

Summary and conclusions

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Interest in the subject of user involvement in social services has grown markedly in the last few years. The ideas are becoming much more widely discussed – and even accepted. There are many more opportunities for social services staff and disabled people (whether currently service users or not) to learn from the experience of others through the detailed accounts now being published, and from the development work under way.¹

As the initiatives outlined in chapter three of this paper demonstrate, there are many different points in a social services department where the voice of disabled people might be heard. However, it is clear that there are many constraints which can make it difficult to introduce such initiatives, or to ensure that they become more than token gestures. Even so, ways are being found to overcome at least some of the barriers to change, and to build the infrastructure of support which is necessary.

One officer has referred to ‘the excitement felt by social services staff, as well as users, when it begins to work’. What makes it work? How do the ideas begin to take hold in part of a department, and become accepted, and begin to influence other parts of the department? Clearly one answer is that many dedicated individuals – whether social services staff, current service users, or disabled people and their organisations outside the department – have explicit values and principles, and the determination to see them put into effect. But such people may be under considerable pressure. The shift of perception required is substantial, and the force of inertia in existing systems is great; these necessarily form the context in which initiatives are introduced. It sometimes seems that extraordinary abilities are

required to get new ways of working off the ground, and to ensure their survival in a situation where, as Ritchard Brazil and Nan Carle describe, 'New challenges are constantly being identified and strategies devised to meet them'.²

If ideas about a voice for disabled people are to become part of the ordinary thinking within social services, and if implementation of the ideas is to be widespread and effective, reliance cannot really be placed on extraordinary people: the system has to be made to work with ordinary people. For this to happen, values and principles relating to the rights of disabled people need to be part of the explicit policies of the department.

The hoops and hurdles of organisational inertia and of long-standing habits of thinking and working do not disappear when departments have policies of this kind. However, issues about increasing the voice of disabled people can then be looked at as part of the overall planning processes of the department. There can be a movement towards some consistency of approach across the work of the department, rather than a few isolated projects struggling to survive in an often unwelcoming climate. Training and other opportunities for dissemination of hard-won knowledge can be systematically used to increase the capacity of both staff and users to benefit from new ways of working. However, as with moves towards race equality, departments are unlikely to be able to achieve these things unless they have in place efficient but flexible arrangements for management and administration.

Social services departments are not free-standing agencies: they are part of local authorities. Thus, what they are encouraged to do, or what they are able to do, is influenced in part by the policies and practices of the authority as a whole. Where the authority has a commitment to the involvement of local people and to community development, or has adopted equal opportunity policies, or has made an explicit commitment to the rights of disabled people (such as the 'Statement of Intent' adopted by Derbyshire County Council in the 1981 United Nations Year of Disabled People), a social services department can use such policies to argue for resources, to appeal to when disagreements arise with other departments, and in other ways.

It is also extremely helpful if support, encouragement, and examples of new ways of working come from outside the authority. This may be from CILs, disabled people's organisations, or other

voluntary organisations moving towards greater participation and voice for members and users. It may be from health authorities: many difficulties can be eased when health authorities are committed to the same goals as the social services department, and a number of the most innovative schemes are jointly supported ones.

Inevitably resources are a key factor in all of this. The availability of funding for people leaving long-stay institutions has provided the opportunity to establish many of the values-driven services. Where the funding body takes a firm line on the rights of users and their participation in planning services, there is an obvious spur to change. Graham Harper, in writing about work in Clwyd, points out that:

It has been important to create a local policy framework in which service user involvement was not only expected but actually required to gain access to the additional funds provided through the All Wales Strategy.³

The Social Services Inspectorate of the Department of Health is not a source of funding, but through its work across a range of departments, and the dissemination of findings, it can exercise an influence on progress towards a greater user voice. Some of the Inspectorate's reports have begun to demonstrate an interest in such issues. In a recent project on services for people who are blind or visually handicapped, for example, inspectors looked for

... active consumer participation encouraged by managers and field staff, responsiveness to client's definition of what is needed, information readily available in appropriate formats to actual and potential clients ...⁴

It is encouraging to read this, because the role of the Inspectorate is expected to increase substantially as the changes under way in social services take fuller effect. Guidelines are currently being prepared on assessment, case management, community care planning and other aspects of social services department responsibilities following the community care White Paper and the National Health Service and Community Care Bill. In addition to guidance, it is expected that the Inspectorate will play a greater role in ensuring that the activities of social services departments are in line with central government intentions.

Perhaps most movement towards a greater voice for disabled people will continue to come through the work of imaginative and committed individuals. But it is important to be aware that there are

other ways in which such work can be continued, disseminated and built on. Without commitment and support at policy levels, there is a real danger that many of the ideas which have been developed over the past decade, and the innovative services and consultative arrangements which have been undertaken, will decrease rather than increase in importance. The changes which are taking place in the social care world, together with other major changes in local authorities' roles and responsibilities, may be all-absorbing: councillors and senior managers may judge that they have neither time nor resources to continue to support projects which challenge traditional methods, still less to consider shifting the department further towards user participation.

