## 4 A participatory approach to social work

Suzy Croft and Peter Beresford

The modern history of social work is one of constant change and attack. The role, organizational setting and philosophy of social work have all undergone change at an accelerating pace. Over the last twenty years there has been a shift from caseworker, to community social worker and now care manager; from 'specialism' to 'genericism' and back again. Social work's critics question whether it even has its own distinct body of knowledge. It is attacked by the political left for being a soft cop, by the political right for inducing dependency and by the tabloid press for the series of child care tragedies and scandals that punctuated the 1980s and early 1990s.

Social work is currently undergoing another period of drastic change. This time it's part of much broader changes in society and welfare, reflected in the move to a changed 'economy of care', the 'purchaser-provider split' and a 'contract culture'. Now the rhetoric is of more 'user-centred' services and a key idea informing this is 'user involvement'. There are many different reasons for this development, but most can be traced to dissatisfaction with the postwar welfare state. They include:

- the rise of the political right and election of Conservative governments opposed to government intervention and large-scale public welfare;
- wider public disquiet about the poor quality and unaccountability of welfare and other public services;
- the emergence of a wide range of organizations and movements of people who received and were dissatisfied with such welfare services;
- progressive welfare professionals seeking to work in more egalitarian ways;
- the emergence of pioneering initiatives providing different, more participatory services and offering new role models;
- · increased interest in ideas of citizenship, civil rights and equal opportunities;
- the emergence of new philosophies like normalization and a social model of disability.

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

Characteristically, social work, like other welfare services, has been *provider-led;* that is to say the providers of service, including politicians, managers, academics, researchers, planners and practitioners, have shaped it, *not* the people for whom it is intended. A number of key problems are associated with such provider-led services, including institutionalization, paternalism, inadequate safeguards for the rights of service users, and abuse.

Interest in a more participatory approach to social work is not new (Beresford and Croft 1980). The 1968 Seebohm Report which led to the setting up of social services departments talked of 'citizen participation' and recommended both individual and group participation in the provision and planning of services (Seebohm 1968). Ideas of involvement and empowerment have long been high on the agendas of progressive social work practitioners. There is a hidden history of clients struggling to gain more say in social work. Community work approaches linked with social work have also placed a particular emphasis on local involvement.

But social work's track record on participation has generally been poor. Deakin and Wilmott, in their pioneering study of participation in local social services in two London boroughs, for example, found little involvement of either service users or other local people in one of them. They reported that there was evidence of constraints in developing participation at almost every level. 'Although the thinking and public statements of the [other] authority were conducive to participation, we encountered some scepticism about implementation...at policy and planning levels.' In both boroughs they concluded that 'representing the consumer voice did not seem to be a high priority for councillors at least over social services matters' (Deakin and Wilmott 1979).

Sixty per cent of users of social services departments, in a 1982 study by Sainsbury and others of clients' and social workers' perceptions in long-term social work, felt that workers had acted contrary to their own expressed wishes (Sainsbury *et al.* 1982:21). Tyne, in his 1978 study of participation in policy making and planning by families of people with learning difficulties, reported that social services departments were often quite unprepared to let parents' groups in on the process of policy making or service planning (Tyne 1978). People with learning difficulties themselves were even less likely to be involved in social work and social services. Oliver, writing in 1983 about social work with disabled people, argued that 'there is no relationship between the needs of disabled people and the services they receive. Rather, disabled people have their needs defined and interpreted by others' (Oliver 1983:124, 130).

*The Client Speaks* by Mayer and Timms, published in 1970, the year the Local Authority Social Services Act set up social services departments, is remembered as the book which first offered clients' views about social work. It revealed a massive level of misunderstanding between clients and

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

caseworkers. The authors wrote that there was 'an often Kafkaesque quality about these worker-client interactions'. But they, like their social work subject, largely ignored issues of race and gender. They reported uncritically the social worker

...who told one man to 'Go out more. Let the woman do the job in the home'. They excluded people from the sample who were not born in the British Isles, 'since the reactions of "non-natives" to social work are likely to be complicated by cultural differences, language problems and so forth'. (Beresford and Croft 1987:52).

The Client Speaks was not a plea for social work to involve or listen to the voice of its clients. The authors were mainly interested in clients as another data source for researchers. There is no discussion of how consumers' views could be involved in a process of practical change. Instead *The Client Speaks* set a different trend, initiating another area of academic and professional study which came to be called 'client studies' and which was a cul de sac as far as the involvement and empowerment of social work clients were concerned (Fisher 1983). It's only more recently that ideas of involvement have extended beyond this.

