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Do disabled people need social workers?

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***Abstract**: This paper reflects on the role of social services departments and social workers in the system of direct payments. By means of the Community Care (Direct Payments) Act, 1996, care services can be commissioned directly by the user. Social services departments have a role in setting up the local direct payments system and individual social workers may promote and facilitate its use by disabled people. There are indications from regional evaluations, however, that for a variety of reasons, organizations and their individual employees are sceptical and reluctant to implement this legislation. Given this, together with the government's commitment to the system as a means of promoting the full citizenship of disabled people, the authors question whether social workers and social services departments have any future in this area of social care.*

***Key words**: disabled people; direct payments; social services departments; social workers; social care; citizenship; choice; empowerment.*

Introduction

Oliver (2004) argues that the Community Care (Direct Payments) Act, 1996 provides an approach to welfare by which disabled people are treated as citizens. He stresses the following aspects of the system:

- the user makes direct payments to the person of their choice to provide personal support;
- the support worker identifies the disabled person as the person with the power to end the relationship and the income source;
- the support worker identifies with the overall aims of the relationship not specific tasks, like getting someone to bed;
- the user expects the support worker to turn up on time and therefore can take on work and other commitments;
- the user makes the decisions about how they want to be treated by support staff.

(Oliver, 2004, p.28).

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These aspects are in keeping with the social model of disability. Oliver goes on to argue, however, that social workers have been slow to inform their practice with the social model and, given the legislative changes, their work with disabled people may be at an end. The same may be said of social services departments if the Commission for Social Care Inspections are correct when they conclude that one of the main barriers to independent living is:

> restrictive or patronising attitudes about the capabilities of people who might use a direct payment and a reluctance to devolve power away from professionals to the people who use the service. (Commission for Social Care Inspection, 2004, p. 5)

In addition to control over the purchasing of services to meet needs, the Social Care Institute for Excellence (SCIE) is now promoting self assessment of need. At a SCIE seminar on independent living in November 2004, each of the speakers, including those from the Disability Rights Commission and government, made it clear that the self assessment of social care needs should be the next step in ensuring that disabled people have real access to independent living. This change would represent a new and much greater shift of responsibility and authority away from social workers than has direct payments so far.

In this paper we wish to examine the actions and attitudes of social workers and their organisations in the implementation of direct payments and whether these contribute to the 'death' of social work as regards disabled people. We will start by giving the background to direct payments. We then explore barriers to their successful introduction. Finally, we draw on our findings from an evaluation of the implementation of direct payments in one English county to conclude that social workers may not always be the best people to work with disabled people.

Background to direct payments

The Community Care (Direct Payments) Act, 1996 permitted local authorities to provide cash in lieu of services to community care users who so requested. The only groups excepted were users of services provided under s.117 of the Mental Health Act, 1983 which places the legal duty to provide the aftercare on the local authority, and people who are unable to manage the direct payment money themselves (though these latter may appoint an advocate to do so on their behalf). The direct payments system aimed to give disabled people more control over care services through the use of market forces – if disabled people are paying their care providers they can have more say in the way care is delivered. The use of cash payments from the Independent Living Fund meant that large numbers

of disabled people had already experienced the benefits of directly employing personal assistants and Oliver and Zarb (1992) concluded that:

> Developing independent living options … is not just morally desirable and professionally appropriate, but also offers the possibility of providing more cost effective and efficient services through switching from the overproduction of services that people don't want or need and the underproduction of those that they do, to a situation where the services that are produced and purchased … are precisely the services that users want and need. (Oliver and Zarb, 1992, p.13)

Two inter-related issues appear to have consistently emerged in this and other work concerned with direct payments. First is the notion of independent living and its redefinition as a civil rights issue concerned with personal autonomy and citizenship rather than functional independence (Morris, 1993). Direct payments are central to the move towards independent living and should not be seen as simply another reorganisation of the delivery of community care services. Rather, they represent a fundamental overhaul of the nature of those services and a challenge to the dependency relationships that have existed between social welfare organisations and disabled people.

Second, some form of peer support is necessary for disabled people to achieve control of services. Hasler *et al*. (2000a) have emphasised that local authorities which are implementing direct payment schemes should look to collaborating with disabled people's organisations, and this approach has been supported by the former Social Services Inspectorate (now the Commission for Social Care Inspection). Their standards for inspections of local authorities (Social Services Inspectorate, 1999) require this, and they have argued that collaborative arrangements are essential to the implementation of the Act (Social Services Inspectorate, 2000). However, it is questionable whether such arrangements can be achieved by the development of new procedures permitting some level of consultation with service users. Rather, it is likely to involve social services departments in working in partnership with disabled people; partnerships in which the authority of disabled people is significant and not subject to the whim of either the departments or their staff. Relating to people as service-users, however, is itself problematic: it can limit their inclusion and restrict them to a particular role. The Derbyshire Centre for Inclusive Living which takes a social model approach to service provision, argue for a reversal of traditional collaborative arrangements:

