

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

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.

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 self-operated 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

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 face-to-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.

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 thought 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

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 different 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

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.

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