

Chapter 4 (In 'Cabbage Syndrome': The social construction of dependence, Colin Barnes (1990) The Falmer Press, pp. 56-89)

A Day Centre System for the Younger Physically Impaired -The Contact Group

I suggested in Chapter Two that the development of day centres for the physically disabled can be seen as a social and political response to the perceived needs of individuals who, because of impairment, are excluded from the 'work based distributive system' (Stone, 1985). Although there has been some expansion of these services in recent years there is no coherent national policy on their development, or on the role they should perform. Hence there is some variation in the services now available. To simplify analysis I divided day centres for the younger user into four ideal types. While each type had some positive features, all were open to some criticism. My primary objectives in this chapter are (a) to locate the day centre system studied within these models, (b) to provide a broad description of the main features of this service, and (c) to identify some of its main strengths and weaknesses. It is divided into three distinct but related parts. The first concerns the theoretical aspects of helper / helped relations. Secondly, I document the development of the provision studied. The third section looks at the staff, their organization, training, roles and principal aims with regard to services for the younger user. The data show that although the services as a whole resemble the 'warehouse' model, provision specifically for the younger user, namely, the Contact group, was more in keeping with the 'enlightened guardian' construct. This is explained with reference to a number of factors including the recent and relatively ad hoc nature of Contact's development, the environmental limitations in which it operates, the professional and social characteristics of the Contact personnel and their relations with the younger users. 1

The Helper / Helped Relationship

Help, assistance and care may be provided either informally by kin, neighbours, friends, self-help groups and mutual aid organizations, or formally by statutory, voluntary and private (for profit) sources. Although an over-simplification, informal care may be understood as involving relations of *gemeinschaft* or community, and formal help, relations of *gemeinschaft* as characteristic of modern tradition, duty, and reciprocity, etc. (Bulmer, 1987), explanations for the provision of help and aid in a formal setting are more difficult.

Since caregiving in either a formal or informal setting is normally seen as largely altruistic activity, I shall begin with the concept 'altruism', which is commonly defined as 'the regard for others as a principle of action' (Bulmer, 1987). There are two principal forms of altruistic behaviour, firstly, that which is situational and relatively infrequent and secondly, that which is a regular activity. The occasional gift to charity and a regular commitment to voluntary work provide contrasting examples. It has been suggested by Thomas (1982) that altruism may be the result of personal feelings of inadequacy and inferiority. An occasional charitable act may be an attempt to soothe a damaged ego in a 'warm glow of momentary superiority'. Other writers have pointed out that altruism may have a basis in religious or moral beliefs which emphasize usefulness and a concern for others (Krebs, 1970). Whichever is valid, the focus on altruism challenges psychological theories of human action which emphasize the significance of struggle, domination and self-enhancement as the prime motivator of conduct.

Although the individual act of giving may be explained with reference to moral, religious, social, psychological, legal or aesthetic principles (Titmus, 1970), explanations become more complex when altruism occurs within the context of a job and is institutionalized in a formal environment. Individuals who work in the caring industry have been referred to as 'paid' altruists' (Thomas, 1982). They are people employed to take on tasks which society regards in an ambivalent way. This is reflected in the discrepancy between publicly expressed esteem and low prestige. In all formal welfare systems there is a division between 'clean' and 'dirty' work and those who do the dirtiest work, both unpleasant and arduous, are the least rewarded, financially and socially. It has been noted that to do this work is to become involved in the ambivalent notions surrounding it.

It is part of the confusion of values to question the motives of those who take on such tasks and to invent moral categories - unworldly, saintly, over-compensating, finding gratification in being superior - to explain a willingness to find a role in association with the stigmatized (Thomas, 1982, p.71).

Explanations are further complicated when it is remembered that the perceptions of helpers may be shaped by the environment in which they work. Goffman (1961) noted in his analysis of the mental hospital how the moral career, or the successive changes in individual self-perception of staff as well as inmates, were influenced by the demands of the institution. While patients' beliefs about self were transformed by the process of mortification and regimentation, staff were subject to the counter equivalent

of 'professional indoctrination'. This included rites of passage and the learning of new language codes appropriate to the staff role.² In addition, paid helpers are suspect because in many occupations financial reward is the obvious motive and 'people work' is usually poorly paid. Consequently those who do it are sometimes asked to justify their motives. It is likely, however, that no single explanation for this type of activity is appropriate or adequate. As Thomas says,

'Compassion for hire' takes many forms, it may be a vocation, a job, or a vehicle for the satisfaction of psychological needs (Thomas., 1982, p. 74).

Evaluation of the helper role is made more complex when viewed from the perspective of those being helped. It is generally accepted that in certain cases the receiving of aid and assistance is quite legitimate. This is true, for example, of children, the sick and the elderly. Beyond this, society expects and increasingly demands that adults take care of themselves. Hence those who require long-term aid through disablement have a significant part of their adult status undermined. And although the appropriate status for an individual with an impairment is said to be 'one who is helped' rather than a 'helped person' (Thomas, 1982), a formulation which emphasizes individuality above dependence, constantly needing help may reverse this position. Helpers can quickly lose sight of the fact that people with disabilities are individuals first and disabled second. In turn the assistance they regularly give may transform the self-perceptions of the person with an impairment to the degree that the helped person status is internalized and accepted (Thomas, 1982). In recent years, however, an increasing number of people with disabilities have become aware of this situation. Consequently the internal dynamic of the helper/helped relationship is not only shaped by the values and attitudes of society generally, but also by those of the parties concerned.

In their analysis of attitudes surrounding people with disabilities, Dartington, Miller and Gwynne (1981) maintain that the relationship of the disabled to the able-bodied as interdependent is only theoretically possible. Relations which involve a conceptualization of the helped person as having a dependent status avoid uncertainty while those postulating interdependence demand negotiation. Building on their own empirical research they claim that our society sanctifies the exceptional and rewards the conformist and that the pressures to keep the disabled in infantile dependence are pervasive. At the societal level, for example, this pressure implies a furtherance of the traditional social order in helping to perpetuate

humanitarian values in an overtly materialistic world and keeps large groups of workers in employment. At the interactional level it fulfils some of the psychological needs of some of those workers.

Real integration, or the irrelevance of difference, is seldom achieved. Even the minority of 'super-cripples' who transcend the barriers to integration and attain 'honorary normal' status are never considered ordinary or unexceptional. 'Honorary normal' is undoubtedly extraordinary. Dartington, Miller and Gwynne (1981) point to the economic, social and political advantages for people with impairments of identifying with the disabled label but suggest that this can lead to a loss of individuality. Those who work with the disabled, on the other hand, experience difficulties because they have to relate to both the individual and the 'undifferentiated member of an (assumed) group or category'. A generalized attitude toward a specific category of people, disabled or black, for example, applied indiscriminately to individuals in that category is a major feature of prejudice. The problem of individuality is therefore a principal concern for both the helper and the helped. Identity can only be retained through constant negotiation.

Dartington *et al.* claim that transactions are always problematic since they invariably involve a degree of inequality. This relates to physical and/or mental capability and of superior and inferior, with respective associations of guilt and envy. Hence negotiations can evoke strong and anomalous emotions in both parties. While the range of feelings which may be brought to this interaction are infinite, Dartington *et al.* maintain that generally both the helped and the helpers agree on a reciprocally acceptable 'construct' of interaction which permits certain types of behaviour but prohibits others. Notwithstanding that the general attitudes surrounding disablement have changed in recent years, Dartington *et al.* suggest that most constructs reflecting the inequality of power between the disabled and the able-bodied have been historically imposed on the former by the latter, and that people with impairments are socialized into accepting and believing the constructs that the able-bodied have assigned. Founded on empirical evidence, they identify four basic constructs, or ideal types, of interaction which they term (a) 'less than whole person', (b) 'really normal', (c) 'enlightened guardian', and (d) 'disabled action'. Each of these constructs corresponds to one of the four models of care discussed in Chapter Two. 'Less than whole' relates to the 'warehouse' model, 'really normal' is associated with the 'horticultural' variant and 'enlightened guardian' and 'disabled action' to those with corresponding names. It is notable that these constructs tend to undervalue the fact that the paid helper is dependent upon the helped for

her/his livelihood. Types (a), (b) and (c) represent images of the impaired primarily from the perspective of the able-bodied, although (b), 'really normal', may also reflect the views of the impaired. Disabled action, on the other hand, is a perception of the disabled presented by the disabled, in response to an oppressive society dominated by able-bodied norms and attitudes. In diagrammatical form these constructs are presented in Table 4.

'Less than whole person' represents the 'traditional', almost universally accepted, view of disability. Until fairly recently it has been the only construct available for interactions between the impaired and the non-impaired. At best, it usually involves assumptions of mutual obligation by both parties, and, at worst, persecution and rejection of the impaired. It also warrants an acquiescence by the disabled of their 'inferiority'. Dartington *et al.* point to an alternative view of impairment rooted in some technically less advanced societies where the ability to overcome disability is seen as a form of supernatural power, invoked to explain the process of 'sanctification' bestowed on the minority of disabled individuals who overcome their limitations. Helen Keller is a good example. The rarity of these 'heroic' figures is used as a justification for the application of the 'less than whole' label to the rest of the population with disabilities.

