Additional materials

These additional materials are to be included in the packs prepared to accompany the 4 day person centred planning facilitation course co-ordinated by SHS Trust on 25, 26 and 27 January and 15 March 2005. The course was commissioned by Leicester City Council.

The impact of power, status and kinship on quality of life

People's quality of life, their sense of identity and their safety is closely connected to:

- the power they have
- the formal status which society confers on them
- the strength of their kinship network.

In British society, there are huge differentials between the status and power of individuals. By status, we mean the importance which society accords to them. By power, we mean someone's capacity to make things happen, to control events in their own life and influence the actions of others.

Status and power are associated, but are not the same. For example, Rupert Murdoch has more power than Stephen Hawking, but probably lower status. In Scotland, Nelson Mandela may have higher status than Jack McConnell, but less power.

A person's status and power can change dramatically during their lifetime. Churchill was sacked by the government in the 1914-18 war; 25 years later he became Prime Minister at a critical point in World War Two. He has now been voted the greatest Britain, although many people hold highly critical views of him.

Status - where it comes from

People's status may derive from their membership of particular groups; from their roles and responsibilities within particular contexts; from their talents, integrity, courage or personality; from particular actions or achievements, or from their conduct over a long period of time.

Adults can have status within one setting but not another. Someone can be head of a large organisation, but seen as the duffer in a local darts team. Some children may be regarded as the cleverest child in the class, but ridiculed by the other kids because they aren't cool. Someone may be seen as a freedom fighter by one group and a terrorist by another group. Someone may have high status within their own small community, but be unknown outside. Tony Blair's status in England is very different from his status in Scotland, although he is Prime Minister of both countries.

People can acquire status through their individual efforts, qualities, characteristics or achievements, or they may derive it from their membership of a particular group. Someone who is related to the Kennedy family in the United States will start off with high status - although they may lose it later. Similarly, some people start off with low status because of their family background, where they live or many other factors - and they may achieve high status despite this.

Power - where it comes from

People's power may derive from their physical strength, their control of resources (money, organisations, facilities), the people they know, the legal authority invested in them by the state, their particular skills or the force of their personality. Someone may have great power within their family, but no power at work, or vice versa.

Three 'bands' of status and power

The 1%

Our society can be seen in terms of three unequal 'bands' of people. There is a small group of people - perhaps 1% of the population - who have very high status and/or very high power. Government ministers, sporting heroes, company bosses, top civil servants, judges, media people, top academics, landowners, famous lawyers and doctors ... their status and power puts them in a position where many other people look up to them or are directly influenced by their decisions. They are the people for whom other people wait, the people whose words other people pay attention to.

For someone with such very high status or power, the role or talents or achievements from which their status and power derive 'drown out' almost everything else about them. Individuals become their public persona. They can afford to be no good at plenty of things because they are so famous and powerful in one or two roles. Richard Branson's hot air balloon can blow away before his world record attempt, but no-one questions his ability to manage Virgin's many business activities.

The 90%

There is a large group of people - maybe 90% of the population - who get by. Within this group, there are big differences of wealth and health. Some people will have significant authority at work, or will have a highly respected profession, while other people are unemployed or in low-paid jobs. Some people will have loads of money, others are scraping by. Some people will live in mansions, others will be tenants in poor housing. Some people will have many talents or be members of prestigious organisations, others will have much quieter lives. However, all the people in this group are seen as citizens, customers, consumers, voters, community members. They are seen as part of society, as OK, as the great British public.

The 9%

Finally, there is a band of people with such low status, or such little power that they are at risk of being marginalised or excluded. Within this band there are people who are homeless, people who are permanently unemployed, people who are old and ill and very poor, people who have long-standing major mental health problems, children and young people in the care system, children and adults with sensory and physical impairments, and children and adults with significant learning disabilities.

Not everyone with these characteristics will end up 'on the edge' like this. Some will achieve enough status or power to see themselves and be seen as people who matter. But people 'on the edge' are seen by society as unimportant and have little capacity to take control of their own situation. They become the people for whom nobody waits, whose words nobody hears.

These people get a worse deal from society. They are likely to receive a smaller share of the society's resources, to have to accept lower standards, to live shorter and harder lives. The more unequal a society, the greater this difference of treatment, and the more this difference is seen as acceptable.

Kinship

Kinship is concerned not with formal roles and responsibilities, but with personal ties and connections between people - friends and family to rely on, colleagues at work, neighbours to swap favours with, mums and dads and grannies who take care to spoil us.

These are the people who introduce us to new people and new opportunities, the people who include us in things they are planning, the people who keep in touch and who think we matter.

These friendships and relationships are also a vital safeguard against abuse and neglect, and a source of solidarity and support in taking on the system. They are especially important to children and young people to help them develop into confident and secure individuals.

Some people who are at risk of exclusion have strong family connections, but only with a small number of people. They may be very close to their mum, or daughter, or partner but know very few other people. Sometimes the whole family is at risk of exclusion because nobody in the family is well-connected with the wider world.

A crucial role of services is to support people in building up and maintaining their networks of kinship and acquaintance. Again, however, services can operate in a way which destroys people's existing networks and cuts them off from opportunities to build new ones. Sometimes services lock people into being entirely dependent on one caring relative or paid carer.

