Decoding *Valuing People*[1]

Mark Burton[2]

Manchester Learning Disability Partnership / Manchester Metropolitan University

Abstract

The policy contexts within which we work can often be difficult to 'read', especially since they are likely to contain contradictory elements that both support and confront social processes that create inequalities and oppression.

Valuing People, the government's policy framework for learning disability provides such a context for work that enhances learning disabled people's inclusion in community and society, and to reverse some of the systemic disadvantage they have experienced. However, as an uneasy amalgam of the progressive and the neoliberal, the romantic and the practical, it has been difficult to evaluate in order to use its opportunities and minimise its dangers.

I will attempt to decode it in terms of ideologies in human services, and the current New Labour policy mix. The emphases on person centred planning, direct payments and employment will be analysed to try establish what *Valuing People* means, and to suggest priorities for those working with a community psychological orientation. This analysis might also be relevant to other sectors where there may be a similar problem of decoding their particular policy context.

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[1] Paper written for UK Community Psychology Conference: Exeter October 2004

[2] MLDP, Mauldeth House, Mauldeth Road West, Manchester, M21 7RL, tel 0161 958 4050,

mark.burton@poptel.org

Decoding *Valuing People*

Introduction

It can often be difficult to read dominant policy contexts, to understand what they are really about, what influences them, and what opportunities they do and don't offer for principled change. This is especially difficult since policies in complex societies contain contradictory elements that both support and confront social processes that create inequalities, oppression and exclusion. At the same time they are couched in warm, consensual, positive terms, often with a rhetoric of emancipation.

Valuing People (2001) the government's policy framework for learning disability in England (with similar frameworks in the other UK countries) represents a bold policy initiative to transform the way people who are learning disabled are supported in Britain. It draws upon the developments in knowledge and practice, progressive policy and development in local areas and other jurisdictions, providing national level legitimation for approaches based on rights and inclusion. It thereby provides a policy context for the enhancement of learning disabled people's inclusion in community and society, and the reversal of some of the systemic disadvantage they have experienced. It appears to offer a new, more comprehensive approach, that deals systematically and systemically with the various dimensions of the lived experienced of people who are learning disabled, and with the agenda of reform and development of the system of supports for them. However, *Valuing People* is also a product of its time and of a specific political and policy conjuncture, and will be analysed here as an uneasy amalgam of the progressive and the neoliberal, the romantic and the practical. It has been difficult to evaluate it in order to use its opportunities and minimise its dangers. Indeed, there has yet been no critical analysis of *Valuing People* that sets the initiative in the broader political-economic context of social policy, while simultaneously focusing on the interests and needs of learning disabled people and their allies. This article attempts to start that analysis, by trying to decode *Valuing People* with special reference to some of its key areas of emphasis.

A further reason for attempting this is because recent policy statements and position papers (e.g. Ladyman, 2004; Leadbeater, 2004) attempt to employ one of the key ideas present in *Valuing People*, 'person-centredness', effectively mainstreaming it.

Some history

Philosophy, policy and services for learning disabled people have come a long way since 1948, the year that the then local authority 'colonies' became hospitals within the new National Health Service. The change has had continuous/reformist and discontinuous/revolutionary aspects. The changes can be summarised as follows:

- An increase in amount and variety of services.
- The move from a health-service based to a local authority led system of services
- A change in location, both for services and for people, from institutions to community settings, and of scale from congregational settings of as many as 1500 people to groupings as small as one or two people.
- A change in understanding about the rights and identity of learning disabled people, from needing care and containment to needing support to participate and belong.
- A change in perspective (still more at the ideological level than the practical) from a focus on services to a focus on inclusion in society, that is an increasing emphasis on life beyond services and a changing conception of definition of role of service from doer to enabler.
- The development of new support models that move from the idea of 'readiness' for community living, to the idea of 'appropriate supports' for community living - for example with the idea of 'train and place' being replaced by 'place and train'.
- The advent of positive philosophies such as normalisation / social role valorisation, and their institutionalisation in public policy.
- The growth of user and carer influence through formal advocacy organisations such as Mencap and People First, and in the operation of local services.
- A change to a mixed economy of services, with the steady privatisation of both former NHS and local authority provision.
- The increasing professionalisation of services and he growth of professional and technical knowledge and skill within them.

All of the above trends have been uneven, both across the country and within the different regions and localities. Leading edge arrangements and practices can co-exist next to old style approaches. At the point when *Valuing People* appeared there was a common feeling that there was a need to consolidate the best of the newer developments to ensure that they set the standard for all provision and development, and that in many places specialist services had done what they could and now a fuller social policy approach was needed that identified and mandated the contribution of other actors and agencies in helping change from a 'push' to a 'pull' model of inclusion (Burton & Kagan, 1990).