Table 4 Types of Interaction Involving the Impaired and the Non-impaired and Corresponding Models of Care

Type of interaction	Role of the impaired during interaction	Role of the non-impaired during interaction	Model of care and function
Less than whole	Dependent	Dominant	Warehouse (care)
Really normal	Equal	Equal	Horticultural, (self development and independence)
Enlightened guardian (less than whole, really normal)	Ambiguous	Ambiguous	Enlightened guardian, (realistic adjustment)
Disabled action	Autonomous	Defined by disabled	Disabled Action, (independence, political activity)

Source: adapted from Dartington, Miller and Gwynne, 1981

'Less than whole' is a construct which emphasizes difference and negates sameness. It finds expression in the 'warehouse model' of care generally associated with segregated institutions where there is a definite cleavage between helpers and the helped. Any physical dependence on others is translated into total dependency. It allows the able-bodied helper to project onto the helped their own psychological inadequacies.

With their own superiority safely established the carers are free to care (Dartington, Miller and Gwynne, 1981, p. 127).

Dartington *et al.* contend that very often the disabled, providing they accept this view, are infantilized or made into 'objects'. It has been observed in this regard that 'cabbages' make the best 'patients'.

Failure by the impaired individual to accept this position can sometimes lead to the application of sanctions by helpers which are unwarranted. Jones (1975) noted in an analysis of life in a residential hospital that there was a tendency among some nurses to treat their patients as though they were their children, with the right of reward and punishment and with an expectation that the inmate should be grateful. The 'less than whole' construct exemplifies and perpetuates the patterns of a stable society in which roles and statuses are fixed and not negotiable. As I noted in Chapter Two this model is applicable to those day centres where the emphasis is on 'care' and little else, where there is a clear division between staff and user and where control is firmly in the hands of the former.

The liberal response to this totalitarian approach, termed the 'really normal construct', emerged during the late 1960s and 1970s and was championed by articulate representatives of the impaired community as well as some professionals. Its heroic variant and finds expression in the 'horticultural' mode of care. Professional energy is devoted to the denial of difference and dependence, and the aim is individual autonomy.

The goal is independence which may be seen as attainable through treatment, prosthetics, slave labour or even will power. By implication independence is regarded as the normal state of the able-bodied and once the disabled have attained it, the problematic boundary will vanish (Dartington *et al.*, 1981, p. 129).

It has been suggested that there are a number of problems with this position. Firstly, it has been shown that the efforts of professional experts to re/habilitate people with impairments can often have the converse effect. One of the most well known examples of this argument is Robert Scott's (1970) study of 'blindness workers' in America. Secondly, since coping or adapting to disablement may be seen as heroic by the non-impaired, Dartington, Miller and Gwyne (1981) note that this might have the effect of making the able-bodied feel inadequate thus inhibiting normal interaction. Thirdly, since emphasis is placed on subjective autonomy by participants in this type of interaction, the psychological consequences for those who cannot achieve it may often be harmful. Finally, given the extensive environmental, economic and social barriers to integration which confront people with disabilities (see Chapter Seven), the 'really normal' construct might be considered unrealistic.

Because of these shortcomings, Miller and Gwyne (1972) proposed in an earlier analysis a model of care which would accommodate both the dependent and the less dependent. It is known as 'enlightened guardian' and has become increasingly important since its inception. In political terms it is said to occupy the centrist position of the social democrat and incorporates elements of both 'less than whole person' and 'really normal'.

It corresponds perhaps to the relationship between parents and adolescent offspring. It moves away from the infantilization of the less than whole person but clings to the notion of responsibility. It acknowledges the drives toward autonomy and independence, but at the same time asks of disabled people that they should be realistic about their aims and aspirations (Dartington, *et al.*, 1981, p. 130).

Inherent in this model is the idea of adjustment to a reality. But as Dartington *et al.* later pointed out, adjustment and reality are elusive concepts, especially when people with impairments are expected to adjust to a reality defined by the able-bodied.

Dartington *et al.* note that because adjustment is implicit in the 'less than whole' model, 'enlightened guardianship' has coercive and authoritarian overtones. Moreover, because it holds a central position in an otherwise polarized world, interactions are ambiguous, often problematic and have an unpredictable and oscillating character. In addition, since, in conjunction with the 'less than whole' paradigm, 'enlightened guardianship' is a model generally advocated by the non-impaired, it has been severely criticized by

a number of disabled writers. Hunt (1981), for example, attacked Miller and Gwynne for exploiting the disabled in order to further their own career as experts in the management of disability. Oliver (1987b) has added that these authors, and the research which prompted this model's development, have contributed little, if anything to improving the lives of people with impairments.

In Chapter Two I likened this construct to day centres adopting a philosophy of 'significant living without work', which has been proposed by the able-bodied for the disabled and clearly means adjustment to a reality defined by the former. Providing services for both the dependent and the autonomous, these units combine 'warehousing' (explicitly social activities and pastimes) and 'horticulturalism' , (vocational and educative pursuits). These activities are generally organized and controlled by non-impaired helpers.

Dartington *et al.* contend that the 'really normal' construct, although implying that the non-impaired are the primary reference group for the disabled, is a model which has been favoured by many individuals with impairments in protest against the imposition of the 'less than whole' variant. These writers see it as the first of a two-stage process leading to what they term 'disabled action'. They argue that a minority group seeking recognition passes through two distinct phases. The first incorporates a 'desire to please' and the second an assertion of identity. The analogy of 'Uncle Tomism' and 'black power' are examples of this process. Hence, 'really normal' is the first stage in the shift to 'disabled action'. The latter is exemplified by the following statement.

I am a whole human being and as such have the same legitimate rights as all others, whether disabled or not. It is society that is handicapping me by depriving me of these rights (Dartington, Miller and Gwynne, 1981, p. 131).

'Disabled action' therefore opposes each of the other three constructs. In terms of welfare provision, including day centres, it would imply effective control by the disabled of resources and services. (This subject is discussed in more detail in Chapter Six). To locate the service studied within this theoretical framework, the next section looks at its evolution and the environments in which it operates.

The Development of the Day Service Studied and the Centres in which it Operates.

In this section I shall outline the history of the service, with particular emphasis on provision for the younger user, and provide a brief description of the day centres used. The data show that although the system studied evolved during the general disabled adolescents did not emerge until the 1980s. Because the latter was developed largely in response to consumer demand, and was therefore ad hoc and unstructured, it broke new ground in terms of service delivery. For example, in contrast to other provision available, it offered a five-day service, and was peripatetic, moving between three centres throughout a given week. In addition, although the centres used for the service had been extensively adapted for people with impairments in terms of access etc., they still embodied many of the negative features discussed in Chapter Two. They were segregative in appearance and admission policies, there was a majority of elderly users in each, and the facilities were barely adequate for the number of people who used them.

The study was carried out in a large industrial and commercial metropolis situated in the heart of northern England. It had a population of 710,000 in January 1987 and unemployment stood at 37,767 (11.2 per cent of the workforce). According to the local authority, only 14,219 individuals were registered as disabled at that time. Of these, 4,365 were visually impaired, 1,476 hearing impaired and 3,398 were designated 'handicapped persons, general classes'. This last category included people with congenital malformations, organic neuroses, psychoses, disorders of the respiratory system and heart, arthritis, and injuries of the spine and limbs. Only 315 - 115 males and 155 females - fell within the age group. of this research.⁵ The criterion for inclusion in the department's list was that the disability had to be verified by a doctor and that it be 'substantial and permanent'. Registration was not a necessary prerequisite for access to services and / or concessions provided by the Council, but individuals seeking aid were encouraged to have their name included. It is likely, however, that these figures were an underestimate. Due to a number of economic, political and social factors, many people choose not to register. One estimate is that most local authorities' registers are as much as 30 per cent or more inaccurate (Warren, 1979). Although legislative measures like the Disabled Persons (Employment) Act 1944 and the National Assistance Act 1948 required that registers be kept for those in receipt of services, how these lists are compiled and maintained, and the criteria used for inclusion, vary from area to area (Oliver, 1983a).

Day services for the physically impaired began in 1954 when, in response to the needs made apparent by the register, the Authority's Welfare Services Department opened two centres in local churches for one day a week. Each unit accommodated only fifty users a day. Fairly quickly these services were over-subscribed and with an initial outlay of £13,000, the Department acquired, refurbished and opened an old Victorian school building in 1956 as the Dortmund Square Day Centre. As this unit opened, the others closed. It catered for a hundred users a day and most only attended once a week. From the outset the role of the centre was essentially social, offering trips, outings and later group holidays. As the service developed, craft-based pastimes such as basketry and toy-making were introduced. Consumer demand outstripped provision and the Department opened the Alf Morris day centre in the summer of 1964. This new unit had facilities for what were termed 'vocational/diversionary' pursuits, such as woodwork, sewing and later pottery. In response to pressure from younger users, a fortnightly evening social club was opened in 1965 for those under 40. In the same year an Adult Training Centre, or ATC, sponsored by the Spastics Society, began operations with a capacity for forty physically and mentally impaired adults.

Eight years later, in line with the general growth of services after the publication of the Seebohm Report in 1968, the renamed Social Services Department opened a purpose-built day centre specifically for the physically impaired named the Engineers' Day Centre. After some initial experimentation as to what services should be offered it quickly settled down to the same pattern as its predecessors. In 1980 the Department realized that the day centre users were ageing. Most of the people who began using the service in the 1950s and 1960s were still regular attenders and the majority of the new entrants were 55 plus. The needs of the younger physically impaired were not being met.