The challenge for those of us who work in services is to act in a way which enhances people's status, allows them to take greater power and creates new opportunities for kinship.

Why most people who use services have low status and power

People who use services, like other people, acquire status in two ways. As an individual, their personal characteristics, talents, roles, activities, contributions are regarded as desirable or undesirable. But they are also seen as a member of a minority group, for example 'disabled people', 'old people' 'abandoned children', 'orphans', 'travellers', 'Asians', or 'the mentally ill.'

They have a particular social status as a group - and individuals from that group have to start with and work from that point.

The beliefs which are commonly held in society about people who use services, as a group, make a frame through which we see and judge these individuals. The way we then treat people who use services tends to keep us within this frame and to confirm rather than challenge the judgements we make.

So being a member of the group gives people a poor reputation to recover from. If society perceives an individual to be part of a group which has a devalued status, then that individual will inherit any social perceptions which surround that group of people.

Individual Status

People can achieve things as individuals that reduce or even cancel out the negative reputation they inherit from their 'group identity'. By holding down valued roles in society they can be recognised as individuals with a place and a contribution to make. So, for example, people can become classmates, members of a youth group, members of the board of directors, householders, employers, partners, parents, actors, writers, designers.

All these formal social roles help to create an alternative status and identity for this person as an individual, so they can be seen as someone in their own right.

Changing social perceptions

We tend to forget that the development of human services is relatively recent in historical terms. It is only really in the past 200 years that social policy has been concerned in any planned way with groups of people described as a “problem” or in need of some kind of help or intervention by local or national government. It is also the case that social policy has gone through many changes in this period and that services we may have imagined “always being that way” might in fact have altered greatly over the years. In the era of Community Care, it is perhaps surprising to realise that most of the hospital institutions built for people with learning difficulties grew most dramatically after World War II.

Wolf Wolfensberger points out that the service “models” developed and championed at any one time reflect the social perceptions of people that are prevalent at that time. He goes on to argue that most of our services today retain elements of models created in response to a range of different perceptions. We believe that the idea makes sense for any group at risk of exclusion. It is worth remembering that social policy has very often grouped people together whom we see in very different ways. A brief glimpse at medical journals from early last century might shock present day readers by their linking of disability, mental health, criminality, poverty and race.

People as an economic burden

People may be seen as primarily a drain on society, as people who do not contribute but simply require others to pay for and support them. The ‘colonies’ and ‘farm schools’ set up to provide for disabled people from 1870 onwards were organised to be as self-sufficient as possible, in order to reduce the costs to the public purse, and league tables were published to compare the performance of different institutions. Very large establishments were built in rural settings to achieve economies of scale. Many long stay hospitals in the UK had farms until recent years.

Continuing this tradition, people in adult training centres used to undertake jobs like packaging on a contract basis and, rather than get paid directly, would earn money for the local authority or the voluntary organisation running the centre. Many elderly people are now regarded as economic burdens for the rest of society and we are constantly warned that as a society we will not be able to sustain our ageing population. People immigrating in to the UK are sometimes accused of 'taking our jobs' or being 'benefit scroungers'. A recent survey has shown that this is particularly prevalent in respect of asylum seekers who have been described as 'parasites'. Those who have the misfortune to be unemployed have long been regarded in this light.

The ideas of cost and burden are also prevalent in the discussions around abortion of unborn babies who are suspected of 'defects' or 'abnormalities'.

People as child-like/eternal children

Tom Shakespeare, the Director of Outreach for the Policy, Ethics and Life Sciences Research Institute, has suggested that the fundamental social division is between adults and children. He comments that many other devalued groups have been seen as child-like.

Sometimes disabled people, particularly those with learning difficulties, are seen as children who never grow up. In fact, there are social clubs called the 'Peter Pan Club' based on exactly this view. Similarly, people with dementia are sometimes seen as returning to a childlike state.

Seeing and treating people as children is a theme which runs through many different services, and is often explicitly justified on the basis that people have a 'mental age' of 5 years, or 6 months, or whatever. This is given as an explanation for why people do not have a home of their own, or a job, or any money - and why they have not been consulted in crucial life decisions.

Services which treat people as children will seek to protect them from risk, from responsibility, from serious choices, from knowledge - to keep them in a state of innocence and also of powerlessness. Design, decor, activities and language all reinforce the message that 'these people are child-like' and 'we are the grown-ups'. Bedrooms are decorated with children's posters and the TV is switched on for the teletubbies. People are addressed as children - men and women in their 80's are referred to as boys and girls and asked to eat up their dinner. Older men and women, who are considered to be 'disorientated and confused' are asked to play team games with parachutes as a form of therapy.

Expressions of opinion by adults are simply discounted and not taken seriously. Staff assume a parent-like authority in relation to people of their own age and older, without even thinking about it. People are expected to ask permission and follow rules as if they were in primary school - while at the same time being told 'this is your home'.

Some villages and 'rural communities' for people with learning disabilities have a strong element of this approach - they wish to protect people and to create a make-believe world where they will be able to escape the dangers of the real world. However, some of these villages also miss out on much of the variety, fun and freedom of the real world.