Key ideas and proposals of *Valuing People*

Valuing People defines the problem as follows;

> *Despite the efforts of some highly committed staff, public services have failed to make consistent progress in overcoming the social exclusion of people with learning disabilities.*
>
> (Department of Health, 2001, p. 19)

It then identifies a number of issues to be addressed (see Box 1). *Valuing People* acknowledges that there is a complex, systemic set of problems to be solved, which will not yield to a simplistic solution:

> *There is no "quick fix" solution to these problems; tackling them requires radical change from all of us. We need to develop a new approach to delivering better life chances for people with learning disabilities. We can no longer tolerate services which leave people isolated and marginalised. Good quality public services should offer new opportunities for people with learning disabilities to lead full and productive lives as valued members of their local communities.*
>
> *Our proposals are intended to:*
>
> - *tackle social exclusion and achieve better life chances;*
> - *ensure value for money from the large public investment in learning disability services;*
> - *reduce variation and promote consistency and equity of services across the country;*
> - *promote effective partnership working at all levels to ensure a really person-centred approach to delivering quality services;*
> - *drive up standards by encouraging an evidence-based approach to service provision and practice.*
>
> *Improving the lives of people with learning disabilities requires commitment nationally and locally to strong principles, a firm value base and clear objectives for services. Each individual should have the support and opportunity to be the person he or she wants to be.*
>
> (Department of Health, 2001)

It goes on (p.23) to identify the four key principles at the heart of the proposals: Legal *and Civil Rights, Independence, Choice and Inclusion. Valuing People* (p. 26) identifies eleven key objectives (Box 2), that cover a variety of areas.

Key aspects of the new labour policy mix

The broad social policy of the Blair government is the context for *Valuing People*. This New Labour policy mix has in turn to be understood in terms of its own historical and global context.

The neo-liberal counter reform

Between the late 1940s and the end of the 1970s there had been a period characterised by the consolidation and expansion of a social model, backed by a wide consensus, that saw a key role for the state in managing the economy and producing social benefit, in the form of full employment, free or affordable health and education services, and a strong safety net. On the one hand there were the countries of the soviet bloc, and the decolonising countries of the South, and on the other the welfare capitalist systems of Western Europe, North America and Australia, where in one form or another, the 'post war settlement' between capital and labour meant one or another version of this 'social model' (albeit with considerable variation from the paltry social provision in the USA to the very generous arrangements in the scandinavian countries).

> *….the full employment welfare state came to be seen as the accommodation of a market society to collectivist values and aspirations – a 'middle way' between laissez-faire capitalism on the one hand and state socialism on the other.*
>
> (Mishra, 1999)

This began to change with the 'neoliberal turn' at the end of the 1970s. A number of factors led to a resurgence of the right, but essentially it can be seen as a response by sections of capital to the continued progress of the people (manifest in developments as diverse as the Cuban revolution, the steady increase in trade union membership, the defeat of the Heath government by the National Union of Mineworkers, the rout of the US in Indochina, and the consolidation of the welfare state) that was leading to a continued crisis of profitability.

The 1979 election of Reagan in the USA and Thatcher in the UK allowed the new right to begin to implement their radical approach - now known as Neoliberalism. There were a number of steps to this. Mishra (1999) points to the impact of 'financial globalisation' where money and capital have been set free to move across national frontiers. In 1971 the USA ended the fixed exchange rate for the dollar. In 1974, capital controls were abolished by the US; Britain followed suit in 1979, and by the early 1990s most OECD countries had done the same. These actions led to the breakdown of the Bretton Woods system of financial controls established in the post war period, on which Keynsian macroeconomic management and, in turn, the welfare state, depended. Money and capital was free to be moved around the world, limiting the autonomy of national governments to manage national economies as the French socialist government found in 1981: when it tried to reflate the economy the effect was an increase in imports resulting in a worsening trade balance and a collapse of the franc, leading to the abandonment of the attempt, and an accommodation to neo-liberal policies.

Other elements of the neo-liberal counter-reform (repression of organised labour, privatisation of public services and pension funds, cuts in social spending, monetarist macroeconomic management) had already been piloted in Chile since 1973, after the democratically elected Popular Unity government of Salvador Allende was violently overthrown in a coup designed and organised by the CIA working closely with US transnational corporations and the local oligarchy (Becket, 2002).

Jessop (1994) makes a distinction between an accumulation regime, which sustains economic growth, consumption, and hence capital accumulation, and a social mode of economic regulation, which represents the social arrangements (including social policy) which sustain and guide a particular accumulation regime (see Grover & Stewart, 1999). For Jessop, the key elements of the mature Neoliberal approach of 'late Thatcherism' were (a) economic liberalisation promoting free market forms of competition; (b) deregulation, giving greater economic freedom from state control and legal restrictions; (c) privatisation, of what had been the public sector's share in the direct or indirect provision of goods and services; (d) the commodification (actually re-commodification) of the residual public sector, to promote the role of market forces, either directly or through market proxies (such as the internal market in health care; (e) internationalisation, encouraging the mobility of both capital and labour and promoting economic modernisation here; and (f) reduced direct taxation to expand the scope for market activity. (Jessop, 2003).