While terms like user involvement and participation have now gained greater currency in social work, there is little agreement about what they mean. The history of participatory initiatives is also confused and chequered (Beresford and Croft 1992). It may therefore be helpful to begin to clarify what we mean by involvement.

When people talk about getting involved, they most often mean helping out in some way. This involvement essentially entails some kind of voluntary work. But such responsibility need not be and is usually not accompanied by any increase in the say or control that people have. Self-help initiatives sometimes bridge the gap. As Crewe and Zola said, writing about disabled people:

Self-help groups...have become a powerful source of mutual support, education and action among people affected by particular health concerns or disabilities.... While learning and working together, disabled people can combine their power to influence social and political decisions that affect their lives.

(Crewe and Zola 1983: xiii-xiv)

As this emphasizes, the purpose of involvement, beyond voluntary action, is to bring about *change*. As we shall see later, who actually leads that change and where control over it lies may vary, but change is the unifying aim of all participatory initiatives, except of those which are deliberately obstructive or disempowering.

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36. A wide range of arguments are now offered for increasing people's say in social work and social services. They emphasize its importance on both practical and philosophical grounds. Let's look at some of these arguments more closely.

Most people want to be involved. It's not surprising that most of us want some say in agencies and decisions which can have important effects on our lives. Two-thirds of a random sample of people we surveyed in one neighbourhood where there was a move to more community-orientated social services were in favour of service users having more say and involvement in social services (Beresford and Croft 1986:228). This reflects other research which indicates that most people want more say in their local communities and in institutions and services which affect them (Beresford and Croft 1978). The deprivation of people who use social services has sometimes been seen as a particular problem limiting their interest in or ability to get involved, but the proportion of social service users in our sample wanting more involvement was similar to the sample overall. The desire for more involvement is also directly reflected in the growth and objectives of disability, rights and self-advocacy organizations. These include many recipients of social work services.

**People have a right to be involved.** Rights can be categorized in several ways. Rights which have particular relevance here are human rights, civil rights and legal rights. Social work can clearly impact on all these. Its interventions extend to the most intimate and personal aspects of our lives. It has powers to restrict people's rights and we know that on occasion it has failed to respect them. Having a say in social work is an important expression of people's rights. More specifically people now have legal entitlements to be involved. The government's stated commitment from the 1980s to 'people power' and consumer choice means that there are now legal requirements for public involvement in a wide range of public services, from health to education, housing to land use planning. The National Health Service and Community Care Act and the Children Act extend this to social work. People now have rights to redress, to comment and to be consulted about social work.

**People's involvement in social work reflects the democratic ethos of our society.** Many question marks may be placed over the reality of this ethos. The western tradition is also more clearly one of representative rather than participatory democracy. But there is no doubt that the idea of democracy is a powerful and guiding one in Britain and other western market economies. It is important that social work alongside other state interventions can clearly

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

be seen to be consistent with this. There is a growing view, strengthened by the highly publicized series of contentious social work interventions concerned with child sexual abuse in the 1980s and early 1990s, that the involvement of service users and other citizens is necessary if social work is to be a democratic activity.

**Involvement increases accountability.** Accountability means that individuals and organizations are not just responsive to people but *answerable* to them. People have a right to know what is happening and why and for their questions to be answered. People who seek involvement in social services are sometimes told that they already have this involvement through their elected councillors. In reply they often argue for a more direct accountability. Accountability may be direct or indirect. If it is distant or indirect; to local electors, generally, rather than people using services specifically; to parents, rather than people with learning difficulties themselves, then it can seem like another expression of paternalism rather than effective accountability, with one group speaking on behalf of another. Direct accountability demands people's involvement or the involvement of *their* organizations and directly elected representatives. Increased involvement results in more effective accountability.

Participation makes more efficient and cost-effective services. The efficiency argument is currently one of the most powerful. So far there is little clear evidence of a direct link between increased 'user involvement' and enhanced economy and efficiency, but this may be due to the fact that few such studies have been carried out. It may also be that the relationship between involvement and the 'three Es'efficiency, economy and effectiveness-is more complex and less direct than is assumed. However the idea has a strong commonsense appeal. 'Who knows better where the shoe pinches than the wearer?' Particular weight is also attached to this argument because of the emphasis commercial organizations place on market research and consumer involvement to maximize their profitability and market share. If social workers want to provide the support and services that people actually need, then involving them in the process is likely to avoid duplication and inappropriate provision, improve 'targeting' and create pressure for more effective and responsive systems of management.