> The people [the Derbyshire Centre for Inclusive Living] supports are not to be constructed as 'users', because such a role has constraints on what people might want to say about the purpose, direction and inclusiveness of public services. And it does not purport to 'involve users', because historically it's an organisation in which disabled people 'involved workers'. (Gibbs, 2004, pp. 157-158)

In addition to making use of free market principles in terms of the employer-employee relationship, direct payments also modify the way market forces affect the development of social care services and the role of social work professionals within this. The NHS and Community Care Act, 1990 which introduced quasi-markets to social care changed the strategic planning of resources for social care. The White Paper *Caring for People* (Department of Health, 1989) and the subsequent guidance (Department of Health and Scottish Office, 1991a and 1991b) incorporated the intention that budgets would be held by care managers who themselves would be working directly with the service users, and that expenditure decisions would be needs-led. What this meant was that control of the strategic decision making over the development of resources would effectively be transferred from councillors and senior social services managers to practitioners. Their individual assessments of client need would determine which resources were funded in a needs-led service rather than through local authority committee decisions[1]. However, given the need to work within strict financial limits, most local authorities opted for care package approval mechanisms that retained budgetary control at more senior levels. Control over resource development was retained through the block purchasing of services. Direct payments follow the original principle by transferring this decision-making to the service users. This not only threatens to diminish the role of social workers in determining how needs will be met, but may also undermine the mechanisms by which senior managers have maintained their control over strategic planning.

Although the Act was introduced by a Conservative government which had intended to extend the use of direct payments to other areas of welfare (Department of Health, 1997), Labour governments since 1997 have made direct payments a cornerstone of their modernisation programme. According to the Department of Health:

> Developments such as direct payments, greater access to information, particularly electronic information, and a culture that emphasises human rights, will all change the relationship between services and people who use them. Staff will be working with people who are informed and know what they can expect. Users' expertise will be respected. Such empowerment can only lead to better outcomes. (Department of Health, 2000, p.7)

Direct payments have been introduced to people over the age of 65 years by means of the Community Care (Direct Payments) Amendment Regulations, 1999 and to carers and young people through the Carers and Disabled Children Act, 2000. Section 57 of the Health and Social Care Act, 2001 confirms this position and gives the Secretary of State the authority to require local authorities to implement the scheme, rather than leaving it to their discretion. This requirement was implemented in April 2004. Politically however, there is a clear difference between local authorities. Barnes *et al*. found:

> a general pattern whereby many traditional Labour controlled local authorities have

> failed to develop direct payments. Conversely, in Conservative administrations – particularly where there is a strong user-led support organisation – recipients have increased significantly. (Barnes *et al.*, 2004, p.10)

Although the legislation had originally been permissive, the emphasis within the Social Services Inspectorate's (1999) criteria for the inspection of social services departments was always that local authorities should not only promote direct payments, but do so in partnership with other stakeholders. The notion of independent living that the Inspectorate is promoting is closer to the social model approach of the disabled people's movement than the traditional functional approach of social services departments, and this further emphasises the extent to which the implementation of this policy requires a fundamental change in the culture of welfare, rather than merely an administrative reorganisation of service delivery.

The extent of cultural change in the delivery of welfare has so far, however, been limited. In an inspection of ten English councils, the Social Services Inspectorate (2000) said that although independent living had become a reality for a few younger disabled people, primarily through direct payments and other creative schemes, the majority of councils were 'still being offered services in a fragmented way without any obvious consideration of whether they will promote independence' (para. 1.1). According to this report:

> 1. Most councils and their staff still have fully to absorb and carry through the independent living philosophy.
> 2. Direct payments schemes are taking off slowly with some councils and some staff still ambivalent. The success of these schemes and of direct payment users' individual benefits needs further publicity so that success can breed success.
>
> (Social Services Inspectorate, 2000, p.7)

The Association of Directors of Social Service have been more optimistic, and have pointed out that in the summer of 2000, three years after the legislation came into effect, 80 per cent of local authorities had used their discretionary power (Association of Directors of Social Service, 2000). Furthermore, they expected the others to be doing so in the near future. To some extent their optimism was well-founded: as at that time only 11 per cent of authorities had more than 50 people receiving direct payments and only a quarter had more than 20, whilst by March 2003 these figures had risen to one-third and two-thirds respectively. This still means, however, that some six years after the implementation of the original Act, one-third of local authorities in England had 20 or less people in receipt of direct payments and six authorities appeared to have none (Department of Health, 2003).

Whilst the numbers of people in receipt of direct payments has been growing, and for some groups the increase is notable, this growth has occurred from a very low baseline. Between September 2001 and September 2003 the rate of increase for all direct payment

recipients was 132 per cent to a figure of 12,585. However, if this is contrasted to the numbers of people who received community care services during the preceding year (1,403,000), it is less than one per cent (Department of Health, 2003).

