuse and rising poverty. Between April 1985 and March 1986, 166 children were brought to the attention of Newcastle SSD as against 85 in 1983. There was also a 21 per cent increase in the year in the number of children registered on the child protection register (Community Care, 9 October 1986).

NSPCC data, covering some 10 per cent of all children in England and Wales, indicate a disproportionate representation of the unemployed amongst the parents of abused children. In the case of fathers, 35 per cent were unemployed in 1977, rising to 58 per cent by 1982 (Creighton, 1984, p. 12). An analysis of the stress factors affecting registered children's families indicated that the four most frequently quoted were marital discord, unemployment, financial problems and poor parental self-esteem (Creighton, 1984, p. 18). Clearly there may be a strong interrelationship between these four factors. Unemployment and poverty are scarcely conducive to successful marriage or positive self-esteem.

The final report of the ten-year research programme into transmitted deprivation, initiated by the DHSS and the Social Science Research Council, surveyed a very wide range of evidence. The report noted, inter alia, that:

- Hopelessness and despair are commonly noted among families on very low incomes, although many women, and it is usually the women who are being assessed, managed to 'keep cheerful'. In addition to feeling trapped in poverty many families feel a constant anxiety about money. Depression at the frequency of large bills, anxiety over budgeting and even marital rows over money are not, of course, confined to the poor. But for families with very low incomes the anxiety has an extra edge. (Brown and Madge, 1982, p. 160)
The report is not directly concerned with social work but its findings are important in clarifying the potential implications of poverty for children.

The authors note the fear of many poor parents that their children might be taken into care and the connection between poverty and child-care difficulties:

The monetary consequences of poverty, which include disconnection of fuel supply and acute shortages of cash to buy food or clothe children adequately, must create situations where children are not properly cared for in a material sense. And the psychological consequences of chronic anxiety and despair are hardly conducive to happy child-rearing (Brown and Madge, 1982, p 161).

The authors note that the research evidence indicates that parents on low incomes worry about the effects of poverty on their children, whether through the inadequacy of food or the denial of treats and toys available to other children:

Closely linked to this distress that the children suffer are feelings of shame and inadequacy. The humiliation of being poor is regularly commented on. This is a serious problem for those who are dependent on income maintenance, particularly supplementary benefits. Marital relationships are easily strained by persistent poverty and parents' relations with children are often constrained by financial considerations (Brown and Madge, 1982, p 162).

Q Critically assess the argument linking unemployment and poverty with a greater incidence of child abuse and other child-care problems.

You will be alert by now to the difficulties of drawing straightforward conclusions from data. The fact that two sets of numbers appear to move in tandem certainly does not of itself demonstrate causation. Thus if crime rates were to fall in August and the number of people taking foreign holidays is at its peak in that month, this does not in itself suggest that the explanation is that large numbers of criminals are otherwise engaged sunbathing on the so-called Costa del Crime.

In the case of child abuse and neglect, a number of other interpretations might be placed on the data available. Two can be easily identified:

- Poverty is in a large measure a consequence of personal inadequacy, lack of effort and motivation. Those who are poor will overwhelmingly come from poor backgrounds. The cycle of deprivation in which they live will include their own childhood experience of poor parenting which they will pass on to their children. Sir Keith Joseph, when he was Secretary of State for Social Services in the Heath government, outlined this cycle of deprivation approach to poverty:

  Our most difficult task by far is a better start in life for deprived children. For stable and healthy maturing, children need a consistent combination of love, firmness, guidance and stimulus. When parents do not understand this — either because they are immature or because they had bad childhood experiences themselves — their failure to give their own children this proper background may contribute to physical, emotional and intellectual deprivations. It is where there is a combination of bad factors — problems associated with poverty, poor housing and large family size, for example — that children are most at risk (Joseph, 1972, p 9).

  From this perspective, the greater incidence of child abuse amongst the poor may be seen as a reflection of their broader inability to function successfully in the contemporary world.