However, it is also necessary to consider how this neoliberal programme was manifest in the social sphere, of social policy, everyday life, culture and ideology: the 'social mode of economic regulation'. A number of aspects can be identified. Perhaps key was the radical individualism, exemplified in Thatcher's 'there is no such thing as society', or Tebbit's moral tale of his unemployed father getting on his bike to look for work. Social problems would be solved neither by State intervention, nor by collective social action: instead it was individuals, or perhaps families on which the emphasis would be placed. The wisdom of the market would perfectly allocate resources, and ensure economic development that would trickle down to everyone else.

Ideas that had previously been disreputable began to be voiced as the whole political and social discourse lurched to the right . Besides the attacks on nationalised natural monopolies and the bare faced theft of public assets, the undermining of comprehensive education, the most punitive anti trade union legislation in Europe, a eugenic moral discourse re-emerged from under its stone - what Levitas (Levitas, 1996, 1999a, 1999b) has called the Moral Underclass Discourse (MUD): this presents those who are socially excluded as culturally distinct from those who live in 'mainstream society', it focuses on their behaviour rather than on the structure of society and its inequalities. It implies that benefits are a bad thing because they encourage dependency. It is a gendered discourse, with a particular emphasis on single mothers and 'idle criminal men', and it does not acknowledge the existence of unpaid work. While benefit dependency is problematised, personal economic dependency, and especially that of women and children on men, is not. As Roulstone (2000 p. 433) notes, there is a close correspondence between MUD and the language of recent policy initiatives concerning (chiefly physically) disabled people.

Nevertheless, despite the shock of the neo conservative onslaught which sent the left reeling, or in some cases adopting some of the same mantra, there was a strong reservoir of social learning (Ray, 1993) and collectivist consciousness that made a direct attack on many aspects of public ownership and the welfare state unfeasible.

As a result it was only in the later part of the 18 years of Tory rule that they began to tinker with the central elements of the NHS, bringing in the internal market and the Private Finance Initiative. It was left to New Labour to continue with this work (Pollock, 2004; Shaoul, 2001). Grover and Stewart (1999), in keeping with many other commentators, find the continuities of New Labour social policy with those of Thatcherism more striking than the discontinuities. They attribute this to the fact that the social policies are attempting to address the same economic scenario - the same regulatory dilemmas - as those addressed by the Thatcher-Major governments (Grover & Stewart, 1999 p. 91). One might, however add that the Labour party has been captured by a right wing clique, that believes in the primacy of the market, the role of the state being to make the economy run efficiently, and deal with the worst of the economic consequences: the well established connections between the labour elite and the rightist think tanks of the USA may go some way to explain this (Pilger, 1998), although there have always been liberals (in tension with socialists) in the Labour party (Thompson, 1996).

So what then are the key elements of this New Labour policy mix within whose context *Valuing People* has been elaborated?

1. There has been a continuation of the move from welfare to 'workfare'. This represents a significant shift in the whole nature of the system of benefits, from one where receiving benefits in work would generally be regarded as fraudulent, to one where receiving benefits without working is seen as evidence of a lack of responsibility. This moral about-turn is however underpinned by an economic rationale - if the state is to continue to support capital accumulation as the motor of progress, then that requires both the reduction of wage levels (and hence the subsidy of employers' employment costs (Grover & Stewart, 1999; Jessop, 2003)) and the establishment of incentives for 'life-long learning' - now seen as training for economic competitiveness, both at the individual and national levels, rather than as education for cultural richness. We have seen a further deepening of inequality, now strengthened by unequal access to the skills required for the better paid jobs in the new technological and finance sectors.
2. A continuation of the rhetoric of individual responsibility. While Levitas notes that the MUD discourse is not the paradigmatic one for New Labour, their SID - based paradigm (Social Inclusion Discourse) owes at least as much to MUD as it does to the foundational discourse of the socialist and labour movement, RED (Redistributionist Discourse) (Levitas, 1999a, 1999b). Thus we see an emphasis on responsibilities as well as rights, on punitive action against parents of truants and young offenders, the return of selection and competition in education, and the truly bizarre rationalisations of the cut in benefits to lone mothers or the end of student grants, that these measures would somehow strengthen equality of opportunity (itself a flawed basis for social justice on its own in comparison to equality of access to wealth and influence Jackson & Segal, 2004).
3. The market model continues unabated, with Compulsory Competitive Tendering replaced by Best Value, while the Private Finance Initiative continues - that highly expensive way of giving lucrative contracts for building schools, hospitals, roads (roads of course) and other public resources, and then continuing to pay rent to capital for the privilege of using them. The individualistic doctrine of choice combines with the economic one of the market so that Labour ministers can tell us that it doesn't matter who provides the service. Councils are told to get rid of their housing stock to unaccountable organisations if they want to be able to have any money for refurbishment.