The Authority was alerted to the needs of the disabled adolescent by the efforts of a lone parent of a boy confined to a wheelchair who left special school in the summer of 1980. Alarmed by the paucity of post-school provision for individuals like her son and the apparent lack of interest by the social services and the careers service, Mrs H confided,

'He was just left and I saw nobody an' it just got on me nerves. Just thinkin' that. ..., you know, 'e was just gonna sit there all day. ...I was really down, I was on me own [Mrs H is divorced] an' I didn't know what to do'.*

In desperation she wrote to her local MP who as an ex-Cabinet Minister. This was a strategy she had resorted to once before in order to get the Council to fund the necessary alterations to her home to accommodate her son Norman's needs.⁶ Shortly afterwards she received a letter asking her to contact the director of the local social services. This she did, and was told that plans for facilities for people like her son were being formulated. A group was subsequently set up specifically for the young disabled adult aged between 16 and 25. The new service constituted a break with tradition since hitherto eligibility for user group membership had been determined by one explicit criterion, namely, disability. Access to this new facility in contrast was determined by both disability and age.

After two or three weeks, Mrs H was contacted by telephone by Jayne, the newly appointed Senior Activity Organizer (SAO) for the Young Disabled Person's Group. At that time the group had neither a name, a day centre, nor even members other than Norman. After the introduction Mrs H says she knew Jayne had little or no idea of what was expected of her or where to start.

'She [Jayne] said to me "like you it's new to me". She didn't know whether it was gonna work out at the time or not. She didn't know 'ow to set it off. She was just thrown into it. I don't think at first she knew what to do.' * - Mrs H.

This was confirmed by Jayne herself and Mrs B, the Residential and Day Care Officer (RDCO). Jayne stated that in 1980-81 her main functions included approaching individuals who were eligible for the new service and locating them within the Department's three day centres. She was originally only given funding for twelve people but after six months this proved inadequate.

The practice of organizing day centre users into user groups or clubs was established shortly after day centres came into being in the 1950s and 1960s. This policy had advantages for both staff and users and is common to day services generally (Jones *et al.*, 1983). Besides making administrative and organizational tasks much simpler, user group membership is reputed to promote a positive social atmosphere and provide the appropriate environment for the development of mutual support networks.

In April 1981 Wednesdays at Dortmund Square were set aside specifically for the younger users. Pressure for the service to be extended to the rest of

the week came from users and their families and the group began visiting the other centres on the remaining weekdays, in conjunction with other user groups. Wednesday remained the only day when they had a unit to themselves- As in most day services (Carter, 1988) these units were normally closed at weekends. This policy meant that Jayne and any subsequent staff assigned the group would be peripetatic, unlike other day centre workers who were based in one location only. As noted earlier, during the study period there were thirty-six people on the group's register and, in contrast to the majority of other day centre users. most used the service three times a week or more. Only six attended twice while ten of the group visited the centres every weekday.

After working with the younger users for three months on a voluntary basis, Jackie was appointed the group's permanent Activity Organizer (AO) in 1982. In the following year the group adopted the name Contact. As most people used day services only once or twice a week, each centre had five separate user groups known by the day when they met, for example, the Alf Morris Monday group. Contact was the first group in this system to adopt a specific name. The idea is said to have emerged from both users and staff and the name was chosen for its explicitly social connotations.⁷ Twelve months later Dortmund Square was closed for a year for extensive renovation and the group moved to Alf Morris on Wednesdays. The service changed little until after the study period (see Chapter Eight) apart from the introduction of explicitly educational activities and the addition of more staff. When the local authority began employing workers through government-sponsored employment schemes in 1985, Andrea was appointed Contact's official Care Assistant (CA). After her twelve-month contract expired and she took a permanent post at Alf Morris, she was replaced by Annie and Pete. In June 1986 Contact's complement was increased to five when Mary was employed on the same basis. Hitherto the tasks normally performed by CAs were done by Jayne or Jackie, or when necessary by workers from the host centre.

The evidence suggests that the expansion and development of this day centre system has been stimulated and influenced to a large extent by consumer demand. The original service was expanded because the facilities were inadequate and over-subscribed. User stimulation highlighted the need for separate social activities for the younger impaired in the mid 1960s. But specific provision for this user group was not forthcoming until the 1980s. Whether or not the Local Authority was formulating plans for the introduction of this service at that time is difficult to ascertain, but the data suggest that it finally came into being because of external pressure initiated

by the lone parent of a disabled youth. Moreover, since its inception the evolution of this provision has been decidedly ad hoc and unstructured, and much influenced by users. As a result several established policies within the system were changed. Firstly, eligibility for membership of the new user group was dependent on two specific criteria rather than one, namely, impairment and age. Secondly, a five-day service was demanded and subsequently provided. Thirdly, the group had its own permanent staff. Fourthly, the group adopted a name which conveyed a particular meaning. And finally, the new service was not based in one day centre but in three.

The three centres used by the group were all larger than the average day centre which accommodates forty-eight users (Carter, 1981). But they differed from one another in terms of age and architecture. The Alf Morris centre was the largest with a capacity for 120 users. It was used by Contact on Mondays, Wednesdays and Fridays. Situated about three miles from the centre of the town in a relatively deprived urban area, it comprised three separate buildings, each with its own kitchen and toilets, joined together by one single corridor (see Figure 1). The complex did not stand alone but was an adjunct to the much older social services offices used by the authority's social workers, (known locally as 'The Blind Welfare' because they once housed welfare services for the blind), a large sheltered workshop for the physically impaired, and the central garage for the city's social services transport division.

The front of the Alf Morris centre is separated from the road by narrow unkempt gardens and wrought iron railings. Across this road stands a separate sheltered workshop for the physically and mentally handicapped which opened in December 1986. The centre's three entrances were easily visible as there was a large white sign at each advertising the building's name, function and sponsors.

The largest of the main buildings, known as 'the bottom', housed a number of craft areas, a large hall, which was almost empty, and the office used by Contact staff. The middle structure included a large hall with a stage at one end, in front of which stood a full-size grand piano. It was furnished with plastic-topped dining tables, each surrounded by an assortment of office-type chairs. This was the centre's main dining area throughout the research period. The smaller rooms adjacent to the hall were all the size of a large domestic lounge, and contained softer lounge-type chairs and coffee tables. They were used for discussion groups and small classes. The remainder of the building accommodated more craft areas, the sick room,



Key

- 1 Rooms used by Contact Group
- 2 Store room
- 3 Kitchen
- 4 Sick room
- 5 Managers office
- 6 Female toilets
- 7 Male toilets
- 8 Kitchen (cookery classes)
- 9 Woodwork area
- 10 Main dining hall
- 11 Dining hall
- 12 Contact office
- 13 Managers office
- 14 Main store room
- 15 Pottery area

Figure 1 The Alf Morris Day Centre

The Contact Group

the general office -which housed the clerical staff and the Officer in Charge (OIC) -and the two rooms used by the Contact group.

The larger of these rooms measured 12 by 6 metres and the smaller 6 by 7. At the far end of the larger room was a fire escape leading to the grass verge. This was skirted on two walls by cupboards similar to those found in domestic kitchens. Other furnishings included several office chairs, two or three lounge chairs and a free-standing set of shelves containing a plethora of literature pertaining to disability. This included pamphlets about welfare benefits, organizations for the disabled and self-help groups. In the centre of the large room four tables were usually pushed together and surrounded by chairs. A quarter-size snooker table stood in front of the fire doors. And to the right of the door there was usually a tea trolley containing coffee and tea making facilities for users to make their own drinks. The smaller room contained a pool table, three or four lounge chairs, a small coffee table, a metal cupboard containing games and equipment, a fish tank with tropical fish, and a dozen or so small potted plants. When the rooms were being used by Contact there was usually a television, a record player and a computer in evidence. The walls, as in the rest of the complex, were painted in pale pastel shades and covered in posters, paintings and photographs. Although there was an official notice board outside the OIC's office, anything of interest to the Contact users was stuck to the wall immediately above the drinks trolley. As in the rest of the centre there were no carpets on the floor. It was covered with heavily cushioned vinyl material. There were no stairs in the centre and all facilities such as toilets, doors and so on, were specially adapted for people with impairments.

It was evident, however, that the entire structure was in need of redecoration and repair. Although the walls and woodwork were painted in light colours, their hue had diminished with time and continuous wear and tear. They appeared drab and dingy. The roof leaked in several places when it rained. Throughout the study buckets had to be placed in the centre of the main corridor just outside the Contact areas and in the middle of the large room itself to catch rainwater. In the male lavatory adjacent to the Contact rooms one of the two toilet seats was detached from the bowl from August to November. Two of the four fluorescent tubes which lit the smaller Contact room were out of action for the whole of the study. And the piano was unplayable because it needed tuning. This sorry state of affairs was attributed by all respondents to the authority's lack of funds.

The Engineers' day centre was used by Contact on Tuesdays. Only twelve years old in 1986, it was situated in the middle of a municipal housing

development built around the turn of the 1960s about three miles from the centre of the city. It was easily distinguishable from its surroundings because it was the only structure which was one storey high and stood in its own grounds approximately thirty metres from the adjoining roads. There was a large car park in front where one or two of the social services' minibuses were usually parked. (These vehicles were painted bright red with the local authority logo etched out in white on the sides and back and were unpopular with many users because of their stigmatizing appearance). There was also a large sign over the main entrance similar to that at Alf Morris. The furnishings and fittings were in almost immaculate condition and there was a general sense of order which was lacking in the other two units used. There were no visible recreational facilities such as snooker tables, for example, and there was little on the walls in terms of posters or Alf Morris. But the french windows opened onto a large concrete patio where users could sit or play ball games when the weather allowed (see Figure 2). The room was furnished with a number of dining tables, which doubled as workbenches, and several chairs. Lunches were normally served in the hall. Adjacent to this area was a fully carpeted lounge-type room measuring 6 by 7 metres which housed several comfortable chairs, a coffee table and a large television. It was rarely used by Contact but was frequently used by other user groups for discussions and classes.