- Other writers have argued that the statistics themselves must be assessed more critically. All the statistics tell us is that a disproportionate number of children in poor families come to the attention of the authorities. It may be that this is a function of the greater vulnerability of these families to official attention. From this perspective what distinguishes the poor from the better-off sections of society is not so much the propensity to abuse as the ability to protect the family from outside scrutiny, the greater access to lawyers, the more equal relationship with medical practitioners, and so forth.
- It can also be argued that the definition of abuse is itself, at least in some measure, reflective of value judgements. Critics may argue that whilst failure to nurture and nourish poor children properly is readily focused on, the practices of the rich are deemed acceptable, whether they be the entrusting of children to an endless succession of au pairs and nannies, or the disposal of them, at an early age, into the private school system, a peculiarly English custom. Certainly when we use arguments, as I did, such as ‘unemployment and poverty are scarcely conducive to successful marriage or positive self-esteem’, we need to be aware that there is no universal agreement on what a happy marriage is or indeed how to determine its existence, an argument which might similarly be applied to self-esteem.

- Finally, we should note that the explanations offered are not mutually exclusive elements of all three could be involved. My own emphasis clearly stresses the contribution of poverty and unemployment to child abuse and neglect, but I hope I have indicated enough of the alternative perspectives to show that this cannot be a conclusive answer.

In the 1980s, then, social workers faced increasing demands as the number of potential clients was vastly increased as a consequence of growing unemployment, an ageing population (see Unit 4), cutbacks in public spending, and the continuing deterioration of the inner cities and some of the hard-pressed regions of the British economy. Television programme 11 examines some of the problems now facing social workers in the particular area of the East End of Glasgow.

**MEDIA NOTES**

**Television programme 11**

**Social Work in the Inner City**

In Television programme 11 we look at the way in which poverty and the growing pressure on Social Services Departments affect the delivery of social work services.

Strathclyde Social Services Department is the largest in the country. The area which it administers contains some of the worst social deprivation in Western Europe. The particular focus of our programme is in the East End of Glasgow, which has been the target for an innovative urban renewal initiative discussed in Peter Hetherton’s article reprinted earlier.

Unemployment, poor housing and poverty continue to be major problems for the residents of Glasgow’s East End. The inability or unwillingness of the DHSS to operate an efficient or an equitable income maintenance system means that social workers are increasingly forced to become involved themselves in the income maintenance field.

The ‘client bombardment’ which the area office faces makes it difficult for social workers to engage in traditional casework. Social workers are besieged by clients whose problems largely lie in the income maintenance and housing field and are simultaneously pressured by the courts, which play a much more critical role in social work in Scotland, to produce reports.

The programme explores what happens in these circumstances:

- What client groups get left out in the fight for scarce resources?
- How much attention can social workers give to individual clients?
- Can families experiencing relational difficulties be offered skilled therapeutic assistance or a place at a family centre?
- How relevant is social work for the problems faced by many of those who approach the area office for assistance?
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Returning to the issue of child abuse, the moral panic showed no signs of abating, though there was growing evidence of the difficulties encountered by some social work departments in playing an adequate role in this area.

A study commissioned by the Department of Health and Social Security which was published in 1982 found that understaffing and inexperience amongst Social Services Departments and social workers caring for children at risk were major factors in a number of serious cases of child abuse (DHSS, 1982).

An inquiry into the death of Shirley Woodcock, taken into care by Hammersmith Social Services Department, described the department’s policy as ‘fostering at all costs’ and noted that the one factor in the council’s failure to provide adequate care was staffing levels: ‘It has to be stated categorically that the staffing levels within the area teams of both social work and administrative personnel are such that any absence cannot be covered adequately by remaining staff.’ The inquiry suggested that if the council was unable to carry out its statutory duties, then the Social Services Policy Committee should ‘issue a clear statement of priorities which acknowledges that, given present resources, some services cannot be provided’ (Community Care, 20 January 1983). This paralleled the findings of the chair of a panel of inquiry into the earlier death of Lucy Gates, who had been left in the care of her mother by Bexley Social Services Department. Mr Arthur Meldon, QC, Chairman of the Panel of Inquiry into her death, in a fire which occurred while her mother was out, concluded ‘If in the present economic climate more money cannot be made available for supporting families at risk in their own homes, then, if their children are to be safeguarded more may have to be separated from their parents with the financial and social consequences which the alternative course will entail’ (The Guardian, 13 November 1982).

In 1986 the newly launched Childwatch organization presaged a new level of public interest and concern over the issue of child abuse, particularly sexual abuse. At the same time, in the London Borough of Chelsea, it was reported that the area team in one of the most deprived sections of the borough were already concerned about their inability to provide adequate cover for child-abuse cases (Community Care, 6 November 1986). In neighbouring Brent the trade union NALGO and the acting Director of Social Services disputed whether there were 70 or 25 unallocated child abuse cases (Community Care, 4 December 1986). Health visitors in the borough were reported to have such heavy child-abuse case-loads that they were unable to do routine work and one, carrying no less than thirty cases, was said to be ‘frightened’ of the responsibilities involved (The Guardian, 15 May 1987).

