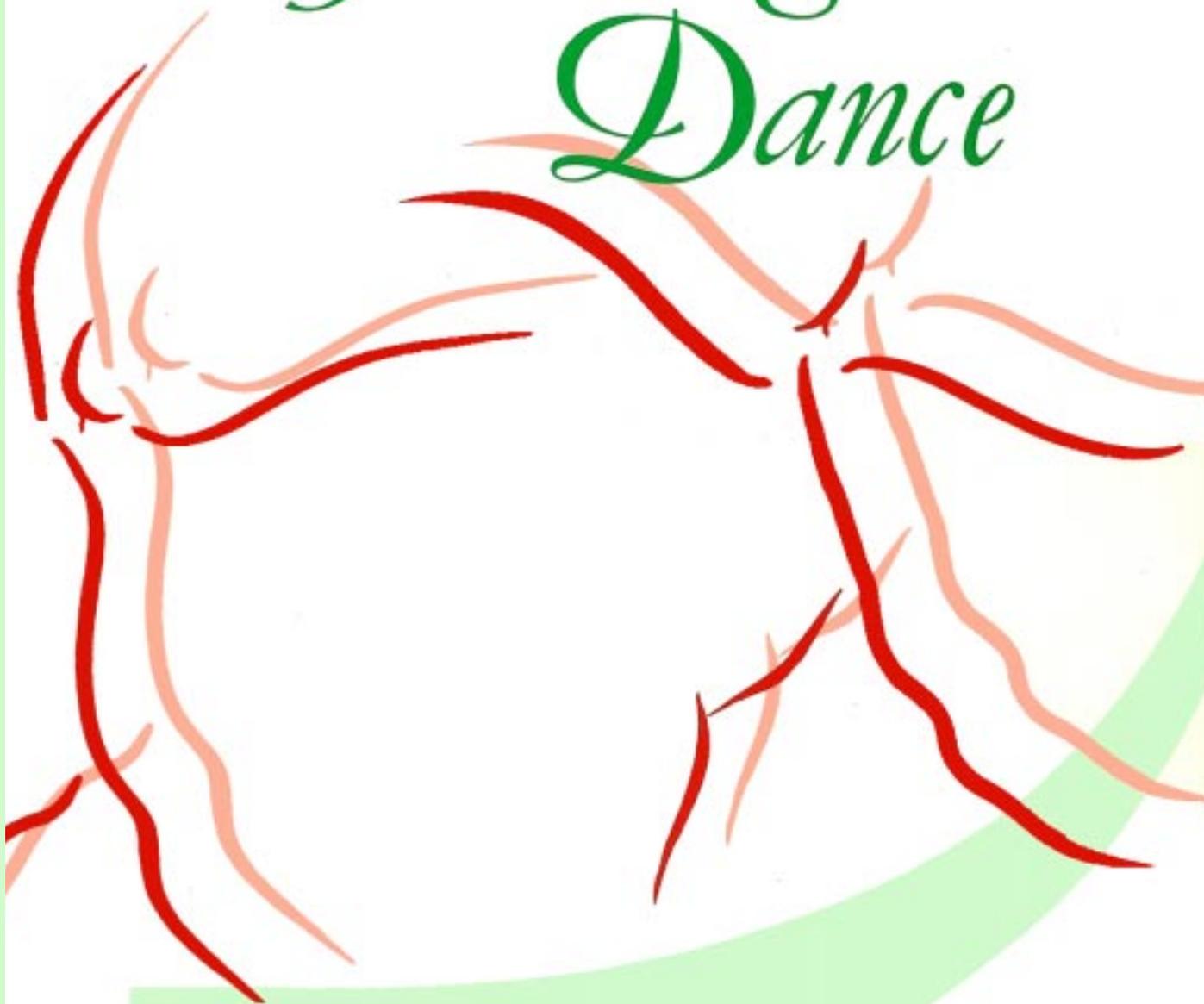


Moving to the Dance



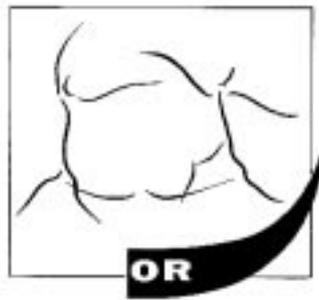
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**Service Culture
and
Community Care**

Online new edition, 2010



Moving to the Dance



Service Culture and Community Care

by

Steve Dowson

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*For further information or discussion, please contact Steve Dowson,
steve@thelittlebrook.co.uk*

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Preface to the 2010 Online edition

Moving to the Dance (MTTD) was an odd publication with an odd title, and it still is. When I wrote it I was the director of VIA, an organisation with a reputation for radicalism. I admit that I wanted to produce a VIA report that would be different from the earnest, dull reports that flowed constantly from government, academics, and voluntary organisations. But the strange format, with two publications running in parallel across left and right pages, was forced on me by the logic of the arguments I was presenting.

MTTD also has many flaws, of course, from irritating typos through to tales that now feel a tad too whimsical. In addition, inevitably, it looks dated in some ways. Now that we're another twenty years on, it is *Valuing People*, rather than *Better Services*, that serves as the key waymarker in learning disability policy. Twenty years ago we were still pre-occupied with the closure of the long-stay institutions. These days, institutionalised services don't proclaim themselves so obviously. And the priests at the standing-eating-talking events (see page 29 Right) have a new generation of magic objects.

On the other hand, if small adjustments are made to the language and the government policy titles, the picture looks depressingly unchanged. We still haven't found viable, socially valued alternatives to day centres for many people. We still have group homes, though now they're called Supported Living. The same picture of tortuously slow progress (once the much-publicised success stories are set aside) can be seen across the range of services to disabled and older people. MTTD accused *Caring for People* of being a policy statement designed to achieve cost-saving under the cloak of high ideals (see page 6 Left). Couldn't we say the same of *Putting People First*, or the latest *Vision* for adult social care?

MTTD never claimed that the incompatibility of 'Services' and 'Community' was the only obstacle to progress, and two more decades of observation have increased my doubts about the true purpose of the social care system. Not that I've detected some grand conspiracy; but there is overwhelming evidence of the way in which ego, ambition, and sheer laziness at the political and management levels of the system repeatedly displace the interests of disabled people and their carers. Moreover, there are enormous embedded incentives to frame the system's failings in terms of lack of knowledge and skills. It suits everyone, from the worker gathering certificates and the colleges dispensing them, through to the development agencies inventing the 'new' ideas. No one is likely to call this game to an end by giving disabled people the power to demand that services deliver what they have so long, and so expensively, been learning to do.

That said, there is plenty of reason to believe that the analysis presented in MTTD is as valid and as relevant as ever. Most people with learning difficulties (and many others with disabilities or mental health issues) still lead lives characterised by social exclusion. A number of factors can be identified, but one of the main reasons for this situation is that councils and service providers (aside from a few happy anomalies) remain just as inept in dealing with community, even when they have the best, most sincere intentions. Central and local government want to engage with community, but only trust community when it conforms to the ways and standards of formal systems. This destroys the very qualities that make community attractive.

The extent of the problem has been highlighted by work I have done over the last eight years to assist English councils in the development of brokerage resources. I have offered them the model of a regulated market of self-employed brokers, because it provides a high level of choice, efficient use of funding, and strong customer accountability. A model of this sort is still concerned with formal service delivery, but requires councils to move away from the mechanisms of commissioning, line-management, and quality control that they know and trust. As such it represents a first step towards constraining the command-and-control mentality of the 'Left' Paradigm so that the 'Right' or Community Paradigm can flourish. It is saddening that I

have yet to find a single council that has been able to make the journey even that far. The prospect of councils going further along this path, and learning to value and respect the differentness of informal community life, seems remote.

The journey has to be made, nonetheless. If the 'Big Society' means something more constructive than merely abandoning communities to fend for themselves, it will require formalised public services to learn to nurture, not destroy, the rich complexity of community life. *Moving to the Dance* can help in pointing the direction of travel.

The two paradigms analysis in MTTD has also proved a useful framework to apply in various contexts. For example it's helpful in understanding support planning as a process that must start in the Right paradigm (thinking creatively about all options, and working with informal community resources), and then progress through to the Left paradigm (carefully evaluating options, costs, and risks). But this means that Support Plans embody a tension between 'person-centred' and 'system-centred'. Not surprisingly, since councils can dictate the format of Support Plans, the Left paradigm requirements of Support Plans are gradually forcing out the Right paradigm elements. Thus, in many places, we see Support Plans being forced into standards formats and lengthy forms that suit the system, but drive out all creativity.

In recent years I've begun, cautiously, to offer a presentation of the main ideas in MTTD in some training events. It's proved particularly useful in training for independent support brokers, not only in understanding the logic of support planning, but also the position of the broker as someone working at the interface between services and community. It also prepares brokers for the pressure they will experience to surrender to the expectations of council command-and-control methods. It's been pleasing to find that training participants usually find the presentation very helpful. (Thanks to the use of colours in the slides accompanying the presentation, people who have heard this presentation often use '*Green World*' to identify the Right or Community paradigm, and '*Blue World*' for the Left or Systems paradigm.)

For all these reasons I felt it was worthwhile to make the original document available online. I am grateful to Values into Action, and Catherine Bewley in particular, for giving permission to do so. I have resisted the urge to make any significant changes to the text. This online version has been generated by combining scans of printed copy with an ancient Pagemaker document, and some small alterations to the layout and illustrations have resulted. However, I have resisted the urge to make any significant changes to the text, and ask you, the reader, to be tolerant of its failings.

Finally, a note about reading this version of MTTD. Most people who download this edition will choose, rightly, to save trees and read it on the screen. However, this probably means that they will only view one page at a time. Please bear in mind that the original publication was designed so that each pair of left and right pages addressed the same issues, though in deliberately different ways.

Steve Dowson
November 2010

Preface (1991)

In 1988 I was able to make my first visit to the United States, and to meet some of that country's leading thinkers and practitioners in services for people with learning difficulties. I had an official purpose for the visit, and a set of supplementary work-related interests to pursue. I also took with me, though I was not fully aware of it as I packed my bags, an acute sense of frustration at the failure - perverse refusal, it seemed then - of services in the UK to achieve substantial progress. I looked forward to keen intellectual debate with the gurus of North America.

The visits to the various states and services were fascinating and informative. But each time the opportunity came for that intellectual exchange I only found more reason to feel frustrated. I could not get them to talk theory with me. Instead they told stories about people they knew, gave me photocopies of poems, or referred me to great works of literature. Rather than join me in my mood of depression they exuded hope and enthusiasm - even though, from the facts I learned, they too had plenty of problems facing them.

Nothing more than American razzmatazz and the 'go-get' culture? Perhaps that was part of it - though I do not see how that explanation can be turned into a justification for discounting it. But it also seemed to reflect something more fundamental. These people in the vanguard (which is a very different thing from the typical US service agency) were expressing, rather than debating, a profound shift of outlook. It was no longer a matter of different models of care or service principles; it was a different way of thinking about the whole task. And the new way of thinking made 'models of care' redundant. Gradually I came to realise that they had given me the answer I had been looking for, but in the language of their way.

In order to understand - or, rather, to persuade myself that I had understood - I had to translate back into more familiar language. I hope that the mix of 'languages' eventually adopted has been faithful to the truth while also making it more accessible to policy-makers and service workers, to whom this report is mainly addressed.

The community of VIA has been extensively involved in the development of this report. Some people - in the UK as well as the US - offered inspiration; some, though less comprehending, gave trusting support. From others came downright scepticism - an equally valuable contribution. Without wishing to diminish the help of many, I want to acknowledge the special assistance, of different kinds, given by the following people:

Adrian Adams
Gunnar and Rosemary Dybwad
Robert Perske

David Brandon
Patti Smith
Gerald Provencal

The report also aims to build on the substantial foundation of ideas developed within VIA over twenty years (for most of which time it was called CMH), and particularly on the work of Ann Shearer, Alan Tyne, Paul Williams, and Alison Wertheimer.

This report is a policy statement from Values Into Action, setting out the direction in which services for people with learning difficulties (and, for that matter, other areas of social services as well) must move. It supplements existing VIA policies and provides a new theme for future VIA activities. For these reasons I have felt it appropriate to use the term 'we' rather than 'I' in the main text. Nevertheless, the shortcomings of the report remain my responsibility.

Steve Dowson
May 1991

An important note to readers

For reasons that will be explained in the text, this report is in two parts which run side by side through the document.

On the left hand pages the arguments are set out in a style which will be familiar to readers of textbooks.

On the right hand pages are supplementary quotations and contemplations, anecdotes and examples, ideas and exercises. They are not there merely to illustrate the text on the other side. The aim has been to provide enough material on the right hand pages to make sense on their own. In fact, one of the arguments set out on the left hand pages is that the reader is more likely to achieve a real understanding from the right hand pages.

You could read just one side throughout. Alternatively, as the broad themes of the report are developed in parallel across left and right pages, you could scan both sides as you go along. But whichever method you use, we hope you will give some time to both sides.

Section 1. 'Better Services' after twenty years?

The march to the kitchen

A group of students lived in a lodging house where the owner cooked the meals. The owner fancied himself to be a skilled chef, and each morning would proudly announce the dinner menu for that evening. Each evening, however, the students sat down to a meal which belied the owner's claims. The food was frequently unpalatable, and rarely had much resemblance to the dish after which it was named.

All the students agreed that this state of affairs was unacceptable, but outspoken criticism seemed to upset the owner without achieving any improvement in the food.

Some other students, at college to learn catering, thought that their special knowledge might be useful, and offered to help. Together they decided that perhaps the owner couldn't cook because he had no good recipes to follow. So they found excuses to give or lend him some promising recipes, and flattered him with the explanation that they wanted to support someone who was so clearly a devotee of haute cuisine. But there was little improvement. Most worryingly, the owner now claimed that he had followed the new recipes, and seemed quite unable to see how far his own version fell short of the description in the book.

The students began to look for another explanation: Perhaps the ingredients were not up to the necessary quality. They visited the local market, and even contrived to sneak a look in the crates and boxes the owner brought back after his shopping trips. They had to admit that the range of provisions was not ideal. Many goods were not of the finest quality, others difficult to find. Some were not available at all, which meant that a few dishes would be impossible. And yet there was clearly enough variety and quality to permit meals far better than the owner produced.

Back in the dining-room the students, frustrated and nauseated by months of bad food, discussed what to do next. The owner claimed he wanted to offer good food; and he did have the recipes and the ingredients to make it possible. Why did he keep getting it wrong?

Their eyes turned to the kitchen door. It was something going on in there - something in the way the owner approached the whole business of food preparation - which had to be at fault. . .

It was time, they decided, to take a look in the kitchen.

What can you expect in twenty years?

It is now twenty years since the publication of “Better Services for the Mentally Handicapped”⁽¹⁾ - the government White Paper which, though hesitantly and unclearly, strengthened the policy shift away from institutional care to community care for people with learning difficulties. Your assessment of the progress since then will depend on your point of view. Rather like the optimist and the pessimist contemplating a half-empty glass (though in reverse, we hope), you can either emphasise that the population of the mental handicap hospitals has halved during the period, or consider the 27,000 people who still live in those institutions⁽²⁾. You can feel glad that no children, however severe their disability, are these days deemed “ineducable” and denied schooling; or saddened that the current labelling process results in two out of three children who have been “statemented” being cast out of mainstream schooling⁽³⁾. You can note with satisfaction that local authority day services have expanded over the period to provide more than 50,000 places in Adult Training Centres and Social Education Centres⁽⁴⁾, or feel puzzled and frustrated that we still haven’t found anything better for so many people to do than endless training or work without pay.

The sense of frustration aroused by your assessment will be influenced by your sense of time. In the long history of western society’s response to people with learning difficulties, twenty years is hardly any time at all⁽⁵⁾. Be patient, you may say: These things take time, and it will all work out in the end.

On the other hand, great changes have taken place in other spheres of human activity over the same period. In 1971, computers were vast, clumsy machines in special airtight rooms. Now they are scattered across the desks of the average office. The launch of a space rocket was a marvel that attracted millions of television viewers. Now the start of a shuttle mission - except when it goes wrong - hardly merits a mention on the news. Instead people unthinkingly watch movies beamed to them from satellites. The television they watch is likely to have been made in Japan, in 1971 the producer of second-rate goods but now the second most powerful economic force in the world.

The changes have not only occurred in technology and industry. The whole story of the Solidarity movement in Poland has taken place since 1971: Its arrival as a threat to the communist regime, its subsequent repression, and its final re-emergence to lead Poland towards a new form of government. In Britain there has also been enormous cultural and economic change (though not necessarily progress) in the course of the collapse of Labour both in and out of government followed by more than a decade of Thatcherite rule. The advent of ‘Enterprise Culture’, and ‘yuppies’, both unknown in 1971, has been accompanied by the acceptance of green policies and complementary medicines by large sections of the population and even partially by the establishment.

This is not to say that all the changes are desirable. On the contrary, later in this report we shall argue that that many of them are symptomatic of a culture which has not only restricted the development of public services but corrupted them from within. The suggestion at this stage is simply that major changes of all sorts can occur in twenty years, if the necessary conditions exist. Involvement in social change is not like helping a tree to grow - there is no rule which says that social justice takes more than a lifetime. Most importantly of all, those who are on the receiving end of injustice do not have the luxury of a long time-frame. In those twenty years, new generations of people have been taken out of mainstream life and into the service system. Others have spent another twenty years inside it. While most of us were developing our lives according to the stage we were going through - finishing our education, getting a job or a home, raising children - their lives were being wasted. It is important to recognise that the statistical decline in the hospital population does not mean that 30,000 people made the escape from hospital. Many of them grew old and died. They did not have the time to wait for us to find the answer.

What's happened to you in the last twenty years?

Pause, if you will, and consider -

- how your life was in 1971;

- how it is now;

and

- what has happened in between.

Obviously, your answer will partly reflect the stage of your life in that period. You may have been moving through school and further education, and so into work; or establishing your career or your family; or approaching the end of your working life - perhaps enjoying a senior position or just waiting for retirement. Whatever stages you have been going through, consider some of the themes:

Your material standard of living and security

What sort of place were you living in, and what sort of car did you have then? And now? How does the lifestyle you had then compare with now - clothes, food, holidays, for instance?

Your status

Though you probably don't usually think about them, you have many labels and titles. They might be -

home owner

car owner

parent

husband/wife

uncle/aunt

grandparent

professional

manager

bank account holder

credit card holder

voter

committee member

Each of these labels brings a certain amount of status. Others are less valued - and may even reduce status ('ex-offender', for example). So, how has your collection of labels changed in twenty years? Has it increased your status, your standing in the community, and your power and influence at work?

Change

In this age of 'social mobility', it is likely that many changes have occurred in your life: moving home, changing jobs, making - and maybe breaking - personal partnerships.

How many such changes have you been through? As you look back, how many of them were changes for the better? To what extent did you choose to make them happen, or were they forced upon you?

Constancy

It is unlikely that any major upheavals in your life over twenty years have caused a complete break in your life. Family connections and personal friends will have been the threads which knitted the phases together. You may have enjoyed the sense of continuity which parents provide, or which your own children offer - even if they aren't living in the same place, and though they may at times be the cause of aggravation. The stress of moving home - perhaps to a different, unknown part of the country - may have been easier because you were accompanied by your partner.

Most of us accumulated friends and acquaintances along the way. Some relationships may be deliberately dropped, others just fade away. But some remain. If you looked through your address book, how far would the connections go back in your life? Do you still have links with places and people from twenty years ago?