Although direct payments and the notion of independence as a civil right is central to policy, and the government intends the extension of use, there are indications that the attitudes of local authorities to independent living have rendered them slow to act. Turner and Balloch (2001) point out that several local authorities opposed the original Bill as it went through the parliamentary process. The most recent report from the Commission for Social Care Inspection identifies the following barriers to the implementation of the legislation:

- lack of clear information for people who might take advantage of direct payments
- low staff awareness of direct payments and what they are intended to achieve
- restrictive or patronising attitudes about the capabilities of people who might use a direct payment and a reluctance to devolve power away from professionals to the people who use the service
- inadequate or patchy advocacy and support services for people applying for and using direct payments
- inconsistencies between the intention of the legislation and local practice
- unnecessary, over-bureaucratic paperwork
- problems in recruiting, employing, retaining and developing personal assistants and assuring quality.

(Commission for Social Care Inspection, 2004, p.5)

Whilst the Social Services Inspectorate expected social services departments to form collaborative partnerships to support direct payment users, the emphasis from research within the disabled people's movement (Oliver and Zarb, 1992; Morgan *et al*., 2000) has been on the advantages of disabled people supporting each other through structures such as Centres for Independent Living. There is a considerable variation in the development of such organisations and in rural areas there may be geographical barriers to their formation, so in such circumstances the emphasis may need to be on collaborative ventures between disabled people and existing organisations such as local authorities. Hasler *et al*. (2000b) have emphasised that such arrangements will require local authorities to alter their traditional relationships with disabled people:

Local authorities and organisations of disabled people with experience of schemes felt that:

- flexibility, responsiveness, honesty and openness are vital to making direct payments a success. This could mean fundamental changes in the way services are delivered and managed;
- support services are fundamental to a successful scheme, ensuring that adequate

advice, information and support is available to disabled people so that they feel confident to undertake the complexities of using direct payments;
- assessment for direct payment requires a new relationship with users and a new approach to allocation of community care resources and should be truly needs based.

(Hasler *et al*. 2000b, p.1)

This degree of change can be hard for authorities to achieve.

Evaluating direct payments in one English county

In the following section we will examine some of the barriers to the successful implementation of direct payments found in the county we evaluated. These barriers will be divided into those associated with institutional attitudes and those associated with social work practitioners. The county evaluated is large in geographical terms and consists of industrial and rural areas. We were commissioned in October 2001 by the county's direct payments project, to examine the experiences of users trying to access direct payments, and the outcomes for users of direct payments. In particular, the group wanted us to present the stories of those who used the direct payments system, and this influenced our approach to gathering data. We used face-to-face semi-structured interviews with direct payment users, social services staff including individual social workers, senior social workers and area purchasing managers (who were also trained social workers). Meetings were also held with the project steering group, direct payment advisors, provider agencies, social work teams, and the social services direct payments implementation group. We were also provided with some statistical data by the social services department and the advisory agency, and were given the results of a telephone survey undertaken by the advisory service earlier in the year.

As can be surmised from our presentation of the background to direct payments, we approached this evaluation already persuaded of the merits of the scheme and its potential to enhance the lives of disabled people. It was partly due to our commitment to the social model analysis of disability that we were awarded the contract. Our analysis of the data was intended to ascertain, not only the benefits that had already been gained, but also the barriers to the scheme's extension. Given the size and nature of the project we do not claim that the findings can be generalized. Rather, that they present a picture of practice in one county in late 2001 which may have resonance in other areas of the country.

Institutional attitudes to direct payments

On the basis of our evaluation, we concluded that despite some positive aspects in the way the scheme was introduced, the collaborative arrangements reflected traditional 'us and them' attitudes rather than a partnership with disabled people. A steering group consisting of members from disabled people's organisations, some other voluntary groups and of direct payment users had been established to manage a pilot project and to provide the support and advisory services that direct payment users might require. There was also one representative from social services on this group. Simultaneously, the social services department established an implementation group made up of various operational staff, but it did not include any members of the steering group other than their own representative.

Although steering group representatives were invited to attend implementation group meetings, much of the business of policy and procedure development appeared to be kept separate from management of the pilot project. These joint meetings were mostly used to report on these separated activities. Social services' staff appeared to have difficulty in working in partnership; rather they aspired to a contractual relationship with the steering group in which one party, social services, would hold the other, the steering group, accountable. The process of collaboration was also liable to collapse if steering group representatives raised any problems with the way the system of direct payments was operating within the authority, despite this being a key purpose of such collaboration. The response witnessed at one such meeting was of social services staff individualising problems raised by the Chair of the steering group, rejecting the generalisations that he felt they could draw from their experience of managing the pilot project and instead, requiring that comments be translated into complaints against specific staff. This would clearly have been counter-productive, not only because of the time taken to get through the web of procedures that would have ensued, but also because it would have reinforced the implementation group's view that the barriers to implementation of the authority's new procedures lay in the individual behaviour of its staff. Whilst individual attitudes may contribute towards barriers (see below) a reflection on the culture and structure of the organization may have been more appropriate in this instance.