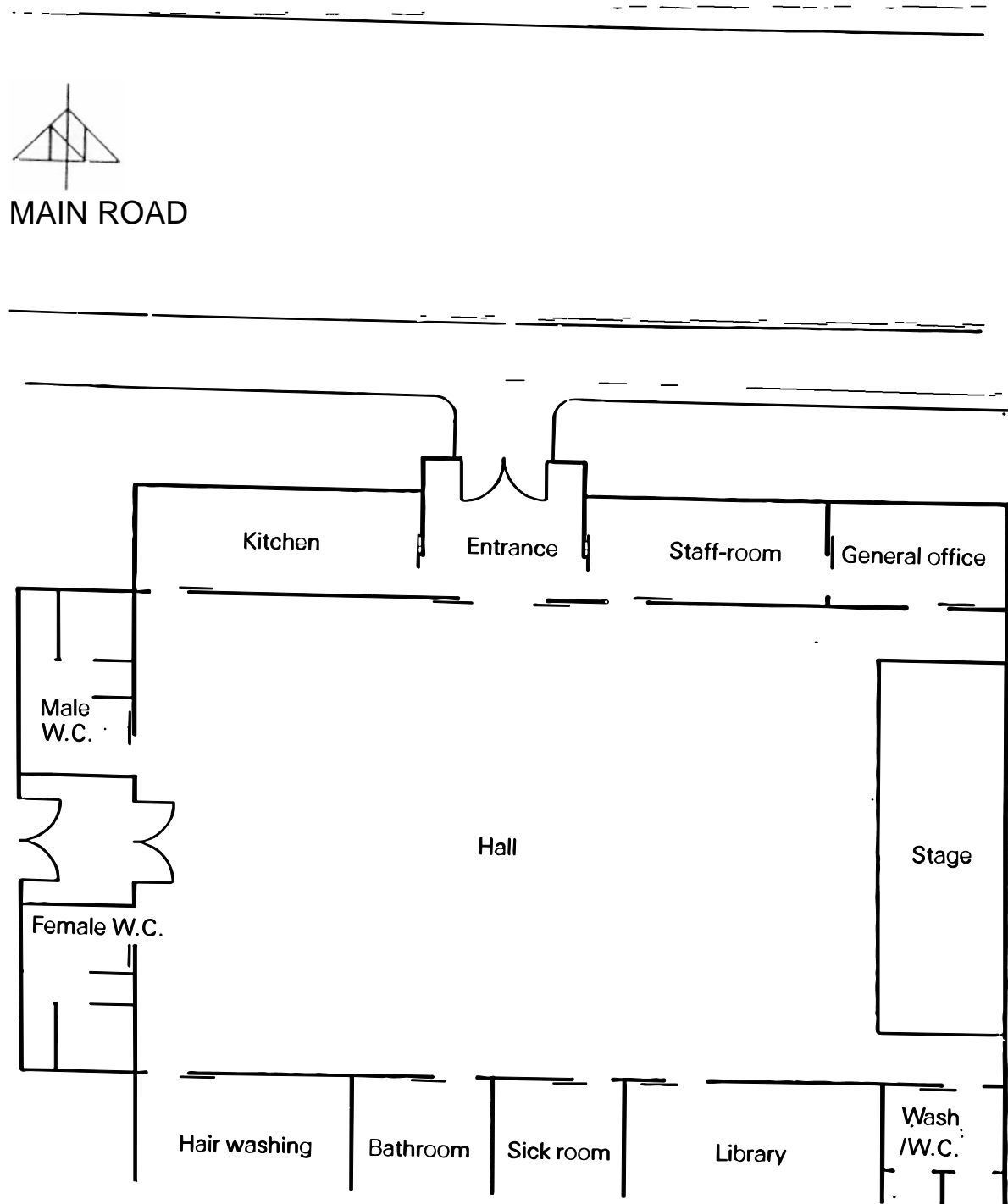
Located close to the centre of the town in a run-down residential sector of the inner suburbs, the Dortmund Square day centre also stood out from its neighbours because of its well-maintained exterior. There was also the obligatory sign next to the front door, and there were usually one or two social services' minibuses parked outside. To the west of the structure was a small car park which was once a playground. Entry was through the double doors at the front. The regarded as a 100-place unit, Dortmund Square only catered for sixty users a day in 1986-87. The hall was filled with twelve dining tables, each surrounded by five or six chairs, and a quarter-size snooker table. In front of the stage were a number of lounge chairs, a coffee table and an old radiogram. At the opposite end was a small table holding a computer and monitor, and a dartboard was pinned to the wall next to it. In the library there were eight lounge chairs, a coffee table, a television, and a bookcase which held less than twenty books. The walls of the hall were adorned with artefacts similar to those at Alf Morris. And the floor was covered in the same vinyl material apart from the area in front of the stage which was carpeted. All the fittings had been adapted for the disabled.

Figure 2 The Engineers' Day Centre



Dortmund Square was the only centre where the younger users did not have an area specifically for their own use.

Figure 3 The Dortmund Square Day Centre



All three centres were used exclusively by the physically impaired albeit but the majority of other users were significantly older than the Contact group. table 5 shows the average number of other users during the period of formal participation.

Table 5 Average day centre attendance: 1 July 1986 to 1 January 1987 (not including the Contact Group)

Day	Centre	Capacity	Other Users				Total
			Over 30 years		Over 60 years		
			Male	Female	Male	Female	
Mon	Alf Morris	120	24	10	26	19	79
Tue	Engineers'	100	11	9	21	10	51
Wed	Alf Morris	120	22	13	35	25	95
Thu	Dortmund Sq	60	6	4	11	6	27
Fri	Alf Morris	120	16	15	39	18	88

Source: data provided by the OIG of each unit

Table 6 Average attendance for the Contact Group: 1 July 1986 to 1 January 1987

Day	Centre	Numbers on register			Actual attendance			Other users
		Male	Female	Total	Male	Female	Total	
Mon	Alf Morris	16	17	33	13	15	28	79
Tue	Engineers'	13	12	25	8	9	17	51
Wed	Alf Morris	17	17	34	15	15	30	95
Thu	Dortmund Sq	14	15	29	12	13	25	27
Fri	Alf Morris	10	9	19	8	7	15	88

Source: official Contact register for 1986-878

Table 6 shows the average attendance figures for the Contact group for the same period.

In all three centres priority was given to the elderly. The areas allocated to Contact at both Alf Morris and the Engineers' were disproportionate to the group's size and the space available. At Dortmund Square specific tables were 'unofficially' reserved for elderly users. This was generally accepted by all concerned. Contact members would normally congregate at one end of the building while other users sat at the other.

In the interests of safety the younger impaired were not allowed to use the kitchens in any of the centres. This did not apply, however, to other user groups. At both the Engineers' and Dortmund Square, there were constraints on the level of noise allowed because of the close proximity of the elderly. I never saw a radio or tape recorder at the former and while the younger users did play the radiogram at the latter, it was kept low. Even at Alf Morris the youngsters were occasionally asked to keep 'the volume down' if older users complained or Alf Morris staff felt that the noise coming out of the Contact area would upset them. These restrictions stimulated much resentment from some elements within the Contact group which was made worse by the fact that many of the principal activities in the centres were organized for the elderly. At Alf Morris for example, the main dining hall was frequently used for 'old-time' dancing but never a disco. At both the Engineers' and Dortmund Square centres 'Bingo' or 'Oi' (a similar game involving playing cards) was played religiously every Tuesday and Thursday afternoon between 2.00 and 2.30. One of the few organized entertainments at the latter during 1986 was a recital by two retired light opera singers, whose choice of material was Gilbert and Sullivan. Such activities were not appreciated by most of the Contact members, underpinning the view that the needs of the younger day centre user are incompatible with those of the elderly.

This section has shown how the three day centres used by the Contact group were segregative in terms of location, appearance and admission policies. While it may be argued that this is unavoidable to some degree since any structure which is adapted for people with disabilities will stand out from its neighbours and because limited resources prevent local authorities siting day centres in more appropriate neighbourhoods, differences were accentuated by stigmatizing signs and symbols such as social services' minibuses. It also shows how provision was generally organized around the needs of the elderly who were given priority with regard to facilities and activities. Besides underpinning the assertion that the development of services for the younger user were unstructured, the data identifies some of the difficulties encountered in centres serving both young and old.