The emphasis of the Thatcher government was on reducing the expectations placed on local authority social services and increasing the role which would be played by the voluntary sector, the family and the community. The government was thus unsympathetic to expanding the activities and budgets of local authority Social Services Departments. Nonetheless, in the face of central government cutbacks many local authorities chose to provide particular protection to the personal social services...
Indeed the level of 'overspending' incurred by some local authorities in their effort to prioritize personal social services and thus, in their view, protect the weakest members of society, was dramatic. In 1983–4, for example, among the thirty-three London boroughs only two or three were not spending above the government limit. Camden was overspending to the tune of 44 per cent of its social services budget. In Harringey the overspending on social services was calculated to be £6.5 million on a £23 million annual budget (Townsend, 1984). In spite of this protection the growing number of clients and their even more intractable problems placed a severe pressure on resources. Client 'bombardment' threatened the viability of some services, resource shortages could lead to situations where social work departments were no longer able to perform their statutory obligations adequately.

The shift into community care, which was discussed in Unit 18, could serve to reduce the pressure on local authority Social Services Departments and to mobilize carers in the community. This could be, and in government rhetoric often was, associated with an increased role for the voluntary sector. Thus the then Home Secretary, Leon Brittan, told the National Council for Voluntary Organizations

Care in rather than out of the community has received increased emphasis in recent years. Not so much because of resource constraints – though resource constraints there have undoubtedly been. But rather the human and social advantages of caring for the elderly in their own or their family's homes, caring for children at risk through fostering in other people's homes, caring for and re-settling ex-offenders within the community – all these have come to be valued in their own right. Those who provide such care often need support. This is where voluntary organizations come in. (Leon Brittan, speech to the Conference of the NCVO, 5 April 1984)

Q Can you think of any difficulties which greater dependence on the community and the family would raise?

Perhaps one of the first things that spring to mind is the very wooliness of these concepts. Your reading of Block 2 will have alerted you to the danger of making assumptions about the family. Many people do not live in conventional nuclear families. Irrespective of what policy-makers may desire, not everybody will see elderly parents or other relatives as part of their family or, indeed, as their responsibility. Equally, as Unit 18 suggests, the concept of community is inherently vague. Which community will provide care – the local neighbourhood, an identifiable network of friends and relatives, specific local social services agencies – or does the very use of this concept conceal the lack of careful planning for provision?
To be successful, however, community care strategies often depend, as we have seen in Unit 18, on the injection of the necessary resources. The failure to do this led to warnings that, without the necessary resources, 'Community care could increasingly come to mean "abandoned" in the community' (Webb and Wistow, 1982)

An inadequately resourced community care policy, coupled with a decline in social service provision, could also mean an increased pressure on the family, and more particularly on women.

An examination of community care, in a situation where there is minimal input of statutory resources, reveals that the provision of primary care falls not upon 'the community' but upon identifiable groups and individuals, in a way which is not necessarily equitable. Indeed, this can be best expressed in terms of a double equation — that in practice community care equals care by the family, and in practice care by the family equals care by women. (Finch and Groves, 1980, p 494)

The very choice of the words 'community care' provided an acceptable face to a policy which sought to transfer the work involved in care from the public to the private sphere. There, no matter how altruistic the carers might be or how good the quality of care, the fact remains that time spent caring reduces the potential for employment. Care remains work but work that no longer has to be paid for.

A further emerging trend, which in part was linked with the growing emphasis on the role of the voluntary sector, was the more explicit moves to the privatization of some of the activities of local authority Social Services Departments. Thus, for example, The Guardian announced in May 1984 that twenty-one pensioners are being 'offered for sale' with their old people's home by the London Borough of Wandsworth, which prides itself on extending the frontiers of privatization. The council is offering a 'dowry' with each resident so the new private owners will receive a guaranteed income from Wandsworth ratepayers to look after them until they die. (The Guardian, 2 May 1984)

