Ethics and Social Welfare

Call for papers for a special issue on:

'Understanding Well-being in Policy and Practice'

Practice paper (user's perspective): 3,500 words

Title: 'Living Well' vs Neoliberal Social Welfare.

By: Jim Elder-Woodward, OBE

(This is the penultimate draft of a paper submitted for publication in the journal *Ethics in Social Welfare* in 2014).

Biography: Jim Elder-Woodward has had life-long experience of disability, not only as a health and social service user, but as a service provider, planner and researcher. He is now Chair of the Scottish Government's Independent Living in Scotland Project and Co-Chair of its Independent Living Partnership Board, which provides a multi-agency approach to mainstream the principles and practices of independent living within Scottish social and economic policies.

Summary: As a disabled activist, I much prefer Aristotle's concept of *'eu zen'*, or 'living well' to that of 'well-being'.   *'Eu zen'* is part of Aristotle's treatise on *'eudaimonia'*, which Grayling (2010, p527) describes as: '…. a strong and satisfying sense of well-being and **well-doing**, of flourishing as only a rational and feeling human individual can flourish when his life and relationships are good' (emphasis added).   Aristotle's concepts are preferable because they promote 'well-being'

through familial, social and civic **activity**, whilst recognising that such activity requires resources, both human and material. (Aristotle, 2009)

These concepts are akin to those advocated by disabled people within the 'independent living movement'; i.e. that the individual's 'choice', 'control', 'dignity' and 'freedom', over their lives and lifestyles, are supported by an inclusive community. (ILiS 2008) However, both sets of principles are now being undermined by neoliberal managerial social work practice (Ferguson, 2008), which not only deny basic human rights which underpin 'eu zen', but lead to fear and a sense of 'commodification' or de-personalisation among disabled recipients.

Relevant examples will come from experience, both personal as well as that from other disabled people.

Key Words: 'Living Well'; Independent Living: Neoliberal Managerialism: Empowerment: Personalisation: Citizenship: Fear

-o0o-

Neoliberal managerial social welfare

Promoting 'well-being' has formed the ethical basis of social welfare from before the formation of the welfare state. (Fox, 1930) Nevertheless, Ferguson (2008) argues the 'neoliberal managerial practices' of today's social welfare and its 'personalisation agenda' have curbed such high level principles.

Neoliberalism has been driven by the objectives of 'new public management' (Osborne and Gaebler, 1993). Recipients of the post-war social welfare system have benefitted from certain of these objectives such as being outcome and client (consumer) based. However, other objectives, focussing on competition and service marketization, have not been so advantageous. (Clark, Gewirtz and McLaughlan, 2000)

As Chair of the Independent Living in Scotland Project, funded by the Scottish Government and run by disabled people, I meet a number of disabled people from around the country. Many have recently undergone reassessments, within the roll-out of today's neoliberal personalisation agenda. They have told me they are warned that despite the assessing officer recognising their presenting need, senior managers may not. This is because they make the final decision on the allocation of available resources, than presenting need; and the size of such resources do not relate to known need, but to the priority given to competing political pressures within overall austerity budgets within local government. The resultant de-

professionalization of the front-line social worker is one of the major criticisms of the personalisation agenda made by Ferguson (2007).

Irrespective of such de-professionalization, the greater impact is on the client herself and her loss of 'living well'. (Morris, 2011) One disabled person, who had just completed her personalisation reassessment, told me the process had been 'mental torture'.

The original theory of the personalisation agenda was to reach outcomes, chosen by the client, through the funding of support and opportunities. By doing such the right to family and community participation would be secured (i.e. to 'live well' in Aristotelian terms). However, as with choice, the exercise of rights is dependent upon available resources. If the state, in form of its professional practitioners forbids or withholds such resources, choice and human rights are inhibited; and so is the opportunity to 'live well'. As one participant, at a focus group organised by two local organisations of disabled people, described when discussing personal experiences of present-day social care:

'My needs have increased, my partner has had six ear ops, but the budget hasn't changed. … My six year old daughter wouldn't have to help me with personal care and other things. More (money) would give me a more independent life and my daughter would have a better life, get to school on time. … If I had more support I wouldn't have had bed sores. I need to be turned through the night as I am lying in the one position from 8.30 at night until 10.00 in the morning most days.'