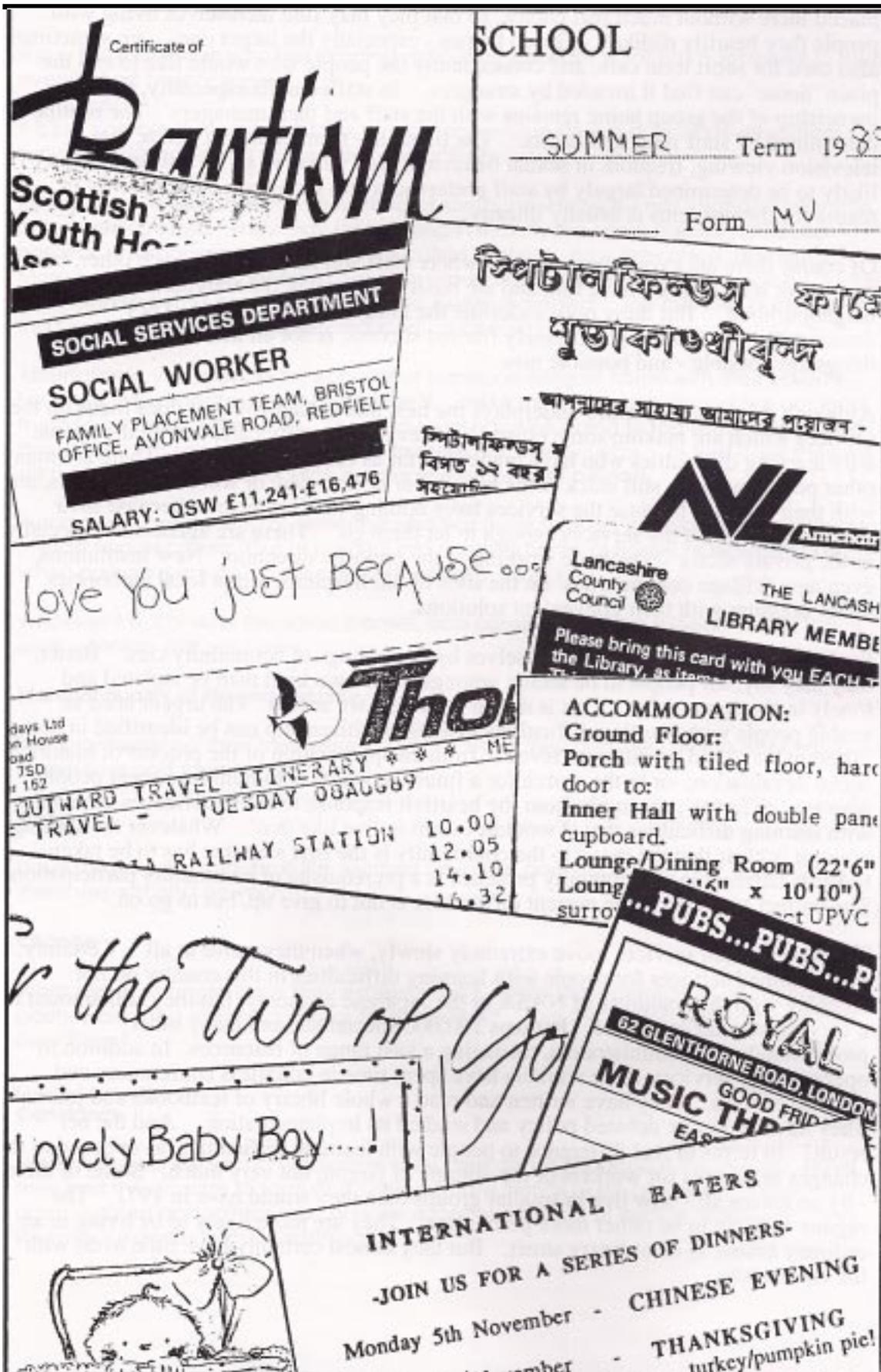
Since 1971 the main emphasis of development in services for people has been on 'community care'. At the beginning of the period it had meant little more than 'not institution', as something better than the mental handicap hospitals which had been exposed by a series of public enquiries to be subject to breakdown and which a minority of observers then regarded as inherently unjust and unnecessary. Those early campaigners, mostly brought together under the banner of the Campaign for the Mentally Handicapped (CMH, now VIA), began to formulate an alternative based on ordinary housing⁽⁶⁾, but it was not until the arrival in the UK of Wolfensberger's development of the Principle of Normalisation⁽⁷⁾ that community care acquired a systematic theoretical foundation. CMH went on to offer not only moral arguments for community care, but extensive evidence that it could be achieved⁽⁸⁾. A much wider group of agencies has since championed the same cause, and the practical ramifications of community care have been elaborated, demonstrated - albeit incompletely and transiently - and evaluated. Academic researchers, though wary of the ideological fervour associated with normalisation, have lately acknowledged that services based on the principle offer better standards of care⁽⁹⁾. The net result is that most of the statutory agencies and the major relevant unions and professional associations now agree that, in principle, there is no place for large institutions in the range of services for people with learning difficulties. Most of these groups also claim to subscribe to the belief that people with learning difficulties should be enabled to live 'an ordinary life in the community'⁽¹⁰⁾.

The progress in developing community care as a reality for people with learning difficulties, as opposed to the quantity of literature describing it, has been much more modest. In practice it has mainly taken the form of a reduction in the size of place where people with learning difficulties live. The 1971 White Paper recommended hostels of up to twenty five places as the alternative to institutional living. This model was widely implemented, with most local authorities opting for the maximum size. Such places, and their 1970s health service equivalent, still remain. However, professional preferences during that decade shifted in favour of the group home, initially only for people needing minimal support but extended during the 1980s to include close staff support. The number of residents in a group home is typically between four and eight residents. Some agencies - for example the Homes Foundation - apparently consider this size a perfectly satisfactory arrangement. Others merely see it as the closest it is possible to get within current resource levels to giving people complete choice in their living arrangement, including the choice to live alone. A very few agencies, with persistence, ingenuity, or just more money, have overcome that barrier and offered people the chance to live on their own, even when high levels of support are required.

The level of progress in residential arrangements has not been matched in other aspects of life or sections of services. Changes in day services have re-worked and re-named the familiar themes of segregation and congregation; from Adult Training Centre to Social Education Centre, and lately another change to Resource Centre. Significantly the few radical initiatives have come from outside the dominant model, in the form of employment agencies and work experience schemes. Most of them have only developed in the last few years, and have not yet made a significant impact on the pattern of services. Similarly, in leisure, most people with learning difficulties still spend their free time on their own, or with other people with learning difficulties, or as recipients of the generosity of volunteers, befrienders, or charitable patronage. The debate about finding better ways for people to participate in ordinary leisure activities has only just begun⁽¹¹⁾.

As a result, people with learning difficulties living in ordinary houses are unlikely to make many connections with the community. They may no longer be physically contained within a total institution, but they move each day between the different parts of a service system which envelope them almost as completely. As they travel, they pass through the community, but they are not part of it. After twenty years of effort the service system is being forced to recognise that it has learned how to help people to achieve a crude level of community presence, but has found that it is not able to make them participants in community.

A world full of experiences and opportunities - for most of us



Worse still, even inside those 'ordinary houses' the regime may not be very much better than it was in the hostel or even the hospital. Under the gloss of progressive rhetoric, attitudes and practices often prove to have changed little. The residents may have been placed there without much real choice, so that they may find themselves living with people they heartily dislike. Group homes - especially the larger ones - are sometimes also used for short term care, and consequently the people who would like to call the place 'home' can find it invaded by strangers. In staffed units especially, the real ownership of the group home remains with the staff and their managers. The routine is determined by staff rotas and habits. The lifestyle - from choice of decor, diet, television viewing, freedom in sexual behaviour, and where to go on holiday - is very likely to be determined largely by staff preferences and scruples. And security of tenure for the residents is usually illusory.

Of course there are exceptions: Houses where staff and residents like each other, treat each other with respect, have fun, and are busily engaged in the activities of the neighbourhood. But these only underline the failure of the majority. They demonstrate that failure, or extremely limited success, is not an inevitability. Good things are possible - and possible now.

Although this general picture underplays the best that is happening, it does focus on the services which are making some effort to achieve community care, and on the people with learning difficulties who have made it as far as ordinary housing. There are many other people who are still stuck at the hospital or hostel stage or who, though adults, are with their families because the services have nothing to offer them or because their parents do not trust the services enough to let them go. There are agencies - especially in the private sector - which are working in the opposite direction. New institutions, even new 'village communities' on the sites of old hospitals, tempt local authorities under pressure with their convenient solutions.

Such regressive forces justify themselves by the failings of community care. Better, they may say, for people to be secure amongst their own kind than be isolated and lonely in the community. This is not an argument we accept. The urgent need to enable people with learning difficulties to achieve citizenship can be identified in many different ways and on different levels: from an appreciation of the process of historical social devaluation; or in the search for a future in which communities accept people who are 'different'; or simply from the heartfelt response to the experiences of people with learning difficulties that 'I wouldn't want to live like that'. Whatever the starting point, it is clear that the move to the community is the first step that has to be taken towards citizenship. Community presence is a prerequisite of community participation. The correct response to the current difficulties is not to give up, but to go on.

The worry is that services move extremely slowly, when they move at all. Certainly, the combined services for people with learning difficulties in this country do not compare with the resources of NASA or the Japanese economy; but they still amount to a very substantial enterprise. Perhaps 100,000 specialists, and many other professionals and administrators, managing a vast range of resources. In addition to operating the services, these workers have spent time in countless conferences and training courses. They have written and read a whole library of textbooks and journals. They have endlessly debated policy and studied its implementation. And the net result? In terms of real difference to people with learning difficulties, as opposed to the changes in salaries for workers or the volume of jargon, not very much. Some of them - by no means all - now live in smaller groups than they would have in 1971. The regime is likely to be rather more permissive. They are more likely to be living in an ordinary house, in an ordinary street. But they almost certainly have little to do with the community.

What's changed for people with learning difficulties?

If you know an adult who has learning difficulties, consider what has happened to them over the last twenty years.

It is just possible that you can think of someone whose life is a story of development, success, and increasing status. But very unlikely.

Rather more likely is that you're thinking of someone whose life has changed very little, compared to yours. They may still be living in exactly the same mental handicap hospital. Twenty years ago they were called 'patient', now they are a 'resident'. More substantial changes have gone on around them, but not by their choice. Scores of staff have come and gone, villas have been upgraded. The number of people in the hospital has probably been reduced, as people have been moved out or died.

Alternatively, you may be thinking about someone living at home with their parents. For them too, probably little has changed. Unlike most of us, adulthood has not lead them to a home of their own. They may well have be going to the same day centre throughout the period - 'students' or 'trainees' for twenty years. In that case they will still be living on welfare benefits, supplemented by their parents.

Perhaps you are thinking of someone who has gone through a major change or two in the last two decades: Out of hospital into a group home or hostel; or leaving home when parents were no longer able to manage.

Whoever it is, consider the same themes, and consider how the experiences of this person match with your own:

Material quality of life and security.

Are they better off than they were in 1971? Have they acquired a long list of valuable possessions and mementoes?

Status

Have they made progress in life, learned new skills, acquired labels that would bring them respect and power?

Change

What sort of changes have they experienced? Have the experiences occurred as positive planned events, changes for the better? Did the person have any control over them?

Constancy

Have they had the support of people they care about throughout this period. Have they had the chance to form and keep intimate friends or life partners? Have they accumulated acquaintances - or have a long succession of people walked into their life and out again, without warning?

Five obstacles

As the twentieth anniversary of the 1971 White Paper passes it seems reasonable to ask why, when so much else has changed in the period, the service industry for people with learning difficulties has achieved so little. Critiques which offer an explanation can be associated with five assertions about the cause of failure:

Welfare services have not been driven by a desire to provide justice or a good quality of life for disadvantaged groups.

It can be persuasively argued that the covert purpose of the welfare state is not welfare but social control. People who are unable to conform to social norms, or who refuse to conform, are oppressed or excluded so that they do not threaten the social system. Social services represent one of the mechanisms by which this function is achieved, at the minimum cost.

After a decade in which the virtues of competition and self-sufficiency have been strongly promoted, and welfare presented as secondary to, and dependent on economic growth, the force of this argument is especially strong. For example, a look at the origins and primary outcomes of the policies in 'Caring for People'⁽¹²⁾ reveals that - whatever the rhetoric - the main purpose is to control the flow of funds into welfare services, not to have a beneficial impact on the lives of people who need services.

On the other hand, neither managers nor social workers, or members of social services committees, sit in meetings plotting how to oppress the unruly populace. Quite the opposite: They spend a great deal of time engaged in discussions about how they can best help the users of services. Unless we are to conclude that such discussions are a complex and sustained deceit, it seems that those who work in services at least aim to achieve some higher purpose than social control. Managers and policy makers have long complained that social workers have too much power in services; that they are the 'street level bureaucrats'⁽¹³⁾ who actually determine the implementation of policy. If that is so, social workers do have opportunities to work for goals which will benefit the users. Managers, likewise, have room for manoeuvre. The approach of the present government to policy making is to change the main structures but not to prescribe the details of the fabric. This, in many ways, is a failure of leadership; but it also creates opportunities. Within the requirements of the White Paper, for example, there is much scope for local policy-making and innovation in practice. So, even in the context of a central government which views welfare as little more than a drain on the enterprise culture, local services can pursue higher goals.

This critique of policy and services has been most strongly associated with Marxist theory. It is nevertheless supported by a quite different analysis of the history of disadvantaged people; that of social devaluation⁽¹⁴⁾. Social devaluation, in essence, is a systemic process affecting groups of people who are identified as different and vulnerable. Its effect is to add to the disadvantages of members of the group by superimposing additional devaluing features: loss of socially valued roles and status; segregation and congregation; poverty; and the attachment of other negative images by association. Individuals in the group are thus perceived as less than fully human, so that injustice and ill-treatment cease to be a matter for concern. Ultimately it creates a climate in which the dominant social group is able to use various 'deathmaking' strategies⁽¹⁵⁾ - for example sustained neglect, 'mercy killing', or the gas chamber.

The persecution of the Jewish people stands as the most horrifyingly obvious example of this process. But it can also be seen operating in the continuing persecution of

Why hasn't there been more progress for, and by, people with learning difficulties?

It is almost certain that, overall, there is a yawning and dreadful gap between your life - characterised by overall progress, increased status, and higher material security - and the life experiences of people with learning difficulties.

Why should this be?

Is it because the services that are provided for people with learning difficulties

. . . . have never really been aiming to make improvements?

. . . . haven't got enough money to give people the help they need?

. . . . won't change because it would mean giving away power?

. . . . are blocked by opposition from parents or the public?

. . . just don't know how to do it?

several minority ethnic groups in various countries, in attitudes towards unborn children, and in policy and services for disabled people. Its special power lies in its systemic and insidious nature. The socially devaluing images are accepted by the great majority: Even parents of disabled people are persuaded to think that their children do not deserve more than the crumbs they are offered.

Through this process, policy-makers and service providers are encouraged to accept that current provision is satisfactory. Injustice against disabled people and other disadvantaged groups does not rate the same level of outrage as it would if it were perpetrated against valued citizens. The status quo is not so likely to be challenged.

On the other hand, people who work in services, who have undergone training, and have daily contact with disabled people might reasonably be expected to see through the devaluing images. They should be vociferous campaigners alongside parents and disabled people. What we notice instead however, is that 'professionalism' puts a distance between workers and recipients of services. With some exceptions, they do not identify as human beings with the injustice they see. All too often they collude with it.

There isn't enough money to do the job properly.

It can be argued that the high ideals of workers count for nothing if there are insufficient funds for the purpose. The government may not spell out the exact pattern of services, but by tightly controlling funding it effectively determines the form that services will take.

Service workers fight and lose battles every day trying to get the funds for the services their clients need. Inadequate levels of funding are a very real problem. If a person with learning difficulties needs the support of two staff in order to live on their own, and there is only funding for one, then they will not be able to live on their own. Without doubt, community care which really enables every person who has learning difficulties to live like other people will require higher levels of funding than are available at the moment.

On the other hand, money is not always the limiting factor. Some things could be done a great deal better for little or no extra cost. There is no financial price attached to dealing with people in ways that are respectful. There are ordinary community opportunities - adult education, library services, employment training, housing, for example - which could be used at no significant cost to specialist services. There are many ways in which unpaid members of the community could give some of the support that is needed, ranging from the incidental assistance to another customer in the launderette to sharing home with a disabled person⁽¹⁶⁾. Major resource commitments could be re-allocated for better use. There are people in staffed units who could be living elsewhere with lower levels of support, many others placed in high-price residential homes when they could be supported in the community for the same cost or less.

The public (or the parents) are against it.

There are times when community care initiatives come up against very solid resistance from the public. When the neighbours get together and buy the house that had been planned as a community unit they can be seen, and perhaps justifiably, as the enemies of community care. Similarly, there are parents who deliberately obstruct or undermine plans to place their son or daughter in the community.

Even as you sow

The health authority staff couldn't decide whether to go out and tell the neighbours about the community unit planned for their road, or try to sneak it in unnoticed. Eventually it came out anyway, because the number of residents at the units required planning permission for change of use.

The size of the house required had also driven the authority to find a property in a part of town dominated by up-market, executive-style housing and fiercely territorial owners. As soon as news of the plan got out, some local people were busily collecting signatures for a petition.

"They're trying to force the mentally ill onto our community," people were told at their doorsteps. "They'll be a danger to our children, they'll burgle our homes and vandalise our cars. Will you sign our petition?"

Naturally most signed, as they had no information and had hardly ever met a person with learning difficulties. But while on their rounds of the houses the opponents came across a retired nurse from the local mental handicap hospital. He'd given thirty years of his life to the institution, and had always thought community care was a crazy idea; and he was pleased to say so now. Even more to his delight he was quickly made expert advisor to the opposition group.

In the end the health authority was pressured into holding a public meeting. Two officials and a doctor faced a crowd of opposition. No-one spoke from the audience in support of the plan. There were no people with learning difficulties present, so the opposition still had no reality to set against their beliefs.

"These people have the minds of children and need to be somewhere safe - not here on our streets", some said.

"These people have no more morals than animals", said others.

"The sewers won't cope."

"The road will be full of cars."

The panel was on the defensive, and looked it. (The doctor, who had also worked in the institution for thirty years, wasn't even really sure whose side *she* was on.) They didn't give hard facts, or tell good stories, but rather lamely tried to use their authority to suppress the opposition. That only made the crowd more angry.

It was all for nothing anyway. Shortly after, some local residents clubbed together and bought the house themselves, just to block the plan. The health authority retreated, and reviewed their policies. Clearly, they concluded, the public is opposed to community care.

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But when incidents of this sort are generalised into a condemnation of non-professional attitudes it looks suspiciously like scapegoating. Professionals who harbour private doubts about community care, or who know that they would not be happy about a community unit next to their own house, may project these feelings onto the anonymous public. Even when parents or public seem clearly guilty of obstruction, the service may not be as innocent as it would like to pretend. The form of the community service, rather than the people who would live in it, may have been the real cause of neighbourhood hostility. Or the way in which service workers descended on family or neighbourhood and announced their intentions may have started the enterprise off on the wrong footing. And many of those organisations - especially the charities - who are troubled by public attitudes are simultaneously using fund-raising methods which reinforce prejudice.

There are many stories which demonstrate that ordinary people can be tremendously supportive and accepting towards people with learning difficulties, though they are not told as loudly as the tales of community opposition. Stubbornness and mistrust of the unknown are not inherent qualities of parents of people with disabilities, any more than the rest of us. In Canada and the United States, it is parents who have led the movement towards de-institutionalisation and mainstreaming. But if non-professional attitudes really are such a major obstacle, why is it that public education has not been conducted in any systematic way?

It is against the interests of the professional groups which hold the power.

It was suggested earlier that service workers have opportunities to work in the interests of service users, even if the true concerns of national policy are social control and the rationing of welfare funds. However, these opportunities will not be taken if service workers are driven by self-interest, and if it is not in their interest to take those opportunities. There are two main critiques of human services which support this view: The first argues⁽¹⁸⁾, in essence, that in a society which is no longer economically based on the production of goods, service industries need to find ways to expand. They achieve this by redefining human need so that it appears to require a professional, 'expert' response. Thus, according to this critique, service industry workers improve their own status and security by keeping people 'clientised'; passive and dependent on the service industry.