The search for economies prompted not only the sale of some homes but also the closure of others and an increased shift of emphasis into purchasing places in voluntary and private sector residential institutions or fostering in the community. The growing emphasis on fostering led to an increased role for financial incentives in providing foster-parents, and it was reported that some would-be foster-parents 'now phone around London boroughs looking for the best deal'. Taking care of children is indisputably hard work but the increased use of financial incentives necessarily
raises questions about the relative importance of normal market mechanisms as against altruism in the provision of caring services (Laurance, 1984)

More enthusiastic privatizers have sought other opportunities to enhance the role of the private sector. Merton Social Services Department privatized its meals-on-wheels service and lunches in old people’s homes, though this produced a flood of complaints and was described by the Secretary of the Social Care Association as ‘a disaster’ (Community Care, 2 August 1984). Ultimately the scope of privatization seemed to be limitless. An early enthusiast, Nigel Grindod, the then Director of Croydon Social Services, saw some scope for raising revenue by charging directly for social work services ‘the idea came to me when we were asked by the council to look at ways of raising money. After all, you have to pay to go and see the dentist or have your eyes tested, so why not when you see a social worker?’ (The Guardian, 28 October 1981). At the time of writing (to the best of my knowledge) no local authority has yet introduced such charges, but local authorities have begun charging for social-work-related services, in particular for home help. The introduction of charges for home help for elderly and disabled people by Redbridge Borough Council, for example, resulted in 286 people cancelling their home-help service, of whom 236 were old or disabled people, dependent upon supplementary benefit or with gross incomes below £35 per week (The Sunday Times, 14 September 1980).

These perceptible shifts in both the organization and philosophy of the personal social services have to be set in the context of the government’s wider philosophy. Many on the New Right were profoundly unsympathetic to traditional social welfare notions and social work was tarred with the larger welfare brush. It was seen as encouraging dependency, while social workers themselves were often held to be the prisoners of those very permissive, liberal reform attitudes, which were responsible for undermining effort, weakening morality, negating the proper role of the family, and relaxing those social disciplines required to maintain social cohesion. One aspect of this criticism is well illustrated in June Lait’s observation on the Lucy Gates case. Lait accepts that children require protection:

When infants need care their parents are failing to provide, someone must provide it. In this area of provision the question of merit cannot really arise — no-one would argue that two-year-old Lucy Gates, returned to her feckless mother by social workers, deserved to be burned to death. There would be less agreement about whether her mother, who left her asleep on the floor in front of an unstable electric fire while she went out drinking, merited punishment, or whether, as the social workers involved believed, she needed emotional and financial ‘support’ (Lait, 1981, p. 24).

In the face of growing criticism, increasing resource pressures and client bombardment, there is evidence that social workers themselves were experiencing a
growing crisis of confidence. In a review of the response to the murder of three social workers in a two-year period, Community Care writer Boyd Tonkin noted:

That social workers are exposed to regular assault, or an equally disturbing threat of it, no one should now doubt. But violence, and the anxiety it stirs, may also function as a ‘code’ in the profession for a wider unease that stems from low morale, public scorn, excessive workloads and meagre rewards. Social workers, rightly, fear attack. They also resent the general indifference to the demands and dangers of their calling (Tonkin, 1986, p 23). In the mid 1980s social work faced a number of critical questions. These included:

1. How far should local authority Social Services Departments continue to act as the primary providers of social work services?

2. If social work is indeed a part of a wider network of welfare agencies and practices which constitute both a growing drain on public expenditure and frequently promote further dependency, rather than encouraging an effective independence, what changes are required in social work philosophies and interventions?

3. What role should community care play in service provision, what resources should be put into community care, and how far should social workers be essential catalysts or organizers of community care strategies?

4. Is social work’s historical dependence on casework as the primary approved technique of intervention still relevant? How far have the growing pressures on the social work services made the casework ideology obsolescent as the social workers have sought to allocate ever scarcer resources among increasing numbers of clients? Could a redefinition of social work’s tasks, together with resource enhancement, rescue a casework service for an appropriately targeted clientele?

5. Social work has always displayed a tension between a concern for the reform of those conditions which have blighted clients’ lives and a focus on individualized therapies and supports which have sought to enable clients to cope more effectively with the existing society. If the growth of unemployment and poverty have had such a major effect on the circumstances of social work practice, can social workers be expected to turn with greater vigour to the wider issue of social reform? What role could social workers play in seeking broader social change? What implications will this have for their relations with their clients?