People as sick, ill, diseased

People may be seen as sick or diseased when they are quite well, or their illness, medical labels or history may be seen as the most important thing to be known about them. Some of the consequences of this include:

- People being grouped by diagnosis, living alongside people with the same syndrome or label, in a service run by an organisation for people with that syndrome. It is not clear what benefits derive from sorting people into these groups, since the syndrome itself is not treatable or curable. Unlike TB, these syndromes are not contagious, and there are no benefits to other people from grouping people in this way.
- People's 'clinical needs' are the focus of intervention, and people's ordinary universal needs for housing, employment, friends etc. may be overlooked or seen as secondary. The people who are employed to provide day to day support in ordinary life matters may be nurses, medically qualified, or employed by the NHS.
- Medical and clinical perspectives and language are given overriding importance. Decisions about the risk attached to someone living in their own home are seen as medical matters. Support staff sometimes need to seek authorisation for supporting someone in ordinary activities from a more highly qualified medical professional. Normal activities such as riding, swimming or making things are redesignated as 'therapeutic', as if there is a sickness in people which these activities will cure.
- Information which is recorded or distributed about people often starts with medical information. The first thing that a new school finds out about a prospective pupil may be their medical diagnosis - something they've never heard of and which sounds worrying but tells them nothing useful.
- "Challenging behaviour" is seen as a side effect, not of neglect, abuse or boredom, but of the disability, or label - in medical terms, it is seen as a diagnosis rather than a symptom. It becomes a focus for clinical rather than environmental intervention.
- It is seen as acceptable and desirable to undertake research and observations on people in their everyday life. Some services use one way glass to enable them to observe and monitor people. Nurses may be located in observation stations.

Unfortunately, the sickness model does not always result in people getting good basic health care - in fact, many people living in hospitals, hostels and group homes have unmet primary health needs.

Often people in long stay hospitals have to be removed to general hospitals for medical treatment. They may not receive regular dental check ups or sight tests.

Many older people in institutions have had their teeth removed, they share hearing aids and they don't have glasses. They may have far less information about the drugs they are compelled to take and their side effects than ordinary members of the public. They may have far less power to refuse medication and may often be sedated against their will.

This is nothing to do with the skills and qualities of people who have trained as nurses. This is about the model. A service model based on the perception of people as primarily sick is not focused on meeting their most important needs as people.

It is worth remembering that the long stay chronic care institutions were not mostly built as hospitals. Before the NHS was founded in 1947, they were called schools, asylums or colonies. They were included in the NHS almost as an afterthought. Only then were they renamed as hospitals and seen as places where people would be cared for by nurses and doctors rather than keepers, instructors, wardens or attendants.

A burden on charity, holy innocents or sinners

People may be seen primarily as objects of charity, "as gifts from God", or as people who have received divine punishment. Lynne Elwell, a trainer in this field of work, talks about the nuns regarding her deafness as a blessing but her left handedness as a sign of the devil.

In pre-industrial times, disabled people may have been supported in monasteries, by wealthy benefactors or through charitable donations from the parish. Many religious organisations, for example the Brothers of Charity and the Church of Scotland are major providers of care services. With the development of secular charitable and voluntary organisations, the image of people as objects of charity has been maintained as a way of raising money.

Organisations still use collecting cans, second hand shops, door-to-door collections, and summer fairs to encourage people to 'give to the handicapped' or whatever. Some organisations post bin bags to houses asking for second hand goods. Many large voluntary organisations use pity and fear as a way of making us put our hands in our pockets. One campaign in Christmas 1998 asked us to buy a Christmas decoration to 'hang on our tree' because the beneficiaries of the charity 'were hanging on' for our donation - presumably they weren't enjoying Christmas in the same way as 'us'.

Many people find this demeaning. It undermines their status as citizens - they do not have a right to decent services but should be grateful for handouts. Some of the annual charity events in Britain are strongly criticised by organisations of disabled people and others for the imagery they perpetuate.

Contrast this for example with the Big Issue where homeless people themselves do a disciplined job to earn some cash and produce a quality product. Comic Relief is another example of an organisation promoting positive imagery. Generally, this notion of people as objects of charity encourages organisations to be complacent and think of themselves as working out of the goodness of their heart. Instead they should think of themselves as privileged to provide a service to people, and as accountable to the people they serve.

People as in need of improvement

Sometimes it is assumed that people need to learn skills in order to gain acceptance in society. In other words they are not yet ready, but with enough help some of them may make the grade – and if they don't then there is good reason for them to be kept apart.

This way of thinking was the motivation behind the first residential schools for people with learning disabilities and/or physical impairment founded in the 1840s and 1850s in the UK and US. These were relatively small schools providing intensive training in trades such as printing, bookbinding, shoemaking, tailoring and brush-making. However, many students never 'graduated' to the point where they were economically self-sufficient, and many of these schools, founded with great optimism, gradually deteriorated into - or were replaced by - long-stay institutions.