This is a very interesting analysis, which fits many of the phenomena on the edges of social services and beyond. We shall return to it later. In the UK context, where the core functions of welfare have been stated funded and - for the last twenty years - largely state operated, there are fewer opportunities than in the United States for this process to be driven by profit-seeking entrepreneurs. Except in the case of independent sector services funded through the social security system, services here do not have access to funding which would underpin expansionism, and there is a shortage of workers, not a surplus needing to create work. On the other hand, there are many examples of new projects and professional activities which extend the role of the service system; newly professionalised counselling services for such things as disaster, bereavement, and sexual abuse are one such area. UK researchers have also found that informal, voluntary welfare effort is subject to colonisation:

a state of affairs where a powerful official agent in charge of resources and service provision sets out to control or subordinate other sources of care. The end result is the creation of a situation where there is non-statutory-sector dependency on, and subservience to, the goals of official welfare.⁽¹⁹⁾

The second critique is less sophisticated. It argues simply that managers and direct workers, though not intent on expanding their empire, enjoy their power they already have, and will not give it away. The planner finds it more convenient to establish a

Who's really in charge?

Kathleen was very happy to leave hospital. She had been there twenty years, and it was a place where she had never felt safe. She probably felt that the sexual abuse she had suffered - and to which staff turned a blind eye - would stop in her new home.

She was offered a place in a small home with three other people from the same hospital. She would probably have liked a little more choice but this seemed a step in the right direction.

The few weeks just before the house opened were busy ones for Kathleen. She spent a lot of time shopping for furniture, getting used to her new neighbourhood, and meeting the other people who would be living in the house and the new staff. There were endless meetings between doctors, managers, charge nurses, her family, and various other 'concerned' people. Sometimes she went to these meetings, and sometimes she didn't. Even when she did, people rarely explained why they were being held.

Once in the house Kathleen began to realise that in some ways the situation was not that much different from hospital. In particular, the house was arranged - just like the hospital - in such a way that the staff more or less dictated what happened to the people who lived there.

This was made clear most bitterly on one occasion. Kathleen's daytime routine was to go to the day centre. Not her choice - it had been decided before she even moved in. She found the regime at the centre monotonous and exhausting, and she liked to have a day off when she could.

She decided she would like one of those days off on a day after a public holiday. Another resident also wasn't going to the centre that day, and Kathleen knew there would be staff in the house.

But when she said she wanted to stay home she was told she couldn't. This must have seemed strange. She had been told when she moved to the house that she would be able to make her own choices. Kathleen got angry, and there was a great argument. Eventually the member of staff said:

"Who do you think is in charge here?"

Kathleen had to say "You are", because it was so obviously the case.

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working party of six professionals than devise ways to consult the users and carers. The senior manager prefers to give the users what he wants to give them, rather than take instruction from them. The SEC staff want the freedom to close down the centre for two weeks in August, so they can have a holiday. The support worker likes to have her choice of viewing on the group home television.

There are countless examples of staff using their own power to the disadvantage of people with learning difficulties. Indeed it could be said that most services operate power like colonials in the Empire; well-meaning and often benevolent, but firmly holding onto their privileges and, if threatened, quite willing to be ruthless. Self-advocacy, the factor which might have challenged that power, is itself in danger of falling into the hands of those who hold the power⁽²¹⁾.

But do workers gain by keeping their power? The need for workers would not decline if they handed over some power. It would not mean the loss of jobs, or reductions in salaries, or reduced career prospects. So it must be the content of the work, and the rewards it provides, rather than employment itself which is at stake. Keeping the power means an easier life, insulation from the demands of service users, the self-importance of being able to boss other people about; and, yes, being able to watch Brookside while on duty. Against this list we could set another set of rewards for handing over the power: The pleasure of truly helping others, of watching them grow in their personal identities, the excitement of being participants in changing society for the better. In the final analysis the issue is not really power per se, but the rewards that make people cling to it.

Services don't know how to 'do' community care.

In terms of the numbers of people involved, and the many aspects of the task for each person, community care is a complex business. This suggests that it could take another twenty years - maybe another forty - before we have the skills and experience to do it properly.

If the number of new books, concepts, acronyms, and methods were the measure of achievement, the service industry over the last twenty years would have much reason to be very proud of itself. Every facet of services has spawned long lists of models and technologies, and each of these implemented in varied forms. Researchers trail round the new services evaluating their effectiveness, and sometimes yet more researchers can be seen following on behind, evaluating the evaluators. The lives of people with learning difficulties have been dissected, packaged up, neatly labelled, and put on display like meat in the supermarket. In the last two years, for example, there have been four new books about friendship and people with learning difficulties⁽²²⁾. When people with learning difficulties speak for themselves the activity is given a special name. When family and friends are discovered forming a circle of support around a service user it becomes the basis for a training course.

As long as there are services, someone (the users, mainly) should be checking that they are doing the right things. As long as services are publicly funded, questions about cost effectiveness will deserve proper answers. New workers will need training, and some sort of framework within which to learn. But if the answer to the challenge of community care lies in models of care or technologies - which, given the disparity between the volume of theory and the quality of practice, seems unlikely - we surely have enough on the shelves already.

Counter-productive policy, insufficient funding, public opposition, misuses of power, ignorance: These are all problems encountered by people trying to create or to experience the reality of community care. It would be a denial of the reality of those

How many ways do they need?

There have been innumerable methods developed for assessing and classifying people with learning difficulties and their needs. They are usually given impressive - or mysterious - acronyms. Some of the widely-used ones are:

WAIS
Wessex
IPP
ISP
SAP
PAC
HALO

- but many services have their own variations.

A social worker recently told us how she had been taking a client to a meeting which was part of the assessment procedure they used in that service. The client was most reluctant to go into the room: she was obviously extremely frightened by the prospect. And the social worker suddenly thought: If that is what it does to the person who's supposed to be at the heart of the whole exercise, isn't there something terribly wrong with what we are doing?

Another social worker recently reported that she had devised a highly innovative method of deciding what a person needs and wants. She sits down and talks it over with them. Not an idea that's likely to catch on, of course . . .

At the age of thirty, Judith Snow collapsed, totally exhausted. She had struggled for years to get the practical help that her physical disability made necessary. Plans had repeatedly fallen through, official promises broken, and she had ended up living in an institution. Doctors had predicted that she would not live beyond thirty, and it seemed they were going to be proved right.

A group of five people saw what was happening and got together with a joint, personal commitment to get Judith the help she needed. They became known as the Joshua Committee - the group which could break down walls.

That was in 1980. By 1988, there were 100 other Joshua committees in the same state, Ontario. The idea had spread much further, and was generally known as 'circles of support'. These circles were quite separate from services: Ordinary citizens making a personal commitment to a disadvantaged person. When Robert Perske wrote about 'Circles of Friends' he was describing just that: Friendship freely given, not formally constituted Support Circles.

In January 1990 I joked with Perske that it was only a matter of time before Circles of Support could be added to the list of service procedures. I prophesied we would see Circles of Support training courses in two years.

I was wrong. They were already running.

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people to suggest that they are merely illusions or excuses. And yet these obstacles do not seem a sufficient explanation for the slow rate of progress:

There are ways that national policies which are not designed primarily to achieve better lives for people with learning difficulties can be opposed, circumvented, or exploited for real benefit.

There are resources of many kinds in the community which could be used more, both to increase quality of life and to reduce costs.

There are ways to work with parents and the public which are less likely to provoke opposition.

There are ways of working which would bring rewards - and still provide jobs - for workers, which gave more power to people with learning difficulties.

There are plenty of models, theories, and procedures offering ways to achieve radical improvements in people's lives, without creating any more.

Yet instead of finding these ways, the service system has so often exaggerated and added to the obstacles. Like the landlord serving meals, the service system claims to have the best intentions, has plenty of recipes, and a set of ingredients which, though not ideal, is sufficient for a reasonably good product. And yet, most of the time, it fails to deliver.

Some other factor - the hidden obstacle - must be at work.

Gerald Provencal, a manager of services in the United States, remarks:

*It is popular today to blame others for the shape we find our human service systems in. Workers within the system and parents who depend on it, have a limitless number of enemies, cads, or indifferent faceless bureaucrats to blame for malfunctions or nonfunctions. How many times (and in how many colorful ways) have we heard the **real** problem identified as: the Board, commissioners, civil service, money, news media, parents associations, local community or unique politics?*

Projecting fault takes us off the hook.

The "projection" mentality can be comforting in a paradoxical way. It leaves us feeling powerless and out of the field of responsibility. The powerless professional laments: "There is nothing I can really do." "I am sorry but my hands are tied." "I would like to help but it really isn't my job." "I know it isn't right but it is the policy."

The powerless parent excuses: "Oh, I know it isn't your fault." "What can one parent do?" "Well, after all, there are a lot of people who need help, too." "I suppose I should be happy with what I have."

While it might be fashionable to look for systematic solutions, analytically arrived at after problem studies, task force reports, procedure drafts, 90-day reviews, etc, nothing will ever replace the individual assumption of ownership for solving a client's problem - or the problems of a group of clients. We cannot make an even trade of individual initiative for system accountability.

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The sixth obstacle

The sixth obstacle is the culture of services. By culture, we mean the combination of beliefs, values, and knowledge which operate within services, combined with the behaviours which support them.⁽²⁵⁾

The culture of services, VIA believes, is the key to understanding why services have moved so slowly: The evident effect of the other obstacles only makes sense if cultural processes are added. But there are also other phenomena which support the assertion that it is the sixth obstacle.

Stars in the darkness

In the catalogue of service developments in the last twenty years, both in this country and elsewhere, a few innovations have deservedly attracted wide attention. They managed to take a quantum leap forward into ways of working which were radically different and better. People with learning difficulties really were becoming citizens. In other places agencies or small groups of workers have also found the same hidden door, but without the same publicity. Sometimes it seems they are not even aware that they are doing anything unusual.

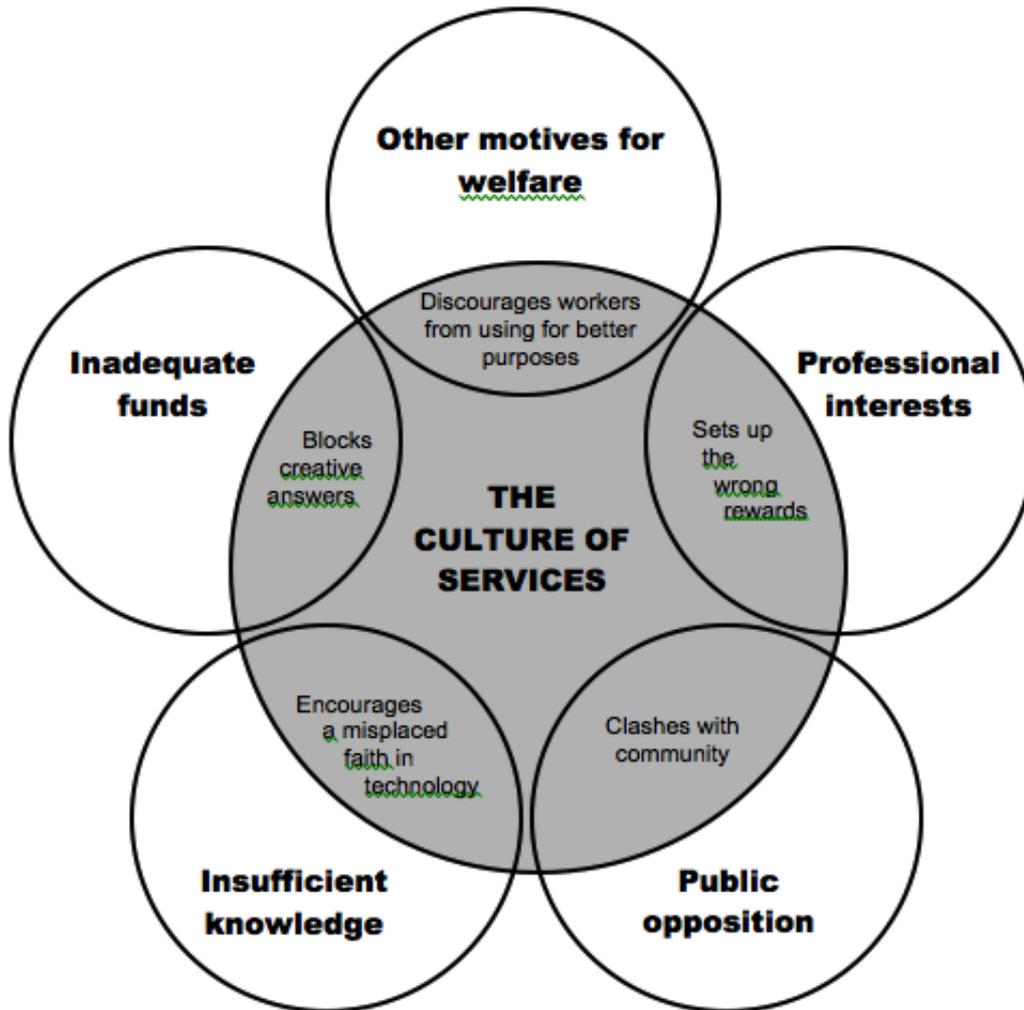
Visit one of these places and you will not need to see the services they provide before you know that you have encountered something special. (They probably won't have much that they could take you to see and, anyway, they probably don't let curious outsiders poke about in the lives of the people they support.) You will know it from the way that workers talk about their work and the people they support, the way they treat each other, the atmosphere in the meetings they have. There will be a vibrant, celebratory enthusiasm running through the group.

We may call these groups extraordinary, since if nothing else they are certainly out of the ordinary. They arise within the same national policy context as other services which do not share the same qualities. The correlation with local funding levels appears to be weak: Not all the extraordinary teams have significantly more generous funding, and some of the more well-endowed projects lack the extraordinary qualities. One feature which does seem to be particularly associated with the extraordinary groups is they appear to have strong leaders. Sometimes they are charismatic individuals who project their persona 'downwards' on to the operation of the team; but also, and perhaps more importantly, they act as a barrier between the team and the agency within which they operate. One other feature of extraordinary teams is that they contain small numbers of people - a dozen rather than a hundred.

These are only impressions, of course. They could be tested through research, provided that the extraordinary qualities and the expected outcomes for service users can be defined in ways that suit research methods. In the meantime, however, the impressions are enough to suggest that it would be a good idea to try to understand what these special qualities are, and how they can be acquired.

There is one other feature of extraordinary groups which should be mentioned. These white-hot stars in the firmament of services tend to be short-lived. Some of them are abruptly extinguished⁽²⁶⁾, others explode, sending out creative debris over a wide area⁽²⁷⁾. It may be that they are actually no more short-lived than other schemes, but that they come to a more spectacular end, and are more lamented. If in fact they are more ephemeral than the majority, it may be an inherent feature of extraordinary teams, or it may be because the wider service system fails to sustain them.

People who work in services have a mix of knowledge, values, and beliefs, which form a service culture. The service culture which is most common combines with the other obstacles and make them more difficult to overcome:



Gerald Provencal:

“Softball games, agency T-shirts, spontaneous celebrations, parties because it is Friday, becoming invested in one another’s success, being hurt by one another’s failure, making a serious effort to promote fraternity and affection are not necessarily superficial components of work satisfaction. More and more I find them one heartbeat from it all. The objectives we have for our agencies give us a sense of mission but the interpersonal relationships we develop, the climate they are given to grow within, give us a bond.

“Agencies with identical salary structures and bureaucratic inhibitors can differ sharply in work performance and reputation. One group allows themselves to be knocked out with the opening of a new group home, a new work placement, while the other trudges along dispassionately, another day at the office.

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Service absurdities

The second group of phenomena is a more depressing list of ways in which services have persistently mis-applied useful ideas and models⁽²⁹⁾. They are frequently nonsensical, and would often be funny if they did not waste resources that people so badly need. The apparent ingenuity of services in finding ways to mis-use good ideas is so great that we do not claim that the following categories are either discrete or comprehensive:

Production line answers

Good ideas very rapidly become turned into fixed models, which are then imposed on people and communities regardless of their wishes and local circumstances.

Smarties for starving people

Principles or concepts which which, if properly implemented, would have fundamental consequences for services, are reduced to trivial changes that will make no real difference

Working hard, going nowhere

Changes - sometimes elaborate and costly - are introduced, but in ways that ensure that the underlying purpose will never be achieved.

Let's pretend

Instead of doing the whole thing, or going the whole way, services set up pretend versions, usually in the guise of preparatory training.⁽³⁰⁾

Fancy labels for ordinary things

Activities which ordinary people undertake casually, for their own sake, and which might provide people with learning difficulties with the same kind of opportunity, are defined as 'therapies' or 'schemes'. This ensures that the people who do them are still firmly within the service arena.

We can account for some of these instances in terms of the five problem areas listed earlier, especially the reluctance of professionals to hand over power. But it is very noticeable that these mis-applications are often undertaken by workers who sincerely want to do the right thing, and believe that they are doing it. The problem, evidently, is not lack of willingness but lack of ability. Furthermore, the inability cannot simply be put down to ignorance, because the information is there if they choose to seek it out. As the examples pile up we are more and more forced to the conclusion that ways of working required for the realisation of community care are inevitably corrupted by the dominant culture of services. Asking the average social services agency to support community care is like asking the average house decorator to reproduce Rembrandt.

We have repeatedly watched how services take good ideas and ensure that they will have no real benefit. These are some of the things we have seen:

A voluntary agency wanted to create work experience opportunities for people with learning difficulties. They hit on the idea of a cafe in the High Street, where people could get experience of the catering trade, and learn a lot of skills in the process. It was the right enterprise for this locality: Plenty of office workers looking for a quick but pleasant lunch, and not too much competition from other traders. The cafe obviously meets the need, as it does good business - without trading on the fact that it is also helping people who have disabilities.

As the cafe got a reputation, increasing numbers of social services staff from other parts of the country came visiting. They were not all that welcome, since they undermined all the work that had gone into making it an ordinary cafe. And when they visited, all they saw was an ordinary cafe. Yet many still went away thinking that work experience cafes were THE ANSWER. Some even planned to give the same name to the cafe they would set up back home.

A good idea, that was right for some people in one locality, was seen as a something that could be replicated anywhere. A cafe got turned into a recipe.

The principle of normalisation is a complex but very important concept which implies radical changes in services. A mental handicap hospital, for example, can't be 'normalised': It can only be closed down and replaced with something very different.

Yet we continue to hear of trivial changes to institutional services which are claimed to be part of a process of normalisation:

Residents name labels put on the coat pegs in the ward cloakroom.

A library on a trolley being pushed from ward to ward.

A group of hospital residents going on a day trip to Ostend.

A 'sensory garden' (at the back of a villa) for hospital residents to experience sight, sound, and colour.

Some years ago VIA (then CMH) helped to promote the 'core and cluster' approach to supporting people in the community⁽³¹⁾. Part of the idea of 'core and cluster' was to have a group of staff who could be deployed flexibly, so that it was the staff and not the users of services who were moved if the need for support changed. But the really important point was that this was a way to enable people to live in ordinary houses in ordinary communities, and not within a ghetto or service system. 'Core and cluster' was an organisational arrangement, not a concrete (or even brick) structure.

In many places, services responded by bringing builders and decorators into their hostels, putting up partitions so that one end could be the 'core' and the other divided into 'cluster units'. Others converted the adjacent, redundant staff flat into a cluster unit. One establishment even re-named itself 'Core and Cluster House'.

The focus of the rest of this report is on the service culture that, in our view, must be found if services are to make more progress in supporting people with learning difficulties in the achievement of citizenship. We shall consider -

- ✱ the difference between the present culture and the new culture;
- ✱ how the new culture matches the characteristics of community;
- ✱ how workers and their managers can develop and sustain the new culture;
- ✱ how the the new culture can exist within larger systems which still operate by the old culture.

In the process we shall argue that every aspect of services must be altered. The new culture is not just a new layer that can be pasted on top of old habits. The very way that service workers think must change. They must find a new dance.