**Involving people accords with social work goals.** This is the argument that comes closest to social work philosophy. People's involvement is important because it is consistent with the aims of social work. Ideas of enabling and supporting people's independence and self-determination have long been at

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

the heart of social work. The British Association of Social Workers' *Code of Ethics* states that the basis of social work:

...is the recognition of the value and dignity of every human being, irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society. The profession accepts a responsibility to encourage and facilitate the self-realisation of the individual person with due regard to the interests of others.

```
(BASW, undated)
```

It is difficult to see how this could be achieved in an unequal relationship in which the 'client' has only a limited say and qualified involvement, which is located in an organizational setting over which the 'client' has no control. This seems more likely to create and perpetuate passivity and dependence.

**Involving people challenges institutionalized discrimination.** Arguments that social services are white, male-dominated and Eurocentric are well rehearsed and well evidenced (Hanmer and Statham 1987; Langan and Day 1992; Dominelli 1988; Hugman 1991). While the majority of both workers and service users are women, senior managers are still predominantly white men. Black people are still more likely to experience the controlling than the supportive aspects of social work and social services. Support services are often inaccessible to or inappropriate for members of black and other minority ethnic communities (Dutt 1990). A participatory approach to social work offers a direct challenge to existing patterns of discrimination and exclusion by involving service users and other local people with all their diversity of age, race, gender, class, disability and sexual orientation.

While as we have seen, strong arguments are offered for increasing people's involvement in social work, some reservations are also expressed. We want to look at two of the most important of these.

The first concerns people's *competence* to participate and it is raised in regard both to children and to adults—for example, those with learning difficulties or dementia (Stevenson 1990:5).

Chronological age is notoriously unreliable as an indicator of children's ability to participate. Research into children's intellectual, social and emotional development increasingly suggests that they can make a contribution about how they are treated and what they want from a very early age. Different children and children of different ages may be able to participate in different ways and to different degrees, but then the same is true for adults. There is strong evidence to support greater involvement by children and young people in decision making. What it requires is particular sensitivity to how children are involved and what support they are offered (Hodgson 1993). The rights

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

of children are particularly vulnerable. This is an added reason to involve children, not to exclude them.

Participation is not an all or nothing activity. Instead of assuming that there will always be 'some people' who can't be involved, the responsibility should be on proving that expert skills and support are so far insufficient to enable them to. The emphasis on people's inability to participate persists among many managers and professionals. But denying people opportunities for involvement then reinforces the problem because their abilities are obscured and inhibited. Members of groups of disabled people, people with learning difficulties and older people we have spoken to, all describe a similar process:

The initial objection to us taking part was that we hadn't got the skills. Then we got involved and spoke up and they said we...hadn't really got learning difficulties. We weren't typical of disabled people. Or they'd say someone put us up to it! They just couldn't believe we can speak for ourselves.

(Beresford and Croft 1993:18)

The second reservation about involving people who use services is raised where social workers have powers and responsibilities to *restrict* people's rights, perhaps to safeguard those of others. But interventions that restrict people's rights don't have to and *shouldn't* exclude their involvement. It is needed more than ever in such circumstances. Research is also beginning to confirm that such involvement is feasible in practice (Marsh and Fisher 1992). The question is not so much how you reconcile people's participation with restrictions on their rights, as how justice can be done if people are denied any say or involvement in such decisions. When people's rights are in question, their involvement and empowerment are essential to ensure that:

- they are kept fully informed at all stages;
- they and their representatives can put their case;
- they are fully involved in the making of the decision;
- they are fully aware of what decisions are made and why;
- they can appeal against decisions;
- they are involved in the review of decisions.

What we want to do next is start to chart the universe of a participatory approach to social work. It is a universe which is more complex and multi-faceted than may first be apparent. There are different spheres for such involvement in social work. These include people's involvement in:

- their personal dealings with agencies and services;
- running and managing agencies and services;
- planning and developing new policies and services;

• initiating and providing their own support and services.