4. The creation of out-groups continues too: the disgraceful treatment of refugees and those seeking asylum who come from the wrong country has reached heights undreamed of by the Tory right, while the not-so-crypto fascist press fabricates and lies without any kind of check.
5. Internationally the government supports expensive wars while limiting social spending in fear of a supposed (but wholly manufactured) public refusal to pay a fair and progressive tax on income. The military industrial complex continues to prosper, while we can anticipate the establishment of a prison industrial complex on US lines (Davies, 1998). Blair himself allies with the likes of Bush, Berlusconi, Aznar and the narcoterrorist ultra-rightist president of Colombia, Alvaro Uribe.
6. Against this, some minor concessions are made to the labour movement - for example, a minimum wage that for a full time week for a full year (and the growth of part time and casual work is notable) would amount to a gross salary of some £9,200.

There was to have been a third way, a route between allegedly discredited statist models of socialism, and free market, laisser faire capitalism. As Jessop (2003) notes, the new policy initiatives tend to appear first in a comunitarian, centrist mode, but then get implemented shorn of such finesse.

> *This impression of neo-liberal primacy is reinforced when one contrasts the constancy and conviction that marks the pursuit of neo-liberalism both rhetorically and practically with the oscillation and hesitation in those aspects of new Labour discourse that seem to run counter to neo-liberalism.*
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> Jessop (2003 p 204; see also Watkins, 2004)

The contradictions of *Valuing People*

Is *Valuing People* then a worthless initiative, that seeks to regulate intellectual disability (and people disabled by their intellectual difference) in the interests of global capital? Of course it is not anything like as simple as that. *Valuing People* emerged from a context in which there was an increasing consensus (described elsewhere as similar to a Gramscian hegemonic bloc Burton & Kagan, 1996) among families, academics, professionals, policy makers, and many learning disabled people themselves. This consensus emphasised the common human status of all learning disabled people, and the imperative of ending their segregation and congregation - as the agenda of exclusion/inclusion was understood in the field. This new thinking was supported by the results of both experience and scholarly study, of the potential of people when allowed social opportunities and effective support systems, to lead what was most often described as 'an ordinary life'. These developments in the understanding of the nature, rights and identity of learning disabled people, and the achievements of principled service reform, in multiple locations, meant that the overall direction of any new policy shift could only be in the direction of 'social inclusion', of making arrangements that were right for the person, rather than for the service bureaucracy. At the same time there were different emphases in the movements, interest groups, and in society generally that had to be accommodated somehow if a comprehensive policy was to be achieved.

The move to a post-bureaucratic service paradigm (Burton & Kagan, 1997), in some ways enabled by the market model that swept in to health and social care in the previous decade to be connected with this positive, human philosophy of people first, community, and appropriate supports. What we need to do, however, is identify how the nested contexts described above shape the specific emphases of *Valuing People*, so we might de-ideologise it (Burton, 2004). Moreover, the notion of a pure, defensible core of *Valuing People* would be naïve. Those tributary influences, other than neoliberalism and New Labour's overall social policy, themselves are suffused with ideology - they contain their own biases, silences and follies (Burton, 1983, 1994). Only through praxis is it possible to increase a collective understanding of what these might be, and what a 'pure core' might look like - by which time there will be a new set of contexts within which work and struggle towards a better life for all will take place.

Some key issues: Individualism, Romanticism and Voluntarism versus Politics and Economy

Two related kinds of implicit theory will be dealt with here: one has to do with something as fundamental as the ‘human essence’ - what are the dimensions of humanity? The other has to do with change: how does change in social arrangements come about? Here I want to argue that *Valuing People* is distorted by the influence of a neoliberal model of society and its members. This is not to suggest that *Valuing People* is a neoliberal text - it is much more mixed and contradictory than that, but its fundamental flaws can be related to an uneasy amalgam of unvoiced neoliberal assumptions and a romanticism about learning disabled people.