6. How will those who believe in the continued salience of traditional casework approaches, or other approaches which continue to depend on the skilled intervention of qualified professionals on a one-to-one or family basis, meet the charges of sceptics who suggest not only that such approaches are largely irrelevant to the broader structural issues generating many social problems, but that in any case belief in their effectiveness depends on faith rather than research evidence?
I am now going to ask you to read three articles which look at the future of social work from very different viewpoints. The first, by Joan Cooper, presents a mainstream view. Cooper is a former Chief Inspector in the old Home Office Children's Department, and she has played an important role in the history of British social work. Cooper challenges the notion that social work is in crisis, seeing it rather as facing a number of changing social conditions, but ones which do not challenge its underlying principles: 'social work is exposed to immediacy and conflict rather than being in crisis.'

Patrick Minford, Professor of Economics at the University of Liverpool and a highly influential thinker on the New Right, articulates the broader case against large-scale government provision of health, education and welfare services. Minford looks at the implications of this argument for the personal social services and for the allocation of responsibilities between statutory agencies, the private sector, individuals, families and the community. From this vantage point the role of the personal social services will be significantly different both in its institutional setting and in the range of activities envisaged, whilst individual responsibilities will be more clearly delineated and enforced.

Ann Davis roots social work practice and the issues facing social workers firmly in the context of the wider structural questions of rising poverty and unemployment. She suggests that what is required is for social workers to place a greater emphasis on their links with their clients and on mobilization for broader social change. There is some common ground with Cooper, who concludes that social workers should seek 'to enable marginal groups to participate in the community as well as to receive service from it.' Where the authors part company is on the broader political role which social workers can play. Here Cooper is quite clear, arguing that the role that social workers can play 'in the redress of structural inequalities is minimal.' Davis, whilst accepting the difficulties which lie in the way, argues in contrast that 'the encouragement social workers give to political participation by those with whom they come into contact may challenge the current welfare agenda. But only by making a start can social workers hope to make a positive contribution to dismantling the hazards faced by people who become clients' (Loney et al., 1987, pp. 92-3, emphasis added).

The three articles represent markedly contrasting views. Cooper sees social work continuing to develop along established lines, an expert service focused on individual and family intervention within a wider welfare matrix. Minford challenges the whole notion of a welfare state, arguing that public provision removes the proper role of the market – a more efficient and responsive distributive mechanism, undermines recipients' independence, and encroaches on the proper responsibilities of the family.
Davis does not challenge the provision of social work services by the state but argues that, since social work clients are overwhelmingly affected by poverty and unemployment which require redress through structural change, social workers should be aware of the pressures to marginalize their clients. What is required are efforts to remove the stigmatization of social work clients and the imposition of repressive norms on their behaviour and steps to promote greater political participation by clients to challenge those structural factors which generate their problems.

The articles do not address identical questions but it is possible to discern some overlapping themes. You may like to review how the different authors would answer the questions below. You will not be able to find a straightforward answer to each question in all three articles but you may be able to formulate your own answer based on your understanding of the general position of each of the authors.

1. Who should provide social work services?
2. Who are social work’s clients?
3. What criticisms are offered of current social work practice?
4. What role should the family and community play in service provision?
5. What changes in social work practice (as distinct from the framework of service delivery) would the authors like to see?
6. What is the broader relationship of social work to society?

(Answers are provided at the end of the unit.)

The views which the writers hold about social work are in part a consequence of their broader social and political perspectives. As you read the articles you may want to consider what influence these wider views have and what criticisms each of the authors might make of the other contributions.

You should now read Chapters 4 (pp 58–69), 5 (pp 70–82) and 6 (pp 83–93) in the Reader.

In addition to the questions we have identified, the articles raise a range of other questions and make a number of questionable assumptions.

Think back over the arguments the authors make and list some of your own critical questions about their respective positions.

I am not going to attempt an exhaustive list, but here are some of the more obvious points that struck me:

- Joan Cooper calls hers a pragmatic approach, an attractive description in a country in which no-nonsense pragmatism is highly regarded, but what is it that makes this more pragmatic than the other approaches? How effectively does Joan Cooper deal with the charge that research has so far failed to demonstrate adequately the effectiveness of social work intervention?

