SERVICES FOR CLIENTS OR CLIENTS FOR SERVICES
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1   The administrative approach

It has been said that the greatest beneficiaries of the 'Chronically Sick and Disabled Persons Act' 1980 were able-bodied professional workers who were provided with a new road to career development and a source of livelihood. The argument goes on to suggest that disabled people might have been better served by all the funding associated with this act being paid direct to them.

Whatever the merits of this argument (and it might have been an interesting way of testing prevailing assumptions about disability) what it does underline is the considerable grievance felt by disabled people about the way our problems are tackled, what people understand about the meaning of disability and who is thought to benefit most from current practices.

The question really involves stepping back and getting to grips with what disabled people really want? Do they want to be 'normal'? Do they want the social and physical environment to be adapted according to their needs, just as able-bodied people have spent centuries remaking the world according to their own perception of their needs? How do answers to these questions relate to what able-bodied people want for disabled people?

Before grappling with these questions we must first of all make an attempt to understand what is disability. We should note, however, that none of the existing service approaches to disability were set up on the basis of an in-depth understanding of what disability is about. This is surely an extremely significant point warranting further investigation - the body of knowledge that has been created by service provision which enables professionals in the field of disability to call themselves experts came into being without any real attempt to understand this subject. Furthermore, while professional practice with disabled people has resulted in shared wisdom about appropriate forms of intervention to meet disabled people needs this practice has still not generated a deeper analysis of the meaning of disability!

Service provision for disabled people grew up organically as able-bodied people intervened to assist disabled people who were incapable of managing independently of this help. The very term 'disabled' indicates the common perception of the individual as unable to perform functions normally expected of the person's peers. Services therefore, and the professions that grew around these services, were developed on the basis of an unquestioned acceptance that disabled people were dependent upon others for help. The interventions are dependent upon an assessment of individual abilities and needs seen to be associated with personal functioning.

There are two critical components in the development of contemporary service interventions: Firstly, the individual must have some form of permanent bodily impairment (eg. an impairment of the eye) resulting in a significant loss of function (eg. loss of ability to read) and this cannot be 'cured' by medical intervention. The individual is then said to be disabled. Secondly, the disabled person is expected to be dependent upon the 'care' of others in order to carry out activities of daily life. The first component assumes incapacity is dependent upon an incurable disability. This interpretation has been called the medical model of

disability and is believed to result in the second component of intervention involving care of the individual.

Seen together the combined 'cure' (medical approach) and 'care' (welfare approach) offered by the 'Department of Health and Social Services' can be interpreted as being unconsciously guided by an 'administrative model' of disability. This can be regarded as the prevailing dominant approach to disability in the UK. In the administrative approach the problems faced by disabled people are seen as caused by a medical condition which results in the need for social and welfare services to be administered to them.

2   The origins of the administrative approach

The problem with the administrative approach is that there is a significant misunderstanding built-in to the presumptions about the cause of a disabled person's inability to function. In my example, above, I suggested that where an impairment (impairment of the eye) is believed to result in a significant loss of function (inability to read) this is regarded as a disability. However, what is not mentioned in this interpretation of disability is that before books (or writing) were invented nobody could read. The invention of written forms of information exchange is one of the ways that sighted people have changed the world according to their own wishes. The blind person's inability to read, therefore, can be interpreted not as a loss of function but quite simply as an inability to use an able-bodied aid for information exchange.

Sighted people have designed and re-built the natural environment (and changed social forms of behaviour to fit into this environment) to such an extent that there are now few activities in modern society which can be performed without using sighted people's aids. No wonder then that blind people function at a lower level - the impairment of an eye therefore may not at all be the cause behind loss of function but rather the way able-bodied (sighted) people have created and used their aids for daily living.

From this point of view one of the most significant barriers to be created in the way of sight impaired people functioning normally was the invention of the printing press and the massive use of books, journals, newspapers, etc. The suggestion is that production on a large scale, and production designed to meet able-bodied standards, played an important role in creating the meaning of disability.

In my view the current meaning of disability has its origins in the development of the industrial revolution which eventually swept all previous social relations aside by bringing large scale manufacture and the market into total dominance over our lives.

It is well to remember that disabled people have not always been isolated from their communities (eg. contemporary literature provides ample evidence of disabled people in their communities as beggars, vagabonds, etc. This can, of course, still be seen in the third world). In these circumstances, although living standards were often appalling for most disabled people disabled people were, nevertheless, part of the community.

The introduction of machinery, on a large scale, however, meant designing the means of production for an abstract human worker (ie. for normal people - the hands). Since disabled people deviate from this 'norm' they were progressively sifted out of mainstream life and their communities. Ultimately they were put into care when there was a need to remove beggars off the streets.