People may be involved on an individual or collective basis, representing their own interests or as a member or representative of an organization which they collectively control. Their involvement may relate to individual or collective services. For instance, some disabled people run their own selfoperated support schemes. Some have established integrated or independent living centres.

There is a wide range of areas for people's involvement in social services agencies and service provision. These include involvement in

- expenditure and budgetary control;
- staff recruitment;
- training;
- standard-setting;
- quality assurance;
- inspection;
- designing and placing contracts;
- monitoring and evaluation;
- providing services;
- · designing and controlling individual support schemes.

There are now a growing number of examples in all these areas. For instance, a local health authority and social services department commissioned People First, the organization of people with learning difficulties, to carry out an evaluation of two group homes and local day services as part of their hospital closure policy (Whittaker *et al.* 1991). In the London Borough of Hammersmith, service users with HIV are members of a quality control group alongside managers, social workers and local voluntary organizations, contributing to regular quality assurance meetings and involved in setting standards (Murray 1991:18–19). People using social services are making an increasing contribution to social work training. In 1992 the Central Council for Education and Training in Social Work organized a day conference bringing together educators and people who used social services to develop guidance for good practice in involving service users in training.

Safeguarding services users' rights is also a key part of a participatory approach to social work. This has three key components, all of which extend people's participation:

- data protection;
- effective complaints procedures;
- access to records.

A participatory approach to social work is not only concerned with the involvement

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36. of people who use services. We have always argued that *all* four key constituencies in social services—service users, carers, workers and other local people—must be involved if participation is to be empowering and not divisive. The empowerment of service users will not come through the further disempowerment of service workers. Workers need to be empowered too (Croft and Beresford 1992:175–6). Many faceto-face workers experience similar oppressions to the people with whom they work. The involvement of workers in the development of a participatory approach to social work will help ensure that it is workable and that it is actually implemented. Three key components will support this. These are:

- workers' rights are agreed and protected;
- support is provided for staff to work in a participatory way;
- staff involvement is ensured in developing participatory provisions and practice.

At the heart of a more participatory approach to social work is a more participatory practice. We have talked to many social work practitioners and service users about what makes for a more participatory and empowering practice (Beresford and Croft 1993). Qualities they emphasize include:

- giving people a choice of service and practitioner;
- starting with a clear and agreed code of practice;
- presenting people in positive not demeaning images;
- listening to what people say;
- keeping people informed by providing full and appropriate information, interpreting and translated materials;
- using accessible and positive language;
- offering people support not direction;
- employing people with direct experience of services as service users;
- seeing the whole person in context;
- enabling reciprocity and exchange by seeing people's strengths as well as their difficulties.

Most of these may seem principles for good, rather than specifically participatory practice. Perhaps the two are one and the same thing. Such principles are certainly consistent with those goals of enabling people's independence and supporting self-determination, which as we have said are traditionally associated with social work and social services.

We identify four important dimensions to a participatory practice.

The aim of practice is to empower people—challenging oppression and discrimination rather than reflecting them and making it possible for people to take greater charge of their lives.

**Practice offers people control in their personal dealings with agencies** allowing them to participate in what happens to them instead of being kept in an excluding or passive relationship. Five components of practice are usually identified:

- assessment;
- planning;
- recording;
- action;
- review.

Service users should be involved in them all: defining their own needs and having a say in planning and decision making.

**Practice equips people to take power**—enabling them to participate by helping them gain the confidence, self-esteem, assertiveness, expectations, knowledge and skills needed to have an effective say.

The agency in which practice is located is open to people's involvement—

offering opportunities, structures and resources for a say in its working.

A participatory practice cannot be conceived of in isolation from the agency in which it is offered. A more participatory practice is unlikely to be possible without more participatory agencies. A participatory practice ideally puts people in a position to have more say and offers the first and most concrete expression of their involvement. Counselling, rights work, information giving, group and community work can all form part of a participatory practice.

An example can be given from the practice of Suzy Croft. In her work as a job-share social worker, she has learnt to value eight key components for a participatory and empowering practice:

- make no assumptions;
- recognize the different, sometimes conflicting, interests involved;
- the need for negotiation;
- support people to regain control;
- the importance of advocacy;
- validate people's own abilities and experience;
- be honest and give accurate information;
- enable choice.

Croft works in a terminal care support team, but these components are likely to be just as important in other settings. They may also offer a basis for

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

participatory and empowering policy. Those components may be looked at more closely through the experience of one woman, Judy.