- Joan Cooper seems to assume a strong measure of consensus for the ‘deserving poor’, notably those with disabilities. But could it not also be argued that it is precisely the break-up of any consensus over publicly provided welfare services which characterizes the current debate over welfare? Certainly there is a vast gap between Cooper’s position and the minimalist approach advocated by Minford.
Minford assumes the superiority of private provision delivered through the market, but is the market necessarily a guarantor of better service? What about shoddy car repairs, badly made domestic appliances, the superabundance, at least in Britain, of third-rate restaurants, all of these existing in apparently competitive market situations? Indeed, the number of complaints about the treatment of the elderly in public and private institutions should alert us to the danger of easy answers.

Minford makes a series of assumptions about the role of the family in providing care but, as we know from Block 2, families may take many diverse forms and clearly not all are either able or willing to provide care. In addition we should be alert to the assumptions about appropriate family responsibilities. Minford argues that ‘If a family has a handicapped child, for example, they should expect to look after and equip him or her for life as best they could’ (p 81, emphasis in original). As you will recognize from Block 2, this is a particular construction of family duty. Others might argue that there is no inherent obligation to care, simply by accident of familial relationship.

Davis argues for a greater degree of political awareness and activism among social workers, but how far is this consistent with the fact that many are employed by elected local authorities of a variety of political colours?

Davis argues that social workers should seek to mobilize clients to seek political change. Is this what clients want? Are social work clients – often the most vulnerable and deprived members of society – a potential catalyst for social change, or are they in fact too concerned with day-to-day survival to engage in effective political action?

You will no doubt have identified other questions. Important skills in social science include the ability to assess critically a writer’s position as you read an article, to detect implicit as well as explicit assumptions, to examine the use or absence of evidence, to think through the logic of the argument and to try to develop counter-arguments. An active reading of the text is far more effective than letting the words flow over you, even though it is more time-consuming and more mentally strenuous.
4 POLITICS AND SOCIAL WORK: CONCLUDING COMMENT

It will be clear that underlying the different approaches to social work are radically contrasting visions of society. Minford writes from the perspective of the New Right, with a broader commitment to the supremacy of the market over other forms of provision and a belief in only minimalist welfare provision. From this standpoint welfare is seen as a corrosive force undermining initiative and promoting dependency. Excessive welfare benefits price people out of work by making it relatively unattractive to work at the rates offered rather than to claim benefit. You might note, however, that the claims Minford makes for the effects of reducing benefit levels in raising employment stand in marked contrast to the research cited by Ditch in his Reader article (Ch 2)

The New Right argues that the high taxation required to maintain public sector provision of health, education and social services inhibits enterprise by reducing the incentives available to the successful. The unsatisfactory demands of the public sector for ever more resources increasingly crowd out the private sector investment on which ultimately the prosperity of the country depends. It is axiomatic to the New Right that, with few exceptions, private provision is inherently more efficient, indeed, Minford suggests on the basis of a series of linked propositions about the effects of taxation that ‘60 per cent of the total cost of any government expenditure is a pure burden of waste on society’ (p 76, emphasis in original)

From this perspective wellfaring attitudes are as likely to exacerbate social problems as to resolve them. The social workers who identify with their clients and provide further material support or assistance in meeting caring responsibilities might be seen as further promoting dependency rather than forcing clients to stand on their own two feet. In the words of the American New Rightist George Gilder ‘What the poor need most of all in order to succeed is the spur of their poverty’ (Loney, 1986, p 22)

Block 4 offers a further discussion of the New Right, and Barry’s article in the Reader (Ch 11) provides a strong argument in favour of the superiority of market mechanisms.

Davis roots her approach to social work within a broader socialist critique of capitalist society, strongly influenced by contemporary feminist concerns. From this perspective, ‘Welfare provision in itself cannot eradicate disadvantage and deprivation because they are the products of our political and economic system. Nothing less than a fundamental change in the social order is required to tackle disadvantage and deprivation at their root’ (p 85) This wider vision of the need for political and social change is inextricably linked to Davis’s view of the role social workers should play in identifying with their clients’ oppression and seeking to politicize them. From this perspective solutions must ultimately be sought not primarily in social work but in political change. In the discussion of the new municipal socialism in Unit 24 some of the specific ways in which those on the Left have sought to tackle this political agenda are addressed in more detail.

Joan Cooper does not explicitly root her argument in a broader political framework, though clearly it is premised on a belief in the importance of publicly provided social services to assist needy groups. The main thrust of her argument is perhaps better seen as a case for social work as an expert profession, operating on a terrain primarily determined by wider social, economic and political factors.