A similar model has been used in 'adult training centres'. People may spend thirty years 'training' for something, but never getting there. Sadly, some of the trades which had a real economic relevance 150 years ago are still the focus of some of the activities in such centres, and have become nothing more than ways to fill the time. This idea of people as 'trainable' is double-edged. It encourages people to develop their skills and abilities – which is clearly a good thing. But at the same time, it puts people in the position of 'not yet ready to join in'. If people are seen mainly as deficient, in need of fixing, there is too much emphasis on their learning disability or impairment and not enough on them as a whole person. Also, many people will never learn to be 'independent'. As Judith Snow, an internationally recognised thinker and campaigner in the disability movement, comments:

> *"I am perfectly eligible to live in a chronic care institution. I have never had the full use of my body in all of my 44 years and the taxpayers of Canada would pay $150,000 a year for me to be hospitalised. But 5, or, even 40 years later I would still have very limited use of my body. People would allow me, even support me, to spend the rest of my life waiting to become a person who walks and moves my arms."*

People as a social menace

Another common social perception of people has been that they are a menace to the stability and prosperity of society. With this assumption the job of services becomes to keep them out of the social mainstream and prevent them from having children. This was done most aggressively in the early part of this century when there was an active policy of taking people away to segregated institutions.

It was commonly accepted that a wide range of 'mental deficiency' was passed on through a single recessive gene, and that this gene had to be eliminated through social engineering. Compulsory sterilisation was used. Although it was publicly rejected in both the US and UK as impractical as a mass policy, it was and still is used as a way to deal with particular individuals.

This attitude was taken to its logical extreme in Nazi Germany with the mass killings of selected groups of people during the 1930s. Sterilisation has only recently been changed in Canada.

In the midst of all this, it is worth noting that the Nazis at the Nuremberg War Trials cited the Alberta Eugenics Board in Canada as a source of inspiration for their policy of sterilisation. Many People First organisations in Canada are supporting people to sue their state over the fact that they were sterilised without either knowledge or consent.

The social menace model is perhaps strongest today in relation to people with mental illness despite the fact that the vast majority of people with mental health problems are in no way dangerous to others.

Despite the various Education Acts, disabled children still have to fight to get into the mainstream education system at age 5, and then have to keep fighting to stay in. Many teachers and parents still regard them as a menace or distraction to the 'ordinary' children. Despite the presumption of mainstream inclusion in the Standards in Scotland Schools Act 2000, children with labels of disability can still be excluded on the grounds of their assumed aptitude or ability, the perceived cost of their inclusion and their unfulfilled potential for interfering with the efficient education of other children. No other children have to pass such tests to attend their local primary school.

The social menace model reappears in the use of genetic testing and screening. Many people make the unconscious assumption that the world would be better off without disabled people. Therefore, they conclude, if we can find out that someone will be born with a disability we should organise an abortion as a matter of course.

A life not worth living, or less than human

Some people are seen as so disabled or impaired that their lives could not possibly be worth living. Older people with dementia may be described as ‘gone’. Nursing homes are sometimes referred to as “God’s waiting room”. People may be seen as less than human, so that it is assumed that their only needs are for food and shelter. The word ‘vegetable’ is sometimes used.

Sometimes this has effects on the standards of health care people receive. Judith Snow explains that she was told that “people like that don’t survive past 30” so that her ill health was seen as inevitable, and nobody realised that she was severely allergic to the food dyes in some of her vitamins.

People as commodities

The growth in the care sector, particularly over the last 10 years, and the integration of business language and ideology into the provision of care, has supported the view of people as commodities.

The following article by David Brindle in the Guardian newspaper on 2. September 1998 talks about older people being ‘bought and sold”.

> *“Old people are being bought and sold without any say or protection as nursing and other care homes change hands at on alarming rate, a campaign group is today warning.”*
>
> *... The alert comes from Counsel and Care, which specialises in advice and help for older people in care homes. It says that growing domination of the homes sector by bigger companies, and the accelerating withdrawal from it by local authorities, mean that home residents increasingly resemble a commodity being traded - often without knowing who ‘owns’ them. Some have experienced up to five different owners of their homes.*

The article goes on to say that there are now 16 companies each operating more than 1000 beds in nursing, residential or dual-registered homes. BUPA Care Homes is by far the biggest in the field, with almost 16,000 beds, but Ashbourne has more than 8,500 beds and Westminster Health Care almost 6,000. It states that there is “no direct voice for the users of the service - old people themselves and their relatives and carers.”

A new social perception - people as citizens at risk

All of our work at SHS is based on seeing people first and foremost as citizens - as adults and children first - who share common human needs, but who need more help than other people to get these needs met. For instance we believe that the sort of help that disabled people, or people with mental health problems need is not different in kind from the sort of help that everyone else needs from time to time in their life. What is different is the intensity of help, and the fact that some people may need help for most or all of their life.

We see everyone as having a contribution to make. We believe that society as a whole benefits from the presence and inclusion of all and that it would be a better place if the contributions of all were recognised and valued. Services based on this perception concentrate on helping people to be included; on increasing and maintaining their power and status, and building their networks of friendship and association.

The Consequences of Devaluation

The consequences of society having these negative perceptions about an individual are that, at the very least, they are looked down upon. In simple terms, people often get from society what society feels they deserve, and being ‘devalued’ means being treated less well. Wolfensberger points out that a consequence of devaluation is that “people get systematically rejected, not only by society as a whole but quite often even by their own family, neighbours, community, and even by the workers in services that are supposed to assist them”.