As social services departments move away from being direct providers of services and become 'enablers' and purchasers of services from voluntary, not-for-profit or commercial agencies, and as they take on new roles in community care planning, assessment and case management, all of the issues which arise are of direct relevance for those concerned with greater voice for disabled people. For example:

1. What kinds of organisations or agencies will take over responsibility for services, or will win contracts to provide services?⁵ What criteria about involvement of users can be included in contracts, and what indicators of achievement can be devised? Will organisations of disabled people want to provide contracted-for services, and will social services departments encourage or discourage this?
2. Social services departments are required to prepare their first local community care plans by April 1991. In doing so, will they draw on the experience of disabled people, and involve local organisations of disabled people in the planning process? Will the plans be based on an ethos recognisably favourable to the development of a greater voice for disabled people?
3. According to the White Paper, 25,000 staff will have assessment and case management responsibilities under the new arrangements.⁶ Both assessment and case management have a role to play in ensuring effective provision of support and care, and effective use of resources (that is, if appropriate resources exist). However, many people with disabilities are wary of the implications of being 'assessed' by professionals, and even more concerned about being a 'case' to be 'managed'. Can a different

balance be struck between professional and service user? How responsive can the processes be to the views and rights of individual disabled people? Will there be a role for independent case management agencies, and for new ideas such as those of ‘users as case managers’ or ‘service brokerage’?⁷

4. Central to many of the new initiatives described in this paper has been the idea that individuals develop: a great deal of flexibility is therefore required in the way staff are deployed and resources organised. If there are to be many providers of services, each with a separate contract with the social services department, and if such contracts are to be for, say, three or five years, will it be possible to build in the necessary flexibility and to sustain this?
5. Citizen advocacy and self advocacy groups have grown dramatically within the last few years, in some cases with the encouragement of social services departments.⁸ What role will they play in the new situation? More generally, what access to information, advice, support and representation outside the formal system of assessment and contracted-out services will be available to people with disabilities?

The new situation creates opportunities as well as dangers. As can be seen from the above questions, the overturning of accepted ideas and patterns of work means that there will be many points at which ideas about the voice of disabled people can be introduced into the discussion. But if the discussion is to lead to substantial change, it is important that there should be some clarification of aims, and that these should be seen in terms of rights rather than the much more limited – and limiting – ‘consumer choice’. Indeed, Suzy Croft and Peter Beresford have argued

... for an alternative approach to involvement which is concerned with breaking down some of the barriers... the emphasis is on people as citizens, not users or consumers; on service use not as a status, but an activity carrying with it civil rights and responsibilities.⁹

In chapter two it was suggested that specific objectives could be seen as moving in a direction towards the full achievement of equality, but that many people (whether staff or service users) would think only in terms of the next objective and would be unaware (or even disbelieving) of any beyond this. Yet perhaps the most important lesson that has been learned from the steps taken towards more

independence, autonomy, choice and voice over the past decade has been that the limits of what is conceived of as 'possible' are constantly being expanded.

This can carry with it its own problems of unending expectations: as one person has put it, the danger of creating 'a permanent obligation to struggle harder, to be a permanent "learner"'. There are also many complexities in 'equality' as a goal. Despite this, experience thus far points clearly to the overriding importance for social services departments of basing policy and practice on that final goal, and treating each tentative step forward in the direct expression of disabled people's voice as part of a continuum of change rather than as a limited and self-contained initiative. Only in that way does it seem possible to plan ahead and organise resources with the necessary flexibility, rather than establishing new rigidities.

Rather than arguing case-by-case for each new step which pushes the boundaries forward, social services departments need to reverse the process. To assume that the fullest voice for disabled people is the right course, and then as necessary to argue by exception from this principle, seems, after all, not only the most exciting course to follow but also the most realistic and practical one.

Notes

- 1 The work being carried out by the Birmingham Community Care Special Action Project has been mentioned earlier. Peter Beresford and Suzy Croft of the Open Services Project have been collecting information about user involvement in both statutory and voluntary agencies; their report on this (*Citizen-Involvement: A practical guide for change*) will be published by Macmillan in 1990. In addition to the 'ordinary life' work at the King's Fund, which has resulted in many influential publications, the Community Living Development Team there has established a programme of development work on services for people with physical disabilities: 'A key feature of the work will be to enable service users to have a major voice in the development of their local services, and to give guidance to service managers on how to achieve a high level of consumer participation.' (Diana Twitchin and Roger Blunden, 'Living options in practice', *KF News*, vol.12 no.3, September 1989, pp.1-2.) Work is also carried out by the Team on self-advocacy for people with learning difficulties, and user involvement in mental health services.
- 2 Ritchard Brazil and Nan Carle, 'An ordinary home life' in David Towell (ed.), *An Ordinary Life in Practice*, King's Fund, 1988, p.63.

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- 3 Graham Harper, 'Consumer-led service planning', *Community Living*, vol.1 no.6, March/April 1988, p.18. The role of the Welsh Office is discussed in section 5 of Stephen Beyer et al, *Planning for the All-Wales Strategy: A review of issues arising in Welsh counties*, Cardiff, Mental Handicap in Wales Applied Research Unit, Research Report 19, 1986.
- 4 Social Services Inspectorate, *A Wider Vision: The management and organisation of services for people who are blind or visually handicapped*, DHSS, 1988, p.11.
- 5 Issues relating to the contracting out of services to the voluntary sector are the subject of a continuing series of reports from the National Council for Voluntary Organisations. See also Christian Kunz, Rowan Jones and Ken Spencer, *Bidding for Change: Voluntary organisations and competitive tendering for local authority services following the Local Government Act 1988*, Birmingham Settlement Research Unit and Community Projects Foundation, 1989.
- 6 Department of Health, *Caring for People*, HMSO, Cm 849, 1989, para.8.32.
- 7 For case management, see for example David Hunter (ed.), *Bridging the Gap*, King's Fund, 1988. For 'service brokerage' see for example David Brandon, 'Brokers for empowerment', *Social Work Today*, 2 March 1989, p.22.
- 8 Among the many interesting developments is the formation of advocacy groups for black people with learning difficulties. See Peter Ferns, 'Sharing experiences', NCVO Community Care Project *Newsletter*, no.13, July 1989, pp.20-21.
- 9 Suzy Croft and Peter Beresford, 'Time to build trust between them and us', *Social Work Today*, 8 September 1988, p.17.