Over time there appeared to be changes in the attitudes of members of the implementation group. They seemed to develop a more positive attitude towards collaborative working, not least because it was difficult to escape the success the steering group was having in achieving the targets set by the authority. We concluded that the approach of getting disabled people's organisations to manage the pilot project had been relatively successful in its aim to promote and increase greater independence and greater choice for those people who are eligible to receive a direct payment. The steering group was set to fulfil the target of 100 direct payment users when we completed our evaluation in January 2002; they had 80 users who had received direct payments (71 were still receiving the payment, reasons for leaving the

scheme had been moving into residential care, inability to manage the paperwork or the provider, the death of a user and one case of a 'one off payment').

The success of collaboration, however, cannot simply be gauged by counting up numbers of people taking up direct payments. The structures which were developed led us to believe that working collaboratively with service users and voluntary organisations could be used to assist in the development of other aspects of community care services. Our assertion that this approach was relatively successful is also based on the finding that most of the direct payment users interviewed reported a significant increase in their satisfaction with care services and with the changes this made to their lives. If service users had expressed excessive dissatisfaction with the scheme then we would not have considered the approach to have been successful.

Another group of stakeholders in community care, the service providers, took varied views regarding direct payments. One agency for example, was keen to attract business from direct payment users and saw them as the type of purchaser they would prefer. They believed that they would be more likely to attract business if users, rather than area purchasing managers, made the purchasing decisions. Other agencies appeared vigorously opposed to the scheme. Reflecting a traditionally over-protective view of dependency, there were worries that people who needed help were being put in a position of responsibility. Another agency appeared to see direct payments as a threat as the system might enable service users to poach their staff. One direct payment user reported that, before being allowed to buy services from the agency, he was required to sign a 'no poaching' agreement.

In summary, institutional attitudes, government policies and Social Services Inspectorate guidance show support for direct payments which are central to the future of community care. Some authorities are attempting to implement direct payment schemes, but a change in culture is required before they are part of mainstream social care. Service providers may be cautious, but it is likely that, as with other businesses, they will soon learn to adapt to new economic conditions. Also, as many direct payment users have chosen to purchase services through agencies, it is likely that their fear of losing business will prove to be unfounded.

Social worker barriers

Other barriers to the implementation of direct payments lie in the practice of individual social workers, who may be employed in a range of roles from practitioner to purchasing managers, and without whose support many disabled people will be unable to access the scheme. It appears that few social workers actively promote direct payments, and our evaluation, like Dawson's (2000), suggests that a small minority of social work caseloads accounted for a high proportion of direct payment users. During our evaluation we looked at who had initiated direct payments in the county. Three social workers accounted for the initial applications for 17 of the

then 54 direct payment users, with the others being initiated by the steering group. Dawson's (2000) study of the implementation of the direct payments project in Norfolk showed that at the end of the first eighteen months, 12.2% of those eligible within the criteria of that pilot had opted for direct payments. This varied across regions of the county from 3.5% to 32.9% and take up was approximately three to four times as high in large urban areas as elsewhere. However, this was not simply explained by geographical factors, as take up varied considerably between large urban areas, and the report concluded that 'the most crucial factor in determining whether or not a person takes up direct payments is the approach of their care manager, most usually a social worker' (p. 22).

There are varied reasons as to why social work practice might act as a barrier to independent living. In addition to the ambivalence of staff, who often perceived their clients as vulnerable and therefore incapable of taking responsibility, the Social Services Inspectorate (2000) pointed to several other issues. These included the uneven application of eligibility criteria and a lack of knowledge of direct payments amongst staff. To this can be added: patronising attitudes towards disabled people; lack of advocacy services; over complex paperwork; and the difficulty in recruiting appropriate personal assistants (Commission for Social Care Inspection, 2004). Stainton (2002) argues that social workers are often more sympathetic than this evidence might suggest, and that it is the institutional barriers that prevent them from putting direct payments schemes into practice. However, we were not quite so certain that individual social workers could be absolved of the responsibility for acting as barriers to independence and think it important to examine some of the ways institutional and practice barriers interrelate. Glasby and Littlechild (2002) also argue that social workers are a particular barrier. They say that 'time and time again, a major barrier to the extension of direct payments has been shown to be the anxiety and ignorance of frontline social workers' (p. 104). Social workers' practice will be critically explored below in terms of service user choice, outcomes and empowerment.

Service user choice

Variations in the application of eligibility criteria may arise from local rules which have been developed as part of pilot schemes, but may also be due to their interpretation by individual social workers and the culture of practice that may develop in particular agencies. Hayston (2001) has identified instances, for example, where direct payments are being considered by social workers as a means of circumventing budgetary constraints and policy barriers to particular services, rather than promoting choice and independence for the service user. In one case direct payments were suggested in order to help a carer avoid having to undertake the training that was required by the social services as part of their adult fostering scheme. In this way direct payments

may be used by social workers to achieve objectives other than the transference of service determination to the service user.

