Constraints on change
4 Constraints on change

As was pointed out at the end of chapter one, none of the ideas about a greater voice for disabled people is new. There are many reasons why, despite this, there have only recently begun to be so many determined efforts of the kinds noted in the previous chapter, and why progress has in general been slow: intolerably slow, for those people most affected. If change is to come more quickly, it is important to understand the constraints as well as the opportunities.

Many of the constraints come from outside social services departments, from social security and other central government policies (or lack of them); from other local authority departments such as education, housing and planning; from health authorities; from aspects of local employment or housing markets; and others. These often play the critical role in determining whether changes can be considered or implemented or sustained. However, the focus of this chapter is narrower, exploring constraining factors within social services departments themselves, and those relating to families and other carers, and to people with disabilities.

Social services departments are complex organisations and change of any kind is rarely straightforward, given the interaction of political, bureaucratic and professional interests. Knowledge about possible impediments is necessary if these are to be tackled systematically, taken into account when opportunities for change open up, and not overlooked in planning. Awareness of constraints in relation to particular initiatives can help, too, in considering whether policy can play a role in cutting across difficulties.

The constraints are of many different kinds, and include organisational arrangements within departments, attitudes and
engrained methods of work of staff, the experience and expectations of carers, and the self-image and strength of people with disabilities. Although the word ‘constraint’ has negative connotations, as a limitation on desirable action, in some circumstances scepticism about proposed change or unwillingness to co-operate in such change can be an understandable reaction and also act as a safeguard against over-enthusiasm or too uncritical an acceptance of current fashion. Some recent descriptions of attempts to implement change have given examples of this, making plain that the implications of change have not been thought through sufficiently. Thus, for example, Andrew Tyson has described his experience in trying – as he initially thought – to empower the users of a Brighton mental health day centre:

The members had showed that while they had accepted and found energy for organised groups, counselling and reviews – indications of our concern and belief in them as individuals – they were not prepared to take a message which seemed to say little more than, ‘Over to you now folks’ for much of the day-to-day running of the place.

Parents or other carers may recognise, and value, the intended aims of changes proposed by staff, but point to flaws or inadequacies once these are examined from other perspectives. They may be in desperate need of respite, and moves towards greater independence and a greater say by those they care for may seem inappropriate when provision basic to their continued capacity to care is lacking. In addition, a social worker whose son has severe learning difficulties has written in relation to the new ideas about how day services should be run:

When provision is diversified, carers pick up more responsibility for the total programme as well as more actual work in making arrangements work ... But we feel depressed and exhausted due to years of non-stop care, having to take the initiative and accept sometimes unsuitable and unreliable services ... It is not enough to increase provision if carers are too disillusioned, depressed or reluctant to grasp the opportunity.

Paul Taylor and Alan Bailey have pointed to another kind of situation where caution is indicated:

Staff coming on to shift [in a group home], presumably after a good night’s rest and fired with enthusiasm for the project and keen to help the client develop, can simply be too much. They see the client only during the hours of their shift and can find it difficult to
understand the whole person ... One client recently asked ‘Is it alright to be unhappy?’

Such examples point to the need to understand how those on the receiving end of new ideas actually experience them. Sometimes, at least, the word ‘constraints’ needs to be used in a descriptive way, without falling into the classical ‘blaming the victim’ syndrome, or castigating family or service providers for unwillingness or inability to move as fast or as fully as others might like.

Social services departments
In looking at the constraints arising from the department itself, it is helpful to look first at organisational aspects and then at those concerning staff, although these are, of course, interrelated. As Andrew Tyson points out in the article quoted above, ‘Nothing is straightforward when we’re talking about relinquishing power’, or, as a manager in another authority put it, ‘It is difficult for a local authority to let go sufficiently’.