The Staff and their General Aims with regard to the Younger Day Centre User

This section focuses on the organization, training and roles of the day centre personnel, as well as their general aims in relation to the younger user. It is divided into four separate but related parts. The first, covering the organization of staff, suggests that the occupational structure is organized for services consonant with traditional notions of 'care' and 'warehousing' but that the more formal aspects of that organization, apparent in the system generally, are not visible in the Contact framework. The second part covers staff training and reports that the majority of senior personnel held professional qualifications. This contrasts with the findings of earlier research in this field (CCETSW, 1974; Carter, 1981; Kent *et al.*, 1984) but is in keeping with recent trends in the personal social services and residential institutions in particular (Goodall, 1988). Training was noticeable by its absence in other sectors of the workforce, notably among CAs, but this was less problematic in the Contact format than in other day centre units. The third section suggest that senior staff roles in Contact were more complex than their equivalent in other user groups and that the role of CAs in relation to the younger user was essentially social. Finally, I examine the general aims of staff regarding this user group, which encompass the provision of social and, where possible, rehabilitative activity within an unfettered atmosphere. I argue that this is compatible with the 'enlightened guardian' model discussed 'above.

Because, strictly speaking, day centres do not have goals or aims, albeit individuals within them do, and because goals in this situation are impossible to measure and may be indistinguishable from means (Carter, 1981), the notion of aims is problematic. In any case little official documentation on goals in relation to the younger user exists. However, the RDCO, Mrs B, suggested that,

'because we're lumped with the elderly I suspect the policy that would come out of higher management would be that it's [the aim of the service] to provide social and environmental amenities for people during the day and give relief to relatives.' *

This aim was reflected by the division of labour in the centres which included no acknowledged re/habilitation professionals. The official staff/user ratio for each unit was one to ten and higher than the national average.⁹ But senior staff suggested that it was nearer one to eight.

Although Tables 7, 8, 9 and 10 suggest that the staff/user ratio is lower than one to eight, the hours worked by part-time senior staff varied considerably and all part-time CAs, both permanent and those employed on government schemes, worked alternate shifts - 9.00 a.m. to 1.30 p.m., or 10.30. a.m. to 4.00 p.m., with half an hour for lunch - amounting to twenty-five hours per week. The data does not include maintenance staff, cleaners and caretakers who are not normally present when users are in

Table 7

Staff working at the Alf Morris Day Centre: 1 July 1986 to 1 July 1987

Job Title		Full-time Female	Male	Part-time Female	Male
Officer in Charge	OIC	1	1	-	-
Clerical Officer	CO (GS)	-	-	1	1
Senior Activity Officer	SAO	1	1	-	-
Activity Organiser	AO	2	1	2	-
Care Assistant	CA	-	1	9	1
Care Assistant	CA (GS)	-	-	1	1
		Total 24 permanent staff			
Voluntary workers	VW	-	-	1	-

Key

(GS) = Workers sponsored by Government Employment Schemes

Source: data supplied by OIC

Table 8 Staff working at the Engineers' Day Centre: 1 July 1986 to 1 July 1987

Job Title		Full-time Female	Male	Part-time Female	Male
Officer in Charge	OIC	1	-	-	-
Clerical Officer	CO (GS)	-	-	1	-
Senior Activity Officer	SAO	1	-	-	-
Activity Organiser	AO	-	1	-	-
Care Assistant	CA	-	-	3	3
Care Assistant	CA (GS)	-	-	1	1
		Total 12 permanent staff			
Voluntary workers	VW	not known			

Key

(GS) = Workers sponsored by Government Employment Schemes

Source: data supplied by OIC

Table 9 Staff working at the Dortmund Square Day Centre: 1 July 1986 to 1 July 1987

Job Title		Full-time Female	Male	Part-time Female	Male
Officer in Charge	OIC	1	-	-	-
Clerical Officer	CO (GS)	1	-	-	-
Senior Activity Officer	SAO	1	-	-	-
Activity Organiser	AO	1	-	-	-
Care Assistant	CA	-	1	4	1
Care Assistant	CA (GS)	-	-	1	-
		Total 11 permanent staff			
Voluntary workers	VW	-	-	1	-

Key

(GS) = Workers sponsored by Government Employment Schemes

Source: data supplied by OIC

Table 10 Staff working with the Contact Group: 1 July 1986 to July 1987

Job Title		Full-time Female	Male	Part-time Female	Male
Senior Activity Organiser	SAO	1	-	-	-
Activity Organiser	AO	1	-	-	-
Care Assistant	CA (GS)	-	-	2	1
Total 5 permanent staff					
Voluntary workers	VW	-	-	2	1

Key

(GS) = Workers sponsored by Government Employment Schemes

Source: data supplied by OIC

the centres. Nor do they include teachers employed on a contract basis. These tables underpin Carter's (1981) findings that more women than men work in day centres and the general view that women make up the bulk of the labour force in the caring industry.

In terms of official occupational demarcation, responsibility for all day services for the physically impaired, as well as residential care, rested with the RDCO, Mrs B. She was accountable to the chief executive of the Local Authority and responsible for the organization, administration and running of the centres. This included finance, staffing, development and user welfare. OICs bore the responsibility for the internal workings of each centre and were accountable to the RDCO. Their duties included administration (which according to the three OICs interviewed took up at least 40 per cent of their time) staffing (recruitment, 'on the job' training and deployment in conjunction with the RDCO) and the general organization and coordination of internal resources and facilities. They liaised with users' families and other agencies, such as social workers, and took responsibility for users' welfare while they were in the centres. Within the units COs carried out the routine paperwork.

The SAO's primary function concerned the development, organization and delivery of services and activities for a given user group. This included the deployment and supervision of subordinate workers. They were expected to assume the duties of the OIC when necessary, if the latter was ill or on holiday for example. The AO was directly accountable to the SAG and had a similar function but was more involved with the actual activities at user

level. As with the SAD, they had a supervisory role in relation to CAs and VWs. Whether employed by the Social Services Department or sponsored by government employment schemes, CAs were at the foot of the staff hierarchy. Their primary tasks included physical tending where appropriate, which involved helping users with the toilet, bathing or eating, and psychological support through conversation, participating in activities and general social interaction. In contrast to all other categories of permanent workers who worked in the system, CAs spent almost their entire working day with users. VWs also fulfilled an essentially social function, although in specific cases they adopted a didactic role if helping users master new skills such as computing. Officially they were not expected to cater to any of the users' physical needs.

While there were no uniforms or formal badges of authority worn in the centres there were clear divisions between those with authority and those without. The two female OICs interviewed had decidedly 'cultured' accents which the Contact users and several of the younger staff interpreted as 'posh' or 'stuck up'. And although most of the staff were referred to by their first name this did not apply to Mrs W, the OIC at the Engineers', or Mrs F, her opposite number at Alf Morris, and one or two of the older AOs. There was also a significant age gap between most of the senior staff and the CAs. The recent policy of introducing CAs into the system via employment schemes had apparently transformed both the staff / user ratio and age distribution of staff generally. While most of the average age was 36. This was in accord with Carter's (1981) findings. CAs on the other hand were much younger. Only three of those interviewed were over 25, and their mean age was just 21 years. Two of the four VWs were in this age group, and the other two were 30. Of the four teachers who took part in the study, only Hilary from the Engineers' was middle-aged. The others were under 30.

In two of the units formal policy was mediated through a combination of staff meetings and direct supervisory control. At Alf Morris there were different meetings for each level of staff. The OIC discussed each day's activities with SAOs and AOs between 8.30 and 9.00 a.m. before the users arrived. The SAOs and AOs then met with the CAs and VWs who were assigned their particular section at 10.15. Although supervisory staff felt that there was some two-way communication between them and OICs, it was generally agreed that the meetings between them and CAs involved little more than a dissemination of information from supervisor to subordinate. At no time during this study were meetings held where all staff were present. At Dortmund Square, however, staff meetings took place

immediately after lunch at 1.00 and did include all the workforce. But junior staff said that there was little scope for them to put their ideas forward and that policy was determined by management. Mrs W at the Engineers' considered staff meetings unnecessary because she felt she was always in close contact with 'her people'. While her authority was legitimized by her position in the staff hierarchy she also had an unmistakable authority that comes with age and years of practised professionalism. She had the demeanour of a hospital matron, a reputation for unrivalled efficiency and fairness and was held in high esteem by all the Engineers' workers and the centre's elderly users. This view, however, was not shared by several of the Contact members.

In all three day centres, a staff rota system was operated which applied to all workers except those AOs who had a particular skill or were in charge of a specific user group. For example, Bob and Rick at Alf Morris were exempt from the rota, the former because he was a qualified woodwork teacher and in charge of the carpentry shop, and the latter because he was responsible for the Insight group. This policy was rationalized by management on the basis of giving them more flexibility in terms of staff deployment, it enabled workers to acquire new skills and it maintained the necessary social distance between helpers and the helped. This last point is generally considered desirable in most institutions where long-term care is provided in order to preserve staff's fairness and impartiality when dealing with users and to minimize undue stress and anxiety for both parties through excessive personal involvement (Miller and Gwynne, 1972). The divisions between different staff levels and between staff and users also extended to tea breaks and mealtimes. In all the centres OICs usually had their breaks in their office while other workers had designated recreational areas where they could go for a cup of tea, eat their lunch or socialize with colleagues away from users.

None of these formal arrangements, however, were evident within the Contact framework. Because the group was peripatetic, there no facilities specifically allocated for Contact's staff's use. Even the office at Alf Morris used by Jayne and Jackie was shared with other personnel. All workers were on first-name terms both with each other and with users. Neither Jayne nor Jackie was considered 'posh' or 'stuck up' by other workers or by the younger users. And although they were both in their mid-thirties the age gap between them and the younger staff as well as some of the Contact members seemed minimal. Both women wore relatively fashionable clothers and had little difficulty discussing topics of mutual interest with CAs

and users. Jayne attributed this to their considerable experience 'working with the youngsters'.*

Another factor unique to the Contact workforce was that none was included in any of the formal staff meetings held in the centres. Any data regarding them or the younger users were given direct to Jayne by Mrs B, the RDCO, or one of the OICs as appropriate. It was then passed on to whomever it concerned. Staff discussions about group policy were held between 8.30 and 9.00 a.m., before the users arrived or whenever the situation warranted it, usually in the same room as the users. Staff rotation did not apply to the Contact workforce. And since staff and users had free access to tea and coffee throughout the day and smoking was not prohibited, tea breaks were regarded as unnecessary. In addition, they ate their lunch in the same areas as the Contact members.