One of the required changes is to stop trusting rational argument as the only path to truth. That route may amount to “looking for darkness with a candle”⁽³²⁾.

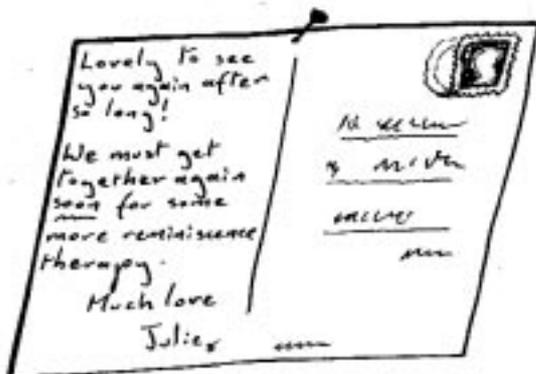
People who write about services have got to find a new approach - and their readers will have to become accustomed to it. That is why this report has two parts, each attempting to seek truth by a different route. Those routes, as we shall explain, mirror two ways of seeing the world, and being in it. The left-hand pages, although including some illustrations, mainly present our arguments in the linear, rational form that is customary in text-books. The right-hand pages, though accompanied by a little explanation and analysis, put the emphasis on visual and poetic images, real examples, and personal experiences.

Most of us learn our ordinary skills in the places where we need to use them. When the carpet get dirty, and no-one else is going to clean it for us, we get to learn how to use a vacuum cleaner. If we want to learn car repairs, we get to see under the bonnet of a real car. You might think that people with learning difficulties - who are going to take longer to learn the same things - need even more real-life opportunities to do their learning.

Some professionals apparently don't agree. Services often go to extreme lengths to create artificial learning opportunities when the real life learning opportunity is only just outside the door⁽³⁰⁾. So, for example, we have seen:

- * People learning how to wash-up in a mock, waterless sink.
- * People at a day centre learning how to go up and down stairs by walking on a specially constructed set of stairs which don't go anywhere - just three steps up, three steps down.
- * People learning how to meet strangers by pretending that they don't know the staff who are with them every day.
- * People learning about dressing and undressing, by doing it as a group exercise in a day centre.

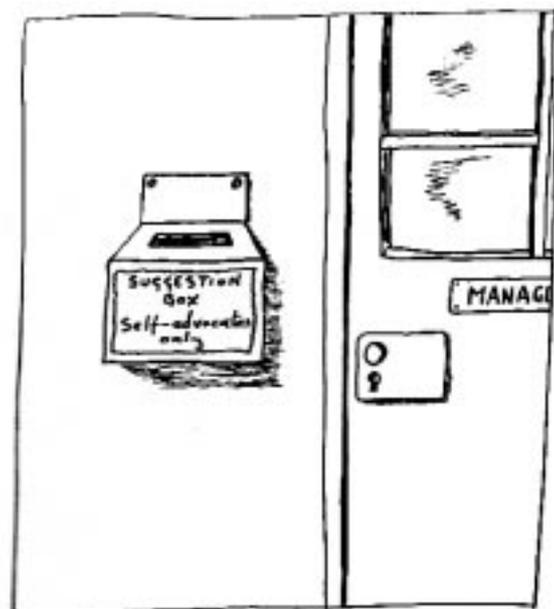
It isn't hard to imagine how people who are made to do this sort of thing are often left very confused. If everyone was so pleased when I took off my clothes at the day centre, how come they don't like it when I strip off on the street corner?



You might also think that service workers, who already control so much of the lives of people with learning difficulties, would be glad to leave a bit of space where people can be themselves. But no. As nature abhors a vacuum, so services can't abide any aspect of life that they haven't analysed, categorised, and turned into a therapy or a scheme.

If people like to spend time with animals, they are liable to be declared to be doing 'donkey therapy', or 'cow therapy'. If they enjoy jumping on a trampoline it is 'bouncing therapy'. If they spend their time (not necessarily by choice) making concrete blocks, they are doing 'concrete block therapy' - and, of course, if the concrete is gnome-shaped then they are doing 'gnome therapy'.

If they need friends they are referred to the local befriending scheme. When they speak for themselves, they have to be designated as self-advocates⁽³³⁾.



Section 2: The dimensions of culture

It is now generally recognised by service planners that the activities of every human service are expressions of an underlying set of human values. They are present, whether or not they are acknowledged. This was the original reason for the practice of placing a statement of service philosophy or values at the beginning of service planning documents, though unfortunately it often seems now to be no more than a convention followed with little thought and no relevance to the practical recommendations which follow it. Such statements typically include assertions of the following kind:

“People with mental handicaps are people first, handicapped second.”

“People with learning difficulties should be enabled to live as close as possible to normal patterns of life.”

We might question whether such vague platitudes are an adequate basis for services. But whether or not they are adequate to the purpose, they do leave a great deal left unsaid. In the first place, they borrow from but do not state a social construction of ‘mental handicap’. Down the centuries, the ‘meaning’ of the behaviours which are now called mental handicap has changed greatly: People who displayed these behaviours were supposed to be possessed by the devil; or they were creatures born without souls; or “God’s little angels”; or they were sick⁽¹⁾. Each construction implied a different set of social responses. Thus, when people were defined as being sick, the ‘correct’ service response was to put them in mental handicap hospitals, in the care of doctors and nurses.

So the idea that people with learning difficulties are “people first” is a shift away from the earlier medical model. One might conclude that services have, at last, allowed people to escape the burden of being defined in special ways: Now they are people, like the rest of us - except that they have something extra and different added on to them. But even if that is true, it still borrows from a set of ideas which are deeper and accepted almost universally in our culture. It endorses the idea that each of us is a person in our own right, with an identity which is separate from our social roles and connections. This, in historical terms, is quite a new idea. In the days before social mobility and career structures, John the Baker was not an individual - a ‘person first’ who happened to be a baker. His entire identity was bound up in his being a baker, and the social position which that gave him⁽²⁾. People with physical disabilities - although probably not wishing to go as far as being seen as no more than disabled - are increasingly rejecting the idea that disability is something extra added on. Disability, they argue, is central to their identity and experience. For that reason they want to be called, not people with disabilities, but disabled people.

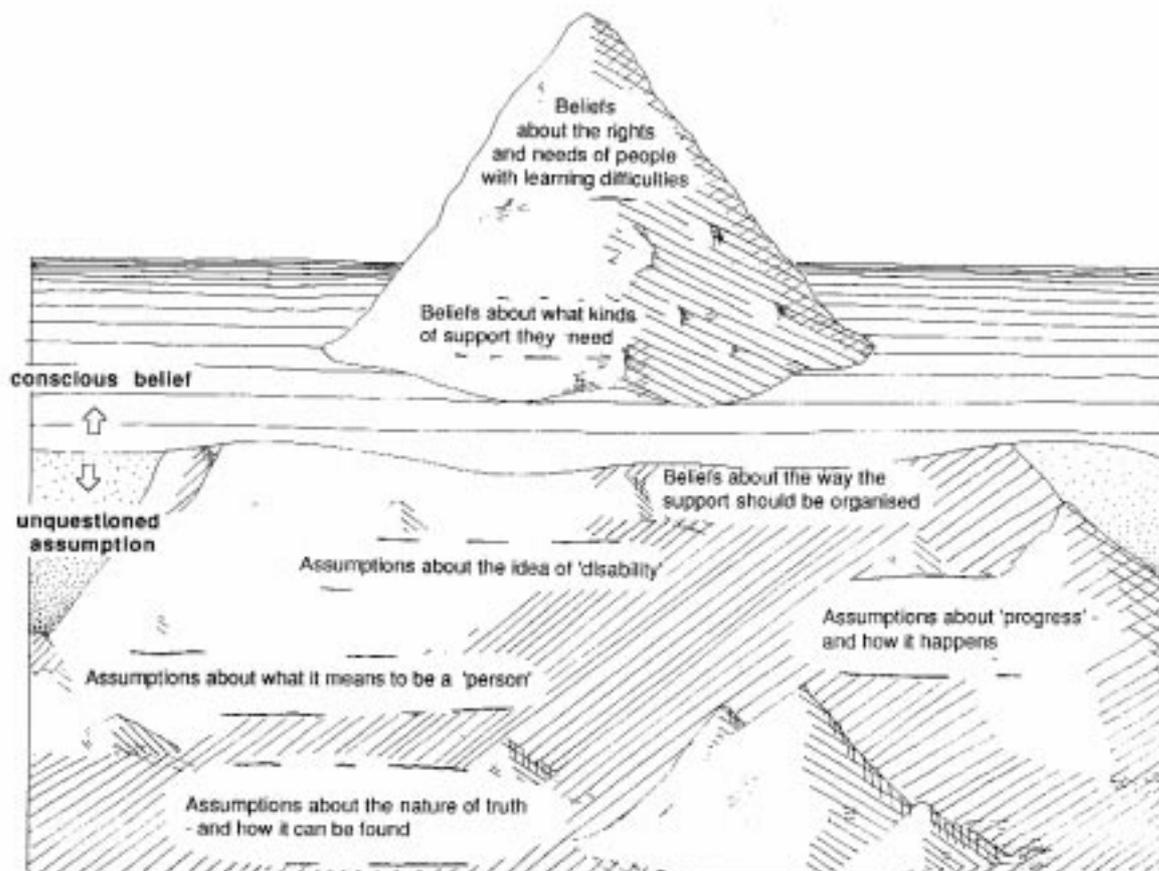
There is also a hidden assumption in the idea that disability - whether as a central part or as an added quality - belongs in the person. This too is being challenged by disabled people. Some years ago the American educational and employment innovator Marc Gold offered a definition which turned this idea around:

“Mental retardation refers to a level of functioning which requires from society significantly above average training procedures and superior assets in adaptive behaviour on the part of society, manifested throughout the life of both society and the individual.”⁽³⁾

Thus we descend through the layers. From starting with specific ideas about disability, we have found lower levels which concern the concept of personhood, and about the

We are all aware that we believe some things, knowing that they are not facts. We are made aware of this when we encounter other people who disagree with us. On the other hand, if no-one questions what we believe, we may just accept it as universal truth.

Service agencies often start policy documents with statements of philosophy, and these set out the beliefs which the agency holds and chooses to support. But these are only the visible summit. They rest on many layers of belief: Unquestioned and unidentified, they are assumptions taken for granted.



location of the qualities which lead a person to be seen as different. But even at this depth the values derive from a concern with the social construction of the group which has been identified as needing services, and the kinds of task which those services involve. Below this are more layers so fundamental to our way of thinking and seeing that we do not even recognise them as arbitrary values. In the context of services they represent the basic beliefs and assumptions through which we perceive the world. They are expressed in our behaviour to each other - both workers and 'users', in the parts of ourselves which we bring to the task, and the ways in which we seek truth.

If a planning document were to make explicit these assumptions and beliefs, a typical social service agency would state something on these lines:

"Truth is obtained by detached observation and analysis of the evidence."

"The best way to understand something is to take it apart and see how the pieces fit together."

"Personal feelings obscure the truth."

"If two ideas are in conflict with each other, one of them must be wrong."

"The people who have observed and analysed more are the people who know more of the truth. Therefore they are the experts."

"More will be achieved if people act in an organised way, according to the instructions of the experts."

"Desirable things do not happen spontaneously, but only if we work concertedly to make them happen."

These are not constructs which belong uniquely - or even especially - to social services. They are part of the inheritance of western society, the legacy of the Descartes, Newton, and Darwin, and of the continuing influence of patriarchy and industrial capitalism. The combined effect has been the creation of a dominant view of human endeavour as a process of conquest - over feelings, the mysteries of the universe, the natural world - enabled by the power of human intellect; its ability to observe systematically, to analyse, and to organise. This has been the way of science in searching for truth, of industry in the exploitation of natural resources, and of colonialism in the subjugation of 'less advanced' races. The "thrusting" businessman goes off to work in the competitive marketplace, the psychoanalyst encourages the patient to overcome her feelings by understanding them⁽⁴⁾.

Some of the groups which have been heavily invested in such activities are starting to question them. New discoveries in physics, for example, challenge the mechanistic view of the universe which has been central to past scientific theory⁽⁵⁾. Nations which grew powerful by the the rape of the earth now face the consequences of pollution and global warming. The supremacy of aggressive, rationalist, imperialist values is being challenged.

And yet it has never had the territory of human endeavour all to itself. Within western society, the arts sustain the idea that truth can be found in a picture or a story. The traditions of the Church uphold the value of ritual and silent contemplation as paths to truth. Cultural and religious traditions from outside western society - Buddhism and Taoism, for example - strengthen the recent emergence of new humanistic and holistic therapies which attempt to re-integrate intellect, emotions, body, and environment. Within and alongside organisations based on the dominant values there are people who compensate by performing the nurturing functions; receptionists, nurses, carers. Most of these people are women - either the slaves or the guardians of these alternative values.

Two lists

LEFT LIST		RIGHT LIST
Mechanistic	-	Organic
Forging	-	Nurturing
Hierarchies	-	Networks
Reason	-	Intuition
Analysis	-	Synthesis
Yang	-	Yin
Left brain	-	Right brain

(6)

These pairs of words reflect an awareness, down history and across cultures, of two different principles at work in the world. Some pairs may seem more acceptable than others: Right brain and left brain, for example, has the advantage - from a left-brain outlook! - that it has credibility, because science has shown that the two sides of the brain are biased towards different kinds of activity, whereas yin and yang may strike you as eastern and unproven. From a right-brain point of view, however, the existence of the two principles matches our intuitive experience of life.

We could add to this list the words 'feminine' and 'masculine' - but that might be taken to suggest that women and men were somehow each tied to one side. On the contrary, we have a choice all the time about how much we will let each principle dominate.

Most importantly, for this discussion, much of the ordinary activity of people in community life does not accord with the dominant world view. People work together in informal cooperative ways, without reference to experts to control their efforts or to evaluate their results. People still - sometimes anyway - trust their feelings and intuition.

The values, beliefs, and assumptions on either side seem to cluster so neatly together at two opposing poles that it has been suggested that they represent a fundamental duality in human existence. The two poles - “paradigms” - closely match the Tao concept of the universal duality of ‘yin’ and ‘yang’. They have also been found to be reflected in the functions of the brain:

Research over the past twenty years has shown consistently that the two hemispheres of the brain tend to be involved in opposite but complementary functions. The left hemisphere which controls the right side of the body, seems to be more specialised in analytic, linear thinking, which involves processing information sequentially; the right hemisphere, controlling the left side of the body, seems to function predominantly in a holistic mode that is appropriate for synthesis and tends to process information more diffusely and simultaneously.”⁽⁷⁾

For this reason the paradigms are sometimes referred to as ‘left brain’ and ‘right brain’. However, this emphasis on ‘brain’ implies a reductionist focus on anatomical function, and so in this report they are identified simply as ‘left paradigm’ and ‘right paradigm’. That is not, incidentally, to suggest that ‘right’ means correct or better. If Yang and Yin do refer to the same duality, then we might do well to learn from Tao that harmonious living requires that the two principles are equally vital, and should be kept in balance.

Western writers who have taken up this theme argue that our society has for several hundred years been severely out of balance, but is now about to undergo a ‘paradigm shift’.⁽⁸⁾ Fritjof Capra, one of the leading exponents of this theory, warns:

What we need, to prepare ourselves for the great transition we are about to enter, is a deep re-examination of the main premises and values of our culture, a rejection of those conceptual models that have outlived their usefulness, and a new recognition of some of the values discarded in previous periods of our cultural history. Such a thorough change in the mentality of Western culture must naturally be accompanied by a profound modification of most social relationships and forms of social organization.⁽⁹⁾

Some readers may be excited at the opportunity to be an active participant in a social transformation of global dimensions. Our concerns here, however, are more limited, our aim more modest. This report is focused not on the outcome of some epic planetary struggle, but with the interplay of the two paradigms in society as it exists now. Specifically, we are interested in the ways in which services and communities represent the two paradigms, and the implications this has for their relationship.

A group of social workers⁽¹⁰⁾, thinking about services for people with learning difficulties, added their own set of words to the list:

LEFT LIST

RIGHT LIST

Determinism	-	Existentialism
Professionalism	-	Humanism
Macro	-	Micro
Gesellschaft	-	Gemeinschaft
Isolation	-	Solidarity/Significance
Dependence	-	Interdependence
Constricting	-	Enlarging
Institutions	-	Community Care
Prescribing	-	Listening
Caring for	-	Enabling
Services	-	Networks
Consumerism	-	Advocacy
Colonising	-	Empowering

The paradigms in services and communities

In a paper entitled 'Regenerating Community'⁽¹¹⁾, John McKnight makes a comparison between institutions and community associations. By institutions he means "large structures such as corporations, universities, and government health systems" - a definition which clearly includes social services agencies. On the other side, 'community associations' include family, friends, neighbours, and also local associations, churches and civic groups.

The contrasts he draws may be summarised as follows:

- * Institutions are designed to establish control of people, whereas associations work through consent.
- * Institutions aim to be self-sustaining, whereas associations are interdependent.
- * Institutions aspire to perfection, whereas associations recognise fallibility. (This is not to say that institutions achieve perfection; but the reaction to error, with its pursuit of measures to ensure there is no repetition, reveals how uncomfortable institutions are with fallibility.)
- * Institutions are dominated by those who are regarded as the most able. Associations, in contrast, tend to proliferate so that there is a place for everyone. The same tendency to proliferate allows for many leaders.
- * Institutions, because they operate through the bureaucratic structures of committees, budgets, and administrative procedures, are not equipped to respond quickly. Associations can react rapidly - for example to personal tragedy - and do not need to categorise and initiate a person into the system before help is offered.
- * Institutions require budding ideas to be put through channels before they can be implemented, whereas the associations of community allow many creative solutions to flower.
- * Institutions have difficulty in developing activities which recognise the unique characteristics of each individual, whereas associations - since they are based on small, face-to-face groups - consist of individualised relationships, and also tend to deal with non-members on the same basis.
- * Institutions may attempt to provide 'care', but their ministrations are consistently commodified into services. 'Care' (argues McKnight) is a special relationship characterised by consent not control. Therefore it is communities from which care springs.
- * Institutions cannot offer citizenship. Community associations and the community they create are the forums within which citizenship can be expressed.
- * Associations build on people's capacities; institutional systems commodify people's deficiencies.
- * In communities, people know through stories. In institutions they know from studies and reports.

Robert Perske has created his own interpretation of John McKnight's comparison between Service Systems and community networks ⁽¹²⁾:

SERVICE SYSTEMS	-	COMMUNITY NETWORKS
Have values and limits.	-	Have values and limits.
Aim for orderly management.	-	Defy orderly management.
Thrive on counting things and making reports.	-	Thrive on stories about real people.
Survive on money from above.	-	Can do some things with little or no money.
Thrive on needs assessments.	-	Thrive on capacity assessments.
Develop perfect plans — on paper.	-	Move imperfectly as the heart - or collective hearts - dictate.
Surveyors try to catch the system doing things wrong - and correct them.	-	Surveyors can only search for people doing things right - and reinforce them.
Humour tends to be ironic (and it's usually tacked on agency bulletin boards).	-	Laughter, celebration and singing can be unabashed, free and from the heart.
Usually takes a distanced view of tragedy and injustice.	-	Can provide support systems around people suffering tragedy and injustice.
Wildness can be controlled.	-	Wildness can multiply.
Creativity can be controlled.	-	Creativity can be multiplied.
Develop committees, task forces, advisory groups - never networks (as community organisers see them).	-	Real networks are small handfuls of people who mobilise on behalf of a person or group in trouble. Their resources: little or no money, time, energy, tele-phones, mimeographs, comradeship, a strong determination to help, and a fierce hunger for honesty and fair play.

- ✱ Associations incorporate celebration in their activities. As McKnight says: “You will know if you are in community if you often hear laughter and singing. You will know if you are in an institution, corporation, or bureaucracy if you hear the silence of long halls and reasoned meetings”.
- ✱ Communities acknowledge the dilemmas of the human condition, and know of tragedy, death, and suffering. Institutions deny them.