The utopia painted by *Valuing People* (and to some extent in the popular literature of the social role valorisation movement[3]) sees people making choices

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[3] Social Role Valorisation is the term invented by Wolfensberger (e.g. 1992) for the positive service philosophy previously termed ‘normalisation’. A community of activists, teachers and scholars organises itself around this ideology, promoting an understanding of

about activities in pleasant neighbourhoods, usually suburbs, with plentiful community resources, including schools, post offices, churches, pubs, sports facilities. They are supported in this by their own staff, who they employ, and who work to their specification. They are likely to be in work, and to have friendships and relationships, mostly with non-disabled people. Somewhere in all this there is the notion of independence. In many ways these utopias have been helpful. They have helped us see beyond the disability, beyond individualising and disabling understandings of people, their identities and needs. They can help us see people in terms of their connections with others, as actors, with rights to belong and participate with the rest of us. But the image could be criticised as follows.

Choice is elevated to a position above other goods (or accomplishments). People's real difficulties in making choices – and making choices that are in their interests – and that don't restrict the freedom of others, are elided. Those that have such a profound intellectual impairment that they can't communicate are absent from the picture – except perhaps those that have (and have the capacity to use) electronic communication aids. The complex health needs of many (mentioned in *Valuing People's* section on health) and the need for knowledgeable and skilled specialists, is not emphasised here, perhaps because in the rush to de-professionalise the lives of people, to save people from restrictive definition as health problems, the productive and sensitive engagement of health workers is too difficult to describe. A kind of trick takes place where the least impaired people are used in the imagery to stand for all the others, but the life circumstances of those with lesser impairments are ignored. The social dimension becomes a series of individual encounters (and the reluctance of those from the mainstream to share their lives with the impaired, unless as work, is not mentioned), collectivist solutions to social need hardly feature (co-operatives, demonstrations, cycling clubs). Meanwhile the workers, the personal support assistants, are on short term, part time, or casual contracts, probably not unionised, and undoubtedly poorly paid.

Two things are going on here. On the one hand, social inclusion is seen in a rather restricted and individualistic way, not as an integral part of a society that values and supports all its members, but as a special case, typically in a mythical middle class community. On the other hand, there is a kind of romanticism about learning disabled people, so that significant impairments are not so much denied as glossed over, making the real difficulties in enabling inclusion, autonomy, good

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social marginalisation of learning disabled people and other groups that attributes it to a systemic process of social devaluation. One wing of the movement has promoted 'images of possibility', that have been influential in Britain this sector, and have in turn influenced Valuing People (Race, 1999a, 1999b).

health, meaningful activity, and acceptance seem insignificant. This means that the job of delivering an adequate system of supports, or of supporting individual people, is made to seem straightforward, and therefore not one that requires significant additional investment.

To give an indication of the extent of need, the following statistics indicate some of the characteristics of the learning disabled population in one city. Among those attending day centres: 28% use wheelchairs, 43% need assistance with personal care (e.g. toileting), 34% need 1:1 support with eating and drinking (to prevent choking or asphyxiation), and 34% do not use speech. In a sample of people receiving intensive support 5% had diabetes, 35% had visual impairments, 36% had seizures that had an impact on their day to day life and 13% had respiratory problems. Some 10% of the general learning disabled population appear to have autism spectrum disorders, and mental health disorders are more prevalent than in the general population. None of this is meant to imply that learning disabled people are 'too difficult' or 'undeserving' for the overall aim of inclusion: the point is that if this is to happen, there needs to be a realistic assessment of the level and types of supports that are needed. Failure to do this will lead to cynicism and a return to negative expectations.

Valuing People is more sophisticated in its 140 pages than these images, but the dominant emphases, the key messages, are in danger of presenting, as a kind of shorthand, this individualistic and romantic notion. The emphasis on Person Centred Planning reinforces this view. Here the perfectly sound idea that arrangements should be built around the person, rather than the person fitted into services is elevated into a kind of strategy for service reform. As Mansell and Beadle-Brown (2004) conclude, having reviewed the fit between the scale of the task of service reform and the potency of person centred planning as a change tool:

> *The implication of this analysis is that making British services more person-centred will not result from attempts to achieve the widespread introduction of a new model of individual planning. Rather it directs attention to the way services are funded and to the skills staff have.*
>
> (Mansell & Beadle-Brown, 2004 p6)

and as Emerson and Stancliffe add

> *We too forsee a real danger that system-wide adoption of PCP will be characterized [by] over zealous 'selling' of the purported benefits without sufficient attention to the difficulties and without necessary changes to system architecture to ensure that those involved in PCP have the authority or resources to achieve the plan's goals.*
>
> (Emerson & Stancliffe, 2004 p. 25)

Other articles in the journal issue in which these two citations appear make complementary arguments, and some present a more optimistic picture, but what is of interest here is the choice of an individualistic and voluntaristic change strategy (despite the cautions of some of those most associated with Person Centred Planning, e.g O'Brien & Towell, 2003) albeit with some other supports in the White Paper, and the enthusiasm on the ground for running with this, something which is likely to fail. The suggestion is that the dominant individualism of the nested policy and political economic contexts exerts a powerful influence, albeit through various filters, on the specific policy and practice content in this field.