Carter (1981) has shown that the type of staff generally employed in day services are often well suited to the 'caring' role. 11 However, with the growing emphasis on rehabilitation rather than 'warehousing', particularly for the younger user, one source has suggested that there is an urgent need for the recruitment of therapists and other 'professionals in rehabilitation' to work in day centres (Kent *et al.*, 1984). The evidence shows that while there was an absence of such recognized rehabilitative professionals as occupational therapists working in this system, those employed in senior posts were professionally trained. This level of training was not evident in other sections of the workforce, especially those at the *foot* of the staff hierarchy.

Apart from Mrs W, a CA at Dortmund Square named Vera, and Hilary, the arts and crafts tutor at the Engineers', all those who worked with Contact during the study period had been employed from the time of, or since the group's inception. Only one of the senior staff interviewed had transferred from what could be termed a 'blue collar' occupation, in contrast to the pattern found by Carter (1981) in the 1970s whereby nearly a quarter of day centre personnel had transferred from blue collar or manual trades. The exception among those studied was Patrick, who joined the service in April 1986. He had formerly worked in the office of a road haulage firm. Though he had no prior experience of work with the disabled, he decided he wanted to do something 'worthwhile' after being made redundant, having been sensitized to the difficulties of impairment by his mentally handicapped niece. The remainder were all experienced in this or related fields and/or were professionally qualified.

Mrs B, the RDCO, was a state registered nurse (SRN) and had a successful career in the health service before joining the Social Services Department in 1982. Of the three OICs interviewed, Mrs W had worked in the civil service as an administrator before her appointment as manageress of the Engineers' in 1974.

Her husband was impaired and she had been heavily involved in voluntary work, for disabled ex-servicemen since 1945. Andrew at Alf Morris was employed in boys' clubs and residential homes for the mentally handicapped before he joined day services in 1985. He held the Certificate in Social Services (CSS) and was a study supervisor for in-service students on this course.¹² Sandra at Dortmund Square had a degree in Home Economics and before joining Dortmund Square in 1985 had been involved in charity work for the church.

Those workers in the middle tiers of the day centre hierarchy were equally well qualified. Bob, the AO at Alf Morris, was a trained teacher. Denise, who held a similar post at Dortmund Square, had been a physical education instructor and had worked as an auxilliary nurse in hospitals for the mentally ill. Both began working in day services in 1981 and both held the CSS. The remaining AO interviewed, Rick, had a degree in Fine Art and before his employment at Alf Morris in 1986 had worked in residential institutions for the physically impaired. Jayne was a qualified youth worker and had been employed in this capacity until 1978, when she took a job in the local Physically Impaired and Able-bodied (PHAB) club. Her associate in Contact, Jackie, was an SRN and held the Certificate of Qualification in Social Work (CQSW). Before joining day services she had held posts in both professions. The four teachers interviewed were all experts in their respective fields but had no specialist training for work with the physically impaired. Apart from Hilary, who started work at the Engineers' shortly after it opened, the other three had all been employed on a part-time basis since 1985 specifically for work with the younger users. All these individuals perceived working in the caring industry as more than simply a job. It was their chosen occupation, in other words, a vocation.

The background and motivation of the CAs were very different from those of their senior colleagues. Of the nine CAs interviewed, only the three who worked at Dortmund Square had not joined the service through government employment schemes. Before his employment with social services in 1984, Jimmy had worked for six months in an old people's home. One of his two colleagues, Vera, had worked at Dortmund Square since 1962. She became a CA after being made redundant from her job as office cleaner for

the local authority. Her associate, Sally, had no prior experience of work in this or related fields, other than nursing an invalid relative at home. She joined the Dortmund Square staff in 1983.

Of those who entered the service via employment schemes, only Annie had any acknowledged marketable skills. She had a degree in the History of Art. The remainder had little work experience at all other than temporary and part-time unskilled jobs in the service sector. None appeared to feel the need to justify their choice of work. They each said their main reason for taking the job was to get off the dole. None of them had any previous knowledge of disability and confessed that if it had not been for the current employment situation, they would never have considered working with people with impairments. It is not surprising therefore that their introduction into an environment where the majority of people were impaired was traumatic.

Initial encounters between the able-bodied and the physically impaired are frequently uneasy, especially if the former have little experience of the latter. This is due to the value our society places on physical wholeness and our tendency to formulate opinions of others on relatively superficial information such as eye contact and physical appearance (see Goffman, 1968). Segregating the disabled from the able-bodied in institutions such as special schools, compounds this problem further, since neither group is equipped with the necessary skills to overcome its unease. Due to their experience and training senior staff had few difficulties in this particular area, but this was not the case for the young CAs. The situation was not helped by the lack of preparation they received before entering the units. Their initial training consisted merely of a verbal description of their duties at the formal interview for the job and a brief look around the centre where they were to work. All the CAs said this process gave them no idea of what to expect.

None of these workers was prepared for the variation in impairments, the different behaviour patterns and different values and norms which existed in the day centres. Some spoke of the acute embarrassment they felt when they first saw individuals without clothes whose limbs were a different shape to theirs and of their compulsion to stare. Others were shocked by the apparent normality of epileptic-type seizures and how other users and some staff virtually ignored them. One male CA said he had never seen anybody have a 'fit' before, but on his first day there were two. Another girl found it hard to get over being asked by a complete stranger to take her to the toilet. Others commented on feeling sick when they first fed someone

who could not swallow properly and ate with their mouth open. As Annie put it just before she left,

'Most people think disability's just about wheelchairs. ..., it's not.'*

How these workers coped with these experiences varied from individual to individual, but some never managed successfully. All the staff could recall CAs who had left the service after only a few days because they could not cope with the work.

The trauma of these experiences might have been avoided with careful induction and training. The only real training they received was the 'on the job' variety and six afternoon classes, each one week apart. Since the latter were only run at specific times of the year, most CAs worked in the centres for some time before they went to them. For example, Annie and Pete joined the service in April 1986 and their training course did not begin until the middle of June.¹³

Ironically, because these workers were at a psychological disadvantage when they started in the centres, initial interactions between them and users were conducted on a relatively equal footing. This was evident on the two occasions when new CAs began working in the centre and conversations were initiated by users. This is consistent with Thomas's (1982) observation that young people with disabilities are adept at helping the able-bodied through the 'awkwardness barrier' during social interaction. Once the period of adjustment was over, all the CAs adopted what Dartington, Miller and Gwynne (1981) term a 'really normal' position in their attitude toward users.

'It's a bit of a shock at first, but you soon get used to it, an' then it's like they're not handicapped. You don't realize they're handicapped. It's just at first it's a bit of a shock.'* -Tracey A

Once they had adopted this view many became sympathetic to the difficulties and injustices experienced by the users outside the centres.

'There's a lot more that they [Contact members] could do than come to a day centre that's full of old people. They're on'y 'ere 'cos people outside won't give 'em a chance. There's a lot o'people in 'ere who'd be OK outside if people'd just give 'em a chance.' * -Pete

It is common for able-bodied people who are in close contact with the impaired to take this or a similar view. In his analysis of interactions between the stigmatized and the normal, Goffman (1968) referred to such individuals as 'the wise'. It is important that any barriers between staff and users are quickly broken down because in Contact the biggest part of the CAs' role was social.

Some researchers have argued that the constant movement of staff in institutional settings is responsible for many of the problems associated with helper/helped relations (Menziés, 1960; Strauss *et al.*, 1964). It has been suggested that where there are established staff and stable relations between staff members, flexible patterns of work and informal specialization can develop (Alaszewski, 1986). The following data suggest to some degree that this had occurred within the Contact group.

From the users' perspective, the roles of SAO and AO were the same. The only difference according to Jayne and Jackie related to overall responsibility, which rarely concerned users, and paperwork, which in practice the two women shared equally. Although in the centres generally the responsibilities of the two roles were clearly specified, several of the senior staff felt their respective job descriptions were grossly inadequate when considered in relation to the system's limitation, in terms of 'on site' professional support, back-up services generally, and the complex and varied needs of the younger users.¹⁴

Because of these considerations, senior Contact staff had adopted an explicitly flexible approach.

'You've just got to do what's necessary at the time. We've never worked any other way. I know there's pressure on for everyone to do their bit, the care assistant does the caring, the activity organizer does the activities and the management does the managing. But I don't think in this type of work you can have that because the youngsters don't care whether you're a manager or a care assistant for starters. I mean the point is, if their needs are there then are there then I don't think it matters who you are '* - Jayne

Because of this flexibility the roles of SAO and AO within the context of the Contact group had innumerable sub-roles which were largely dependent on the perceptions of others, both users and other professionals. Apart from the designated functions, which entailed the development, coordination and organization of user activity and the supervision of subordinate staff, the six

most notable sub-roles included resource worker, social worker, advocate, counsellor, nurse, careers advisor and CA. A more apt description of the senior staff role(s) within Contact would be 'in-house key worker(s)'. This term was used by Glendinning (1986) to refer to a designated resource worker situated in a local authority department whose task was to provide information, advice, practical help and support to families caring for a severely handicapped child. In respect to the present study, however, it refers to senior day centre staff who provide a similar service not just for day centre users, but also their families.

