Excellence in policymaking, the future challenge

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All together now?

When I was asked to talk to you today about the benefits of good policy to users, I immediately felt an amendment to the title was necessary if we are to consider excellence in policy making for the future of social care today.

Because by using the title good policy <u>to</u> users, it would imply that policy is made by other people (civil servants) for the benefit of users. And as you can imagine, that certainly doesn't resonate with people like me!

So I am calling this presentation "all altogether now".

The gulf between policy and practice as defined by those who use social care services and professional policy makers is still vast. If social care policy making is to modernise and embrace service users at its core, like the rhetoric suggests, then a great deal of work needs to be done to change the way that policy evolves and is mainstreamed. Today I hope we can do some of this thinking together.

Firstly I should begin by saying inclusive policy-making is not a new concept. Actually, people who use social care services have been intrinsically involved in good policy making for decades. Sadly the social policy culture has not yet embraced the partnership approach. As it took decades to recognise the expertise of women within social policy making, so it is taking

another cultural shift to embrace and validate the knowledge and expertise of service users as having equal value.

Just before Christmas I had the honour of being invited to talk to the care services directorate about what inspired me in social care development. This was unusually easy! The reason why I decided to move from the disability movement where I directed the National Centre for Independent living, to the social care institute excellence, was to apply the fundamental principles of the social model, to mainstream community care provision.

The social model has had enormous impact on social care policy making and many of you in this room would have fundamentally benefited from this seminal work by service users in the 1970s. But I wonder how many of you really know what the social model is, who developed it and why is it so much fundamental in the pursuit of excellence in social care policy making?

So that those of you who were not present at the CSD Christmas party, I think it's important we take quick trip down memory lane. And that those of you who were there please indulge my again.

Vic Finkelstein, **and Mike Oliver.**

Both these individuals were – and are – amazing intellects. Vic, a seminal thinker on Apartheid, was imprisoned during the South African anti-Apartheid struggle for being a communist and storing ANC journals and papers in his house. For many years he got away with it, because the special police force thought he was just a harmless cripple! However, eventually he was found out and imprisoned for two years. On release in 1968, he escaped from Johannesburg – they'd placed a banning order on him – and came to the UK as a refugee. Vic Finkelstein was able to identify many parallels between his work in the ANC and his conversations with Mike.   Together, they saw that our segregation was brought about by a medicalisation

of our needs, through segregated hospitals and other institutions. The seeds of the social model were sewn. Finkelstein and Oliver began to demonstrate that it was society's inability to accommodate people who are physically or mentally different from the average that was the problem; that it is to a very great extent the social environment that disables people.

Mike converted social model thinking into a practical tool – the model that many of you in the room have come to know and use over the past decade as we have moved from the welfare mindset to one of citizenship and human rights.
We have a lot to thank Mike for. He not only set up one of the best social work courses in this country on the social model; he also brought the social model to the attention of the wider establishment, and of course his definition of disability eventually underpinned the research and evidence for disability anti-discrimination legislation, now known as the DDA

The social model is the disability movement's tool for social inclusion. The name is not important, in fact at times it has caused confusion, the idea however, is totally liberating for disabled people.

Many people are familiar with the term Social Model, in fact where-ever I go these days for my job, it trips off the tongue of those I encounter as they attempt to impress me that they are on service users wave length. But do people really understand the Social Model and its capacity to transform individuals capacity to participate or change the way we plan our communities and think about human life? The answer is no.

Let me remind you of the fundamental principles of this philosophy, that although developed in the early 70's have guided those who use services in our struggle for right not welfare .

Disability is a situation, caused by social conditions, which requires
For its elimination the following:

- That no one aspect such as incomes, mobility or institutions is treated in isolation.
- That disabled people should, with the advice and help of others, assume control over their own lives.
- That professionals, experts and others who seek to help must be committed to promoting such control by disabled people.

These principles locate the problem of disability with society - **something we can change/improve.** How liberated I felt when I realised I was not the problem and no longer had to apologise for my existence! How liberated could we all feel if we adopted these basic social model principles in our future social planning.

This is not pie in the sky. Power sharing on more equal terms is inevitable.

The 'Social Model Principles', were unconsciously adopted, by those involved in the strategic planning of the Community Care (Direct Payments) Act. Key players (which included Disabled people, Local Government Social Services, MPs from all political persuasions, Voluntary Organisations and Gov't officials) accepted that:

- disabled people needed control over their personal assistant arrangements in every part of their lives, in order to have control over their daily lives. Thus Independent Living could extend to personal assistants helping with work, raising a family, transportation etc. Direct Payments had the potential to be holistic. *Principle 1*

- Non disabled public sector organisations and people offered help and support without assuming control - By contracting

organisations of disabled people to Inform, advise, train and set up peer support for disabled people who wanted to live more independently, they promoted further control by disabled people. *Principle 2*

- Many of the key players involved with developing the legislation identified the Social Services structure for delivering support was at odds with the social model of disability and accepted to a degree, the Independent Living Model developed by disabled people as the blue print for the legislation on Direct payments. *Principle 3*

The recipe for the recent success of the disabled people's independent living movement is therefore simple;

In collaboration with Civil Servants, Members of Parliament, Social Service Practitioners, the disabled people's movement were considered to be the experts in our own situation. As a result we were given a central role in the planning of a social infrastructure that was to fundamentally change the nature of the relationship between disabled people and our personal care provider. So, POWER CHANGED HANDS. In the process the creative tension produced the constructive empowerment of disabled people that we all talk about, but rarely achieve.

This process demanded five things:

1. A balance of power, meaningful partnerships built on mutual respect.

2. An exchange of jealously guarded trade secrets, the rules of the game and the coded language that attends it!

3. A willingness to take risks, try out new ideas.

4. A desire to help one another understand issues and go forward, i.e. we teach you the social model, you show us

how the social systems operate - remember we haven't the history of involvement that you have.

5. An understanding that consultation and review would be on going, and User led.

Service users are ready for this approach. This **is** the way forward. As Mike Oliver and I identified in our research 3 years ago. The disabled people's movement has emerged as a young yet vibrant Civil Rights Movement. Don't simply consult us. Embrace us at the heart of social policy making.

If we go forward this way and disabled people are considered to have a vital role in the development of all our futures, we will not need to plead for recognition through education and awareness campaigns. We will be there, needed, wanted, expected.

Society will say how much we have benefited by creating inclusive communities which embrace the diversity of all service user groups and therefore difference becomes the norm - a recipe for good policy making. We have the tools to make that choice and go forward positively where everyone wins.