Instances similar to those described by Hayston (2001) were found in our evaluation. Some social workers appeared to see direct payments as a source of funding when other sources were not readily available. The impact of this on direct payment users may also be restrictive. One person said that she had been told that her daughter could only use her direct payment to attend a particular day centre. In another case, a social worker who was unable to purchase suitable ethnically sensitive care for an elderly Asian woman proposed to her family that she claim direct payments and they use the money to pay themselves for looking after her. The relatives rejected the suggestion that they be paid for what they were doing, but it illustrates the way that direct payments might be offered as a solution to inadequacies in the care system. The problem with social workers treating direct payments as another resource that they can control is that it undermines the choice that is meant to be inherent in the system – not simply that direct payments should be requested by a service user, but that they should also be able to remain with local authority care if that is their preference. While this approach is contrary to the intention of the legislation, from the social worker's viewpoint it may resolve a resource problem and gain a service for their client.

The above example presents an interesting dilemma. In the past, positive social work practice might have involved the maximisation of resources for clients, even if that has meant a certain amount of manipulation of criteria. However, in the case of direct payments the issues are different to those faced when trying to maximise income from an intransigent bureaucracy such as the Benefits Agency. It undermines independence and autonomy when social workers try to control the choices of disabled people. Disabled people have the choice of opting into the scheme of direct payments. What is required is a more systemic review of the local authority action. Their ring-fencing of budgets and block-purchasing of services, for example, cause some of the inflexibility that social workers are trying to circumvent.

Outcomes

Whilst the Social Services Inspectorate (2000) and the Commission for Social Care Inspection (2004) are concerned about inconsistencies in the application of eligibility criteria in terms of people being denied direct payments, social workers were themselves concerned about it in relation to the outcomes of direct payments. This was talked about in terms of equity between community care recipients: direct payment users could develop and purchase services that were better than those received by other community care recipients, and there was concern that this would lead to a residual service for those who want the local authority to manage their care. Hasler *et al*. (2000b) note that some authorities responded to this issue by placing

restrictions on the use of direct payments, an approach which effectively prevents the scheme from achieving the flexibility, choice and empowerment which it is meant to offer. The idea that people would receive a better service by using direct payments was one of the original arguments made by Oliver and Zarb (1992) in favour of the current legislation – and thus should be seen as an intended outcome.

How social workers act in relation to concerns about equity is an important indicator of attitude. If an improved or superior service via direct payments is a sign of the success of the scheme, this should encourage social workers to view it positively rather than as a problem. A constructive response would be to promote the raising of standards of all services rather than criticise direct payments. In our evaluation, a common cause of direct payment users opting for the scheme was their dissatisfaction with local authority management of care. Significantly, some direct payment users opted to stay with the same service providers, but achieved the flexibility and control they desired, by taking over the day to day management of their care from the social worker. In addition, people did not want the traditional day or respite care, instead they wanted, for example, to go to a local college, or have carers in their home for respite rather than sending their child away. If the services purchased and provided by local authorities were to improve and to take into account varied preferences, then people would not necessarily wish to opt for direct payments. The main change required therefore is the de-institutionalisation of social service provision rather than its preservation as a residual form of care.

Empowerment

Concerns over equity also arise because of the perception of direct payments as a threat to the expertise of social workers and their previous decision-making responsibilities. This, however, contradicts the stated ethos of social work practice as empowering. The use of direct payments is compatible with an empowering social work practice (Sapey, 1998) and for this to happen, the social worker needs to move from a position of being the expert who undertakes the assessment of need to one of enabling and supporting self-assessment. Nelson *et al*. (2001) point to the need for professions to shift from an expert role to focusing on collaboration and enabling, as an essential element in the move towards a new paradigm of care in mental health. They call this the empowerment-community integration paradigm and distinguish it clearly from either the institutional or community treatment models that are part of a traditional paradigm of care.

Holdsworth (1991) argues that assessment of need should focus on the need for empowerment rather than for functional assistance, while Harris (2004) argues that assessment should focus on the aspirations of disabled people and the outcomes they hope to achieve from services. Both of these ideas may well be taken up when self-assessment of need becomes part of community care. The message for current

practitioners is that while the actual expenditure associated with the delivery of care may be on functional assistance, choice of service lies with the direct payment user. However, this may not be current practice and social workers may have preconceived ideas as to what constitutes a legitimate purchase. For example, one social worker questioned whether a payment could be used to purchase a mobile phone. Despite its obvious value as a means of calling for assistance, and its being the direct payment user's preferred method of providing for her personal safety, the social worker interpreted this as being against local policy. The mere existence of a policy that acts to restrict flexibility is of concern, but it is also worrying if social work practitioners see their role as enforcing, rather than challenging such restrictions. Another case involved a person who had been attending a day centre and receiving massage and aromatherapy as part of his attendance. Hence, the massage and aromatherapy were paid for by the social services. When he changed to direct payments, the authority would not sanction him employing the same people to provide the same service out with the day centre: aromatherapy and massage were not considered to be social care. In both these cases there is an assumption that social services are better able to decide how disabled people should be cared for, but in the latter, it is very clearly a case of 'do as we say, not as we do' – a hypocritical position and one normally associated with parent-child relationships.