In the process of separating out and generalising the complex characteristics of each side, McKnight invites the criticism that he has a rosy view of community. But if - for the moment - we put that doubt to one side, the comparison surely rings true to the experience of those of us (which must be almost all of us) who have had dealings with both sides. This is especially so if we think in terms, not of community as neighbourhood, but community in terms of our personal network of relationships. Although McKnight emphasises community associations as the building blocks that add up to community, it is easy to assume that ‘community’ means an identifiable geographical patch - and then to rebel because that does not fit our own experience. Real-life communities are not signposted, and are rarely coterminous with parish boundaries. Nevertheless, each of us does have our own community in the form of a network of relationships; family, an accumulation of friendships, membership of various groups, and various looser social connections⁽¹³⁾. Some of the relationships may be contained within a small geographical area, and analysis of the connections in a neighbourhood might reveal a network with the capacity to make sure that everyone gets to hear the local gossip. The walk-on parts in your personal soap opera may be the leading roles in mine.

Although McKnight does not make the connection, his pairs of contrasts each align themselves very neatly into the poles of the two paradigms. He is describing the two modes of human operation as they are manifested in social services and in the community - that place where services are attempting community care. So, if indeed they are expressions of the opposites in a fundamental duality, what does this imply for the future of community care for people with learning difficulties? Does it explain the slow progress of community care so far? Are the two sides irreconcilable, or is there a chance we can find the balance of yin and yang?

But before addressing those questions we need to consider the criticism that McKnight’s polarisation represents a naive view that communities are the guardians of all that is good against the forces of the Evil Service Empire. McKnight’s list of contrasts might seem to suggest that the two sides are secure within their respective domains. But in the same paper and elsewhere he argues passionately against the impoverishing effect of expanding service industries which colonise the activities of community life. In reality there is a struggle in progress: Territory is changing hands, strongholds are being infiltrated, loyalties traded for cash. McKnight’s list of contrasts provides us with the starting positions on a notional first day of battle. What we observe on the ground now is a later stage and a much more complicated situation - though it is plain enough that one of the sides has been on the advance.

The shifting, dynamic relationship between the two paradigms can be seen in other areas of life. For example, there has long been a tension between the view of artists as autonomous seekers of truth and the expectation that they should produce saleable commodities. Most church denominations are progressively abandoning the old traditions of worship in the hope of becoming more ‘modern’ and ‘accessible’. Complementary therapies accede to double-blind test programmes in the hope of being accepted by the medical establishment.

People with learning difficulties have for so long been identified as a group with a set of deficiencies which could form a market for the service industry that it may be difficult to trace the interplay of the two paradigms which has led to the present position. It

Two dances

To have a better sense of the difference between the two lists, they can be imagined as two kinds of dance.

The formal dance:

In the formal dance, the rhythm, tune, and the movements have already been established - the aim is to perform what somebody else has devised. The rhythm is definite and unchanging, enabling the dancers to move together. The dancers are trying to achieve perfection; absolute unity, total adherence to the given steps, always to the beat. The less individual they appear, the better. Occasionally - at predetermined points - one dancer may perform alone. The other dancers look on while he demonstrates his athleticism and skill.

The flowing dance:

In the flowing dance, someone may offer a rhythm and a chant to start with, but each dancer takes them up and varies them according to her own inclinations. Consequently there is no guarantee that there will be any coherence between the dancers though, interestingly, most of the time a complex and dynamic pattern is present.

There are no given steps or fixed sequences: The dancers do not work out in advance what movements they will make, but trust their bodies to express the swirling rhythm and spirit of the dance. Sometimes, when one of the dancers feels inclined, she may move to the centre of the group and dance on her own. The others watch, delighting in the way her spontaneous movements celebrate the person that she is.

can easily be assumed that the present situation for people with learning difficulties is natural or inevitable. Before we look more closely at that that dynamic, it may be helpful to examine the interplay in a different context, where the game appears to have been played out in a comparatively few moves:

In the 1960s humanistic psychotherapies became identified as ‘the growth movement’ in a spirit which encapsulated the right paradigm. People rejected the idea that healing of the mind could only be undertaken by professionals with arcane skills and long lists of qualifications, and took the act of personal development into their own hands. Anyone, it seemed, could acquire the personal qualities necessary to facilitate another person’s growth; and to do so was a moral responsibility and a privilege, not a way to make a lot of money. In keeping with this style of therapy, communication between participants in the movement was by means of non-hierarchical networks and newsletters, or in loosely organised experiential gatherings. Leading figures and admired therapists did emerge, but on their own merits in practice and by personal recommendation. No-one was required to take a pledge or pass an exam. The possibility that the encounter group next week might not be very good was one of the risks and part of the charm.

Gradually a group of participants emerged who assigned themselves as ‘therapists’ or ‘counsellors’, and many of them took the activity up as a means to earn a living. In the course of the 1970s some of these practitioners formed into associations, initially only as a basis for peer support through newsletters and meetings⁽¹⁴⁾. Membership was open to anyone, and did not indicate any professional merit. In the 1980s, however, some associations began to discuss and, in a few cases, implement systems of accreditation. The therapists who organised the accrediting organisations invariably appointed themselves members. Moreover, as the associations had originated from a broad movement - a coalescence of people who felt in sympathy with each other, rather than a precisely stated methodology - it was difficult to define what would be meant by ‘standards’, beyond simple standards of honesty. Hence the new systems were more effective in projecting a reassuring professional image than in offering the public any reliable guide to quality. In any case the new self-regulating associations meant little to the public in general.

In the late 1980s the practitioners were presented with a conundrum: If UK practitioners wished to work in Europe in the open labour market, on equal terms with their European peers, they would have to be registered with the appropriate national body⁽¹⁵⁾. But no such body existed. The response was a ‘Standing Conference’, incorporating all the various groups - humanistic and otherwise - which lay claim to the term ‘psychotherapist’. It was subsequently declared that psychotherapists who wished to contribute to the development of standards of training and accreditation would have to demonstrate that they already belonged to an association which had already adopted traditional professional methods of organisation, training and accreditation. The logic was circular: Only people who had already adopted the rules would be allowed to decide whether the rules were good ones.

The style of the sub-group which had by now developed was indicated by a letter of response to an organisation which requested representation:

“Your application to join has been passed to the Sub-committee on Definition of an Organisation and Differentiation Between Sections”⁽¹⁶⁾

The process underlying these developments over two decades is easy to state: A movement which began as a reaction against the dominance of the left paradigm, and was consequently highly committed to non-hierarchical organisation and organic growth, gradually moved back to the analytic, elitist, and bureaucratic practices which typify organisations of the left paradigm. The interesting question to consider is:

Why did this change occur?

Free gifts

Hermann Hesse tells the story of Siddhartha, a man who spends his life in search of the universal consciousness - the Atman. From an early age Siddhartha practices meditation and seeks the wisdom from his father, a Brahmin priest. But even when he has learned all that he can from his father and the other priests, he is still dissatisfied. He has knowledge of the Atman, but he has not experienced it. So, he leaves his father, in spite of the anguish they both feel, and joins a band of Samanas, wandering ascetics who live in poverty and self-denial. After three years he is still dissatisfied, even though he meets and hears the teachings of the Buddha.

Siddhartha comes across a large city. He finds the patronage of a wealthy merchant, and over the years becomes also powerful and wealthy. He meets a beautiful courtesan, Kamala, and has a child by her.

One morning, sleeping late, he has a dream which tells him that it is time to give up this life of luxury, pleasure, and sexual love. He steals away, not even saying goodbye to Kamala or his son. Still in his fine clothes he wanders aimlessly in the forest, full of despair at his inability to find the answer he has been seeking for so long. He reaches a great river, and considers drowning himself. He seems to have lost everything. It is at this moment that he at last finds enlightenment.

And what does Siddhartha do, now that he has begun to experience the Atman? Does he set himself up as a great teacher, and wait for pilgrims to come to hear wisdom from him? Or create a new order of priests? Or set down his learning on paper?

Siddhartha becomes a ferryman. He lives with another old man, later joined by his son, and shares the work of carrying people across the river. The river is a representation of life, and the two old men, often in silence together, learn from it.

They are ferrymen, but some of the people who cross the river find more than they expected:

Something emanated from the river and from both ferrymen that many travellers felt. It sometimes happened that a traveller, after looking at the face of one of the ferrymen, began to talk about his life and troubles, confessed sins, asked for comfort and advice. It sometimes happened that someone would ask permission to spend an evening with them in order to listen to the river. It also happened that curious people came along, who had been told that two wise men, magicians or holy men lived at the ferry. The curious ones asked many questions but they received no replies, and they found neither magicians nor wise men. They only found two friendly old men, who appeared to be mute, rather odd and stupid.

(17)

McKnight's model of service industry expansionism fits the process well. The mutual caring of the people in the growth movement was turned into a service delivered by the new elite of therapists and counsellors. McKnight would also argue that the origins of the movement made it vulnerable to this process:

"Our modern experience with service technologies tells us that it is difficult to recapture professionally occupied space. We have also learned that whenever space is liberated, it is even more difficult to construct a new social order that will not be quickly co-opted in." ⁽¹⁸⁾

Helpful though this explanation is, it still doesn't tell us why the actors in the process allowed it to happen, or made it happen.

Except in the final stages, when the prospect emerged of an elite which could govern the practice of British psychotherapists in Europe, there is little evidence that practitioners were in the business of taking power for themselves. There is no reason to suppose that the content of therapy itself changed, and those who received therapy have always done so on the basis of free consent. The use of the professional associations has not extended to political lobbying.

Economic forces will have played a part. People who enjoyed acting as a therapist, or who were heavily in demand for their help, would have to derive income from it if they wanted to give their working hours to it. Thus therapy moved from the informal to the formal sector of the economy. The rot had set in: Yet it was a small move. The relationship between the two people in the therapeutic process remained highly individualised and based on consent. In itself it had as much in common with the service industry as the village blacksmith has with the car factory. The paraphernalia of professionalism was not inevitable. The exception which needs to be acknowledged, though it was only taken up by a small minority of practitioners, was in training: These practitioners were able to increase their status through the creation of their own associations, and then sell the same status as a badged product to those who undertook their training courses.

Even when the European issue emerged the relevant government department indicated that it had no requirements for the form of the regulatory body - only that such a body should exist. So the practitioners were not obliged to accept the traditional methods of professionals. There was, however, a pressure to respond in some way - particularly as other, older disciplines within psychotherapy (the ones whose values and methods had originally provoked the growth movement) were busily establishing a register. In the absence of an alternative tradition for decision-making, the decision-making practitioners fell back on the old ways.

Lastly, there was a pressure from the public. Practitioners felt - and probably rightly - that people who might seek their help would be dissuaded if they did not behave in the ways in which professionals are supposed to behave. Professionals are supposed to have evidence that they are competent, in the form of certificates granted from above rather than the testimonies of those who have received. They are expected to have procedures which will reliably exclude charlatans. The suggestion that people seeking help should simply ask around, or make an intuitive judgement on the basis of a chat with the therapist herself, would probably be regarded as a sign of amateurish disorganisation, even though it might be the best advice - whether or not a register were available. The argument that formal regulation is never reliable, and excludes the best as much as the worst, is unlikely to satisfy.

It would be nice if the two paradigms were, in real life, expressed in pure form, clearly separate from each other. Then, we would know we were on the right side, and recognise the enemy. But it is not so simple. Ordinary people are seduced by the

Taking a part in the community

When any group of people spend time together, aspects of the groups's feelings, ideas, and activities will become identified with individual group members. Not necessarily because they've been appointed by the group to that role, but because that is the way that groups work. They may not even notice it is happening. But for all sorts of personal reasons, one person speaks for one part of the group's thinking.

So, for example, one person may express the adventurous spirit of the group, while another answers with the fears and doubts that the members are feeling but not expressing. Or one person may become the keeper of the unwritten rule-book, reminding everyone of things that have always been done. Some people will take care of other people, others are busy getting the main job done.

All this is perfectly healthy and normal. It enriches the group. We can enjoy the way others are able to say and do what we are not good at expressing ourselves.

The problems start when we deny or forget those things in ourselves. Thus:

If I have worked hard to present myself as a Serious Person then I am likely to feel impatient with someone who is frivolous and impulsive.

If I have sacrificed myself to a way of life that is cold and heartless, then I may feel uncomfortable with someone who is a great romantic. (Or I may live out my romantic needs - without acknowledging them - through hearing about their exploits.)

If I have sacrificed my principles for the sake of 'getting on in life', I am unlikely to have much time for moral crusaders.

These people are still expressing parts of me, but I no longer identify with them. The connections have been broken.

A similar process occurs in communities. Different people or groups will embody different aspects of the life and needs of the community. The old man in the next street, who's lived there for decades, may be the embodiment of tradition, while the children express hope and vitality. Some people will be the neighbourhood experts on childhood ailments, car repairs, or growing vegetables. The local pub or corner shop will be a source of news and gossip.

All this is perfectly satisfactory. We can't, individually, be expert or expressive in all areas of life. The problems start when the community no longer accepts functions carried out by some people as expressions of its own needs. So, although the community needs protection, the police become distant, the connections broken. The church, once the embodiment of the spiritual needs of ordinary people, is often seen as an irrelevance or as an intrusion. Social services perform functions which have been delegated to them by "the people", but they are rarely perceived as being a part of community life. Can you imagine an uninvolved member of the community showing a friend round the neighbourhood and saying, as they pass the local group home, "That's where we support people with learning difficulties"?

It is hard to know how far roles can be embodied in one person before they become isolated - before the connections will finally snap. But it should concern us. The invasion of service systems into community life is not happening by itself. It advances, yard by yard, through the decisions of individual people. And that includes people who take their community roles and turn them into exclusive professions. People faced with that choice need to consider: Will they take this aspect of community away from the community, and keep it for themselves? Or will they be like Siddhartha?

promises of the service industry into mistrusting their own resources. People who set out to reclaim space from the professionals end up joining the service industry. The gurus of a movement once based on equality, spontaneity, and trust, now sit in sub-committees writing regulations, and are blind to the irony.

Home remedies

A citizen of Kingston, Ontario, sent a set of twelve cheques to the office of the local Citizen Advocacy Programme. In a covering letter he explained that although he and his family were not wealthy, they felt it was important to make monthly donations to the project:

Just as my family, in only three generations, has lost all knowledge of home remedies, Kingston and other communities are losing neighbourliness. In a few years, looking out and caring for a vulnerable family member or neighbour will become as much a part of folk history as is the knowledge of how to make a mustard plaster. Families and communities work together if there is work to do. But more and more the 'work' of families and neighbours is being sent to 'professionals'. Neighbourly responsibility is as much at risk as the local corner store. . . .

I do not want to have anything to do with organisations that are 'human services'. My taxes support them and that is as it should be. Those organisations and their 'services' are needed, but they work against neighbourliness. They teach my family and I that we are incompetent to care. Day care is probably a needed thing but in another generation we may come to believe that it is bad for little children to grow up at home - we are not trained, after all.

(19)

The paradigms and people with learning difficulties

The effect of the interplay of services and communities in relation to people with learning difficulties has been going on so long that the capacities of community have already been diminished very greatly. People with learning difficulties are still there - and not only, of course, those who have been put there by services: A far greater number have always been there, cared for by their families, who often also become isolated from community life ⁽²⁰⁾.

In contrast to the tensions and activity which followed the emergence of humanistic therapies, the interplay in the context of people with learning difficulties has fallen into a stalemate. The service industry long ago annexed almost all aspects of the lives of people with learning difficulties. These days it is mostly a matter of keeping the fences mended, or putting out new propaganda when the old deceptions wear thin.

It is usually very difficult to tell whether a service initiative which is proclaimed as an attempt to reach out to the community is genuine, or just more propaganda. Either way, it is unlikely to result in the release of territory. Service agencies, dominated as they are by the rationalist, mechanistic paradigm, are poorly equipped to communicate, let alone cooperate, with communities which operate mainly on the other paradigm. Consequently the interplay which follows a well-intended service proposal is often so brief that it is invisible. The initiative retreats back into old ways, or is written off as a failure - with the blame often attached to the users or carers.

These are some of the problems we observe:

Services apply analytic, mechanistic thinking to complex organic processes.

This is the mentality which leads to an obsession with models of service and to their insensitive replication. The answer to a perceived shortcoming in the service is plucked from elsewhere and forced into the local community, as a child might try to build a flower with string and sellotape.

This approach is supported by the way in which we try to understand the lives of people with learning difficulties, and the role which services should be taking; Analyse, itemise, categorise. Academics, like primitive anatomists, dismember and dissect in a futile attempt to locate the seat of vitality. And then services sew the pieces back together, in the vain hope of creating life.

Services suppress and devalue feelings

We do need our intellectual facilities in what we do - in community life and in service activities. However, the over-emphasis of rationality and reasonableness in services has been at the expense of the recognition of feelings. And it is feelings that provide the driving energy in what we do.

In services, workers are not supposed to be passionate. They are encouraged to be objective, to retain a professional distance, to take 'the balanced view'. Terms like 'emotional' and 'subjective' have become criticisms. People in services do have emotions, of course, and they sometimes rise to violently to the surface. Services include some procedures which acknowledge emotions - stress and 'burnout', for example - but as problems which are the result of the work, and defined in a way which demands yet another specialist service response.

Making it work: The Baron Frankenstein Method

The service system has just lately realised that although it can put people in the community, it doesn't know how to give them friends. The result? - four books on friendship and people with learning difficulties in the last eighteen months. All but one approached the topic mainly within the left paradigm. Here's a section of one Contents Page⁽²¹⁾:

1. Introducing the issues: The meanings of friendship
The functions of friendship
Conditions for the development of intimate friendships
Friendship and people with learning difficulties
Some sources of analytical confusion
The growth of interest in friendship
2. People with learning difficulties and their friends
Setting the context; the findings of earlier research
Kinds of friendships

..... and so on.

Certainly we must not judge a book by its cover, or by its Contents Page. This book and the others can help us to understand friendship, in the sense that we can captured in a framework of thinking. But how much closer does that bring us to knowing how to help people to find real friendships? And does it fire you up with enthusiasms to try?

Here's the equivalent from the book that is the exception to the rule⁽²²⁾:

1. The reasons for this book
2. All Aboard
3. Why friends are important
4. Friends Circle to Save a Life
5. Joshua Committee, You Stretch Our Vision
6. It all started in a pig barn
7. A Kid Helps Her Friend to Walk
8. Hang in There, Ugly Duckling
9. Fred Smith Talks About Loneliness

..... and so on.

Which book do you really want to read?

Kahlil Gibran:

*Your reason and your passion are the rudder and sail of your seafaring soul.
If either your sails or your rudder be broken, you can toss and drift, or else
be held at a standstill in mid-seas.*

(23)

Feelings are not just problems that crop up as a consequence of the work, and an obstacle to getting the work done. They should be the reasons for being in the work in the first place. They may be feelings of anger, or sorrow and compassion, or a positive desire for something better. If service agencies do not value and foster such feelings, what do they offer as a motivation for doing the job? To earn a salary? To rise through the ranks? Or nothing more than habit? If services foster motives like these it is hardly surprising that the rewards which workers seek do not improve the lives of people with learning difficulties.

Services pursue objectives by means of control

The services operate on the basis that the way to achieve objectives (which they have a need to define) is through organised and controlled effort. This means also, and conversely, that they doubt that good things outside their sphere of operation (especially things which they have not defined as objectives) can happen, and have difficulty using them when they do. They are like the intensive farmer or over-tidy gardener, whose greatest illusion is that he is the one who grows the crops (a feat no human has yet performed, for all the advances of science). Such a gardener expects each crop to grow where, and only where, he has decided - anything else which pops up is weeded out. The loss of any plant from the crop is a failure which ought to have a technological remedy.

Thus services, through their hierarchies and procedures, try to create order in an untidy world. The diversity of human experiences and desires which exists in the community must be turned into a neatly stated submission before it can be considered by the planners. Serendipity has no place, and neither does failure. Error is often regarded as evidence that control has not been sufficiently comprehensive, rather than a hint that the basic approach is misguided, or that occasional error is an inherent feature of the human condition. Hence the response to error is more likely to be yet another bureaucratic procedure rather than a fundamental review.

