

Appendix 1

Social Model of Disability

Traditionally people have been viewed through a lens of what is wrong with them, for example they are visually impaired, they are mentally ill, they have a long-term condition. This is referred to as the medical model. The social model turns the tables and says people are disabled because of the prejudice they face. Using the social model helps identify solutions to the barriers disabled people experience. It encourages the removal of these barriers within society, or the reduction of their effects, rather than trying to fix an individual's impairment or health condition.

The social model is the preferred model for disabled people. It empowers disabled people and encourages society to be more inclusive. The social model of disability is the framework for social work practice, whilst recognising that medical issues impact on disabled people and that medical support is important. It is also important to note that a recent report *From Mental Illness to a Social Model of Madness and Distress*⁴ found that mental health service users and survivors do not all relate to the social model of disability but may find social approaches helpful.

Human Rights Approach

“A human rights based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and know how to respect those rights, and make sure they can be held to account.

Social work is a human rights profession, which recognises that people may face particular hardships arising from the disregard of their rights, or the particular barriers they may face giving effect to their rights. Social work needs to be at the forefront of addressing social and economic policy issues in society that will impact on the social wellbeing and safety of those with whom we work. A more explicit human rights approach to practice should enable social workers to maintain their values and deal with issues of conflicting rights and risk.”⁵

Independent Living

“Independent Living is a philosophy and a movement of people with disabilities who work for self-determination, equal opportunities and self-respect. Independent Living does not mean that we want to do everything by ourselves, do not need anybody or like to live in isolation. Independent Living means that we demand the same choices and control in our every-day lives that our non-disabled brothers and sisters, neighbors and friends take for granted. We want to grow up in our families, go to the neighborhood school, use the same bus as our neighbors, work in jobs that are in line with our education and interests, and raise families of our own. We are profoundly ordinary people sharing the same need to feel included, recognized and loved.”⁶

Appendix 2: Evidence to support this Position Statement

The working group identified the following evidence in support of this position statement.

1. Why disabled people and social workers need to work well together

1.1 Common purpose and approach

Disabled rights campaigners have worked for decades to obtain:

- A change in social attitudes towards the social model of disability
- Independent living
- The same choice, control and freedom as any other citizen.⁷

Disabled people identify the need:

- To advance health, work and democracy
- To make human rights real and ensure citizenship
- For fully inclusive processes.⁸

The *United Nations Declaration of Rights of Disabled Person* states the principles of:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.⁹

Social work is a human rights profession. Social workers need to work with service users, communities and other agencies for social justice. Social workers need to address poverty and discrimination.¹⁰

Social workers must promote and protect the interests of service users and carers.¹¹ Social workers should *“work co-productively and innovatively with people, local communities, other professionals, agencies and services to promote self-determination, community capacity, personal and family reliance, cohesion, earlier intervention and active citizenship.”*¹²

Social workers should:

- Address issues that affect ability to do good practice
- Work in partnership
- Address power and discrimination
- Integrate the principles of and entitlements to social justice, social inclusion and equality
- Apply the principles and entitlements of human and civil rights
- Understand welfare.

Social workers need to work ethically and transparently when self-determination may be constrained by law.¹³

1.2 We can make progress together

If social care was based on the evidence of what people who use services want then it would include full user involvement:

“My vision for user involvement, advocacy and co-production is one where their definition, policy and practice is strongly in the hands of service users and our organisations, and where we as people who use services play an equal role in their conceptualisation and associated action for change.” (Peter Beresford)¹⁴

Making It Real: Marking progress towards personalised, community based support sets out statements for how people want services to work. These include:

- *“I can speak to people who know something about care and support and can make things happen*
- *I have access to a range of support that helps me to live the life I want and remain a contributing member of my community*
- *I have care and support that is directed by me and responsive to my needs*
- *I feel safe, I can live the life I want and I am supported to manage any risks.”¹⁵*

User-Led Organisations can play a key role in supporting the transformation of adult services. They have legitimacy and can enable greater voice, choice and control for disabled adults.¹⁶

A recent review of *the effectiveness of social work with adults* found that there are positive examples of empowering social work.¹⁷

There are examples of social workers working in empowering ways when they:

- Promote the skills, abilities and knowledge of the person with care and support needs and their carers
- Promote individual wellbeing by encouraging independence, self-care, support and learning opportunities for informal carers, before specific service solutions are sourced
- Challenge those services to align themselves with the contribution, knowledge and skills of the individual and their support network.¹⁸

1.3 Issues with how we work together

A range of recent reports by Disability Rights UK, In Control and SCOPE identify significant issues with how services currently support disabled adults:

- The challenge of increasing demand and reducing budgets
- Services often don't support independence, meet needs, enable inclusion and work
- Many people have experienced cuts

- Choice and control are reducing due to lack of funding, including closure of the Independent Living Fund
- Information provided to disabled adults does not fully set out the principles and rights of the Care Act
- Processes and cultures need to improve.¹⁹

A recent report on social work practice identified issues that people who use services can face:

- Cuts leading to lack of social work time or service provision
- Frequent changes of staff
- Inconsistent communication or recording
- Lack of acceptance of choices
- Sharing information inappropriately.²⁰

“Some groups, particularly from minorities often experience inferior access to and support from services. The same groups are likely to have inferior opportunities to get involved in schemes to strengthen their voice. The combined effect of these two factors is likely to be to exacerbate and perpetuate inequalities faced by some of the most disadvantaged groups in our society.”²¹

1.4 Difficult context

A range of recent reports by Disability Rights UK, In Control and SCOPE identify significant issues that affect disabled adults:

- Disabled people find it hard to access credit
- There is a need for flexible workplaces, creative job creation and personalised support
- Negative attitudes to and avoidance of disabled people are widespread
- Portrayal of disabled people in the media is unfair.