The failure to acknowledge that disabled people can make responsible decisions is a significant barrier and the increasing emphasis on risk assessment tends to institutionalise this process of denying people their independence. Whilst risk assessment is important to the self-protection of workers in an increasingly blameist environment, the danger in this area of welfare is that it is used to label people as lacking the competence to manage their own affairs. This was thought by many of our respondents, both professionals and service users, to be the reason why so few people with learning difficulties or mental health problems had yet to receive direct payments. However, a concern with risk does not just arise through the need for self-protection it may also reflect over-protective attitudes on the part of the social worker. This is most apparent through discussion of direct payments in the classroom on post-qualifying courses as strong emotions are expressed by social workers. Many find it very difficult to accept that people in need of welfare services could ever be capable of managing their own care and they see direct payments as a threat to scarce budgets. These concerns were confirmed during the evaluations. The attitudes of students on qualifying courses, however, appear to be quite different. Given the link to an empowering model of social work practice, several students view direct payments as an interesting area for study. While these reflections of classroom attitudes are not going to provide valid evidence for policy development, they do highlight the value of raising people's awareness of disability issues and the necessity for disability equality training within social work.

Support

Concern expressed by the Social Services Inspectorate and the Commission for Social Care Inspection over the lack of knowledge of direct payments is mirrored in the value that a majority of the direct payment users we interviewed, placed on the help and advice they received from direct payment advisers who were independent of the social services. Some also valued the help of their social workers who were able to offer good advice and support to people making applications, but as is the case elsewhere (Dawson, 2000), not all social workers were positive about the scheme. Some social workers viewed direct payments as a minor aspect of their work and not a mainstream activity, some had limited knowledge or time to advise their clients about the scheme, and some were resistant to acquiring more knowledge. Too little knowledge, combined with pressure on their time, meant that social workers were sometimes prone to viewing direct payments as an extreme form of individualism. Their attitude was that if disabled people opted for direct payments they should give up their right to receive support from the local authority. That support would be reserved for people receiving services through the care management system. Similar arguments are used in a neighbouring authority to justify withdrawal of support – the rationale being that support is disempowering. However, to us it came over as a form of resentment against direct payments.

Foster (1998) has argued in relation to mental health that individualism in community care can lead to such rationalisation. The exclusion of professional carers from community care can excessively individualise the process of meeting need. This approach sees all people as having the expertise in their own affairs, and given certain resources such as cash payments, as both capable and responsible for meeting their own needs without additional support from professionals. This potential problem is recognised in the models of peer support that are evolving with direct payments. In some cases it may be true that people do not wish to receive professional support or that in the long term they would wish to dispense with it, but this should yet again be part of the choice they make rather than an imposition.

Direct payments do make use of free market principles and there can be a contradiction between the individualism of this approach and the need for collectivity in the responsibility for welfare. A great deal of welfare is provided to people who have not survived the rigours of the market place, yet the notion of individualising responsibility and blame for disability and difference has been central to its development. Direct payments needs to be seen as an integral part of a collective approach to the provision of support. Implementing direct payment schemes provides a possibility of promoting independent living and access to mainstream economic and social life, but also could become a threat to collective responsibility for welfare and the notion of caring communities if it is interpreted within an individualist framework. The challenge is to do the first without the second.

The government recognises that direct payments and other changes they plan

as part of their modernisation agenda will require a change of culture within social services. It will involve working in partnership with disabled people and recognising their expertise. Now that the direct payments legislation and practice guidance are in place, it is at a local level that resistance to its implementation needs to be overcome. Clearly this resistance can be at an organisational level, but it is also significant in the attitudes and actions of individual social workers.

Conclusions

We have found a range of evidence that social workers and their organisations are acting as barriers to independent living. At the time of our evaluation a small minority of social workers were responsible for a minority of the people who had taken-up direct payments – the majority having been dealt with by the steering group made up of disabled people's organisations. Consequently, there are several barriers that need to be removed if disabled people are to be given the choice of whether they want to become a direct payment user or not. Some social workers may attempt to use direct payments as another local authority resource, thereby removing the element of choice from disabled people. Others may oppose direct payments because they see them as creating a two-tiered system of care. Some social workers may view direct payments as a threat to their role as experts in community care and this could be matched by a distrust of the ability of disabled people to take responsibility for their own lives. From our evaluation, too few social workers seemed to have sufficient knowledge of direct payments to provide people seeking more independent lifestyles with adequate information. Finally, there can be a failure to acknowledge the reality of inter-dependence and social workers may be tempted to withdraw support when people opt for independent living. Given this, and the expectation that disabled people will not only be able to control the purchase of services, but the assessment of their need for assistance, we should ask two questions; can social workers ever contribute positively to disabled people's struggle for independence and if not, do disabled people need social workers?

There are two important dimensions to these questions, first whether social workers can change their attitudes towards impairment and hence towards disabled people, and second whether they can ever adopt a social model approach to practice. The first is important as social workers face a significant challenge when working with disabled people who view themselves negatively. Thomas (1999) and Reeve (2002) have both described how the psycho-emotional effects of disablism lead to low self-esteem and internalised oppression. Reeve describes these psycho-emotional effects as having three main forms. First there is an emotional cost to be paid when one is socially excluded. This may start with segregated education, be carried on in lack of employment opportunities and a whole host of social and leisure pursuits.