With regard to the SAO's and AO's official duties, data gleaned from formal interviews suggested that much of the impetus for user activities came from the users themselves. The main problem for staff was trying to accommodate their ideas within the limited resources available. 15 Supervision of junior staff was carried out during the normal course of the day's events with the minimum of fuss. The only visible conflict between senior Contact personnel and the group's CAs throughout this study concerned Pete's lateness. And although this problem was never fully resolved it was not considered serious enough to be referred to a higher authority by either of the two women.16

Frequently users, their families and other professionals drew on the expertise of senior Contact staff on matters relating to users' needs. For example, one girl asked Jackie where she could buy rubber shoes for her crutches. Another user's family asked Jayne's advice on firms specializing in wheelchair repairs. Jackie was also involved in the acquisition of grants for a special typewriter for a girl with limited hand movements at the suggestion of the girl's doctor. These types of incident occurred because a number of users and their families had had little or no contact with social workers and seeking help from them was said to be a long drawn out process. Consequently they looked to day centre staff in times of crisis. This pattern accords with the claim of one source that social workers regard working with the handicapped and elderly as less rewarding than social work in other areas (Rees, 1978).

Elderly users' kin would normally deal with the OIC when the situation warranted it, rather than the SAO/ AO of her/his user group. But partly because of the youth of the Contact members and the fact that the group was peripatetic, there was a higher level of involvement between some users' families and senior Contact personnel. Certain users also sought staff's help when dealing with other professionals. One individual who lived in a residential home asked Jackie to help her seek new accommodation

because she was unhappy where she was living. A male user whose disabled girlfriend was pregnant asked the SAO for help with maternity grants. She also acted as their advocate at a case conference concerning their eligibility for parenthood. Counselling facilities are increasingly considered an imperative for institutions dealing with young people with disabilities (Henshall, 1985), but since there was none available in this system counselling was an integral component in the senior staff's repertoire of roles.

Counselling sessions took one of two forms, involving either spontaneous confidential discussions when the situation warranted it, or a pre-arranged series of private conversations. There were several examples of the former during this study. Usually the topics covered were general depression or difficulties with parents, and regular meetings were set up if the problems were persistent. One example of this occurred when one of the male users was experiencing acute anxiety over the insidious deterioration of his health due to his incurable disease. He had difficulty discussing the subject with his parents. Neither type of counselling was initiated without mutual agreement between user and staff.

Over two-thirds of the user respondents said they would discuss personal matters with one or other of the senior staff. This is consistent with the findings of such commentators as Anderson and Clarke (1982) who note that young people with disabilities typically discuss their feelings and difficulties with day centre staff. It is generally considered desirable to have sexual counselling facilities in institutions for young people with disabilities (Anderson and Clarke, 1982; Meredith Davis, 1982; Henshall, 1985) but in the centres studied this was a 'no-go area' in consequence, or so it was said, of the attitudes of social services higher management rather than day centre staff.

Despite the variety and seriousness of many of the users' impairments, there were no specialist medical staff in any of the units. According to official policy, at least one staff member should have qualifications in first aid, but the identity of this individual was not common knowledge among users nor many of the staff. Consequently junior staff and users looked to those in authority when problems arose. And since adolescents with impairments, like their able-bodied peers, are prone to 'messing about' and/or knocking each other around, accidents were not uncommon. On top of this several of the Contact group regularly experienced epileptic-type seizures. In one week in November (3-7 November 1986) I counted seven and this was not unusual. Usually when this or other medical problems

emerged Jayne or Jackie would be sought out to act as nurse. Jackie was a qualified SRN but this was not a prerequisite for the job, nor was it common knowledge in the centres.

While all the senior staff acknowledged that because of their relative disadvantages and society's treatment of people with disability generally some form of institutional support may be necessary for some of the Contact users for the rest of their lives, Jayne and Jackie took the view that that support need not necessarily take the form of a day centre. They appeared to take every opportunity to encourage users to seek opportunities elsewhere, providing literature relating to voluntary work, paid employment and training schemes, and giving careers advice and assistance where appropriate. This had benefited a number of Contact members in the past, but during the study period only one male user was introduced to sheltered employment through their efforts. In addition, one girl who left the group to work in a local sports centre claimed that conversations with Contact's senior staff had been the motivating force which made her get off her 'backside' to look for a job. And while she found the job herself, Jackie helped her fill in the application form and stood as her reference. But if not always leading to placements, informal conversations about work, education and re/habilitation were often held between helper and helped around the main tables in the contact areas at Alf Morris, particularly when new information concerning this subject became available. Eight of the users interviewed recalled specific conversations with staff about this issue.

Because the younger user group was regarded as a separate entity in the centres, Contact personnel were expected to cope without assistance in the event of staff shortages. Although Contact had a relatively low helper/helped ratio, there were specific periods in every day when one or two of the CAs were missing due to the shift system they worked. Staff shortages occurred between 8.30 and 10.30 a.m. and between 2.00 and 4.00 p.m., notwithstanding the fact that users began arriving at 9.00 a.m. and did not leave until approximately 3.45 p.m. Moreover, apart from illness, all staff had four weeks holiday a year and both for this reason and because helpers accompanied users on outings or regular activities outside the centres, staff shortages were common. For example, every Monday, four of the group went swimming and Jackie and Pete went with them. Consequently either Jayne or Jackie could be called on to help with physical tending, tasks normally performed by CAs.

Physical tending tasks, bathing, toileting and helping with meals were less demanding and less frequent in Contact than in other user groups in the system. Because those users who needed help in bathing were bathed by their parents, Contact staff did not have to help in this regard. Although ten of the group needed assistance with the toilet some were reluctant to ask for help because of the social taboos attached to this activity.

'For some of them the fear of embarrassment is worse than constipation.'* - Jackie

And while five group members needed help eating, one never ate in the centres, another only used the service in the long summer holidays when he was not at residential college and a third only needed a minimum of assistance. The main tasks for senior Contact staff as well as the group's CAs were therefore essentially social.

For adolescents with impairments, particularly those who have been segregated in special schools, social interaction with able-bodied peers is now considered essential in the process of rehabilitation since it helps develop the social skills and emotional maturity necessary for the transition to adulthood (see, for example, Anderson and Clarke, 1982; Kent *et al.*, 1984; Cantrell *et al.*, 1985; Brimblecomb *et al.*, 1985). Most of the CAs working in the day centres were ideally suited to this task as they were in the same age group as the younger users,

from similar socio-economic backgrounds and shared the same interests and values. In the Contact group, CAs were expected to initiate, encourage and participate in user activities as appropriate. This usually took one of three basic forms: one-to-one work, formal group activities and spontaneous interaction.

One-to-one work was generally frowned on in the centres because of fear of being accused of favouritism, but was sometimes accepted as necessity in some cases by senior Contact staff. It normally involved a member of staff and those users who, because of the severity of their impairments, or because of their temperament, were unable to initiate social interaction on their own and were ignored by other members of the group. These interactions could involve board games such as chess or draughts or discreet conversation. Formal group activities meant CAs involvement in organized activities such as quizzes, board games, group tournaments and competitions. Spontaneous interaction refers to any social activity which is not formally structured or organized by staff. It could be initiated by

individual staff or users and could include almost anything from chatting to listening to music or playing pool. VWs also participated in these activities.

In the circumstances it was inevitable that the level of sociability between these staff members and users was high and that relationships developed which could be considered 'unprofessional'. For example, some of these workers occasionally went to the pub with users outside working hours. Two of the female CAs sometimes visited the PHAB club used by the majority of the Contact group on Friday evenings. When their year of employment in the centres finished 17 and Annie, Pete and Mary left the group, a number of the Contact members were clearly upset. While this emotional involvement may be considered problematic by some observers, in view of the perceived need for this type of interaction and the fact that any interpersonal relations, social or otherwise, runs the risk, such developments can only be seen in a positive light.

While CAs may be criticized for their lack of experience and training, this was not considered a major problem within the Contract framework. Both senior staff and users alike were more interested in their social skills than their technical knowledge. They could not be accused of adopting a patronizing attitude due to professional expertise, unlike others within the day centre hierarchy and the caring industry generally.

It was plain from the empirical data that, despite the limitations of the system, the Contact staff were providing more than simply social and environmental amenities associated with 'warehousing'. All staff interviewed acknowledged that there were crucial social and attitudinal differences between members within the Contact group and that some were more dependent than others. There was also a general consensus that the group's needs were fundamentally different from those of the elderly. Kent *et al.* (1984) suggest that the basis for this difference lies in the fact that while the elderly have established and developed their individuality during the course of their lives, the young have not and need the opportunity to do so. The following statement exemplifies the staff view regarding this subject:

'The youngsters haven't had the experience of life that the old folk have had. A lot of them have led very cushioned lives. They need space, they need to rebel, they need to try things' out. The older groups have experienced so much in life, they come here [day centre] for the social aspect. They're quite happy to come, chat

and doddle around -not all of them -but most of them are. The youngsters, they need something else.' * -Jayne

All the staff respondents felt that the social environment was important if only because some of the younger users and their families saw this as the principal reason for day centre attendance. They were also aware that others were looking for something more.