As departments of a local authority, rather than free-standing agencies, social services departments are subject to the constraints (and the opportunities) of a framework set by local politicians accountable to local populations although within parameters increasingly set by central government; they are dependent on resources attained largely through corporate decision-making. There are constraints and opportunities in relationships with other service departments, and with corporate personnel, treasurer’s and other central units or departments. Relationships with trade unions provide many opportunities, but also many constraints, when nationally-agreed job descriptions or the current climate of industrial relations in the authority provide unfruitful ground for change. Council policies on equal opportunities in employment and service delivery can be used as springboards for consideration or introduction of change, but other council policies may exercise a much greater inhibiting force. The introduction of the poll tax, and the many changes in local government following 1988 and 1989 legislation and subsequent regulations, will have further constraining effects.

Many different points were raised in the project interviews, or are raised in the literature, about constraints relating to the nature or operation of social services departments. One manager of services for people with learning difficulties, for example, was concerned about
absence of policy. She was pleased that committee papers now included references to ‘individualisation’, ‘self-determination’ and similar goals. However, as these existed only in a fragmentary form, rather than in a specific policy document, she feared that if she left the authority her work might easily be dissipated. Stephen Beyer and his colleagues, in their review of planning for the All Wales Strategy, refer to the role of councillors in determining the particular directions of change: they include among the ‘key issues’ strong councillor commitment to ATCs or hostels. As always in the attempted introduction of change in social services departments, issues of adequate time arise: Janet Monk, in discussing the innovative Bolsover day service, draws attention to a common problem in noting that the specialist social worker in the area office and the project workers had time only to discuss problems, not to consider issues and to plan as had been intended.

In one of the reports stemming from Exeter University’s programme of research on younger disabled people, the researchers outline a number of constraints on ‘whole person support’, including the problems for service providers in having to act both as advocates and as gatekeepers, their reluctance to raise even for discussion ‘optimal’ options currently unavailable, the difficulties arising from fragmented services and lack of staff with appropriate skills. These issues take on added significance in light of the community care White Paper’s emphasis on case management.

Lack of trainers with appropriate skills was seen as a problem by one training officer interviewed. She said she had thus far been unsuccessful in finding people with disabilities who had training skills which enabled them to go beyond a description of their own disability; or who could discuss more general issues of disability awareness without an aggressiveness which she considered likely to be counterproductive, and which she described as ‘kicking social workers when they were down’.

Conflicting roles of social services staff, and their relationships within the system of the department, have led to other problems. Officers with specialist responsibilities attempting to integrate people with learning difficulties into ordinary community resources sometimes meet with resentment on the part of already-stretched generalist colleagues.
Some of the constraints on change arise because individual staff members are opposed to a greater voice for disabled people and therefore take steps to stop moves in that direction or drag their feet rather than co-operate in proposed changes. In most departments people have stories about particular officers who will have to retire or move before progress can take place. Even when people learn the ‘appropriate’ language, and pay lip service to choice, voice, independence and autonomy, they often find it difficult or impossible to change their habits of work. That is probably particularly marked in the case of residential services, and in longstanding relationships in day services. One development officer said that despite his best efforts over a considerable number of years the local ATC seemed to go on unchanged.

Even when staff accept the new ideas, they may not always see the implications. An important example is the need to ensure that all eligible welfare benefits are received, as a necessary basis for independence and choice. Where social workers feel that providing information about benefits is not their responsibility, or that this is an area of work which can easily be dropped when their caseloads threaten to overwhelm them, they may be vitiating much other work. Another example is the continuation of ‘institutions in the mind’. One manager reported his distress at finding that despite successful efforts to settle people with learning difficulties in small group homes in the community, and despite great emphasis on principles and values of ‘normalisation’ and ‘ordinary life’ in training and in supervision, an officer had unthinkingly begun making arrangements for transport to take tenants of three of the group homes on holiday to the same seaside boarding house.