It is only when this process had been completed in the twentieth century that a service structure, the professional experts on disability and the dominance of the administrative approach in dealing with the problems that disabled people face came into its own right. In

other words, current services and current ideas about disability have evolved out of the 'precondition' of segregation.

3   Human functioning

The design of productive processes meant that only people with average physical characteristics were expected at places of employment. Public transport, housing and education (to prepare the next generation for life in an able-bodied world) were all created for average people and this in turn presented those who deviated from this norm with an increasing array of barriers. Emphasis on education, as a pre-requisite for acquiring skills and following instructions in manufacture and the wholesale and retail sectors of the economy, added to the range of barriers disabling people with a visual impairment.

However, disabled people, like their able-bodied peers, also like to exercise their basic human abilities by imposing changes on the world to make it more comfortable for themselves. The problem is that this leads them to see their difficulties in terms of barriers which prevent functioning whereas disability experts are trained to analyse the problem by focussing on individual needs. In the face of the overwhelming control of resources by service providers and the exclusion of disabled people from decision making by prevailing able-bodied barriers disabled people have not, until very recently, been able to influence the way that the problems that disabled people face are understood and approached.

One of the most remarkable recent developments has been the more or less spontaneous and vigorous expression of the voice of disabled people around the world for a new approach to disability and disability related services.

This has taken several forms. Growing criticism of able-bodied people determining what are appropriate goals for disabled people (usually 'to be as normal as possible'), how their problems should be identified ('professional assessments'), how needs can be met ('able-bodied planned, set up and run services for disabled people') and what are acceptable public images of disabled people ('the charity profile - negative images designed to attract money'). The substance of the criticism, in my view, is concerned with the prevailing administrative approach, the dominant component being the so-called medical model.

The administrative interpretation of disability (and the medical model) perhaps finds its greatest expression in the schizophrenic labelling of disabled people as 'people with disabilities'. From a managerial and medical point of view it makes sense to divide disabled people into two. This enables able-bodied service providers to legitimise management and professional intervention in the lives of disabled people (they are the experts on disability) while at the same time professing that they are not interfering, or dominating the individual person (the individual is accepted as having right of control over themselves as a person).

Unfortunately, it is quite impossible for a disabled person to function in two halves and because disability can be overwhelming (due to the shear extent of disabling barriers) those intervening on this side can maintain a dominant influence. In any case, given the chance to evolve an independent view of themselves disabled people do not see themselves as consisting of two conflicting sides and during the current era they are increasingly identifying themselves as disabled people who are being denied their citizenship rights by the continuing existence of social and physical environmental barriers.

4   Citizenship

When visual forms of information exchange were created with the invention of written letters this is unquestionably accepted as an expression of human rights. What is not recognised is

that this is specifically an able-bodied people's right. Nor is there awareness that when this form of information exchange came to dominant everyone's ability to function in society this effectively created a disabling barrier for visually impaired people and that their rights were being progressively suppressed (eg. with the growth of visual direction signs for negotiating the environment created for able-bodied living).

The process of creating an able-bodied world seems so natural that until recently there has been little awareness that it is a jungle of barriers for non-standard people. Able-bodied service providers do not experience or perceive this world as disabling and legislation does not encourage this viewpoint. Little wonder then that the bulk of assistance offered to disabled people is basically concerned with enabling disabled people to live in, or to come to terms with, the able-bodied social and physical environment. From this point of view interventions are concerned with the assessment and problem solving of individual needs (where possible, of course, with the specific individual).

Where disabled people have presented a strident identification of themselves as disabled people (eg. in the 'British Council of Organisations of Disabled People' and the 'Disabled Peoples International') the focus of attention has shifted from pressure group politics for more able-bodied run services to demands for civil rights legislation and services which are firmly placed in the context of barrier identification and assessment, followed by planning and interventions for barrier removal. The pressures for change in this direction are so strong that disabled people, all over the world, have begun setting up their own services, planned, established, maintained and staffed by disabled people. They have gone under a variety of names such as 'Centres for Integrated Living' and 'Centres for Independent Living'.

This approach unites disability related services with disabled people's organisational efforts to legitimise their citizenship rights. Being a citizen and having the right to participate in the removal of barriers which disable perhaps has little to do with being a 'client' and certainly involves a longer, more critical, analysis of existing approaches which seem to be increasingly seen as a means of maintaining clients for able-bodied service providers. When able-bodied people provide their own aids to living (like books, or telescopes for moon watching) this is not seen as part of rehabilitation services assisting people to compensate for able-bodiedness! Why then should activities in support of disabled people involving the design and use of their own aids be regarded as falling within the province of rehabilitation as part of the process of compensating for disability?

Undoubtedly service providers have acquired enormous expertise in assisting disabled people but without a fundamental re-think of existing service approaches and the way disability is understood there is every chance that this expertise will remain locked behind its self-created barriers.