Some of the youngsters and their families see it as a social centre and just somewhere to go. Unfortunately social services is seen as the last option. It's the end of the road. Now, there are some who are quite happy with that, but others aren't.' * -Jayne

Each senior worker maintained that facilities for rehabilitation should be an essential part of day centre provision for younger users, albeit reservations were expressed by some over the term rehabilitation.

'Rehabilitation has to be built in. You work with issues like rehabilitation and independence in a social setting. There's never been anything written down about rehabilitation. And you can come up with all sorts of problems if you talk about rehabilitation. Rehabilitation is associated with the medical model and we don't have the facilities. But we've had inroads into further education, which helps with the rehabilitation process. It's not an official line. I'd say the way it's evolved, it's moving more and more toward independence training.' * -Jackie

The RDCO, Mrs B, was quite clear which way she hoped the service would develop.

'I'd like to get to the stage where any disabled person, regardless of age, that comes into a day centre, would hope that ultimately his potential or ability, will be rehabilitated to the state where they no longer need us.' * -Mrs B

With regard to the younger staff, most were unsure of what the official aims of the service were and some said that they had never been told. They were agreed when asked whether they thought they were social or rehabilitative, however, that they were probably, or should be, both.

Based on interview data, staff's aims with regard to services for the younger day centre user can be summarized as follows: (a) to provide the

practical services and support necessary for young people with disabilities during the day and therefore a respite for relatives and / or their principal carer(s), (b) to provide a social atmosphere where younger day centre users can socialize with peers, (c) to provide information and advice for users and their families, and (d) to provide social/ recreational/ diversionary /vocational 18 and, in the non-medical sense, re/habilitative facilities appropriate for young people with physical disabilities. It is important to note that these aims are not listed in any specific order of merit or importance.

In terms of group policy this meant that in the areas allocated to the younger users, all services and facilities were provided in as unconstrained an atmosphere as possible. Contact members were encouraged to look after themselves. For example, transport was available but only if users wanted it. Unlike the policy in other user groups Contact members could help themselves to drinks whenever they felt like it. Helpers only assisted those who could not look after themselves (or fetched boiling water when necessary because the younger users were not allowed in the kitchens). There was none of the ceremony or ritual attached to mealtimes as reported in other institutional settings (see, for example, Alaszewski, 1986). Users could order a meal if they wanted one and sit down for lunch at the same time as other user groups or eat as and when they felt like it. Social services' lunches were unpopular among most Contact members although in 1986 a two- course meal cost only 50 pence. This was because the choice of menu was restricted and repetitious and the quality of the food was regarded as poor. The meals were cooked elsewhere and brought to the centres in pre-heated containers. Consequently their quality had deteriorated by the time they arrived. Usually about half the group ate sandwiches brought from home or bought from the local shops and consumed them in the Contact areas with staff. User participation in all activities was voluntary and controls were kept to a minimum. It was, however, clear that user involvement in the organization and delivery of services was minimal. These issues are dealt with in more detail in Chapter Six.

The staff regimes within the three day centres were officially organized to provide social and environmental facilities for people with impairments as well as a respite for relatives. I likened this to the 'warehouse' model of care. The division of labour in the service generally was traditionally structured with clearly defined staff roles and a relatively formal chain of command. As a result there were clear social and professional cleavages between different staff levels and between staff and users. However,

because provision for younger users was peripatetic and had a permanent staff, few of these divisions were visible in the Contact group.

I then reported that senior personnel were adequately qualified both in terms of previous experience and professional qualifications. But this was not the case for the CAs, most of whom had no prior experience of, or training for, work with people with impairments. The data suggest that entry into the service was traumatic for CAs but that this experience was less difficult within the Contact framework. This may be attributed to a number of factors including the similarities in age and socio-economic background between them and the younger users and the fact that many young people with impairments are skilled at helping the able-bodied through the awkwardness barrier. An empathy between these workers and the users developed fairly quickly and had positive results.

Analysis of staff roles illustrated how the stability, informality and attitudes of the Contact workforce led to a flexible pattern of work and informal specialization which was both appropriate and beneficial to the needs of the younger users, particularly in view of the limited facilities available to this user group both inside and outside the centres. Senior staff provided information, advice, practical help and support for users and their families while the principal role of the younger staff was largely social. I suggested that although social relations between CAs and users might in some aspects be considered unprofessional, they should be viewed in a positive light because of the latter's perceived need for this type of interaction and its implicit rehabilitative function. Staff were aware of the disparities within the Contact user body, of the fact that their needs were different from those of the elderly and that the Contact service needed to provide for both the dependent and the less dependent. This was reflected in their general aims regarding provision for the younger user which incorporated both a social and rehabilitative dimension, or, a combination of 'warehousing' and 'horticulturalism'. As there was little evidence of user involvement in the organization and delivery of these facilities I suggest that this approach is compatible with 'enlightened guardianship'.

Conclusions

In this chapter I have documented the evolution of the specific day services studied, described the environments in which the service operates, and outlined the organization, training and principal roles of staff involved with the younger day centre users. The development of this day centre system occurred at the same time as the expansion of welfare provision generally

but its development was fairly ad hoc and unstructured. It was also evident that consumer initiative played a large part in that development, particularly as regards provision for the younger user. The service generally had evolved along 'traditional' lines. Although the three day centres used were suitably adapted for people with physical impairments, they were segregative in terms of appearance and admission policies. The principal user groups served were the elderly impaired and the services and facilities provided were organized accordingly. These included care and support and social and recreational activities commensurate with the phrase 'tea and Bingo'. The needs of the younger users were swamped by those of the elderly.

Partly in response to the task in hand and the nature of the clientele, provision for the younger user evolved along different lines. It was not based in one specific centre but three, had a permanent staff and a clear sense of identity which resulted in the adoption of the name Contact. As a result the level of helper/helped interaction within the Contact boundary was relatively higher than in other user groups. It is notable that all the senior staff involved with the younger users were well qualified, both in terms of experience and professional qualifications, particularly the two women permanently involved with the younger users. However, this was not the case with the young CAs whose contribution to the service was considerable.

This chapter clearly illustrates that the facilities available to the younger user within the Contact format included social and rehabilitative activity, broadly in keeping with 'enlightened guardianship'. But while it is likely that a number of factors contributed to the adoption of this policy, including the inclinations of Contact members, their families and the staff, it is clear that there was little directive toward this end from outside the centres, either from within the Social Services Department, or from other agencies reputedly in the business of rehabilitation. This may be one of the reasons why the facilities for user self-development or 'independence training' within the service have not developed further. Another may derive from the users themselves. They are discussed in the following chapter.

Notes

- 1 The users and user interaction are dealt with in Chapters Five and Six.

- 2 For a comprehensive discussion of professionals and professionalization see Wilding (1982).
- 3 Throughout this study the term 'professional' is used to include those who work in the acknowledged professions such as doctors and lawyers, and in the 'aspiring professions' such as social workers, teachers, etc. (Wilding, 1982).
- 4 In deference to Matteson (1972, reported in Anderson and Clarke, 1982) the terms 'coping', 'adapting' and 'effective functioning' are interchangeable,
- 5 These figures are reproduced from an official document circulated to the Equal Opportunities (Disabled) Subcommittee by the Local Authority on 19 December 1986.
- 6 Initially the Council had been loath to finance the construction of a downstairs toilet and bedroom because Mrs H was an owner-occupier and not a council tenant.
- 7 This strategy was later adopted by management when the two Insight units were formed in 1986.
- 8 These data may not include those persons who did not use the transport facility and 'dropped in' after the register has been taken. In addition, some users avoided registering because the register contained a record of amenity fund subscriptions and users were not asked to contribute for days when they were absent. All day centre users were asked to contribute to an amenity fund to supplement resources. In 1986 this amounted to 50p per week, but in January 1987 it increased to 65p.
- 9 As noted in Chapter Two, in 1981 Carter (1981) found that the average staff/user ratio in day centres was one to eight.
- 10 On 1st January 1987, after Jayne was replaced by Jackie, Patrick became Contact's full time AO. In April of that year when Annie and Peter left the group, Sean, the male VW included in Table 10 was appointed Contact's male CA. In June, when Mary left, Tracy B, one of the two female VWs took her place. The VWs were not replaced during the study.

- 11 The types of staff currently employed in day centres have been described as best suited to the caring role (Carter, 1981; Kent *et al*, 1984) presumably because the majority are female, middle-aged and not professionally trained.
- 12 His associate at Alf Morris, Mrs F, was unavailable for interview for much of the study period due to illness. She was, however, similarly qualified.
- 13 In her formal interview on 22 June 1987 Mrs B, the RDCO, said that staff training was currently under review.
- 14 This view accords with findings of recent studies whose authors have drawn attention to a general need for such facilities in day centres for the younger physically impaired (Meredith Davies, 1982; Kent *et al*, 1984; Jordan, 1986; Owens, 1987).
- 15 This subject is discussed in detail in Chapter Six.
- 16 Relations between supervisor and subordinate were less convivial in other areas of the day centres. Some senior staff and occasionally elderly users criticized the young CAs for their perceived lack of aptitude, discipline and training. This may, however, be partially attributable to the considerable age gap between them.
- 17 In 1986-87 government-sponsored work schemes such as the Community Programme only lasted for twelve months. In many cases when government sponsorship finished so did the job.
- 18 These terms were used interchangeably *by* different day centre staff.