Wolf Wolfensberger suggests that, as a consequence of rejection, an individual may express feelings of rejection by being violent or aggressive and this may result in them being assigned other labels such as ‘challenging behaviour’. Other consequences of devaluation can be that:

- People are at risk of being made society’s scapegoats. They and people who are seen to be ‘like them’ are blamed for multiple problems.
- People experience segregation. They find themselves spending their time in places away from the rest of society, along with other people who are seen to be like them.
- People lose control over their own lives. Other people gain power over them and make decisions for them.
- People may be moved from place to place and lack many personal possessions. Wolfensberger talks about ‘discontinuity’ to explain the way that some may lack the kind of personal environment that most of us build for ourselves using possessions, collected junk, carefully chosen clothes, and objects that are meaningful to us. It is useful to consider how many of us would allow another person to tidy our home for us, making decisions about what we should keep and what we should throw away.
- People experience discontinuity in their relationships. They may have to repeatedly say goodbye to those who are closest in their lives because these are the members of staff who provide day to day support. This is sometimes called serial bereavement to reflect the profound effect it can have. Older people often even have to give away treasured pets when they move into supported accommodation.

- People may have to accept what is available to them, and may be expected to be grateful. They may have a ‘service-centred’ life. Most of us can choose the country we live in, the city, the area, the type of house and the people we live with. Even if we can’t afford expensive accommodation, we can still choose from a huge number of options. Compare this to the common experiences of people moving from large disability homes or leaving hospital accommodation after mental illness who may have their choice restricted to just one or two possibilities.
- People may be financially poor, with few valuable possessions.
- People can be denied participation in society and thus lack valuable social experience and support networks.
- People may feel they have a wasted life, spending lots of time waiting around, or getting ready for something to happen at some unspecified time in the future.
- People may be physically abused, and may die prematurely.

Working with the present - the impact of Russian dolls

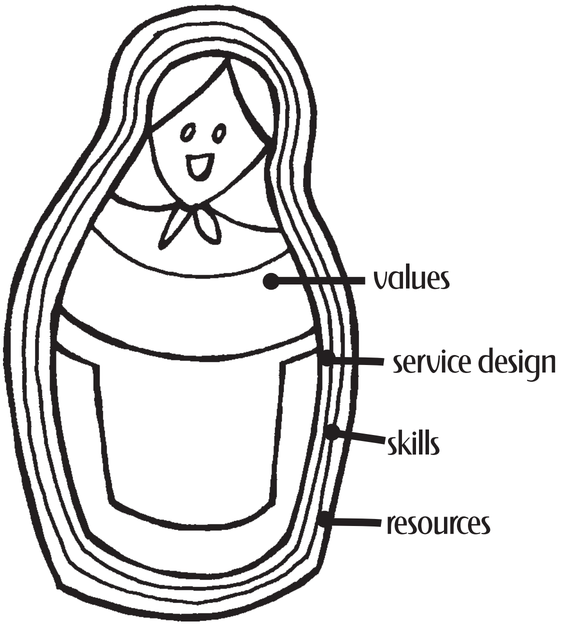
Despite the best efforts of staff most services tend not to address or meet people's most important needs.

The way we organise services tends to reinforce negative assumptions about people as a group. By providing separate facilities, by batching people together by group, and by organising strange activities and imagery around people we create a cultural apartheid in which people are seen as separate and unequal.

Someone's label - such as 'disabled', 'frail elder' or 'traveller' may be seen as the most interesting and important thing about them in other people's eyes. This obliterates other more important personal characteristics and qualities. People are assumed to have more in common with other people who are similarly labelled than with anyone else, even their own family.

Services typically face four different challenges in closing the gap between what people need and what they get. These are to do with: values and vision, service design, staff skills, and resources.

- Values and vision
- Service design
- Skills
- Resources



These factors are linked. The underpinning values shape the service design, and this shapes the skills we expect from staff. The skills of staff affect the range and type of resources available to the service. We use the diagram of the Russian Doll to illustrate this concept.

Organisations and services often say that all they need is more resources. However, it is clear that if the challenge is one of service design or of values and vision, just increasing staff resources will not prove to be a productive first step - it may be simply putting new wine into old bottles. Each type of challenge provides a constraint on what the service can achieve.

Understanding why things are the way they are

1. Thinking about values and vision

We have seen the central role of values in shaping the way we understand people's needs and the sorts of services we provide. It is difficult to get managers in a service to take time out to talk about values - about what they think people need, about what makes them go to work in the morning. Values are not something which can be simply written down in the mission statement and then left to look after themselves. Staff at all levels of the organisation need the chance to keep thinking about what they are trying to do, and why. This thinking works better if it can be done alongside the people who rely on the service.

Human services need to take as much care working on their values and vision as they take working on their budgets and their development plans. Otherwise, they will quickly go off course, and end up being very busy doing the wrong thing.

The values and vision must be clear, and they must be faithful to what people who use the service want and need. Otherwise, energy will be wasted and the service will not be focused on the right task. Every other decision will be flawed and may be counterproductive.