Services deny citizenship

Citizenship is the status of belonging to the community - the *cité* - not the status of being a user of services. So services cannot bestow citizenship. However, services are not only incapable of giving citizenship: they actively obstruct access to the community. Many services, both now and in the past, have removed people into special communities and institutions so that they are physically separate from community life. But even when people with learning difficulties are within the community the presence of services forms a barrier which prevents ordinary citizenship. Although the UK service empire may not be driven to expand by the economic forces which McKnight identifies, it nevertheless colonises everything it touches, because it imposes its left paradigm ideas and methods. Homes are turned into 'units', involved members of the public become 'volunteers' who need management, ordinary activities are renamed as therapies. The service/community boundary is firmly established, with the 'user' on the service side and the community left increasingly to feel - and to become - incompetent to have any part to play.

But can services 'care'?

McKnight's ultimate indictment is that services have turned care into a commodity, and that only communities can really care. So does the list of problems above confirm McKnight's judgement?

In a restricted sense it is self-evident that services - as abstract structures - cannot care. But then 'community' is also an abstraction which is equally incapable of caring. It is only people who care. So the question is really whether people who work in services can care.

Scene from a social work visit

“We’ve got a brand new short-term care scheme which may help you with your son David, Mrs Smith. Instead of sending children to a special home for short term care, we’ve decided that it would be much better - much more normal - for children to stay with ordinary families when their parents need a break. We call it ‘Shared Care’. We recruit the families who help and pay them for offering the service.”

“That’s very nice of you, dear. But I don’t think we need it. You see, Pam and Arthur down the road have always been happy to have David when we need a bit of time on our own. David loves being with them too.

“On the other hand, now you mention it, I suppose they wouldn’t mind a little extra money - specially when other people are getting it. Could they go on looking after David, but do it as part of your scheme, so they get some money for it?”

“Well, I suppose it is just possible we could consider it. But they’d have to be put through our vetting procedure first.”

Assisting serendipity

Life is a flowing river. We are all swimming in it, and choose which way to go. The trick is to know which way the current is flowing, and to follow it.

Don’t you know some people who have learned that trick? They make up their minds that they want something - an evening with friends, a change of job, a new house - and it all seems to fall effortlessly into place. Other people may be successful in achieving their aims, but they have to push and shove every inch of the way.

When we are swimming with the current we are likely to discover serendipity; lucky finds, happy coincidences. Serendipity can make the difference when we are helping people with learning difficulties to achieve citizenship:

Ken lived in a large residential home, and went to day activities on the same site. His mother and sister were convinced there must be something better he could do.

They decided to create a ‘circle of support’. For the first meeting they invited everybody who knew and cared about Ken; family, friends, some neighbours, and two people who were involved in providing services but came in their own time.

That Sunday afternoon, during a long meeting, they talked about Ken finding a real job. It was mentioned that he delighted in electronic components, and could assemble components well enough to do it in a factory.

One of the service workers went home afterwards and chatted to her partner about the meeting. Well, as luck would have it, her husband had connections in the electronics industry. Sure, he could see about fixing Ken up with a job.

But service systems have no sense of which way the current is flowing. Committee structures, financial forms, and policy documents are too ponderous to take advantage of serendipity. When a ‘light touch’ and a little networking could well provide the answers, services push and struggle every inch of the way.

Who Cares?

That question cannot be answered without clarifying what we mean by 'care', that much overworked word. The act of personal caring can take the following forms:

1. *Caring about a cause or a large (secondary) group of people.*

A great many people in this country care about the condition of black South Africans, though they have not been to South Africa and may not even have met a black South African. They are morally affronted by what they have been told. In that sense they care. And they may care enough to give their time and money. People may also generalise their concern for one person whom they know well into a concern for all people who belong to the same category. If, for example, you know one person with AIDS you may begin to care about all the other people with AIDS whom you have never met.

2. *Caring about - or caring for - one person*

Here the care is focused on one person (who may be part of a larger, 'cared about', group), with whom the caring person has direct dealings. As such, caring means being open to the person's experiences of life, and being vulnerable to their demands. The black population of South Africa cannot phone you at three in the morning to ask for help, but one person can, and they may do so if they regard you as someone who cares about them and cares for them. This is the sort of caring that people offer to each other within families and social networks, and the limits to caring have to be negotiated in each case.

3. *Liking a person*

Caring about an individual - minding what happens to them - does not necessarily mean liking them. Family members, for example, may heartily dislike each other yet care for each other nonetheless. But when friendship occurs it adds an extra dimension, flowing in the opposite direction to caring. Whereas caring is a willingness to give, friendship introduces a desire to receive. We want to be with our friends not only because we care for them, but because we want the pleasure of their company.

This crude analysis of caring and friendship indicates one of the problems for service workers - and even more for the people who receive their services. There is no reason why a worker cannot care about the people they assist, or enjoy their company. The problem is that a commitment to the cause of people with learning difficulties does not guarantee a genuine sense of care for any particular individual, let alone a pleasure in their company. If workers are supposed to care, because they are members of the caring professions, then they must translate caring about a group of people into caring for an individual; and there is often an expectation that they should go the stage further, and act as a friend. Their inability to do so with everyone very easily leads to a feeling of guilt in the worker, disappointment in the person who receives the service, and an element of falsehood in the relationship between the two.

The service which workers provide is also called 'care' - but it is not care in any of the senses described above. Care, as in 'community care', really means nothing more than the delivery of practical assistance plus, for some people, some training and advice-giving. None of these, in itself, requires the care worker to care any more than the plumber needs to care about the customer with a washing machine to be installed. The

A very short quiz for people who work in services

No doubt you work partly for the money, for the social opportunities, and perhaps with an eye to career opportunities and status. And that's OK as far as it goes. But you could probably get those things doing a different kind of work.

So what is it that keeps you in this kind of work?

Please say, in a sentence or two, what for you is the deep-down main reason for doing this kind of work:

.....

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difference is that most householders with washing machines are already citizens with status and control over their lives, and who are not at risk of being excluded from the community. Service workers do need to care at least about the cause of people with learning difficulties, and about the social changes which must occur if people with learning difficulties are to become full citizens. There is a long struggle ahead, and they will face obstacles set up for them by the public, government, and their own agencies. If progress is to be made they must be committed.

Because 'caring' is billed as part of the job, it is all the more difficult for workers to show the people they serve that they do actually care. If 'care' is written between the lines of the job description, how can they indicate that they have a personal commitment? If they are paid to be with someone, how do they prove that they enjoy that person's company? It can only be achieved by an act which existentially transcends contractual obligations. David Brandon describes such an act from his own social work practice. He had been called, while on out-of-hours duty, to the home of a woman who had been driven through loneliness and desperation to abuse her severely disabled child:

.... we spoke hesitantly for a while before embracing and falling on to the floor, crying into each other's arms for more than half an hour... After crying, we talked long into the night and the words were punctuated with tears and laughter. ⁽²⁴⁾

It was an unusual response, and one which might be judged 'unprofessional'. Yet the act communicated genuine human caring more effectively than a textbook of 'caring' social work platitudes. It was precisely because it wasn't the sort of intervention that is taught on social work courses that it had meaning. If falling on the floor and crying into the arms of clients were standard social work practice it would not have had the same value.

If services agencies acknowledged that their task was to provide services, not 'caring', there would be many benefits. It would start to reverse the power balance in favour of the users of the service and kill the conceit of services that they have a place at the centre of people's lives. In addition, and ironically, if caring ceased to be part of the corporate agency purpose, it could then more easily be owned and expressed by the agency workers.

What are your reasons for staying in the job?

OK - so you didn't actually write down anything on the last page: But maybe you did think about it.

We can't guess all the reasons that might keep people in the work, but here are a few possible responses:

- If only I could find the door marked out!
- Don't know - I've been in it so long I've forgotten why.
- I like being in charge
- It's easy, undemanding, leaves me time to enjoy the rest of my life.

Or you might have said something like:

- The way that people with learning difficulties have been treated is wrong, and I want to change it.
- I'm helping to make a better community for us all.
- In my own life I've found out how awful it is to be an outcast, so I want to help other people who have been turned into rejects.
- What's happening to people with learning difficulties is just one of many injustices in this world; apartheid, oppression, corruption, exploitation. But this one's happening right here, and I am in a position to do something about it.

If we are going to find a new way of being, we must recognise the importance of the mission. As **Gerald Provençal** writes:

We are in the midst of changing western society's collective mind; of radically altering the way it treats one stratum of its people. We are trading puzzles for paychecks, foodcarts for carry-out chinese, dayrooms for family rooms.

Whether you are a romantic or not the change and its significance cannot be denied. It is what it is: Social Revolution.

Now this is all very powerful stuff, not only for the consumer but also the staff who are helping to make it happen. Yet many of the staff lack the sense of history to recognise the spectacular difference they are part of making.

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Section 3: Making the shift

The correct balance between formal and informal care, and the capacity of communities to provide more care, have long been subjects for debate and research in the UK. One recently published study⁽¹⁾ combines a survey of the literature with a detailed study of neighbourhood care schemes, and reaches pessimistic conclusions. With the philanthropic traditions of the middle classes in decline, neighbourly relationships increasingly based on the calculated exchange of favours, and greater social mobility, they find little sign of untapped caring capacity in modern communities. They conclude that a withdrawal of formal services would push the burden of care onto women - both those unpaid women carers who have always carried most of the responsibility, and women forced by circumstance to take low-paid caring work. This perception is echoed by elderly people who were asked by the researchers to say whom they expected to give help if it were needed. The responses acknowledged a role for formal services where the need for support was substantial and long-term, but otherwise still put the main expectation on family members. The expectations that these respondents had of friends and neighbours was much lower, and volunteers barely featured at all⁽²⁾.

Although we lay part of the blame for this situation on the service industry, we do recognise that these findings reflect a reality which has to be set against any hopes for greater community involvement. So VIA does *not* support the view that welfare services, because they encourage dependency, should be withdrawn. To deny the services on which people rely would cause great suffering for many thousands of people.

On the other hand, a narrow vision of the purpose and nature of community care (and one also biased towards the needs and expectations of elderly people, and still caught up in the mentality of 'schemes') overlooks the role that ordinary community members might play. When community care is seen only as the task of physically maintaining people in a place located in the community, the required input becomes defined as 'heavy duty' assistance and one-sided help. When the researchers asked elderly people about their expectations of those around them, the question they asked was: "To whom would you be able to turn for help?" This emphasis on the substantial contribution of the giver, and the neediness of the recipient, inevitably puts the expectation on those people who are seen to have an obligation to help; namely, on family and professionals.

VIA regards community care as something much more positive: A way of supporting people in the community which enables them to be active and valued members of community. Some people will require substantial personal assistance, but all need to make or retain a wide range of personal links with the community. And whereas the personal help may be given either by professionals or informal carers, it is *only* ordinary community members who can provide the right kind of link with ordinary communities. This is far more than the icing on the cake: It is the means by which disadvantaged people can become full citizens, and communities become places which include everybody. So the opportunities for ordinary people to take a role in community care are varied and vitally important, and yet in many cases they won't be perceived as 'caring', 'volunteering', or even as conscious acts of neighbourliness. Indeed, the less they are seen in those ways the better, since people will be more valued if they are seen as contributors and not merely as the beneficiaries of kindness or civic duty.

The challenge for services is to find ways of being and working which support ordinary opportunities and socially valued links with the life of the community. That means becoming more compatible with communities, and valuing the ways in which ordinary people and communities operate. This is not to suggest that services should or could become the same as communities. If they were the same, they would no longer be

Who are the real pioneers?

Clients, consumers, users; words that have been applied with the best of intentions but belong to the old system. How else might we describe the people who are at the heart of our work? We can hope that they become friends, but we must not presume it will be so.

If we see that what we are doing is more than a job, then we have a link with people with learning difficulties. We are all freedom fighters, struggling for a world which accepts and celebrates people who are different.

This is not an attitude to pull out of the professional bag when we happen to be with people who are called 'self-advocates'. All that we do in our work is - or should be - a part of that struggle. So all of the people we try to support, whatever their ability levels, whether or not they are called self-advocates, are part of the struggle too.

When I was visiting a place in the United States they showed me a snapshot. They told me it was a picture of Joey - the person who'd "bust the kids out of the segregated school" and got them into mainstream school.

The picture showed a child in a wheelchair. He looked profoundly and multiply handicapped. My hosts confirmed that he was. The idea that he had taken on the education system - and won, what's more - seemed ludicrous. Some sort of sentimental American nonsense, presumably.

On reflection I realised they were right. Certainly he had allies who had argued for him to be the first to go to ordinary school. But it was Joey who acted as ambassador for the rest of the children. It was Joey whose personality had won the mainstream teachers and children over to the general principle of integrated education. It was Joey who took the risks of being the first, and no doubt suffered the effects of a system fumbling its way through the changes.

services. Accountability, organisation, contractual obligation will always be characteristics of services, though perhaps not as dominant as they are at present. That, in itself, is no bad thing: Even people who have the most supportive neighbours are likely to be comforted by the knowledge that an ambulance service can be summoned with a '999' call. The problems stem from other characteristics.

This chapter considers how services must change if they are to support people with learning difficulties to become citizens. This does not mean that we are convinced that services will be able to transform themselves - only that they are doomed to fail in their stated aims unless they can make the shift.

Many of the changes which we believe are required are implicit in the earlier analysis of current failings. But to express the change more positively, a service agency which has made the shift is a place . . .

- . . . where feelings are recognised and accepted, and where passionate commitment - spilling out in anger or joy - is prized.*
- . . . where people know that their mission is nothing less than social transformation, the creation of communities which have a place for everyone.*
- . . . where the people who are supported by the service are regarded as the senior partners in that mission - the real pioneers in changing community.*
- . . . where it is recognised that communities and ordinary people have assets to share with people with learning difficulties which services will never be able to deliver; and are valued accordingly.*
- . . . which is connected to the wider community, and is seen to embody an aspect of community.*
- . . . whose resources are defined, not as those which it owns and controls, but those to which people with learning difficulties have access.*

Even these basic changes in outlook are manifestations of a change which is even deeper; a personal paradigm shift. They are outcomes, not starting points. We can't begin the process of change by demanding that people adopt these attitudes, or reasoning with them that they will do their jobs better if only they adopt them. Alan Watts⁽³⁾ likens such demands to the title of a popular book, 'You must relax':

Need it be said that the demand for effort in "must" is inconsistent with the demand for effortless in "relax"?

As Watts argues, the illusion that feelings can be enforced by reason arises from the dualism of western thinking - the split of mind and body, reason and feeling. This dualism, with its associated assumption that mind and reason are 'higher' than body and feelings, is one of the conceptions of the left paradigm. In the context of social services, it encourages an obsession with models of care, a blind faith that by reorganising roles and resources according to some imported blueprint, real progress will be made. Reorganisations, as so many social service departments have found, rarely do more than enhance salaries. It is also the weakness of the management methods of Tom Peters⁽⁴⁾ - or at least of those who try to implement his ideas. Peters' recommendations for small teams of workers operating in a culture which is flexible, values innovation, and is vision-lead match the style which this report aims to encourage. But they are, ultimately, techniques of man-management (the gender is not so much sexist as appropriate to the mentality at work) bolted on to the existing system. They are strategies for winning the game, not rules for a new one. A shift away from the left paradigm can't be achieved by adding a new layer on top. Rather, we must start by changing the cultural mechanisms which underpin the values of service culture.

Being Still

A social worker writes:

I liked visiting Joy. I'd usually call early afternoon, and we'd sit and chat - some of it serious casework talk, but much of it general chit-chat. She mostly coped pretty well with Karen, her profoundly handicapped daughter, but she seemed to appreciate the chance to talk about things which she didn't feel she should worry other people with.

Usually Karen would arrive back on the special transport from school before I left. Karen would sit in her chair, rolling her eyes and waving her hands aimlessly, seemingly preoccupied with something we could not share; and Joy and I would go on talking.

But one day Joy went out to the kitchen to make tea. For the first time - ever - it was just me and Karen together. So I sat in front of her, in silence. She still rolled her eyes, never looked in mine. I doubt whether she had much sense of me being there - she certainly had no comprehension that I was the visiting social worker.

As I sat there, I suddenly had a sense of her own life, her daily routines, the way that she touched other people's lives. I pictured the way in which chance turnings in each of our lives had just happened to bring us together, so that her life touched mine. In all the arbitrariness of life, we two travellers had met. It was only in that silence, with no role to play, that I 'found' her - found the person Karen.

In stillness we can find people the new way: The life partner sleeping in darkness next to us in bed. Or looking in at the children last thing at night when all the chores, hassles and arguments of the day are finished; and recognising souls which for just a time have come into our lives.

But how often do we - do *you* - find a place to be still and quiet with any of the people you work to support? Many workers spend little time actually with people with learning difficulties. Those who do will spend most of the time busy on tasks. Even in social moments you will usually be 'staff' and they'll be 'resident', 'trainee', or 'client'.

How about finding a way to shake off the roles, to be silent, to put the task aside for a few minutes, and just Be Together. After all, it would be one time when language skills wouldn't matter. . . .

New foundations for a new culture

We argued earlier that the values and assumptions which belong to the left paradigm lie very deep within western culture - so deep that they can easily be taken for unquestionable fact, if they are ever considered at all. There are assumptions - social constructions - about people with learning difficulties which are also taken for fact; for example, that they have a problem which is rooted in them as individuals, rather than in the operation of society. However, the mind-set of the left paradigm is even deeper, and even less likely to be challenged, because it dominates our whole society. A newcomer to services for people with learning difficulties might well detect a contrast between the beliefs about people with learning difficulties held by the workers and those of wide sections of the public. But it is much less likely that the newcomer (unless coming from a different part of the world) would query the organisational methods which the agency used. These methods would be the same as those usually employed in western commerce: There would be no contrast to suggest that arbitrary assumptions were operating.⁽⁵⁾

In social services, as elsewhere, the left paradigm is not only expressed at the point of delivery, in activities which directly relate to the people who receive the service; nor is it restricted to the content of communication. The very form of communication activities contains cultural values. The medium is also part of the message⁽⁶⁾.

This goes far towards explaining why attempts to change the operation of services so often fail in their main aims. New organisational hierarchies, new models of care, even new ideas, neglect the cultural values implicit in the very existence of hierarchies, and in the means by which the ideas are transmitted. Service workers, while being exhorted to approach their work in a new way, are subliminally bombarded by the old values. They are being asked to learn steps to a new dance, but no-one has changed the music.

Sometimes the contradiction is not so difficult to see, as in the case of the agency which talks loudly about 'caring for people' yet deals with its staff as if they were expendable items of equipment. But mostly the implicit cultural messages can only be revealed by mentally standing back from the activity, and looking with the long-distance perspective of a visiting Martian. If needed, this could extend to a more left paradigm approach, systematically deconstructing the activity. The following list attempts to identify some of the values which are reinforced by the messages in the form of common service activities:

Training

The advent of National Vocational Qualifications (NVQ), intended to produce job qualifications recognisable throughout the European Community, has introduced a new ideology into training - permeating as far as professional training which is not yet covered by NVQ. The NVQ approach is to analyse the components of each existing type of job, and then arrange them into component packages, each defined by a set of units of competencies. In this way, training can be undertaken a package at a time. Since the package is defined by measurable competencies, the success of the training can be assessed objectively.

This approach certainly has its attractions. It will have been useful if it forces social workers, who have tried to cultivate professional status by vague reference to arcane theories, to come clean. Do clients want empathy from social workers, or do they want practical help? If it identifies the skills that are really needed to give support to people with learning difficulties in the community, it may show (as parents have always shown) that most of it does not need elaborate training.