There seems to be a general perception, particularly among local politicians and their senior social work services managers, within many authorities, that those who receive money (a direct payment) to self-manage their care get a 'Rolls Royce' service because they are both empowered and vociferous. This puts them at an unfair advantage over others who lack such characteristics, or receive a direct service. By introducing a policy of redistributing already depleted resources between these two groups, this inequity is thought to be resolved. Indeed some studies have found that adults with a direct payment did get 44% more than their control group, but had better outcomes in relation to both personal empowerment and factors relating to 'living well'. (Woolham and Bentham, 2012)

I would counteract this argument by posing the deontological question: should any authority equalise resources within a protected group (under Equality Legislation) by taking from those within that group who may have some empowerment and agency, to give to those who have less? As Jewell (2010, p202) states:

'If an ethical theory recommends that we should promote people's welfare, it should not propose that we advance some people's well-being by making some other people miserable. … Disability professions exist because their clients' well-being has been significantly affected …. Rather than worry about all people, professionals need to focus on their clients.'

Surely the emphasis should be to improve the status and quality of life for all, rather than deplete that which only a few within the same protected cohort enjoy.

Self-managed care, or 'self-directed support', as it is called in Scotland, has been promoted by the independent living movement since the 1960's (Barnes and Mercer, 2006). However, irrespective of its title, the objective is to make the recipient of the support, the agent as well. Agency, or the "capacity to act", can refer to 'self' as well as 'group', or 'citizenship'. Agency also implies three conditions: knowledge, power, and an appropriate occasion to exercise both. (Feenberg 2011 p1). To this list I would add, resources, both human and material, for to live well, within the Aristotelian concept, one has to have the support of family, friends and **community**.

Neoliberal managerial practices within social care personalisation agenda definitely create a barrier for service users to exercise their agency, not only within their own lives, but as social citizens, because they stand in the way of direct accountability between the service user and their elected representatives. The only form of appeal is back to the original resource allocators, senior managers within social care, themselves.

'Mrs Necessary-but-not-nice': a case study in gate-keeping

Gate-keeping has always been a primary aspect of social welfare assessment, limiting the empowerment and well-living of recipients. When my wife and I decided to marry some twenty seven years ago the local authority social work

committee made the decisions as to who got what, after considering reports from their professionals.

After viewing several houses, we finally found an old poorly converted coach house, the downstairs of which formed a perfect open plan to allow us to design our own accommodation, suitable to our needs as wheelchair users. Monica had a degree in architecture before going into social work. With her sister, a practicing architect, we spent many a happy hour designing our future home, before applying to the local authority for a grant.

When we did, we met our 'Mrs Necessary-but-not-nice'; our local occupational therapist. Before she had even introduced herself, on the door-step, she announced: 'I'm here to give you what is necessary, not what is nice': hence, her nickname. That fair weather introduction was the beginning of a ding dong match between us and her, which culminated in two reports going to the social work committee, hers and ours.

After months of argument over whether we should have a fully accessible kitchen, or a third of it accessible; whether we should have a lift to our bedroom, or a downstairs toilet; and whether we should have a concrete or metal ramp to our front door, she submitted her report based purely on her gate-keeping assessment and without letting us have sight of it. On hearing this, we were outraged and decided to write our own report, and submit it to the social work committee alongside hers.