In Block 4 we turn away from social work and address this wider political canvas. If social workers are unable to solve many of their clients’ problems, do answers lie in wider social, political and economic changes?
Below I offer some answers to the six questions posed on the Reader articles in the activity on p 56

1. *Who should provide social work services?*

Cooper and Davis both see the public sector as the primary provider. Cooper, however, sees no necessary antagonism between private and public provision, arguing *inter alia* that 'developments in the private sector particularly for elderly people, provided the social work ethic prevails, may well produce a co-operative partnership' (p 66)

The Left has been, in general, antipathetic to private sector developments. Both Left and Centre have accepted a significant role for the voluntary sector, though the former has placed more emphasis on according the major role to statutory provision and has criticized the unaccountable nature of some of the larger voluntary organizations.

Minford clearly articulates a model of welfare provision in which private and voluntary sector providers will dominate, the public sector would be involved only in providing support through a negative income tax scheme, issuing vouchers and in a broader ‘policing’ role.

2. *Who are social work’s clients?*

Cooper argues that ‘social workers are in business to challenge in social terms the doctrine of the survival of the fittest’. Elsewhere Cooper writes:

> The main categories of client groups who are deemed in law to require service or protection are an historical legacy derived from the Poor Law (abolished in 1948) and from medical and penal services. They are vulnerable or dependent people because of age or condition, or deviants from the accepted norms of society, but assessed as likely to benefit from support, counselling and care or benign social control (p 59)

For Cooper, then, clients are characterized by dependency or deviancy, there is a suggestion that they are disproportionately the ‘less fit’. Poverty is clearly a factor, but it is not necessarily caused by social structure, it could equally be caused by the clients’ own difficulties and adjustment.

Davis overwhelmingly emphasizes poverty as a factor which makes people vulnerable to becoming social work clients.

> The recipients of social work services are people whose lack of resources, vulnerability and behaviour cannot be adequately met and dealt with by their own social networks or privately purchased alternatives. From the perspective of the political Left the relationship between poverty and social work is seen as reflecting deep-seated structural rather than individual characteristics. It is the product of a capitalist society which is organized in such a way as to create and perpetuate want amongst a substantial section of its population. (pp 84, 85)

Minford does not directly address the question of who are social work’s clientele, but part of the New Right critique focuses on the way that service provision itself fosters dependency rather than enhancing people’s incentive to be independent. The New Right has little sympathy with ‘misfortune which is self-inflicted, either directly or indirectly by failure to insure against it’. Davis offers one summary, though an unsympathetic one, of a New Right view: ‘They view the association between social work help and poverty as a reflection of the kind of individual pathology and lack of moral fibre which jettisons people into poverty in the first place’ (p 84)

3. *What criticisms are offered of current social work practice?*

The New Right’s criticisms of social work practice range, as John Clarke suggested in Unit 14, from challenges to social work’s claim to professional expertise to broader attacks on any state-provided welfare services and their role in fostering unproductive welfare attitudes. Minford makes clear the New Right belief that soft approaches to social problems, however well-intentioned, may actually exacerbate these problems. Thus in discussing the need to curb assistance to the inadequately
insured elderly or to mothers of illegitimate children, Minford argues that by making people bear the costs of their decisions problems will be reduced. 'The inevitable penalty is the suffering incurred when people fail to avoid such need. Conversely, a system which abolishes or alleviates this suffering (as at present) will generate more avoidable need, ultimately possibly a lot more as people learn to exploit it efficiently' (p 81)

The role of social workers, on this reading, will have less to do with empathizing with clients, unless they are clearly deserving, and more to do with policing their behaviour. Minford makes this clear in his discussion of the role of the personal social services in relation to children:

I assumed the unmarried mother would look after her illegitimate child. Yet these services deal also with individuals whose rights within the family have been violated that illegitimate child may need to be looked after, the mother having abandoned or neglected it. Should not the state intervene here? Of course it should. But in this case the child's rights must be upheld, the mother must be compelled to look after the child or, if she refuses, she must pay for the child's upkeep and be punished for her violation (p 82)

Joan Cooper, as might be expected from somebody who has played a major role in developing our social services, is generally supportive of current practice. Intervention is 'based upon a skilled assessment of need and the matching of available or created resources to provide opportunities for adequate personal care'.