Judy was widowed four years before breast cancer was diagnosed. She had a job, lots of friends and a daughter aged 14, Sarah.

It would be easy to imagine a woman full of anxiety and fear about her future, who had seen her sister die of breast cancer four years earlier, wondering who would look after her daughter and tempting to want to talk about these with her. When I met Judy, that's not what she wanted. She wanted help with her money, applying for benefits and to get a washing machine. She refused advice from the nurse on the team about controlling the symptoms of her cancer. She wanted to be in control and we had to respect that. It wasn't until later that she wanted to talk about her feelings.

Judy's cancer didn't just raise questions about her interests. What about Sarah's? Community care often involves *competing interests*. Judy's approach of not thinking about her cancer and not planning for the future was her choice. But what might it mean for Sarah? We knew Judy wouldn't live long. It was important for Sarah to know that and for them to plan her future together. As I got to know Judy better I asked her if she'd made any plans for Sarah. She seemed prepared for my question. 'Oh, yes. We have started to think of it.'

I also needed to *negotiate* between Judy and Sarah. They had lots of arguments. Judy thought she was 'no good as a mother' because 'I can't do anything for Sarah any more.' But lots of teenage daughters do their own cooking and ironing. Sarah criticized her mother's 'weepy', irritable behaviour because she didn't know she was in pain. Judy needed to tell her she was. Judy was determined to fight and carry on 'as normal'. Sarah couldn't understand it when she couldn't keep this up. We talked about it.

Tears poured down Judy's face one day as she said: 'I feel I have no control of what's happening to me.' *Regaining control* was crucial to her. We sat down and talked about what she could do. She decided to have work sent home, have a home help and another course of chemotherapy.

As she became more ill, *advocacy* became increasingly important. She told the doctor about the uncontrolled pain in her leg and that she felt the drugs he had prescribed were making her confused. Nothing happened. I 'phoned him. He seemed surprised and a bit taken aback but agreed to rearrange her drugs. Advocacy is not the same as taking over from people, denying their abilities and patronizing them. It's about recognizing and validating *their competence and capacity* to

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36. cope. In the team we try and recognize the right of each person to face death in his or her own way.

Judy's health got worse. When I saw her I was shocked by the change in her appearance. She asked me, 'How do you think I look?' I could have said 'You look fine.' I said what I felt was the truth. 'You look very sad.' She cried and told me she had asked the doctor how long she would live. He said 'months not years'. 'Do you think I could have a remission and live years? Does that happen to any of your patients who have the same cancer as me?' I though Judy wanted an *honest* discussion. She was dying and needed to be able to talk about it. I told her I had never heard of anyone with an advanced disease like hers having a remission. There was a long silence, then Judy said, 'I needed to know.' Then she talked about telling Sarah she might only live a short time and said she wanted to be the one to do that.

I found out that one of Judy's friends was very angry with me. She felt I shouldn't have talked to Judy about dying. It had made her 'give up'. I discussed it with her. I said I thought Judy had made an important *choice*. She was extremely ill and was ready to accept she was dying. She needed to talk about it and not be told 'don't talk like that', making her feel lonely and isolated.

Judy decided she would like to go into a hospice, but she became too ill to be moved. Three friends were with her when she died. Two weeks later I bumped into Sarah in the entrance hall of her school as I went for a meeting. She told me about her plans for Christmas, where she was going to live and who would have her two cats and dog—there was an old dog who hated other animals in her new home. She was planning a memorial service to be held on Judy's birthday.

(Croft 1992: ii-iii)

Increasing people's say and involvement is a contentious issue. We can expect it to generate opposition and resistance. It arouses fear and hostility among some powerholders. The most common response people can expect to encounter when they try and become more involved in social work and indeed other services is that they aren't *'representative'*. Our own research suggests that this is the objection against 'user involvement' most often expressed by service providers (Croft and Beresford 1990:35–7). It is perhaps ironic that in the past, when representation in welfare mainly meant speaking on someone else's behalf, there was little argument, but now when people are trying to speak for *themselves*, it is becoming a much more controversial issue. Democratically constituted disability and self-advocacy groups can expect to have their representativeness challenged regularly. Service users experience this as marginalizing and demeaning. Questioning people's right to be involved

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com', '\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

on this basis can serve as a convenient excuse for continuing to exclude them and for service providers to hang onto the power they have.