Jean Vanier, the founder of l'Arche, has been an inspiration to thousands of people by his life and his teaching. Yet he commented:

It's funny how often I find people say, "You never say anything that I don't know." It's as if the word penetrates right into the depths and puts a word on what people already know, gives the revelation. You don't actually teach anybody anything. All you do is give them the consciousness that they know it.

(7)

On the other hand, the NVQ approach, and the industry it has spawned, are the epitome of the left paradigm. Working parties for each area of industry have been engaged for months in systematically tearing apart jobs and reducing them to long lists of competencies. It is highly analytic and mechanistic. The value of the worker is defined in terms of what he or she does, not what he or she is. If the jobs were analysed in much greater detail the result would be software for robots. Moreover, it is an extremely behaviourist approach⁽⁸⁾. The NVQ assessor has no use for values, or feelings, or for notions such as 'respect' or 'love'. Such things, the assessor would argue, are not measurable. They have no meaning outside the 'black box' we call 'human being'. We may only talk about them if they can be translated into behaviours. Nor can NVQ take account of those special qualities we find and admire in some people - though we do not know how to define them.

The training industry and the service industry are very closely associated, especially as NVQ facilitates in-service, on-site training. So, at the very least, service agencies will be in partnership with, and receiving the output of, an industry which is overwhelmingly dominated by the left paradigm. Agencies will be encouraged to see what they do in mechanistic terms which leave no place for values or feelings. And if workers are defined as collections of competencies, why should we regard service receivers as anything more than bundles of behaviours?

There is also a predictive weakness in the NVQ approach. The fact that a worker has a competence is no guarantee that they will use it. If skills are not rooted in personal values and commitment, their application by the worker will be vulnerable to the management requirements and cultural expectations of a particular workplace. When concern, commitment, respect, have been redefined as no more than competencies amongst many others, it will be acceptable to put them aside if they are not required by the job description.

For better or worse, workers will continue to bring more than the competencies of NVQ training to their work. Nevertheless, the NVQ ideology promotes a denial of the 'deeper' qualities of intuition, a sense of justice, beauty or anger. It has no soul. The model NVQ worker doesn't know when to break the rules - either in search of the creative solution or to blow the whistle on dubious agency practice.

It is right to strip away the mystique of social work. But we should not deny the mystery of being human.

Conferences

The social services conference is one of the few places, apart from the buildings in which services are delivered, where the service industry is turned from an abstraction into a visible reality. Workers who might otherwise never get together have a chance not only to hear the official speakers but also to discover the sanctioned behaviour of colleagues. The conference surroundings, combined with the status of the organisers and speakers, lend authority to the occasion. For these reasons the conference can be regarded as an important channel for the transmission of cultural values, and as an event which offers clues about the nature of those values.

One of the most obvious characteristics of the typical conference is that it is set up as an occasion when technical information is to be conveyed. There are a few well-known speakers who aim to harangue or inspire the audience, and many others who will use humour to lighten what they have to say, but typically the purpose is to explain, define, analyse. The implicit message is that the key requirement for doing the job better is to have greater technical knowledge.

Furthermore, the arrangement of the conference - with speakers at the front and the audience in rows - indicates that people are not there as equal participants in a shared enterprise. The select few are the holders of The Knowledge: The rest are there,

Extract from a report on a field trip to Earth.*

(* Translated from the Martian)

We have lately encountered another and different form of ceremony which these people travel long distances to attend.

At first we thought it might be some sort of sporting event. At the gatherings the participants spend much time on their hind legs (they have two), while using two others to support receptacles from which they eat. As they only have four limbs in all this requires considerable dexterity. They add further complication by using their mouths at the same time for communication.

In between these events the people assemble in a large hall. Initially we thought they went there to hear the results of the standing-eating-talking competition. But on closer examination it was clear that the assembly is much like other religious events we have encountered. There is invariably an altar, sometimes with altar cloth, in front of rows of seated supplicants. The priesthood assembles behind the altar. Again, as in other religions, there is an iconic object on the altar; but whereas they are usually cruciform, here it is a short metal pole with a glass lens at the top, through which light is made to shine onto a backcloth. The priests manipulate this object to project various - probably magical - shapes. At various points the priests pause while the supplicants make ritual responses, and at other times the assembly disperses into smaller groups, returning later with drawings which appear to replicate, rather crudely, the images projected by the priests. Both these activities, we presume, are to win the approval of the priests and the blessing of their god.

But what is this god? And what motivates the humans to worship it? Although they become active during the standing-eating-talking phase, there is a lack of animation in the assembly. There is no chanting or dancing, no body language which might hint at dread or ecstasy. And whereas other worship-houses are decorated with images of the fate of those that displease the god and the rewards of the true follower, here there is no sign that worship will have any consequence at all.

Some of my colleagues suggest that this is religion reduced to its bare minimum; where followers do not seek salvation or enlightenment, but merely aim to join the privileged priesthood elite. Alternatively, the knowledge conveyed in the arcane images of the priests may in itself be the subject of worship; information as god. However, I am inclined to believe that the standing-eating-talking activity is, after all, the main part of the event, though for reasons we do not yet understand. Further investigation is required.

supposedly, to acquire it. Admittedly, it is now the custom to spend some time at conference in small groups, as if to suggest that all participants have a contribution to offer. On close examination, however, it often becomes apparent that the small group participants are only being asked to re-frame their own experience so that it matches the knowledge of the experts.

At the typical conference, the left paradigm rules. Only a brave or accomplished speaker would risk audience embarrassment by getting emotional. On those few occasions when a member of the audience (usually an 'outsider') breaks the rules by getting upset or passionately challenges the speaker, the audience will squirm with discomfort. Advanced publicity which described an event as a day for telling stories, celebrating, and having fun would attract few participants - unless these activities were billed as therapies for clients! One can imagine that a conference presentation which made use of music and pictures to arouse emotions would be received with great suspicion, and the more effectively it were done the greater the suspicion would be: There would be talk of "brainwashing", "appealing to the emotions", and "dubious marketing techniques".

It is rare that workers return from conferences bubbling with excitement. Very often, it seems, participants take the homeward journey with a vague sense of disappointment. They got what they expected, and they didn't know they were looking for anything else. And yet

Conference organisers and speakers have obvious reasons for sustaining this type of event. Evidently the participants also find some reward, or they would not attend. While the stated programme affirms their view of themselves as practitioners or managers engaged in a technical task which requires great skill, and supplies them with the jargon to pose as more skilled, other needs are being met. It is a day away from the workplace, a more relaxed lunch than usual, and a chance to do some 'networking'. Some of the personal renewal which people need in order to sustain the struggle for social transformation is available - but fleetingly, between sessions, and unacknowledged.

The gatherings which will support the shift to the right paradigm will reverse this priority. The dissemination of technical skills will be in second place, set in the context of the greater mission. Participants - which will include all those involved in the mission, and not just specialist workers - will be together to share as equals. The event will acknowledge them as whole people, whose feelings need to be addressed as much as their intellects.

Meetings

People in social services spend much time in meetings, which range from the formal committee in County Hall to the group of workers slouching, mug of coffee in hand, on dusty sofas in a back room of the area office. Few generalisations apply to all meetings. However, there are some common left paradigm excesses which need to be resisted or reversed:

- ✱ *Loss of awareness of the main purpose.*

The sole purpose of the meetings is presented as the communication of information or the making of technical decisions, without acknowledgement that there is a greater goal. This leaves the way open for the meeting to become a game in which each person represents and protects their own interests.

- ✱ *Over-emphasis on roles.*

Workers cease to be people with feelings and needs, and become merely the embodiment of roles. Emotion and intuition are denied.

Another way of doing business

The democratic method of collective decision-making is such a strong tradition in our culture that it is hard to imagine the possibility of other, better ways. Even in meetings which do not resort to the formal procedures of motions and votes, the underlying assumptions of the democratic process are likely to be operating. These are:~

- ~ *that the correct decision is one of the options being promoted from the outset of the discussion by one member, or one sub-group;*
- ~ *that the correct option will be revealed by the persuasiveness of the arguments and rhetoric of those who are promoting it;*
- ~ *that there is a need for a chairperson to act as referee between competing viewpoints;*
- ~ *that a majority of the members will be won over to the correct option, and that, therefore, the decision should be determined by the majority.*

It doesn't have to be this way. We could develop alternative methods which accepted ~

- ~ *that no-one present knows the full truth - everyone is seeking to find a collective truth which transcends individual contributions;*
- ~ *that rhetoric is not always a guide to truth, and may obscure it;*
- ~ *that, in a non-competitive discussion, there is no need for a referee;*
- ~ *that a sense of unity is required if the decision is to be supported through to implementation - domination by a majority is not enough.*

As it happens, Quakers (the Religious Society of Friends) have for the last three hundred years been developing and using decision-making methods based on these principles⁽⁹⁾. Quaker business meetings begin and end in silence. Discussions are based on the assumption that all seek the truth, and in that atmosphere a chairperson as referee is not needed:

Where the very principle of life and truth is amongst them who can speak out of turn or seek to dominate the gathering? Assertiveness, repetition, and irrelevance are judged and die away.

(10)

Instead, Quaker business meetings have a Clerk, whose task it is to articulate the unity of view as it emerges until it is sufficient to show the way ahead and can be minuted.

... we do not set great store by rhetoric or clever argument. The mere gaining of debating points is found to be unhelpful and alien to the spirit of worship which should govern the rightly ordered Meeting. Instead of rising hastily to reply to one another, it is better to give time for what has been said to make its own appeal, and to take its right place in the mind of the Meeting.

(11)

✱ *Fear of uncertainty*

Meetings can become set up as debating sessions, with each person under pressure to hold their original position, instead of being a shared search for the best solution. People are expected to have their answers ready. Moments of silence, which could be used for reflection, are feared because they suggest incompetence or uncertainty.

Obviously, decision-making meetings are necessary in a service organisation, and decision-making meetings must make decisions. However, there are ways in which the customary form of business meeting can be modified to incorporate more right paradigm ways, and there are also alternative methods already in existence which might be borrowed and adapted.

Policy statements

Service agencies are, very slowly, learning to explain what they do in ways which are accessible to the public. However, in committee papers and internal documents, traditional styles still usually prevail. In particular, policy documents written from the point of view of the agency unintentionally present the agency as the main actor, at the centre of the lives of people who receive the service - who, consequently, are seen as passive individuals isolated from the community around them. This way of writing feeds the conceit of service agencies, and encourages linear, mechanistic thinking.

New ways must be found to describe the role which a service can offer in people's lives. The obvious starting point would be the people themselves; their lives, hopes, and requirements of services. From these descriptions - not abstractions - it would then be possible to derive a set of functions and service principles for the agency. One agency which re-wrote its policy documents on these lines⁽¹²⁾ found that the changed perspective immediately and fundamentally challenged the way in which workers saw their jobs and their responsibilities to people who used the agency's services.

The shift to the new way of working requires that people who are engaged in the task sustain and support each other in a spirit of trust. That, in turn, implies that relationships are based on face-to-face contact. These requirements can only be met if the size of the group is small.

How small is small? Opinions vary - even in commerce, where this sort of team approach has been developed in many places⁽¹³⁾. However, common experience from work and social life is a guide. If six people work together with a routine which ensures they will meet most days (for example by sharing the same office or working in the same house) they will probably work and relate quite naturally as a group. There cannot be a clear, universal cut-off point as group size increases, but as numbers grow group members will have to be increasingly mindful of the need to pay attention to each other. They will fall back, more and more, on fixed arrangements to ensure that time is given to promoting team identity. Before the group size reaches thirty, the investment required by the group in order to maintain unity will take up an unsustainable proportion of the working week.

Translating to the first person: Two drafts of a mission statement

Draft one:

The mission of this agency is to enable people with learning difficulties to achieve socially valued and integrated lives. This will entail:

- * The provision of residential support services in ordinary housing, and with levels of support based on individual need and preference.
- * The provision or use of appropriate community-based day activities, which may include employment, according to the wishes of each service user.
- * Access to mainstream leisure services, with support where required.

Agency services provided for these purposes will be based on the following principles:

- * People with learning difficulties are people first. They have the same fundamental rights and needs as other citizens.
- * Users of the service will be treated with respect and dignity. They will be permitted to have privacy in their own homes, and will be allowed the freedom to form meaningful relationships of their own choosing.

Draft two:

I want to have my own home, with the people I choose to live with. I will need staff supplied by the agency to give me help in the house, when, where, and how I choose. Staff who give me support in my own home should treat me with respect, and allow me to live the way I want. They should be friendly, but I do not expect them to be my friends.

I do not need the agency to provide me with day activities, leisure pursuits, or friends. I shall get these elsewhere. However, I may need agency staff to help me arrange activities, and possibly to assist me in doing them. Staff must not use my need for support as a way to control the way I live at home, the activities I do, or the friendships I make.

When the agency's mission is put in the familiar style it sounds progressive, honourable, and (funding aside) perfectly straightforward. But when exactly the same sentiments are turned around and stated from the user's point of view, the agency's task suddenly looks less glamorous and more challenging.

In spite of the liberal intentions of the agency, there was conceit and control implicit in the centrality of the agency in the first statement. They do not survive the translation to the first person.

(12)

Sustaining anomalies

When Capra wrote about a paradigm shift he was envisaging a movement which would affect the whole of society. Left paradigm organisations which clung to the old ways would either be overwhelmed or left isolated and powerless.

If that global change is on its way, it will not be for some time. Until it arrives, groups of service workers who have moved towards the right paradigm will be anomalies, out of step with the left paradigm service systems in which they operate. As many of the “stars in the darkness” described earlier have found to their cost, conflict is likely to result. The dynamic described in Section One will come into play at the boundary between organisations based on different values and methods. If the anomalies are to survive they must be protected, both from within and by the larger system. We are unable to offer a portfolio of methods which will serve as oil on the point of friction, but we strongly suggest that they should be found.

This section, therefore, is as much addressed to people in the dominant bureaucratic systems as to the members of anomalies. Key people in the system include:

- ▼ Senior managers with a line-management responsibility for anomalous teams.
- ▼ Representatives of trusts and companies making grants to small agencies and community initiatives.
- ▼ Local authority managers responsible for contracting with service agencies.
- ▼ Social workers, service brokers, and case managers working with clients receiving the services of anomalous teams.
- ▼ Health and social service workers engaged in consultation and participation exercises.

From the perspective of a predominantly left paradigm organisation, anomalous teams are likely to seem arrogant, ranting, disorderly, unreliable, and insubordinate; in short, fairly intolerable. But they must be tolerated, even if they are not understood, and judged by the outcomes for the people they serve. If government and service agencies really want to achieve care in the community, it must be done through these teams and agencies.

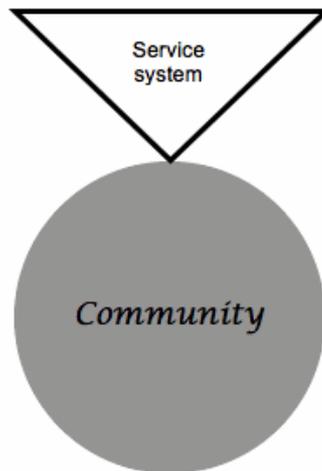
The clash of values is likely to become apparent when there is movement across the boundary between services and community, between left and right paradigms. For example:

- * A group of service workers within a larger agency has, somehow or other, succeeding in creating a right paradigm sub-culture.
- * A group of people in the community have formed themselves into a voluntary association which retains qualities of the right paradigm. They now want to increase their activities and are looking for funding.
- * The social services department or health district has decided it should increase user and community participation in service management and planning, and is trying to set up contacts with the community.

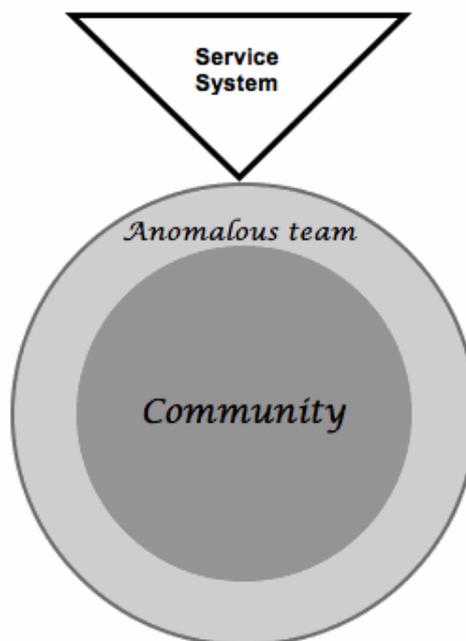
Tom Peters and others⁽¹⁴⁾ have written much about the culture which operates within the self-managing, non-hierarchical team, but it seems there is much less knowledge of the

If groups of staff find ways of working which fit more easily with the ways of community, they will no longer fit in with the dominant service culture. They will have become anomalies within their own service systems.

The meeting point between services and communities has often been a point of friction:



When anomalous teams emerge the point of friction will change:



kind of relationship which will make for peaceful co-existence between the anomalous teams and left paradigm institutions. All we can offer is a list of those areas where conflict is likely to be focussed. Both sides should be aware, as they manoeuvre and negotiate in these areas, that the qualities expressed in the style of the community response, initiative, or anomalous team are both precious and delicate:

Management

The anomalous team, as a group and as individuals, will need a greater level of autonomy than is customary in many services - health and local authority services especially. Community groups, though they may strive to fall in with service methods, will find it difficult to hold to deadlines and procedures.

Leadership

The main function of leaders in anomalous teams, we suspect, is to shoulder the weight of the dominant system so that it does not squash the team out of existence. Within the team there may be many leaders, each with different areas of involvement or leadership functions. A healthy community group will operate in much the same way. In both cases one consequence which the dominant system will find frustrating is that the group may not offer a single and consistent viewpoint.

Risk

Greater autonomy means greater risk. Although no-one should be casual about risk, especially when people could be put in danger, it cannot be avoided. Left paradigm organisations would like to believe that risk can be removed, yet they must allow right paradigm groups the opportunity to fail.

Monitoring

Right paradigm organisations will enjoy telling stories but not collecting numbers. Left paradigm organisations will demand some organised data collection - especially when they are paying for a service - but they need to keep their requirements as simple as possible. They will have to accept less than irrefutable evidence from anomalous teams that value for money is being delivered: The allocation of funds without that guarantee is one of the risks that left paradigm organisations will have to confront.

Contracting

Contracts which insist in detail on specific forms of service will deny the potential of anomalous teams to find creative solutions based on individual, and probably changing, needs and wants. Anomalous groups will want to work to broad outcomes.

Evaluation

Anomalous groups will want a participative approach to evaluation, and one which puts much emphasis on anecdotes. They will want evaluation to give due acknowledgement to serendipitous benefits and spin-offs.

Services make the rules in the consultation game - but does anyone want to play?

Services in the borough had come in for some heavy criticism from an external review body, so a working group of health, social services and education staff was set up to recommend improvements. The group felt that they should have representation from the users and carers. They labelled this group 'the voluntary sector'. They decided who the representative should be: Not a parent or a person with learning difficulties, but the senior officer of a local service agency. A voluntary agency - which meant, of course, that she could represent the 'voluntary sector'.

The working group did recognise that she shouldn't be there only to speak for herself. She was a representative. So how would she know what the 'voluntary sector' wanted her to say? By setting up a system of consultation, of course.

What this really meant was that:

- ▼ For any particular topic, all the views of all the carers and users would have to be boiled down to one tidy statement.
- ▼ All the voluntary organisations which wanted to have a say would have to send representatives to meetings where an agreed viewpoint would be decided.
- ▼ Each voluntary organisation would have to hold meetings to discuss proposals developed by the working group, decide on their responses, and turn them into a neat statement which their representatives could take to the joint meeting. (And, what's more, get it all done in time to meet the working group's deadlines.)
- ▼ Thus, by implication, only those groups which possessed the time, the skills, and the right kind of organisational structure had any real chance of being involved in the consultation.
- ▼ Carers and users who chose not to be part of an organisation, and therefore who were not part of 'the voluntary sector', had no say whatsoever.