Second, there is the effect of the 'gaze' to which disabled people are subjected. This causes shame and over time people may come to believe there must be something wrong with them. Finally, there is internalised oppression. Reeve describes this as the acceptance by disabled people (or other oppressed groups) of prejudices against them. This can lead to the acceptance of all kinds of abuse and exclusion on the basis that it is justified by their lack of worth.

The issue we need to address is the impact the social worker might have on the self-esteem of a disabled person. Sapey (2002) has argued that this would be largely dependent on their attitude towards impairment; if, like many other people, they have internalised a lay approach to disability in which impairment is feared, then they would have little to contribute. Social workers need to hold more positive views about impairment so as not to add to the devaluation of disabled people. If this is thought to be unreasonable or unachievable, it could easily be argued that only disabled social workers who feel good about themselves are capable of undertaking social work with disabled people. However, this too is problematic as some disabled people may hold such negative views about impairment that they would only wish to be assisted by a non-disabled social worker. Thus internalised oppression is played out in the social worker/service user relationship. So, while it is clear that there is a problem as to whether social workers can help disabled people, it is also clear that any solution will be complex in that it involves individuals needing to change the way they think and feel about impairment. Some may argue that people have a right to separate their personal and professional lives and this is asking too much. Others will argue that it is barmy, political correctness and that thinking positively about impairment is counter to all commonsense and logic. However, Jenny Morris argues that the challenge of the social model of disability is fundamental and it concerns 'the whole way that people think about themselves and about their impairment' (Morris cited in Campbell and Oliver, 1996, p.139), and this needs to be extended to the way social workers think if their practice is not to be a disabling barrier to independence.

The second dimension, whether social workers can ever adopt a social model approach, is often challenged by arguments that the social model of disability is only applicable to a small number of younger, physically impaired people and that it fails to meet with the realities of the lives of the majority of people who social workers are dealing with. The implication here is that these people are vulnerable and in need of protective care, and that the social model and its espousal of civil rights is too harsh. This fits into what Oliver and Bailey (2002) describe as the humanitarian approach to welfare. According to some evaluations of direct payment schemes, social model arguments simply lead to a few more vociferous people receiving a better service than others. In consequence, social workers have a duty to ensure that this does not occur. This fits into the compliance approach (Oliver and Bailey, 2002). Oliver and Bailey argue that services for disabled people need to be provided within a citizenship approach which respects disabled people as contributing people rather than simply

as people in need or as service users, though those roles too need to be respected in a fundamentally different way to the humanitarian and compliance approaches.

While it is relatively easy to dismiss the compliance approach, the humanitarian approach offers a greater challenge as its proponents argue that the social model of disability is not applicable to many disabled people. The majority of disabled people are older people and generally society treats their disablement differently to that of younger people. Priestley (2003) in taking a life course approach to understanding disability argues that:

> Not only have disability and old age been produced in similar ways, as dependent social categories; they have also been mutually constructed as more permanent and inevitable forms of social disengagement than childhood or youth. (Priestley, 2003, p.144)

Thus, in attempting to offer some form of different protection to older disabled people, what social workers within the humanitarian approach are doing is drawing on ageist attitudes as a way of also preserving disablism. Sapey et al. (2004), following a study of over 1,200 wheelchair users with a mean age of 68 years, concludes that older disabled people not only identify material barriers in ways that are consistent with a social model of disability, but that they also hold very positive attitudes towards their wheelchairs – they tend to view this equipment as liberating rather than as clinical and confining. Those wheelchair users who were living in institutional settings were exceptions, however. Thus, it may well be that social workers come across low self esteem and vulnerability amongst their older clients, but this may be to do with the design of local authority services rather than age and disability.

Oliver (2004) argues that social workers have consistently failed to change their practice and to recognise disabled people as citizens. Our evaluations would tend to suggest that he may be right, and while there may be individuals who are capable of practising within a citizenship approach, this is unlikely to be achieved within traditional social services departments. Many more disabled people might have already been able to achieve independence and autonomy were it not for the barriers that social workers have placed in their way. In the future, self-assessment of need and direct payments, have the potential to help disabled people move out of a role of service user and into the role of citizen. Social work, however, has much further to go in demonstrating that it has anything to contribute to this future.

Note

1. Julian Le Grand made this observation during a CCETSW seminar at the NCVO in 1994.

References

Association of Directors of Social Service (2000) *Getting Going on Direct Payments*. London: ADSS [http://www.adss.org.uk/Policy/direct_payments.htm] April 2002.