At the same time, representation poses some real problems. There are real difficulties in the way of involving a wide range of people in any participatory initiative, particularly in a society like ours where there is not a strong culture or tradition of participation and where disability, rights and service user organizations generally don't have the resources they need to reach out to as many people as they would wish. As we have already argued, extending people's involvement in social work offers a way of challenging the institutionalized discriminations that exist in both its structures and practice. But if there isn't equal access in involvement, then that involvement will merely mirror and reinforce existing race, gender and other discriminations.

Two components appear to be essential here if people are to have a realistic chance of exerting an influence and all groups are to have equal opportunities for involvement. These are *access* and *support*. Both are necessary. Experience suggests that without support, only the most confident, well resourced and advantaged people and groups are likely to become involved. This explains the biased response that participatory initiatives have typically generated. Without access, efforts to become involved are likely to be arduous and ineffectual.

Access, in the specific context of services, includes physical accessibility, the provision of services which are appropriate for and match the particular needs of different groups, and access points providing continuing opportunities for participation within both administrative and political structures, including membership of subcommittees, planning groups, working parties and so on.

The need for *support* arises not because people lack the competence to participate in society, but because people's participation is undermined by or not part of the dominant culture or tradition. People may not know what's possible or how to get involved; may not like to ask for too much or be reluctant to complain. There are five essential elements to support. These are:

- personal development: to increase people's expectations, assertiveness, self-confidence and self-esteem;
- skill development: to build the skills they need to participate and to develop their own alternative approaches to involvement;
- practical support: to be able to take part, including information, child care, transport, meeting places, advocacy, etc.;
- support for equal opportunities: provision for disabled people, deaf people, people with sensory impairments, without verbal communication, non-readers, people for whom English is not their first language and people with intellectual impairments;
- support for people to get together and work in groups: including administrative expenses, payment for workers, training and development costs.

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

Earlier we discussed the wide range of developments that have led to increased interest in a more participatory approach to social work and social services. This has been reflected in the emergence of two difference conceptions of and approaches to involvement: the *consumerist* and the *democratic* approaches. It is important to distinguish between the two. They reflect different philosophies and objectives. The first has been associated with the politics of the new right and the second with the emergence of disabled people's rights and service user organizations.

The *consumerist* approach has largely been developed by service providers. Here the aim is primarily to improve the efficiency, economy and effectiveness of services. Service users can help in this by contributing their ideas and experience to improve management and decision making. The enormously expanded interest in consultation and market research in social services is one highly visible sign of this approach.

The *democratic* approach is not service centred. It is concerned with people having more say and involvement in their lives, not just in services. It is concerned with people's empowerment, with their civil rights and equality of opportunity, and sometimes with the achievement of broader social change.

The emergence of consumerist thinking in health and welfare services has coincided with the expansion of commercial provision and a growing political emphasis on the market. Consumerism starts from the idea of buying the goods and services we want instead of making collective provision for them. Two competing meanings underpin the idea of consumerism: first, giving priority to the wants and needs of the 'consumer'; and second, conceiving of people as consumers and 'commodifying' their needs, that is to say, converting these needs into markets to be met by the creation of goods and services.

These two areas of potentially conflicting meanings—between a consumerist and a democratic approach to involvement, and between a consumerism which puts the consumer first and one which puts market consideration first—have major implications for a participatory approach to social work.

There is no doubt that currently the dominant approach to ideas of involvement in health and welfare is the consumerist, not the democratic one. At the same time concerns are growing that under the new consumerist arrangements of care, it is the requirements of the market not the needs of the consumer which are becoming paramount. Let's look at this more closely.

While the stated aim is to move from a *service* to a *needs*-led system of social work and social services, there are growing fears that the shift may actually be from a service to a *budget*-led system (Simmons 1992: vi–vii). A 1992 report of the multi-agency Policy Forum warned that community care reforms and the Children Act were facing a 'credibility gap' among service users and could founder without more resources. It uncovered evidence of a

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

'patchwork' of unequal provision (Harding 1992). In another report, Alvin Schorr, the distinguished American commentator, concluded that British personal social services were caught on a downward slope that would lead to their irretrievable breakdown. He pointed to the inadequacy of funding for the services, arguing for greater resources or more limited goals (Schorr 1992). A 1992 survey showed social services departments nationally making major cuts in expenditure (Hatchett 1992:18–19).