Some of the constraints arise from adherence to the ‘personal tragedy’ view of disability, and David Brandon has referred to ‘our clumsy, personal greed for giving’. In a study of employment opportunities for physically disabled young people, carried out in Portsmouth in 1979-80, Diana Twitchen found that ‘Amongst some people it was a sincere feeling that these young people should not work, should settle for leisure facilities, after all life was hard enough for them’. Staff’s ‘dismissive’ attitudes towards parents and other carers (as one training officer described it) can also significantly constrain constructive change. However, the role of staff is frequently a difficult
one. One manager, referring to attempts to involve parents in the work of a resource centre for young physically disabled people, commented that the young people ‘don’t want their parents anywhere near’.

Another constraint frequently referred to is uncertainty or confusion about what needs to be done – a familiar situation to those concerned with the implementation of change relating to race equality in social services or voluntary organisations.\(^\text{12}\) One development officer said ‘People are genuinely bewildered’ both about how to involve consumers and how far it is appropriate and acceptable to go. Even when there apparently is a clear-cut method for involving people, as with IPPs, problems arise in implementation. Criticism of IPPs, with the proposed alternative of Shared Action Planning, has been noted above. Paul Taylor and Alan Bailey, drawing on their experience with the Bolton Neighbourhood Network Scheme, voice their own criticisms particularly strongly:\(^\text{13}\)

> When we hear the words individual programme planning (IPP) we reach for our guns. From a purely academic perspective, IPPs provide something very individualised. Yet IPPs also have the potential to evolve into something quite horrendous. There have been difficulties in some parts of the project getting a commitment to run IPPs in the way originally intended. A seemingly infinite number of professionals may surround an intimidated individual and make choices about their life. The orthodox view that IPPs empower individual clients is not borne out by our experience. There are different ways of ensuring that enough people are consulted without having big IPP meetings which take up a lot of time. We have to make a much greater effort to empower people and spend rather less effort simply ensuring that a great diversity of professionals have their say. It is the individual professional who really benefited from the IPP process at the moment, not the individual client.

Even when staff are in sympathy with the idea of greater voice, they can find difficulty in offering this. Judy Renshaw, in describing the development of the Islington Forum for people with mental health problems, notes that

> It can be hard for professionals to negotiate with users and it is a continuous process. Workers have to try not to speak on behalf of the users; there is a temptation to make gross generalisations; users are assumed to want this or that. It is better to focus on specific local issues.\(^\text{14}\)
Family and other carers
Parents and other carers have often seen fashions in caring come and go; by and large they have had inadequate support (sometimes over decades) and have had to make their own adjustments to the issues arising from the caring role. New ideas about a voice for disabled people, and the interaction of this with flexible day services and a range of minimally-supported housing options, not unnaturally arouse considerable anxiety. Parents may be sceptical about the possibilities of more independent living; they may see suggestions for this as a criticism of themselves and their coping abilities and capacities.

Over a period of years any social work support available may have been in the form of fleeting visits, each time by a new worker. It thus can seem unreasonable to parents that the department’s professionals might be able to judge the potential of the disabled person more adequately than they themselves can. Questioning of decisions in the home, following encouragement of questioning of authority in People First or other groups or settings, can be unsettling for families which have found their own ways of accommodating to their circumstances. Janet Monk has drawn attention to a further point often overlooked in what are sometimes ideal conceptions of ‘ordinary life’: ‘Some parents aren’t even used to rights for themselves, let alone for mentally handicapped people’. The question of appropriate types and levels of risk, and who will pay the penalty if things go wrong, is often uppermost. Sometimes parents declare themselves quite willing to consider taking risks, but to no avail; in the Exeter University study of young disabled people:

Some parents commented that they were increasingly being warned by service providers of being ‘overprotective’ and yet when this is taken to its logical conclusion, to give the young people a chance to leave home, appropriate options do not exist.