2. Thinking about service design

The service design must allow and enable the implementation of the values and vision. By design we mean the way the service is set up and managed: when, where and how people are able to use the service: the buildings that are used, the way people are grouped, the relationship which the service creates between staff and service user.

Many services were set up with a different set of values and vision and have inherited a design based on those different values. To make sense of their new vision they may need to make significant changes in design.

The explicit philosophy may have changed, but the models used are still the old ones. So we may talk about integration and inclusion but we still operate a

whole range of segregated services - special needs housing, sheltered workshops, special schools, horse riding for the disabled, nursing and residential homes, day centres for people with learning difficulties and club houses for people with mental ill health.. We are still using many of the buildings put up between 1850 and 1950 to keep people 'out of sight and out of mind'.
The way we do things is influenced as much by unstated assumptions and custom and practice as by written policy.

Service practices, the 'look and feel' of the service, the design and location of the building, job titles and the way staff see their role, the messages the service sends out about what it is - all these often reflect very old-fashioned and sometimes unconscious assumptions about the people being served.
If you accept that some people are citizens at risk of social exclusion, the role of services is to support and strengthen the capacity of society to include them and to help them maintain and extend their positive social identity as valued members of their communities.

3. Thinking about staff skills

The staff skills must be up to the task. However clear the values and however beautiful the service design, a service cannot work well unless practitioners have the right skills. People who have done their previous job competently and conscientiously may feel defensive at the prospect of having to learn new skills, but without this a service may have all the right words but show no results. If the service has clear values and a clear vision, skilled and motivated staff can go a long way towards compensating for poor service design.

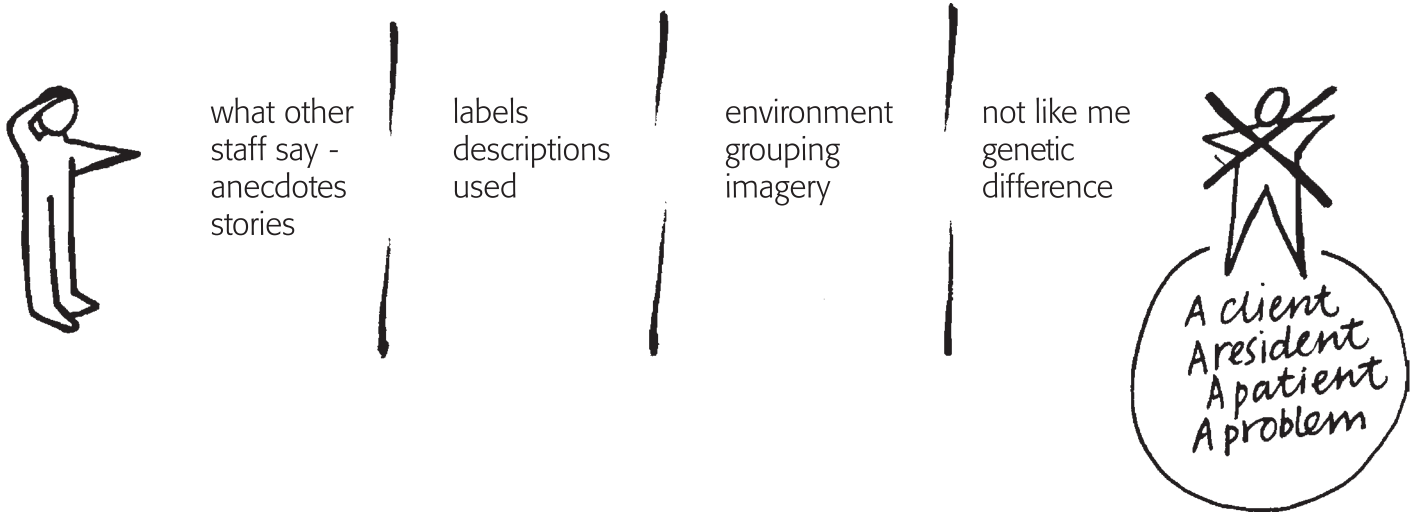
However, as a result of the way services are designed, staff become skilled in 'doing for' and even 'thinking for' people in the service. The language they use indicates very clearly where they believe the power lies in the relationship: they talk about "taking people to" places; of "allowing people " to participate in activities. They become skilled at 'organising', 'minding' and 'managing'. It is harder for them to learn 'listening' 'standing back' and 'responding'.

Staff also become very comfortable inside 'their' building and less confident and comfortable 'outside'. It is difficult for them to imagine functioning outwith the building and they begin to question the possibility of activity outside - 'but what if it's raining?'. Staff may not be skilful at introducing people they work with to people and places in the community, and may consciously or unconsciously mark people out as different and dependent.

4. Thinking about resources

Each of these three factors impose or remove a constraint on what is possible. Clearer vision, better design, higher skills increase the range of what can be achieved. The final constraint is the volume of resources - how many people, how much money can the service use. Everything else could be right and the service might be in a situation where progress can only be made if more paid staff are employed.