The president of the Association of Directors of Social Services talked of 'home help services being withdrawn from some elderly people, continuing care declining in the health service, falling adaptations to people's homes and a work backlog for occupational therapists' (*Community Care* 1992:3). This reflects the more impressionistic picture we have gained from our own contact with many practitioners, managers, carers and users of social services in different parts of the country: a picture of reduced services, increased charges and more restrictive rationing. Disability and service user organizations report a similar picture (Cervi 1991a:5; Cervi 1991b:2). While the Social Services Inspectorate's report *Care Management and Assessment* stated that the rationale of the government's community care reforms was 'the empowerment of users and carers' (Social Services Inspectorate 1991), in 1992 the High Court judged that residents of local authority homes for elderly people had no rights to be consulted before decisions were taken to close them (Ivory 1992:6).

The care manager role, which is central in the new arrangements for care, similarly raises important issues for a participatory approach to social work. Two things are striking about this role. First, it places consumers in a very different relationship to goods and services from the one they are generally used to in the market place. Here the service user isn't the purchaser of service; the health or social services authority is. The service user doesn't decide what support she or he needs; the care manager does. It's a strangely paternalistic version of the exchange relationship. Second, it requires a major change in the role and tasks of social workers. The responsibilities of the care manager include assessment, co-ordinating services, creating 'care packages', negotiating between and consulting with different service suppliers, carers, service users and their organizations and controlling budgets. Many of these demand different skills from those traditionally associated with social work. Social work is not necessarily the profession which first comes to mind as having them. Significantly Sir Roy Griffiths made no reference to social workers in his influential report on the future of community care (Griffiths 1988). Already home care organizers are being recruited as care managers because of their budgetary experience.

Taken together these new arrangements, the creation of a 'care market' and the role of care manager, run the risk of combining the shortcomings of

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

both state and market systems, with services provided according to cash not need, and needs defined by professionals not service users.

In this chapter we have tried to describe a participatory approach to social work for which there now is growing support among service workers, service users and carers. We have also set this in the context of current policy developments. This raises two broader questions. First, what kind of role is there for social work in the new mixed economy of care? Second, is the current consumerist policy consistent with a participatory approach to social work? It will be some time before we know the answers to these questions. So far the indications are not encouraging.

## REFERENCES

- Beresford, P. and Croft, S. (1978) A Say in the Future: People, Planning and Meeting Social Need, London: Battersea Community Action.
- Beresford, P. and Croft, S. (1980) *Community Control of Social Services Departments*, London: Battersea Community Action.
- Beresford, P. and Croft, S. (1986) *Whole Welfare: Private Care or Public Services?*, Brighton: Lewis Cohen Urban Studies Centre.
- Beresford, P. and Croft, S. (1987) 'Are we really listening?', in T.Philpot (ed.) On Second Thoughts: Reassessments of the Literature of Social Work, Sutton: Reed Business Publishing/Community Care.
- Beresford, P. and Croft, S. (1992) 'The politics of participation', *Critical Social Policy* 35.
- Beresford, P. and Croft, S. (1993) *Citizen Involvement: A Practical Guide for Change*, London: Macmillan.
- British Association of Social Workers Code of Ethics for Social Work (undated), Birmingham.
- Cervi, B. (1991a) 'Disabled people incensed by home help reforms', *Community Care*, 9 May.
- Cervi, B. (1991b) 'Disability groups unite to fight home help cuts', *Community Care*, 11 July.
- Community Care (1992), 23 January, news.
- Crewe, N.M. and Zola, I.K. (1983) *Independent Living for Physically Disabled People*, London: Jossey-Bass.
- Croft, S. and Beresford, P. (1990) From Paternalism to Participation: Involving People in Social Services, London: Joseph Rowntree Foundation/Open Services Project.
- Croft, S. and Beresford, P. (1992) 'User views', Changes: International Journal of Psychology and Psychotherapy 0(2), June.
- Croft, S. (1992) 'Empowerment in action', Inside Supplement, 'Involving service users', *Community Care*, 26 March.
- Deakin, R. and Willmott, P. (1979) *Participation in Local Social Services: An Exploratory Study*, Studies in Participation, London: Personal Social Services Council.
- Dominelli, L. (1988) Anti-Racist Social Work, London: Macmillan.
- Dutt, R. (1990) 'Community care and black people', Community Care Supplement, NCVO News, London: National Council for Voluntary Organisations, January/ February.