Davis is strongly critical of mainstream social work practice, arguing that services are hierarchically organized and may well further marginalize clients. Social workers and the social work literature frequently ignore issues of poverty, gender and race. She criticizes the suggestion that social workers can be professionals simply oiling the wheels of society. 'Such a view of social work is firmly rooted in a belief that the world we live in, however imperfect, is one in which common interests and beliefs outweigh conflicts. The Left argue that it is conflict of interest and oppression which characterize the way society functions' (p 87)

4. What role should the family and community play in service provision? The provision of personal social services inevitably involves providers in close links with the families of clients and with the broader community, but there are significant differences of emphasis in the three articles. Minford clearly wishes to situate the primary responsibility for provision with the individual and the family. Where services are required these should be paid for. For example, there would be 'no special help to the elderly visits by home helps [would] be paid for' (p 80).
responsibility for disabled children would be clearly placed with the family, and support would only be provided through a Negative Income Tax.

Within mainstream social work, advocates of ‘patch approaches’ see neighbourhood teams working more closely with the local community, as Cooper notes: ‘The patch approach is more traditional in re-emphasizing a geographic base for social work, inviting local participation and mobilizing local statutory voluntary and informal carers, to capitalize on community resources’.

Davis is sceptical of community care approaches which will place renewed emphasis on the role of women in providing care. The model she articulates, however, has considerable implications for social work’s relationship with the community. Davis calls on social workers not to hide behind professional detachment and claims of expertise but to identify with their clients. ‘The direction of such change needs to be towards dialogue, and involvement with the communities which workers and agencies serve’ (p 89).

What change in social work practice would the authors like to see?

Cooper places strong emphasis on the need for more research and evaluation ‘to assess the efficacy of modes of intervention varying from individual, group and neighbourhood to promote the competence and confidence of social workers, and to specify more closely their social utility’ (p 67).

Minford does not focus directly on social work practice, but the implication of his remarks for the personal social services is that social workers increasingly will play a policing role. They would be there to ensure that families are fulfilling the legal obligations laid on them, whether through taking out adequate insurance in the private market, or by providing care for disabled children or to dependent elderly relatives.

The implications of Davis’s approach for practice are radical. In Davis’s model, social workers, in identifying with their clients and in perceiving their clients’ problems in terms of the broader structure of inequality in capitalist society, would become conscious political actors seeking to serve as catalysts, where possible, for broader social change. This does not mean that social workers would cease to provide services directed to tackling individual needs, but rather that the way in which services are provided will be different. ‘As the women’s movement has shown, individual contact, discussion and support can be productive. It can strengthen understanding and the motivation to tackle private sorrows which are shaped by the political and economic interests operating in society’ (p 89).

What is the broader relationship of social work to society?

Cooper suggests that social work has evolved as part of the ‘collective response of the welfare state to meeting social need’. She suggests that social workers in many of their activities enjoy a broad consensus of support in dealing with ‘deserving’ client groups. ‘Its intervention through offering care, support and practical assistance commands public approval and sympathy for handicapped people of all ages’. Social workers operate on a ‘continuum of care and control, necessary because any society needs a social defence system’ (p 60).

Minford sees the personal social services in the broader context of arguments around whether the market or the state is the most effective provider of services and over the justice of redistributive social programmes. Minford argues that the role of the state in the social service area should be a minimalist one. Social work services, by implication, like health, education and welfare services, should largely be purchased in the private market. From this New Right perspective current social work provision is part of a larger matrix of social services financed through taxation which interferes with individuals’ right to spend money as they wish and which removes such services from the beneficial impacts of market mechanisms. In a society in which the state played a much smaller role in service provision, social work services need not be seen as intrinsically different from any other kind of services which the individual may or may not wish to purchase.
Davis sees social work as it is currently practised as largely a conservative force. Social problems are individualized, and the treatment of clients by social work agencies 'uniquely underlines their personal responsibility for their predicaments. The casework approach adopted in most social work agencies is one which lies at the centre of this process. Traditionally it has masked the social and political forces which shape individual lives' (p. 89). Davis, as we have seen, argues that social workers must reject this stance in favour of acting as agents for radical reform. Cooper, in contrast, specifically rejects such an approach, arguing that social work 'claims neither the knowledge nor the role to reform society politically or economically'.
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Text
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Tables
Table 1 Webb, A and Wistow, G *Social Work, Social Care and Social Planning*, 1987, Longman

Figures

Illustrations
All photographs Ian Sutherland, all cartoons Colin Wheeler