Yet it is interesting to see the person centred planning idea being taken up in other fields (Ladyman, 2004; Leadbeater, 2004), as perhaps the new 'big idea' in the endless reform of public services.

Social development: the paradox of individualisation

In some areas *Valuing People* does try to set out a programme of planned social change that goes beyond the individualistic change recipe just criticised. It is from these areas that an idea of a more adequate approach can be gleaned.

Perhaps not surprisingly it is in the sections on Health where a more adequate approach is set out. The Chapter on Health describes a simultaneous strategy of working on the health care systems to enable access to services provided with a decent level of appropriateness and effectiveness to learning disabled people, together with improved co-ordination at the individual level. This is not so surprising because here we have a system of health services that is still despite many knocks, founded on a social model of collective and universal provision. Unlike in the case of Person Centred Planning where ‘there is no such thing as society’ to engage with in creating a meaningful and adequate context for inclusion, in the case of the section on *Improving health for people with learning disabilities* a different vision is sketched out that links action at the individual level with action at the level of health and other systems - because here **there is such a thing as society** - it has been created through the struggle to establish, reproduce and defend the National Health Service, to identify population needs and respond to them, not just though exhortations to individuals to lead healthy lives, but through proper social programmes that tackle inequalities and other causes of ill health. This is not to exaggerate the extent of success of collective approaches to health in a society permeated by a different social model, nor to deny the potency of the individualistic ‘look after yourself’ (and buy health insurance) message. But what we have here are the building blocks of a social approach to the simultaneous support and liberation of people who are learning disabled.

What would an analogous approach to personalisation of support arrangements look like - in other words, what would be the community and societal level strategies to complement person centred approaches, just as the health inclusion agenda complements Health Action Planning? It is in some ways difficult to imagine in a society so fragmented and anti-collectivist in form. It is doubtful if there can be a learning disability-specific approach here, but rather there needs to be an integrated approach to social policy that has at its core the building of local communities and their local economies, with democratic local governance and a focus on culture rather than consumption - a different kind of utopian vision, but one that would be more in tune with the social inclusion agenda that *Valuing People* aspires to.

Such an approach would moreover need to be properly resourced. Valuing People did not bring any new money with it, despite the ambitious scope and the raised expectations. Instead the new leaning Disability Development Fund merely recycled money withdrawn from resettlement dowries on the death of the resettled person – money that local services thought had been transferred in perpetuity in order to build up the new generation of services to replace the institutions. Furthermore a significant part of the monies previously used to augment the new generation of services (housing benefit) are now (as Supporting People) capped, and subject to savage efficiency cuts and no inflationary increase either.

Individual control and the labour market: Direct payments

An interesting aspect of the contradictions of *Valuing People* can be found in the emphasis on Direct Payments (Department of Health, 2003, 2004).

> *Direct Payments are cash payments made in lieu of social service provisions, to individuals who have been assessed as needing services.*
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> *They can be made to disabled people aged 16 or over, to people with parental responsibility for disabled children, and to carers aged 16 or over in respect of carer services.*
>
> *The aim of a direct payment is to give more flexibility in how services are provided to many individuals who are assessed eligible for social services support. By giving individuals money in lieu of social care services people have greater choice and control over their lives, and are able to make their own decisions about how their care is delivered.*
>
> (Department of Health, 2004)

To some extent direct payments were a result of the struggle of physically disabled people for control over the supports they needed to live independently (this term is problematic, as implicitly acknowledged by *Valuing People*, but it is used to indicate liberation from formal service and professional control within the disabled people's movement). As Spandler notes (2004) there is considerable and persuasive evidence for the benefits that direct payments bring: including increased personal autonomy, emotional wellbeing, and better social opportunities, but at the same time they imply the use of a poorly paid and non-unionised labour force, without the regulatory requirements (e.g. taining, safety) that apply to the formalised sector. The burden of administration and management is shifted onto the people who receive direct payments, or their family carers. Every time a direct payment is made, it is in effect at the expense of the infrastructure of support services, typically those in the public sector, and this piecemeal process can mean a failure to develop an effective system of social supports (O'Brien, 2001). Yet Stephen Ladyman the community care minister (quoted in The Guardian, 9 November 2004) has called for a radical shift in the provision of social care with nearly all staff employed by private companies or working directly for one or more individuals. Spandler (2004 p. 205) suggests

> *DPs exist within a constraining political culture which ultimately limits the extent to which they might be able to provide the wider benefits advocated by their proponents. Therefore, the extent of their progressiveness may ultimately depend not only on local implementation strategies, but also on these wider forces, and, more importantly, how these forces are collectively negotiated, influenced and challenged.*

- a point that could be made about the whole VP initiative.