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

- Fisher, M. (ed.) (1983) *Speaking of Clients*, Sheffield: *Community Care/Joint* Unit for Social Services Research, Sheffield University.
- Griffiths, Sir Roy (1988) Community Care: Agenda for Action, London: Department of Health.
- Hanmer, J. and Statham, D. (1987) Women And Social Work, London: Macmillan.
- Harding, T. (1992), Great Expectations...And Spending On Social Services, Policy Forum Paper No. 1, London: National Institute for Social Work.
- Hatchett, W. (1992) 'Charting the swing of the axe', Community Care, 21 May.
- Hodgson, D. (1993) Children's Participation in Social Work Planning—Practical Pointers from the Experiences of Young People and Social Workers, London: National Children's Bureau.
- Hugman, R. (1991) Power in Caring Professions, London: Macmillan.
- Ivory, M. (1992) 'Home closure: An open and shut case?', News Focus, Community Care, 16 July.
- Langan, M. and Day, L. (1992) Women, Oppression and Social Work, Issues in Anti-Discriminatory Practice, London: Longman.
- Marsh, P. and Fisher, M. (1992) *Good Intentions: Developing Partnership in Social Services*, York: Joseph Rowntree Foundation/Community *Care*.
- Mayer, J.E. and Timms, N. (1970) *The Client Speaks*, London: Routledge & Kegan Paul.
- Murray, N. (1991) 'Their own boss', Social Work Today, 17 October.
- Oliver, M. (1983) Social Work with Disabled People, London: Macmillan.
- Sainsbury, E., Nixon, S. and Phillips, D. (1982) Social Work in Focus: Clients' and Social Workers' Perceptions in Long-term Social Work, London: Routledge.
- Schorr, A.L. (1992) *The Personal Social Services: An Outside View*, York: Joseph Rowntree Foundation.
- Seebohm Committee Report of the Committee on Local Authority and Allied Social Services (1968) Cmnd 3703, London: HMSO
- Simmons, D. (1992) 'Needs versus cash', Inside Supplement, 'Involving service users', Community Care, 26 March.
- Social Services Inspectorate (1991) Care Management and Assessment, Summary of Practice Guidance; Managers' Guide; Practitioners' Guide, Department of Health, London: HMSO.
- Stevenson, O. (1990) 'Empowerment and opportunity', in P.Stevenson, S.Croft, P. Beresford and D.N.Jones, *Empowerment and Opportunity*, Birmingham: British Association of Social Workers.
- Tyne, A. (1978) *Participation by Families of Mentally Handicapped People in Policy Making and Planning*, London: Personal Social Services Council.
- Whittaker, A., Gardner, S. and Kershaw, W. (1991) *Service Evaluation by People with Learning Difficulties*, London: King's Fund Centre.

## FURTHER READING

- Beresford, P. and Croft, S. (1993), *Citizen Involvement: A Practical Guide for Change*, London: Macmillan.
- Croft, S. and Beresford, P. (1990) *From Paternalism to Participation: Involving People in Social Services*, London: Joseph Rowntree Foundation/Open Services Project.
- Croft, S. and Beresford, P. (1993) *Getting Involved: A Practical Manual*, London: Joseph Rowntree Foundation/Open Services Project.

onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from inflibnet-ebooks on 2021-02-10 22:39:36.

Dowson, S. (1991) *Moving to the Dance: Or Service Culture and Community Care*, London: Values Into Action.

'Involving service users' (1992) Inside Supplement, Community Care, 26 March.

Jordan, B. (1990) Social Work in an Unjust Society, London: Harvester/Wheatsheaf.

Morris, J. (1991) *Pride Against Prejudice: Transforming Attitudes to Disability,* London: Women's Press.

Oliver, M. (1990) The Politics of Disablement, London: Macmillan.

Stanton, A. (1989) Invitation to Self-Management, London: Dab Hand Press.

Thompson, C. (ed.) (1991) Changing the Balance: Power and People Who Use Services, Community Care Project, London: National Council for Voluntary Organisations.

Hanvey, C., & Philpot, T. (Eds.). (1993). Practising social work. ProQuest Ebook Central <a onclick=window.open('http://ebookcentral.proquest.com', '\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor: p Created from infilibnet-ebooks on 2021-02-10 22:39:36.