Such action, although quite rightful, was unheard of and created quite a political stir. The outcome, however, was that, through our knowledge, power and opportunity, i.e. by exercising our 'agency', we gained three times as much money to adapt our property. We were also able to exercise our social citizenship by using the democratic system, a right which is now shackled by the present day neoliberal managerial practices. Our 'Eu Zen' had been securely sealed, as our now fully accessible house supported our happy 'good' life together. It enabled us to work, entertain, and contribute to the lives and welfare of our family and immediate community. We lived well. All of this would have been certainly curtailed, if the original gate-keeping assessment of our needs had been accepted.

'Making work pay' – reducing citizenship

A social welfare system which does not enable the empowerment and develop the agency of its recipients, via training, peer support, advocacy and resources, is one which impedes not only well-being but living well. It has even been argued that social welfare should take a 'social citizenship approach'. This advances the utility to society as a whole of other civic and familial roles in which a citizen in receipt of social welfare should be supported (Dwyer, 2000).

The present-day social welfare system concentrates only on one dimension of citizenship – 'Work'. The 'Workfare' slogan, 'make work pay' is merely a modern take on Bentham's 18th century utilitarian principle of "less eligibility". Unfortunately, positive social change is not achieved by making the poor, more poor; or the disadvantaged, more disadvantaged.

This is evidenced in a report by the House of Commons Public Accounts Committee which found that, within the first 14 months of the Workfare operation, of the 104,000 people taken off incapacity benefit, the programme only placed 3.7% in a job lasting more than three months. Despite that, not only is the scheme expected to cost between £3-5 billion in its first five years but the DWP had also expected 9.2% would have found work without the Workfare scheme being in operation. (House of Commons, 2013)

Contrast these figures with those provided by the user-led Glasgow Centre for Inclusive Living (GCIL), the Board of which I chair. At the termination of its ESF funded "Professional Careers Service"; of those assisted to find employment;

- 82.4% gained full-time employment;
- 94.1% gained an academic qualification; and
- 11.7% went into further education.

The average period of unemployment these trainees had previously experienced was seven years. As Dodd (2013) points out, individualistic personalised social welfare has impeded the growth of collectivism among disabled people and their user-led services. In terms of managerial support to those who self-direct their care, many local authorities are now transferring funding from such user-led organisations to in house provision or private companies. This is despite the UK Government advocating that there should be collective user-led support groups within each local authority (Strategy Unit, 2005, p15).

User-led services promote Feenberg's (2011) definition of group citizenship. They also meet the principle of best value, because the service reflects the expressed need of disabled people within a framework of our conscious awareness of political and resource constraints. User-led services will also achieve best value because the expectations of service recipients will be greatly higher. As one client of a user-led provider said:

'I don't mind being let down by the professionals ….. (T)hey will fail you because it's a job at the end of the day. I do feel a greater depth of disappointment with the (Derbyshire Centre for Integrated Living), because I expect them to have the gut feeling that I have when I deal with disability issues. And if that doesn't come through then I am disappointed.' (Priestley, 1999, p148)

I just wonder what more GCIL could have done if the Government's Workfare's 'prime' providers in Scotland had done what they said they would do, and sub-contracted the work to organisations like ourselves. Instead they 'parked', or set aside, those who they found more difficult to place, labelling them as "lazy, thieving b*****ds" (BBC, 2013).

User-led service providers, like the Glasgow Centre for Inclusive Living, differ from such Workfare providers, in as much as they do not 'commodify' the service recipient. The 'commodification' of both the service and service recipients by neoliberal providers not only diminishes the effectiveness and outcomes of the service they provide, but also diminishes the dignity of the service recipient.

Comprising of people living within a similar hostile environment the user-led service provider can identify with and acknowledge the intrinsic value and dignity of the service recipient; and thereby raise their sense of worth, which sustains and energises their enablement. As Hicks (2011, p xv) states:

'The sense of well-being that a person derives from understanding the power of dignity and putting it into practice is difficult to articulate – it has to be experienced. The benefits of knowing how to offer dignity to others and how to maintain our own dignity are not easy to compute. We know the full value when we see our own dignity reflected back in the eyes of others.'