Particular efforts have been made within the All Wales Strategy to involve parents and other carers, but many constraints have been found. Some of these relate to the widely-dispersed populations, but others are of much more general relevance: for example, parents’ view that the ethos and pattern of services in the Strategy was so clear-cut from the start that consultation was redundant, and a waste of their time.
People with disabilities
There are a range of reasons why people with disabilities themselves might be unable or unwilling to initiate or respond to moves towards a greater voice. Such reasons include socialisation into a disabled role so there are low expectations about how great a voice is possible or feasible; a general sense of failure arising from lack of support and success in previous attempts at independence or autonomy; assumptions about appropriate roles of staff or professionals on the one hand and service users on the other; long-term experience of institutional life so that there is little awareness of the extent of choice available over much of the range of everyday living, or so that practice in making decisions of any significance has been lost. Carola Bennion, in a study of the attitudes of people living in Spastics Society residential homes, has provided some striking examples of all these.  

In relation to people with mental health problems, confidence in making decisions can be diminished by many settings; even more drastically, as one respondent in a study carried out for the Birmingham Community Care Special Action Project put it, ‘if you don’t keep your hand in with the talking, you get not to talk at all’.  

Other constraints relate to aspects of the disability. Levels of energy may be low because of the nature of the disability, or what energy there is may be taken up with overcoming the constraints of disabling physical environments, or the stresses of daily living or of sharing daily living with others under continuing stress. As Chris Gathercole comments, ‘Someone with a disability may lack the energy needed for campaigning in addition to that needed for just getting through the day’, but even responding to other people’s campaigning may be difficult. And, of course, most people most of the time are uninterested in campaigning, and want only to get on with their own lives: this is just as likely to be the case for people with disabilities.

The constraints of change
This chapter has dealt with constraints on change but it should be noted that there are also constraints of change. Those who want to implement change have to recognise that, as always with consultation and participation, there are costs as well as benefits, and a major cost is time. If people are to be given time to discuss new policies and practices, if asking the user is to become more widespread, if meetings
are to be organised in ways more suited to the diverse needs of disabled people, resources will be required and visible outcomes may be slow in appearing. The next chapter outlines some of the ways in which these and other challenges are being tackled.

Notes
3. Paul Taylor and Alan Bailey, ‘Joint working and the development of the Bolton Project for people with learning difficulty’, in P. Cambridge and M. Knapp (eds.), Demonstrating Successful Care in the Community, University of Kent Personal Social Services Research Unit, 1988, p.12. The many reports resulting from the PSSRU’s study of 28 pilot projects launched under the DHSS’s Care in the Community programme have provided a wealth of detailed information about the problems and practicalities of community care.
4. Mike Oliver has suggested that research on disability issues could helpfully be directed away from ‘measuring individual needs and counting heads’ to constructing ‘indicators of disabling environments’:
   Indeed, how much more interesting would it be to construct a ‘disability index’ for each local authority for example, so that Brent could be compared with Camden or Kent, to see which local authorities had the most and which had the least disabling policies. ‘Re-defining disability: A challenge to research’, Research, Policy and Planning, vol.5 no.1, 1987, p.12.
9. This point was made by those interviewed in a number of different departments. See also Mary Peckham, ‘Hard questions about independence for our clients’, Social Work Today, 7 September 1987, pp.10-11.
10. David Brandon, ‘We can talk but can we dance to their tune?’, Community Living, vol.2 no.3, January 1989, pp.2-3.

12 See, for example, Naomi Connelly’s *Race and Change in Social Services Departments*, Policy Studies Institute, 1989, and *Between Apathy and Outrage: Voluntary organisations in multiracial Britain*, Policy Studies Institute, 1990.


15 Two books by Ann Richardson and Jane Ritchie, one on policy implications and one for parents, address relevant issues: *Making the Break: Parents’ perspectives on adults with a mental handicap leaving the parental home*, King’s Fund, 1986; and *Letting Go: Dilemmas for parents whose son or daughter has a mental handicap*, Open University Press, 1989.


18 Many articles and reports are available on the All Wales Strategy. See, for example, those by Stephen Beyer et al, Graham Harper, Kathryn Lowe et al, and Morag McGrath listed in the references.