Most services would be happy to have an extra member of staff. But many services lack imagination in making use of the skills and resources of the people who use the service; or of their friends, families and contacts. Some services could also do more to make use of the skills and resources of their existing staff.


what other staff say - anecdotes stories
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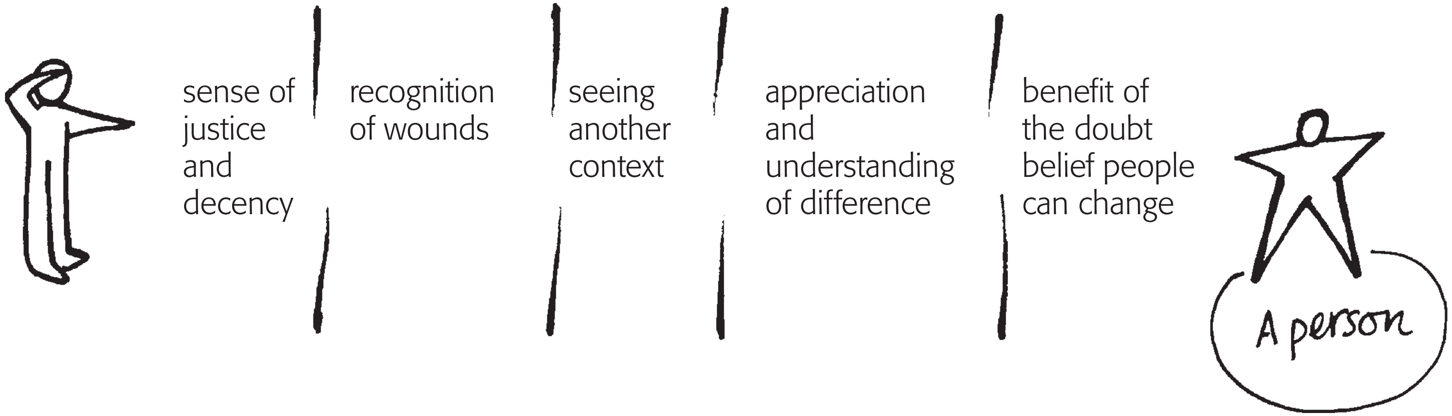
A client
A resident
A patient
A problem


sense of justice and decency
recognition of wounds
seeing another context
appreciation and understanding of difference
benefit of the doubt belief people can change
A person

Putting on the capacity lenses

One characteristic of most human services is their focus on peoples' deficits rather than their capacities. Older people are 'frail', 'housebound' or 'confused'. Children are 'attention seeking' or 'school refusers'. People with disabilities are 'wheelchair bound' or 'non verbal'. These 'reputations' often have their origins in genuine attempts to be helpful to people but in effect produce a view of individuals, which is distorted by its focus on the negative. So social workers are asked to undertake 'needs led assessments' in order to try and work out what services might help an individual or family but are not usually expected to ask what strengths and capacities they might have. Moreover, many of these descriptions or gategorisations of people can develop into reputations which might follow them around for most of their lives - an even greater risk when you have a file or report written about you at some time.

When thinking about reputations there are some important points to consider:

- Sometimes people have qualities and traits which other people dislike or which can be seen negatively in one context, e.g. someone may be described by some people as 'pig-headed' or 'insecure' or 'selfish'.
- These same qualities might be seen differently by people who like the person or people who know the person in a different context. They may say that the person is 'committed and determined', or 'keen to please' or 'good at making time for themselves' or 'clear about what they want'.
- Sometimes the way someone behaves can be seen as a diagnosis rather than a symptom - the person is described by others as having 'challenging behaviour' or being 'attention seeking' or 'self isolating' This description is seen as part of their 'medical condition' rather than a response or reaction to a set of external factors. If the people around the person see them in this way, they can end up trapped in their reputation.
- Sometimes the way someone behaves is misinterpreted or taken out of context , and the reactions and responses based on this misunderstanding in fact make the person's behaviour worse. Situations can go on like this for some time, with every new behaviour seen as further evidence.

In some senses when we are thinking about reputation we are trying to see through a new set of lenses. Some of us can imagine sitting in the optician's chair while she slots in different strengths of lens in each eye until we can see things in focus. Part of this work is about changing some of the lenses commonly used.

For example we are trying to move from seeing people through the lenses of:

- What other staff say, anecodotes, stories.
- Labels, descriptions.
- Environmental, grouping imagery.
- An assumption of fundamental difference.

To instead seeing people through the lenses of:

- A sense of justice and decency.
- A recognition of wounds.
- Seeing people in another context.
- An appreciation and understanding of difference.
- Giving the benefit of the doubt, the belief that people can change.

In effect a more person centred approach to working starts from these lenses. Although it is possible to see the real person through the distorted lenses of negative reputations and labels it is often almost impossible. To say that someone is 'autistic' or 'bipolar' or 'demented' actually says almost nothing about the real person behind the reputation.

People working in a person centred way have definitely stuck the capacity lenses on. This gives them a great opportunity to really get to know the person they are trying to help and what they have to offer. The rest of this section says more about some of the ideas and frameworks that might help keep the capacity lenses clear and focused and allow you to meet people with gifts, dreams, stories and contributions to make.