Aristotle's concepts of "value" and "happiness" are not measured in utilitarian terms of individual sensory pleasure, or wealth. As with the main aspiration of disabled people's independent living movement, they relate to citizenship, and participating in the good life of family and community. According to Aristotle, the purpose of exercising citizenship, of being part of the life of the community, is the development of the good and full life; what Aristotle calls "the fullness of human potential"; or, as some translators have put it, "well-being", or "human flourishment". Aristotle believed this can only be achieved through practice; and better practiced with others. One's virtue and honour is based on how much you contribute to the benefit of the social and civic life of the community. Aristotle believed that the 'nature' of man; his reason to be on this Earth; was to be part of a civic community, contributing to its debates and government; and, thereby, developing its common wealth and happiness. (Aristotle 2009)

That also is the purpose of independent living and its facilitator, 'self-directed support'. Prideaux et al (2009) argue that the development of self-directed support reconceptualises the entire work / welfare domain in any case. Whereas Workfare sees disabled people as having the simple dyadic role, i.e. that of being either a 'dependent' and 'passive' client within the welfare system, or an 'independent' and 'active' wage earner within the labour market; self-directed support allows one to view disabled people as having a multiplicity of roles both inside and outside the welfare system.

These roles may be that of 'consumer', or 'generator' of new social care markets, or that of service providers, themselves, being direct employers of labour within the labour market, i.e. as personal assistant employers. As an 'employer', the disabled 'welfare dependent' uses the transferrable skills of management; interviewing, supervision, staff development, accounting and other interpersonal skills; all of which would be classified as 'work' within the open labour market.

Unfortunately, such multi-variant roles are not always recognised by the operatives of today's personalisation system. For example, on the death of my wife last year I dutifully informed the funders of our social care package. As an employer, I had to execute my legal responsibilities of making four of our part-time personal assistants redundant, in a judicious manner, which would cost £6.000.   Instead of replying favourably to my request, they demanded over £1,100 of their last payment and asked if Monica had died in hospital. If so they would need more money back from me for the time spent in hospital. At a time of grieving and being threatened by angry ex-employees who wished to take me to an industrial tribunal, this demand

seemed rather precipitous. It was also indicative that they saw the direct payment as paying for 'care' rather than empowering me to be a good employer.

Conclusion: the return of fear?

Ever since the onset of the welfare state, for many there has been the embattled fear that the social welfare system should see recipients as 'the deserving poor'. As far back as the 1950's I remember, before each visit from one or other 'authority', within the system, my mother cleaned every cupboard in the house and scrubbed me from head to toe to make sure we were 'respectable' and 'deserving'.

Even in the hedonistic days before the 2008 financial crash, disabled people were feeling insecure and fearful. As one respondent within a contemporary empirical study, noted; 'I worry about the future. I worry about money.   I worry about how I'm going to be, if God pleases, in another 10 years' time.' (Quilgars, Jones and Abbott 2009, p25)

However, today's fear of the welfare state, with its continual changes and harassment of its genuine recipients, is truly undermining the feelings of security and well-being amongst its recipients; let alone the material practicalities of their well-living. It has even been reported that this has led some to contemplate or commit suicide (Wachman and Wright 2012).

Although, in terms of basic freedoms, freedom from fear is more often associated with external threats relating to war, or terror, it also relates to authority, as in

freedom of speech or belief. Indeed, Talbott (2010, pp350-351) has set out thirteen universal rights which should underpin well-being. In none of them does he refer to fear and the necessity to avoid it. Rights based social welfare has long been advocated for by politically active disabled people. Unfortunately, not until that objective is achieved, will social welfare ever promote well-being let alone well-living, within a milieu of freedom from fear and insecurity.