Thus the services said, in effect:

"If you want us to know what you think, then you must play our game. You must make your own hierarchy and add it to the bottom of ours. Like us, you must sit in committees, consider official papers, and write us reports in language we can understand. And everything you say to us must be agreed by you all - we really can't be doing with differences of opinion."

Does anyone want to play?

When both sides are in discussion on matters like these, there are two fundamental principles which should be kept in mind:

An 'ecological' approach to resources

Left paradigm service agencies would like to believe that they have ownership and total control over a set of resources. This promotes the belief that a clear boundary can be put around the agency: On the inside are agency resources which are clearly identified, while beyond - and much less clearly identified (except when they are hired, and thereby controlled) - are other services.

Even in principle, the idea that an agency has total control over its resources is questionable, since those resources supposedly exist to serve others. Should the butler control the drinks cabinet? In reality the manager's plans are in any case subject to the cooperation or obstruction of staff and their unions; and to pressure from the public, advocates, and related organisations.

Once the illusion of complete control has been demolished, the imagined agency boundaries also crumble. It is then possible to shift from a mechanistic, controlling, left paradigm view of resources, and instead see the agency as one set in a complex system of interconnected resources and opportunities. Many of them may have some potential use for people supported by the agency: None is totally under agency control.

Each change of agency policy, activity, staffing or procedure will have some impact on the connectedness of the agency with the total system. So a key question to ask when considering any such change is -

What change will this cause to the sum of all the opportunities and resources accessible to people who are supported by this agency?

The answer may not be quantifiable, even after the consequences have been played out. Yet it may help to move thinking away from a narrow preoccupation with services rather than community; with money and bricks and mortar rather than with quality of life.

Qualitatively at least, the answer is easy to see when we consider the crude alternatives of care policy. It's easy to see that building an institution, with its capital investment and the revenue generated from the people who will be placed there, will boost the figures on the balance sheet of the agency which creates it. But the balance sheet of resources accessible to people who live there will be close to zero.

The same question offers a guide to methods of funding or contracting with service agencies. For example, a new local service agency may have sprung up as an initiative of a group of people in the community. As it stands the group has, by the usual measures, very few resources. On the other hand, the 'ecological' assessment would show that the group has very considerable resources: Their personal commitment; their friends; the friends of their friends; and all the businesses, community associations, leisure opportunities and mainstream health and welfare services to which all these people are connected. That doesn't mean that they can set up the service they plan without funding. But when the funding agency considers making a grant or contract, they can ask:

How can we supply funding, and the monitoring procedures which we require, in a way which will best preserve those existing resources instead of driving them out?

Two conversations

First conversation

A man was outside his house, mending the fence at the bottom of his garden. A traveller came by, and stopped to talk.

“Is this your place?” said the traveller.

“Why, yes”, replied the other man. “I have the house, the garage, sixty foot of garden at the back and thirty at the front. I’d like more, of course, but compared to you I guess I’m pretty well off.”

The traveller considered the house and garden for a moment, and then he said “Not really. You see, I have the roads and hedgerows for as many miles as I walk. I have each field which I choose for my rest at night. And I’ve as many friends as I may meet along the way.”

Second Conversation

A service manager was studying his annual budgets and actuals when a member of the local community called by.

“Is this all yours?” asked the community member.

“Certainly is”, said the manager. “Five properties, twenty staff, and an annual turnover of half a million. Not enough of course, but it must seem a lot to you.”

“Not really”, said the community member.

The principle of least possible contrivance

No services, not even those which have embraced the right paradigm, have the potential to deliver the opportunities and status of citizenship. The best they can do is to support people in taking the opportunities which are there in the community.

One the other hand, people with learning difficulties have long been on the periphery of community, and are not likely to find their way back without some assistance. Ordinary people might, and sometimes do, give that help, but they need to be asked to get involved and given some clues about what they could do (if only to reassure them that nothing special is required).

So services face a dilemma. They need to intervene, but their helping hand may petrify what it touches. They try to create what is ordinary, but the act of creation is a contrivance.

There is no way that the dilemma can be resolved completely. However, as we have already stressed, VIA does not believe it would be moral either to accept the failings of services as they are now, or to advocate that services, having been found wanting, should be withdrawn. This report has attempted to offer a vision of a different kind of service which minimises the dilemma. Such services, embracing the right paradigm, will not have the conceit to suppose that they can create community, but will instead seek out ordinary opportunities where they already exist. And they will be able to search unobtrusively.

They will, nevertheless, still be services. There will always be a danger that they will slip back into old ways, substituting themselves for community, claiming new territory for the human service professional. For that reason they should always avoid methods which are more elaborate and intrusive than they need to be. Specifically, they should always ask:

Of all the options available, which one involves the least possible contrivance?

Services which give due thought to this question will -

- ▼ avoid capital investment in buildings for special purposes;
- ▼ avoid duplicating services and opportunities which are already available from mainstream sources (in housing, leisure, employment, for example);
- ▼ prefer contrived means to contrived ends - so that the contrivance only impinges on each person's life briefly, on the route to ordinary opportunities;
- ▼ not resort to grand policy solutions when there is nothing to stop each person finding their own solution - right now;
- ▼ take advantage of the existing activities and motives of ordinary people, rather than asking them to be involved in special schemes and activities;
- ▼ not resort to publicity which serves the agency but emphasises the presence of contrivance in the lives of disabled people.

The lure of the Grand Solution

Organisations are easily seduced by the prospect of Grand Solution: some change in law or policy, a new method or alliance - something that will have immediate and widespread effect. Benefits at a stroke for thousands of people! Glory to the agency!

Of course, there are legal and policy changes which could make an enormous difference; better welfare benefits, for example, or a law against discrimination. Changes like these remove obstacles from the path, allowing people to make their way along when and how they wish. But agencies can fall into the trap of defining the problem so that it appears to need a Grand Solution, because that's the way that left paradigm organisations tend to think and operate. And when the Solution goes beyond removing obstacles, and starts pushing people down a path, it only leads to more problems.

The error was well illustrated in a meeting I recently had with senior managers of an agency concerned with leisure activities for people with learning difficulties. I had questioned the agency's commitment to integration. The conversation went something like this:

MANAGERS: *We're absolutely committed to increasing integration opportunities we provide. Look - here's a policy document on integration in mainstream leisure, the outcome of a joint working party between ourselves and representatives of mainstream associations.*

(From the size of the document, and the list of heavyweight participants, it is clear that it must have been the outcome of months of work.)

ME: *I'm glad to see it. But was it really necessary? What's to stop someone with learning difficulties going to one of those activities anyway? If they wanted to go to yoga classes - let's say - why couldn't they just show up like everyone else?*

MANAGERS: *But a special arrangement would need to be made. The yoga teacher would have to give permission - and would need training.*

ME: *No. People with learning difficulties don't have to ask permission. And if they need special support, then you find someone who already goes to the class and ask them to give any help that's needed.*

MANAGERS: *That's all very well. But you couldn't do that if a group of twelve people with learning difficulties were attending the yoga class.*

ME: *Why on earth would twelve people with learning difficulties from the same town all want to go to the same yoga class on the same night?*

Conclusions

This report began with a very general assessment of the changes in the lives of people with learning difficulties over twenty years, and then followed it with an explanation of the failings of services based on an abstract concept - so abstract that it may have seemed almost mystical. But in the subsequent sections we have tried to show how that concept is manifested in real, everyday ways in the activities of services. We have also offered guidelines for nurturing and sustaining services which are capable of providing true care in the community.

In Section One we suggested that there are often opportunities for good even in policies driven by other purposes. VIA takes this attitude towards the policies in 'Caring for People'. We find very little in the White Paper to persuade us that the government is truly committed to the achievement of justice and full citizenship for disabled people. There are many details in the proposals with which we take issue⁽¹⁾. We wait, with more than a little scepticism, to see how much funding will be made available to support the implementation of the policies.

Yet - and it may be no more than happy coincidence - we are in agreement with some of the government's aims. For the reasons explained in this report, we too would like to see an end to the monolithic, bureaucratic service agencies. We too dislike the obstructive, petty-minded attitudes which have been associated with local government, and which no doubt fuelled the determination of central government to reduce their power.

The difference is that we do not identify monolithic, bureaucratic (ie left paradigm) qualities as either the inevitable or sole preserve of local authority. Statutory services have shown that they are capable of spawning right paradigm teams. Equally, both commerce and the voluntary sector have very amply demonstrated their inclination to acquire the worst left paradigm characteristics.

So the government's perception of the key issues in terms of statutory services on the one hand, and the independent sector on the other is, in our view, putting the focus on the wrong polarity. The real concern should not be to find a way from statutory to independent - or even to find a partnership between them - but to find a way from left to right paradigm. Or, to be exact, to find a balance between them.

The upheaval in service delivery arrangements brought on by the White Paper (and now certain to continue, whatever the date for full implementation) does create an opportunity to shift more services to right paradigm teams. However, it won't happen spontaneously. There is an entrepreneurial empire-building spirit in the independent sector, and a sense of desperate searching for cheap, technical solutions on the statutory side. In combination they threaten to push services into yet more institutional, rigid service structures. Positive results will only occur if the main actors each make a commitment to shift to the right paradigm:

Central government policies should encourage the use and development of services delivered by small teams or agencies which have strong connections with local communities. This is particularly important if the proposals in 'Caring for People' are fully implemented, resulting in the contracting out of most local authority services to independent agencies. But the policy changes are needed now. Already the White Paper has produced an irreversible change in the climate of social services, and those services which remain with the statutory sector should be re-organised around small teams.

People who continue to work in the institutionalised and professionalised structures of society . . . have a vital part to play in the coming transformation of society. But they must decide which side they are on. Are they working for some variant of a hyper-expansionist, elitist, institutionalised, authoritarian future . . . in which people like themselves will dominate other people? Are they simply coasting along in their comparatively privileged position? Or are they ready to commit themselves to work for a sane, humane, ecological future? . . . Are they prepared to use their skills, their experience and their position to enlarge the range of other people's autonomy? Are they prepared to give away their own relative superiority?

- James Robertson, in 'The Sane Alternative'
(2)

At the **local government level**, those responsible for developing care plans have the option - which we believe they should take - to ensure that contracts with independent sector agencies are made with those agencies which have right paradigm qualities, and not with remote, hierarchical, and institutional agencies which promise only to continue the failings of the last twenty years.

Monitoring and inspection bodies need to find new ways of carrying out their functions which do not undermine or discount the strengths of anomalous teams.

Managers in services, of whatever sector, should recognise the vital importance of anomalous teams and community groups, and find ways to nurture and sustain them.

Private and voluntary agencies will need to temper their enthusiastic response to the new opportunities with a recognition that they risk yet further depleting the capacities of local communities. Expertise which they can, with sensitivity, offer to local initiatives, will be beneficial. However, it will be destructive to pull those initiatives into remote bureaucratic structures, or to enter the marketplace with schemes which are 'franchised' or otherwise 'parachuted' into communities.

More **research** is needed - mostly of a qualitative nature, to gain a better understanding of the conditions which promote the emergence of anomalous teams; and how they might best connect with the left paradigm bureaucracies which exist over and around them.

Social work educators need to re-consider the balance between training concerned with technical competence and learning that encourages personal commitment and creativity; and to find new forms of teaching which reflect more of the right paradigm.

Most of all, the **people who are directly involved in providing services** need to review the culture of the service in which they work, and the working methods which support that culture. The separate insert sheet with this report offers a reminder of some of the main points of the report, intended to help readers (perhaps in group discussion) to think about how the ideas might be applied in their own lives and workplaces. But change, if it is to work towards the right paradigm, must be a creative process, involving mind and heart. We cannot write rules for discovery, or ten-point guidelines for instant attitudinal change.

The new culture must spring from a new perception of the task. It cannot be bolted on, or argued into existence. We hope we shall never find a group of workers who claim to have adopted the Right Paradigm Model.

Dearly beloved friends, these things we do not lay upon you as a rule or form to walk by, but that all, with the measure of light which is pure and holy, may be guided: and so in the light walking and abiding, these may be fulfilled in the Spirit, not from the letter, for the letter killeth but the Spirit giveth life.

(3)

Notes

Section One

1. Department of Health (1971)
2. OPCS statistics for England and Wales
3. This figure is taken from a statement from John McGregor, MP, then Secretary of State for Education, in *Contact*, Summer, 1990. The statistic will be affected by local policies for referring children to be statemented under the 1981 Education Act. The school financing system introduced under the Education Reform Act creates new incentives to refer children, either in order to remove financially burdensome children from ordinary schools or to win extra funds. Hence apparent progress may not be as substantial as it seems.
4. From Local Authority Statistics, DHSS.
5. See Wolfensberger (1975) or Ryan and Thomas (1980)
6. e.g. CMH (1972)
7. Wolfensberger (1972) or, for a shorter account, O'Brien and Tyne (1981)
8. Among many publications from CMH providing examples of good practice in services which promote socially valued inclusion in community life, the following have been amongst the most influential:
 - ENCOR: A way ahead (1978)
 - Mainstreaming in Massachusetts (1985)
 - Building Community (1986)
 - Images of Possibility (1986)
9. e.g. Wing (1989)
10. The title of the King's Fund publication (1980) established this phrase as shorthand for a vision of community living.
11. Leisure Link in Stockport of probably the most advanced of a small group of schemes which have begun to link people with learning difficulties with non-disabled people on the basis of shared interest, so avoiding group activities and the complications of motivations implicit in 'befriending' and volunteering.
12. Department of Health (1989)
13. Lipsky (1980), quoted Hudson (1988)
14. Wolfensberger (1972)
15. Wolfensberger (19)
16. Lifesharing is an arrangement which is initiated by a service agency but involves a personal commitment by a non-disabled person to live with a disabled person, offering their day to day support and their social lives. It is a model particularly associated with Clwyd Social Services.
17. Although this story is a synthesis, all the events, statements, and attitudes have been encountered (some of them frequently) in real life examples.
18. An analysis particularly associated with Wolf Wolfensberger and also John McKnight, though it is a development of the ideas of Ivan Illich.
19. Snaith (1989), p.76; see also Abrams (1984)
20. Adapted from a story in the VIA newsletter, Spring 1990
21. Dowson (1990b)
22. Perke and Perske (1987); King's Fund Centre (1988); Ritchie and Richardson (1989); Firth and Rapley (1990)
23. Based on account by Perske and Perske (1987)
24. From a paper by Provencal entitled 'Confessions of a community placement optimist'.
25. 'Culture' is a word notorious for the number of meanings it has. Here I am using it to indicate a signifying system. See Williams (1981)
26. See, for example, the account of the demise of the Wells Road Scheme by Linda Ward in Kings Fund Centre (1986).

27. In the 1970s the Eastern Nebraska Community Office of Retardation (ENCOR) set about closing a state institution and replacing it with services based in ordinary housing according to the needs and preferences of each individual. (See Thomas, Firth, and Kendall, 1978.) It was an international source of inspiration. Although it has lost its leading edge, it brought together a group of workers who have gone on to be pioneers in many other parts of the United States.
28. From 'Culturing Commitment', a paper due to have been published in Biklen, Knoll and Taylor (ed.s).
29. Wolfensberger has for many years catalogued the absurdities of services - or 'perversions', as he deems them. See TIPS.
30. This category has been more rigorously termed 'model incoherency' by Wolfensberger (1975)
31. See Chapter 2 in Carle (1984)
32. A saying of Raimundo Pannikar, quoted in Robertson (1983), p. 89.
33. These are all real examples, most of them recorded in the VIA newsletter.

Section Two

1. Wolfensberger (1975)
2. Raymond Williams (1961, Chapter 3) makes this point, and quotes Erich Fromm as saying that "a person was identical with his role in society; he was a peasant, an artisan, a knight, and not an individual who happened to have this or that occupation".
3. Gold (1980)
4. There is a popular belief that Freud made the 'id' - the animal instincts in humans - acceptable. But he viewed the development of humankind and of the individual as the conquest of the instinct by reason. Therapies based on his theories aim to assist this process: The id is only revealed so that it can be understood and controlled.
5. Capra (1983), Chapter 3.
6. Based on the polarities in Capra (1983), p. 21.
7. *ibid*, p.318
8. Kuhn (1970) developed the concept of paradigm shift to understand the development of scientific knowledge. After the acceptance of a scientific law, initially thought to be universal, observations of phenomena which do not conform to the law (anomalies) gradually accumulate, until the scientific community is obliged to shift to a new theory which is able to embrace them.
9. Capra (1983) p. 15
10. Special Interest Group (1987)
11. McKnight
12. From an unpublished paper by Robert Perske
13. See King's Fund Centre (1988)
14. The main national association is the Association for Humanistic Psychology (AHP), an open association. This later led to the Association of Humanistic Psychotherapy Practitioners (AHPP), membership of which is subject to accreditation.
15. The columns of the journal, *Self and Society*, gave much attention to the accreditation debate during 1990.
16. Personal correspondence with author.
17. Hesse (1973)
18. McKnight (1985)
19. Taken from a letter reproduced in the 'scrapbook' section of O'Brien (1987).
20. Wertheimer (1981)
21. Richardson and Ritchie (1989)
22. Perske and Perske (1988)

23. Gibran (1926)
24. Brandon (1976) pp. 17 - 18
25. From the paper, 'Culturing Commitment'

Section Three

1. Snaith (1989)
2. *ibid.*, Chapter 5.
3. Watts (1978)
4. Peters (1988)
5. An interesting example of cultural assumptions or realities concerns the concept of commercial value. In Western thinking, our trading and accounting methods encourage us to suppose that an item for sale has an absolute value. It may be sold for more or less, but these will be seen as relative to 'real' value; discounting or over-pricing. In the Eastern bazaar, in contrast, the value of an article is defined as the sum for which it can be sold.
6. This takes us to the brink of a difficult debate about collective intentionality; about whether large human groups can be said to think or have purpose in the same way as an individual. For the purposes of this report, however, we do not need to consider who created these cultural mechanisms, or how. It need only be accepted that the mechanisms express cultural values, and thereby reinforce them. Readers who wish to consider these issues further will find Douglas (1987) one of the more accessible introductions.
7. Jean Vanier, quoted in Spink (1990) p. 71
8. Kelly, Payne, and Warwick (1990)
9. A short account of Quaker business meeting procedure is given in Sharman (1983). Sheeran (1983) more fully discusses the Quaker tradition, and its strengths and weaknesses.
10. Sheeran (1983)
11. *ibid.*
12. The idea of writing agency policy from the first-person viewpoint of a notional service recipient was inspired by a report from Judy Ellis of an Australian agency where it had been done. See Ellis and Thurgood (1990).
13. See, for example, Peters (1988), Chapter 4.
14. *eg* Peters (1988) and Handy (1985 and 1988).

Conclusions

1. Some of our criticisms on planned changes in community care provision are stated in Dowson (1989) and Dowson (1990a).
2. Robertson (1983) p. 90.
3. Postscript to an epistle to 'the brethren in the north' issued by a meeting of elders at Balby 1656, quoted in the London Yearly Meeting of the Religious Society of Friends (1960).

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Moving to the dance

About Values Into Action

VIA is the national campaign with people who have learning difficulties. Previously called the Campaign for people with Mental Handicaps (CMH), it has worked for twenty years for an end to the injustice and misunderstanding which have impoverished the lives of people with learning difficulties.

VIA believes

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- ▽ Have the same rights as other people, and should be allowed the same choices.
- ▽ Are just as important as other people, and should be treated with dignity and respect.
- ▽ Can live in the same way and in the same places as other people live, and should be given the help they need to make this possible.
- ▽ Should be allowed and, where necessary, helped to have the same opportunities in school, college, work, and leisure as other people.

VIA works -

- ▽ through its membership of parents, professionals, people with learning difficulties and their friends
- ▽ to keep people in touch with each other through meetings, publications, and in local VIA groups across the country
- ▽ by speaking at conferences and on radio and television
- ▽ by organising local and national training events
- ▽ by helping people with learning difficulties to claim their rights for themselves
- ▽ with government, by responding to government reports and policy statements
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For more information, contact -

VIA
Oxford House
Derbyshire Street
London E2 6HG
071-729 5436

phone