Morgan, H. , Barnes, C., and Mercer, G. (2000) *Creating Independent Futures: An evaluation of services led by disabled people. Stage 2 Report*. Leeds: The Disability Press

Barnes, C., Jolly, D., Mercer, G., Pearson, C., Priestley, M., and Riddell, S. (2004) Devolving direct payments: A Review of policy development in the UK. Paper to the *Disability Studies: Putting Theory into Practice* conference, Lancaster University, July 26-28, 2004 [www.lancs.ac.uk/fss/apsocsci/events/ds_archive.htm]

Campbell, J., and Oliver, M. (Eds.) (1996) *Disability Politics*, London: Routledge

Commission for Social Care Inspection (2004) *Direct Payments: What are the barriers?* London: CSCI

Dawson, C. (2000) *Independent Success: Implementing direct payments*, York, Joseph Rowntree Foundation

Department of Health (1989) *Caring for People: Community Care in the next decade and* beyond. London: HMSO

Department of Health (1997) *Social Services: Achievement and challenge*. London: Department of Health

Department of Health (2000) *A Quality Strategy for Social Care*. London: Department of Health

Department of Health (2003), Community Care Statistics. Table P2f.1a. [www.publications.doh.gov.uk/rap/ccstats 2003final.htm].

Department of Health / Scottish Office (1991a) *Care Management and Assessment: Practitioners' guide*. London: HMSO

Department of Health / Scottish Office (1991b) *Care Management and Assessment: Managers' guide*. London: HMSO

Foster, A. (1998) Psychotic processes and community care: The difficulty in finding the third position', in A. Foster and V. Roberts (Eds.) *Managing Mental Health in the Community: Chaos or containment*. London: Routledge

Gibbs, D. (2004) Social Model Services: An oxymoron? in, C. Barnes and G. Mercer (Eds.) *Disability Policy and Practice: Applying the social model*. Leeds: The Disability Press

Glasby, J., and Littlechild, R. (2002) *Social Work and Direct Payments*. Bristol: The Policy Press

Harris, J. (2004) Incorporating the social model into outcome-focused social care practice with disabled people. in, C. Barnes and G. Mercer (Eds.) *Disability Policy and Practice: Applying the social model*. Leeds: The Disability Press

Hasler, F., Zarb, G., and Campbell, J. (2000a) *Key Issues for Local Authority Implementation of Direct Payments*. London: Policy Studies Institute

Hasler, F., Zarb, G., and Campbell, J. (2000b) *Implementation of the Community Care (Direct Payments) Act*. York: Joseph Rowntree Foundation

Hayston, A. (2001) *Use of Direct Payments Schemes by People with Learning Disabilities*.

unpublished MA dissertation. Lancaster: Lancaster University.
Holdsworth, L. (1991) *Empowerment Social Work with Physically Disabled People*. Norwich: University of East Anglia Social Work Monographs
Morgan, H. , Barnes, C., and Mercer, G. (2000) *Creating Independent Futures: An evaluation of services led by disabled people. Stage 2 Report*. Leeds: The Disability Press
Morris, J. (1993) *Community Care or Independent Living*. York: Joseph Rowntree Foundation
Nelson, G., Lord, J., and Ochocka, J. (2001) *Shifting the Paradigm in Community Mental Health: Towards empowerment and community*. Toronto: University of Toronto Press
Oliver, M. (2004) The social model in action: if I had a hammer. in C. Barnes and G. Mercer (Eds.) *Implementing the Social Model of Disability: Theory and research*.. Leeds: The Disability Press.
Oliver, M., and Zarb, G. (1992) *Greenwich Personal Assistance Schemes: An evaluation*. London: Greenwich Association of Disabled People
Oliver, M., and Bailey, P. (2002) *Report on the Application of the Social Model of Disability to the Services provided by Birmingham City Council*. unpublished
Priestley, M. (2003) *Disability: A life course approach*.. Cambridge, Polity
Reeve, D. (2002) Negotiating psycho-emotional dimensions of disability and their influence on identity constructions. *Disability & Society*, **17**, 5, 493-508
Sapey, B. (1998) Social work and independent living. in B. Lesnik (Ed.) *Countering Discrimination in Social Work: International perspectives in social work*.. Aldershot: Ashgate
Sapey, B. (2002) Physical Disability. in R. Adams, L. Dominelli, and M. Payne (Ed.s) *Critical Practice in Social Work*. Basingstoke: Palgrave
Sapey, B., Stewart, J., and Donaldson, G. (2004) *The Social Implications of Increases in Wheelchair Use*. Lancaster: Lancaster University
Social Services Inspectorate (1999) *Inspection Standards: Inspection of services for independent living arrangements*. London, Department of Health
Social Services Inspectorate (2000) *New Directions for Independent Living: Inspection of independent living arrangements for younger disabled people*. London: Department of Health.
Stainton, T. (2002) Taking rights structurally: Disability, rights and social worker responses to direct payments, *British Journal of Social Work*, 32, 751–763
Thomas, C. (1999) *Female Forms: Experiencing and understanding disability*. Buckingham: Open University Press.
Turner, M. and Balloch, S. (2001) Partnership Between Service Users and Statutory Social Services. in S. Balloch and M. Taylor (Eds.) *Partnership Working: Policy and practice*. Bristol: The Policy Press.