References

Aristotle (2009) The Nichomachean Ethics, translated by David Ross, New York: Oxford University Press

Barnes, C and Mercer G (2006) Independent Futures, Bristol, The Policy Press

BBC Panorama 28th January, 2013
http://www.bbc.co.uk/iplayer/episode/b01qgk9h/Panorama_The_Great_Disability_Scam/ (accessed 12/03/2013)

Clark, J, Gerwirtz, S and McLaughlan, E (ed.) (2000) New Managerialism New Welfare, London, The Open University in association with Sage Publications

Dodds, S (2013) "Personalisation, individualism and the politics of disablement" Disability and Society, vol 28, no 2, pp260-273

Dwyer, P (2000) Welfare rights and responsibilities: Contesting Social citizenship, Bristol, The Policy Press

Feenberg, A (2011) Agency and citizenship in a technological society, Public Lecture presented to the Course on Digital Citizenship, IT University of Copenhagen. www.sfu.ca/~andrewf/copen5-1.pdf (accessed 22/12/2012)

Ferguson, I (2007) "Increasing User Choice or Privatizing Risk: The Antinomies of Personalization", British Journal of Social Work, 37, pp387–403

Ferguson, I (2008) "Reclaiming social work: Challenging neo-liberalism and promoting social justice", London, Sage

Fox, E (1930) "Community schemes for the social control of mental defectives", Mental Welfare, xi (3): p71

Grayling, A C (2010) Ideas that matter: a personal guide for the 21st. Century, London, Phoenix

Hicks, D (2011) Dignity: The central role it takes in resolving conflict, New Haven and London, Yale University Press

House of Commons Committee of Pubic Accounts, (2013) DWP: work programme outcomes.   Thirty-third   Report   of   Session   2012-13

http://www.publications.parliament.uk/pa/cm201213/cmselect/cmpubacc/936/936.pdf

(accessed 02/04/2013)

Independent Living in Scotland, (2009) Essential Guide to Independent Living in Scotland, Glasgow, Equality and Human Rights Commission, (http://www.ilis.co.uk/get-active/publications accessed 10/03/2013)

Jewell, P (2010) Disability Ethics: A framework for practitioners, professionals and policy makers, Australia, Common Ground Publishing

Morris, J (2011) Rethinking Disability Policy, York, Joseph Rowntree Foundation http://www.jrf.org.uk/sites/files/jrf/disability-policy-equality-summary.pdf (accessed 23/11/13)

Osborne, D and Gaebler T (1993) Reinventing Government: how the entrepreneurial spirit is transforming the public sector, London, Plume

Preistley, M (1999) Disability politics and community care, London, Jessica Kingsley

Prideaux S, Roulstone A, Harris J and Barnes C (2009) "Disabled people and self-directed support schemes: reconceptualising work and welfare in the 21st century," Disability and Society, vol 24: no 5, pp557-569

Quilgars, D, Jones, A, and Abbott, D (2009) "Does difference make a difference in financial planning and risk?" in Denney, D (ed.) Living in dangerous times: Fear, insecurity, risk and social policy, Chichester, Wiley-Blackwell

Strategy Unit (2005) "Improving life chances" London, The Cabinet Office. http://www.disability.co.uk/sites/default/files/resources/Improving%20Life%20Chances.pdf (accessed 23/05/13)

Talbott, W (2010) Human rights and human well-being, New York, Oxford University Press

Wachman, R and Wright, O (2012) "Fear of fitness to work tests driving disabled patients to suicide, say 6% of GPs", The Independent 4th. October, 2012 http://www.independent.co.uk/news/uk/politics/fear-of-fitness-to-work-tests-driving-disabled-patients-to-suicide-say-6-of-gps-8197432.html (accessed 23/05/2013)

Woolham J and Benton, C (2012) "The Costs and Benefits of Personal Budgets for Older People: Evidence from a Single Local Authority" *Br J Soc Work first published online July 20, 2012 doi:10.1093/bjsw/bcs086* (accessed 12/04/2013)