It is unfortunate that the bureaucratic and insensitive practices of many services have led to the demand for a consumerist model, but little sustained attempt has actually been made to put the people using the service in the driving seat of properly funded public services. Instead the model of consumer choice in a marketised system has been allowed to emerge as the hegemonic model of how to empower disabled people.

Work: romanticism and the labour market

Like direct payments , the sections of *Valuing People* that focus on work and employment are connected to policy initiatives that go beyond learning disability. The New Deal relates to a number of social groups; the long term unemployed, lone mothers and disabled people. As Hyde (2000) points out, the renewed emphasis on employment as an important outcome, and as a vehicle for policy implementation for disabled people has been reinforced from two directions. On the one hand, there has been a reduction in eligibility for state financial support, which has been concerned with the strengthening of incentives to work. The eligibility conditions for the relevant benefits have been narrowed, and supplemented by a stricter testing of 'functional capacity'. On the other hand, positive financial incentives have been introduced to encourage disabled people to take up unpaid or low paid work. While the rhetoric in *Valuing People* is all about the right of learning disabled people to be employed, the policy emphasis is almost entirely on 'supply side' measures rather than on the demand side measures that have been successful in increasing access to employment, for example in other countries. So while the talk appears at first to be informed by a social model of disability, with emphasis on removing barriers, the practice is on adapting disabled people to the few openings that there are (a similar argument is made in relation to unemployed youth by Colley & Hodkinson, 2001). These features are likely to be further exacerbated in the specific case of learning disabled people. The argument of Grover and Stewart (1999) referred to above, is relevant here. Hyde notes that the creation of a 'reserve army of labour' of insecurely employed disabled people is not a sufficient explanation for the New Deal approach to employment of disabled people. If Grover and Stewart's emphasis on the role of social policy to support the capital accumulation strategy of the state is accepted, then the argument would be that the increased participation of disabled people (including those who are learning disabled) is intended to a) reduce benefit costs, and hence taxes, and b) maintain a downward pressure on wage levels. While at the individual level, getting a real paid job is of real importance, the aspirations of those working in the system to enable this to happen (well) for a significant number of learning disabled people may be frustrated, since the political and economic underpinnings are not neutral.

Human Rights

Having established the main points of tension in *Valuing People* and counterposed the beginnings of an alternative social development model, a more general observation can be made about the underpinning discourse of so much of the policies of neoliberally inspired (or neoliberally possessed) governments. *Valuing People* is concerned at its core with the question of human rights. So, allegedly are much of the rest of the initiatives of Western governments. But what is understood by human rights?

As we saw above, *Valuing People* is based on four key principles: *Legal and Civil Rights, Independence, Choice, Inclusion* (Department of Health, 2001 pp 30-31). There is nothing particularly wrong with these aspirations in themselves, but the selection of these and not others is interesting. The passage on legal and civil rights emphasises freedom from discrimination and the right to vote, but it says nothing about collective participation or political mobilisation. For *Independence,* ‘Promoting independence is a key aim for the Government's modernisation agenda' - and although *Valuing People* is at pains to make it clear that for this population it does not mean doing everything unaided, the notion remains fundamentally individualistic: *interdependence* - that which makes us human - is noticeably absent. *Choice*, of course, gets its mention. *Inclusion* sounds at first like a commitment to a something more social, perhaps interdependence through another entrance, but being included in the dominant system can still mean an experience of marginalisation, exploitation, devaluation or discrimination (Dussel, 1998; Kagan & Burton, 2004). Will inclusion plus legal and civil rights plus independence plus choice really add up to what people need?

This language of rights is quite persuasive, until an alternative vision is presented. Díaz-Polenco (2003) among others (e.g. Pollis & Schwab, 1979) observes that the increasingly dominant model of human rights prioritises individual market choices and the option of casting a vote for one of several pro-capitalist parties, at the expense of rights to health and well being, education, political, civic and cultural participation.

> *Its 'universality', rather, comes from the powerful will of a type of society that decides that its vision of the world should be recognized universally as 'the good life': the only legitimate, democratic form, etc., of 'ordering' society and its institutions. Anyone who moves away from such a 'universality' and it explores other roads, for the sake of seeking fairer forms of organizing the society (in order to increase the real freedoms of all, solidarity, collective well-being), is a violator of human rights.*
>
> *…*
>
> *What I believe I observe in some intellectuals, on the other hand, is a meek acceptance of the topics extolled by [neo-] liberalism. a pertinent example is the separation between different 'orders' of rights. Not even the most minimal foundation for this exists. But the dissociation has the effect of bolstering the individualistic slant on rights… undoing the social axis that cuts through all rights. In the end, only the only 'true' rights end up being civil and political rights, while the other ones are only not very realistic 'desires', morally unnecessary 'aspirations', never to be attained. … Underlying this is the old distinction made by liberal doctrine between freedom and equality, now converted by those States central [to the world economic system] - even in the heart of the United Nations and against the spirit of their Declaration - into an ideological imperative on a world scale and into the only and 'universal' moral truth.*
>
> (Díaz-Polenco, 2003)