Working with gifts and capacity

In person centred working the accent is on what people's capacities and gifts are rather than their deficits. We have already described how people who use services very often already have plenty of information about them which focuses on what they can not do. Although, it may seem common sense to look for what is positive in a person it is not all that common in our culture. We are often quick to pick up on each others faults or the mistakes we have made and often it is frowned upon for people to be seen to "bang their own drum". To be successful in helping people at risk of exclusion plan, we need to change these habits. A person-centred approach offers some frameworks to help do this.

If you think of when you first meet someone it is unlikely that you would pick your own shortcomings to introduce yourself - "Hi! I'm an asthmatic middle aged man with myopia and a tendency to be grumpy if my routine is disrupted!" On the contrary, you might mention things such as your job, where you're from, what some of your interests are. Person centred planning takes a tremendous interest in this kind of information. How are individuals seen - as brothers, workers, sports fans, and friends? What kind of hobbies, interests and pastimes do they have? What things are they passionate about - as Tom Kohler says, "What gets them riled up?" What are their skills, interests and resources? Finding out these things begins to build a fuller picture of a person.

In person centred planning the expression "giftedness" is also used but it is important to realise that this is not meant in the conventional way. We do not mean someone who is a "gifted" pianist or painter (although some of the people we work with might be). Rather a gift is a "unique attribute" - something about you which creates a possible hook or connection with at least one other person. This therefore creates the possibility of a relationship and of greater community presence and involvement in the future. So someone might have a welcoming smile or an ability to be calm and quiet.

Discovering a person's gifts requires empathy, insight and the simple art of spending time with them. Sometimes friends, relatives and others, who know and like the person, might be better at seeing what your gifts really are and find it easier to say. Hearing others describe a person's gifts can be a positive and affirming experience for the person and their family.

Two leading thinkers on the subject are Judith Snow and John McKnight. Judith Snow describes giftedness as...

> *"...a common human trait, one that is fundamental to our capacity to be creatures of community. Gifts are whatever we are, whatever we do or whatever we have that allows us to create opportunities for ourselves and others to meaningfully interact and do things together - interactions that are meaningful between at least two people.*
>
> *...our presence is the fundamental gift that we bring to the human community. Presence is the fundamental of all other opportunities and interactions- of everything that is meaningful in our lives.*
>
> *Also fundamental to each person's presence is each person's difference. In fact presence is not possible without difference since even on a very simplistic level difference is essential to life (none of us would be here if the male and female difference did not exist). Meaning depends on difference as well, since if we were all the same there would be nothing to share or contribute to one another. Therefore, not sameness but presence and difference are fundamental to life and community...*
>
> *Each person has a variety of ordinary and extraordinary gifts. The people whom we call handicapped are people who are missing some typical or ordinary gifts. However such people also have a variety of other ordinary and extraordinary gifts capable of stimulating interaction and meaning with others.*
>
> *In fact it is not just that walking is a gift and not walking is not a gift or that knowing how to put your clothes on right is a gift and not knowing is not a gift. Rather walking is a gift and not walking is a gift; knowing how to dress is a gift and not knowing how to dress is also a gift. Each creates the possibility of meaningful interaction."*

Gifts as described above are the basic tool of community. They are how we are able to interact with each other. When we seek to connect someone to community we are trying to find ways in which people can use their unique contribution so as to allow meaningful interaction.

No one is without gifts and it is our job to assist people to contribute those gifts in community. John McKnight writes, in “Building Communities from the Inside Out”

> *“Does everyone have capacities?*
> *There are some people who seem to be without any gifts or capacities. They may appear like an empty glass. And so they get called names - names like mentally retarded, ex convict, frail elderly, mentally ill, illiterate, and gang member. These are names for the emptiness some people see in other people. They are labels that focus attention on needs.*
>
> *One effect of these labels is that they keep many community people from seeing the gifts of people who have been labelled. The label often blinds us to the capacity of the people who are named. They appear to be useless. Therefore, these labelled people often get pushed to the edge of the community, or they are sometimes sent outside the community to an institution to be rehabilitated or receive services.*
>
> *Nonetheless, every living person has some gift or capacity of value to others. A strong community is a place that recognizes those gifts and ensures that they are given. A weak community is a place where lots of people can’t give their gifts and express their capacities.*
>
> *In weak communities there are lots of people who have been pushed to the edge or exiled to institutions. Often, we say these people need help. They are needy. They have nothing to contribute. The label tells us so.*
>
> *For example, She is a pregnant teenager. She needs counselling, therapy, residential services, special education.” But also, “She is Mary Smith. She has a miraculously beautiful voice. We need her in the choir. She needs a record producer.*
>
> *Her label, pregnant teenager, tells of emptiness and calls forth rejection, isolation and treatment. Her name, Mary Smith, tells of her gifts and evokes community and contributions.*

Communities growing in power naturally or intentionally identify the capacities of all their members and ensure that they are contributed. However, the most powerful communities are those that can identify the gifts of those people at the margins and pull them into community life."

Evaluation form

Course title Dates

What do you think of this course?

Which part of the training so far did you find most useful?

What did you think the trainers did well?

What could they have done better?

Is there anything they could have done differently?

Thank you for your time in completing this form.