In *Valuing People* (and by extension in the rest of current policy discourse) the notions of what people need, of what their rights are have perhaps become distorted by this neoliberal shift in thinking. Nevertheless, In *Valuing People*, there are glimpses of a more adequate approach. This is no less than the construction of a society that truly includes and values all its members, a society founded on both values and practices of social solidarity, a society that can only exist if the powers of privilege and capital are controlled. Do we have to wait for Person Centred Planning, Employment, and Direct Payments to fail to deliver real change, real belonging, and real respect, before we start the real work of collective social transformation that is the only thing that will make a society that does a real job of valuing learning disabled people?

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Box 1
From *Valuing People* (Department of Health, 2001)

Issues to be addressed.

Families with disabled children have higher costs as a result of the child's disability coupled with diminished employment prospects. Their housing needs may not be adequately met. There is little evidence of a flexible and co-ordinated approach to support by health, education and social services, and there is significant unmet need for short breaks.

Young disabled people at the point of transition to adult life often leave school without a clear route towards a fulfilling and productive adult life.

Carers can feel undervalued by public services, lacking the right information and enough support to meet their lifelong caring responsibilities.

Choice and Control. Many people with learning disabilities have little choice or control in their lives. Recent research shows only 6% of people with learning disabilities having control over who they lived with and 1% over choice of carer. Advocacy services are patchy and inconsistent. Direct payments have been slow to take off for people with learning disabilities.

Health Care. The substantial health care needs of people with learning disabilities too often go unmet. They can experience avoidable illness and die prematurely. little advice about possible housing options.

Day services frequently fail to provide sufficiently flexible and individual support. Some large day centres offer little more than warehousing and do not help people with learning disabilities undertake a wider range of individually tailored activities.

Social Isolation remains a problem for too many people with learning disabilities. A recent study found that only 30% had a friend who was not either learning disabled, or part of their family or paid to care for them.

The needs of people with learning disabilities from minority ethnic communities are too often overlooked….

Inconsistency in Service Provision

The national statistics on learning disability conceal great variation across the country in terms of availability and coverage of services, as well as quality. Findings from three recent Department of Health studies of local authorities and their comparable health authorities… carried out during the development of the new *strategy – show we are far from achieving consistency and equity for people with learning disabilities and their families. ……..*

The Government is committed to tackling the postcode lottery revealed here. It will be one of the key challenges in implementing the new strategy.

- *a highly skilled workforce: we know that levels of training and qualification in the learning disability workforce remain low and there are shortages of key professionals and care staff.*

Management of Services

Good management of learning disability services requires:

- *strong partnership working: while learning disability has been at the forefront of making use of the flexibilities under the Health Act 1999, many areas have yet to achieve real partnership between health and social care. Joint commissioning has been slow to take off. Few areas have partnerships involving service users, their families and the wider range of agencies.*
- *good planning to ensure that services are responsive: Few places attempt to have the individual's aspirations, needs and views as the driving force for providing services.*

(Department of Health, 2001)

Box 2

Valuing People's Objectives

Objective 1: Maximising Opportunities for Disabled Children

To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed.

Objective 2: Transition into Adult Life

As young people with learning disabilities move into adulthood, to ensure continuity of care and support for the young person and their family and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment.

Objective 3: Enabling People To Have More Control Over Their Own Lives

To enable people with learning disabilities to have as much choice and control as possible over their lives through advocacy and a person-centred approach to planning the services they need

Objective 4: Supporting Carers

To increase the help and support carers receive from all local agencies in order to fulfil their family and caring roles effectively.

Objective 5: Good Health

To enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary.

Objective 6: Housing

To enable people with learning disabilities and their families to have greater choice and control over where, and how they live.

Objective 7: Fulfilling Lives

To enable people with learning disabilities to lead full and purposeful lives in their communities and to develop a range of friendships, activities and relationships.

Objective 8: Moving into Employment

To enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work and to make a valued contribution to the world of work.

Objective 9: Quality

To ensure that all agencies commission and provide high quality, evidence based and continuously improving services which promote both good outcomes and best value.

Objective 10. Workforce Training and Planning

To ensure that social and health care staff working with people with learning disabilities are appropriately skilled, trained and qualified, and to promote a better understanding of the needs of people with learning disabilities amongst the wider workforce.

Objective 11: Partnership Working

To promote holistic services for people with learning disabilities through effective partnership working between all relevant local agencies in the commissioning and delivery of services.

(Department of Health, 2001)