“The adult social care sector continues to experience financial strain. Further efficiencies are difficult to achieve, due to staffing being a high proportion of costs, and profitability is reducing, leading to some services exiting from the market. The potential impact of these exits are people having less choice or experiencing a lack of continuity of service, and delays in securing them a package of good quality care that meets their needs and preferences. It is also likely to lead to greater use of unpaid care.”²²

2. What we are aiming for

Making It Real statements cover the following areas to say what good practice is:

- Information and Advice: having the information I need, when I need it
- Active and supportive communities: keeping friends, family and place
- Flexible integrated care and support: my support, my own way
- Workforce: my support staff
- Risk enablement: feeling in control and safe
- Personal budgets and self-funding: my money.²³

BASW Human Rights Policy states that principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.²⁴

Making Safeguarding Personal aims to ensure that adults, who are at risk of abuse or neglect, remain in control of what happens to safeguard them.

“It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people’s lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.”²⁵

3. What we believe will help us

Evidence points to the following:

- Improved process comes from genuine commitment to personalisation
- There is a need for the right support, the right tools, the right systems and the right attitude
- We need to aim high
- There is a need for transparent and honest relationships, a ‘whole-person’ offer that builds on strength and community capacity, and person-centred services with real choice and control
- The values of transparency, simplicity and inclusion are important
- Choice and control is a solution not a problem
- There is a need for strength-based approaches
- The human-rights based approach supports ethical practice.²⁶

Disabled people bring:

- Expert experience
- Skills that arise from resilience.

Social workers can support people in complex situations, when they are disempowered, when they are excluded, when their independence is limited.²⁷

We need leadership, involvement, culture, accountability, professional standards, workforce development, co-production, coordination, and to use evidence.²⁸

Social workers need:

- To empower people and recognise their particular needs or ways of working that work for them
- A better understanding of people’s experiences.²⁹

References

- 1 The definition of social work was approved by the International Federation of Social Work General Meeting and the International Association of Schools of Social Work General Assembly in July 2014 as the global definition
- 2 Social Care Institute for Excellence (2015) Co-production in social care: What it is and how to do it
www.scie.org.uk/publications/guides/guide51/files/guide51.pdf
- 3 The Care Act www.legislation.gov.uk/ukpga/2014/23/contents/enacted
- 4 Shaping Our Lives (2016) From Mental Illness to a Social Model of Madness and Distress
- 5 British Association of Social Workers (2015) Human Rights Policy
http://cdn.basw.co.uk/upload/basw_30635-1.pdf
- 6 Dr. Adolf Ratzka, www.independentliving.org
- 7 Jenny Morris blogs <https://jennymorrisnet.blogspot.co.uk/2013/09/welfare-reform-and-social-model-of.html>
<https://jennymorrisnet.blogspot.co.uk/2014/01/if-you-dont-know-your-history-youre.html>
- 8 (Disability Rights UK (2014) Inclusive Communities A guide for Local Authorities; A Research Report)
- 9 United Nations Declaration of Rights of Disabled Person
www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-3-general-principles.html
- 10 British Association of Social Workers (2015) Human Rights Policy
http://cdn.basw.co.uk/upload/basw_30635-1.pdf
- 11 Health and Care Professions Council (2016) Standards of Conduct, Performance and Ethics <http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>
- 12 Department of Health (2015) Knowledge and Skills Statement for Social Workers in Adult Services
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf

- 13 British Association of Social Workers Professional Capability Framework – Social Work Level Capabilities <https://basw.co.uk/pcf>
- 14 Research in Practice for Adults (2016) Reimagining Social Care, Dartington
- 15 Think Local Act Personal Making It Real: Marking progress towards personalised, community based support
www.thinklocalactpersonal.org.uk/_assets/NEWMakingItReal.pdf
- 16 Research in Practice for Adults (2011) User-Led Organisations: Key Issue, Dartington
- 17 Manthorpe J and Moriarty J (2016) The effectiveness of social work with adults A systematic scoping review, King’s College London
- 18 Think Local Act Personal (2016) Developing a wellbeing and strengths-based approach to social work practice: changing culture
www.thinklocalactpersonal.org.uk/_assets/Resources/TLAP/BCC/TLAPChangingSWCulture.pdf
- 19 www.disabilityrightsuk.org
<http://in-control.org.uk>
www.scope.org.uk
- 20 Shaping Our Lives on behalf of the Health and Care Professions Council (2015) Service user and carer input into the review of the standards of proficiency for social workers in England
- 21 Beresford P (2013) Beyond the Usual Suspects: Towards inclusive user involvement, Shaping Our Lives
www.shapingourlives.org.uk/documents/BTUSReport.pdf
- 22 Care Quality Commission (2016) The state of health care and adult social care in England 2015/16
www.cqc.org.uk/sites/default/files/20161019_stateofcare1516_web.pdf
- 23 Think Local Act Personal Making It Real: Marking progress towards personalised, community based support

- 24 British Association of Social Workers (2015) Human Rights Policy
http://cdn.basw.co.uk/upload/basw_30635-1.pdf
- 25 Local Government Association and ADASS (2014) Making Safeguarding Personal Guide
www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df
- 26 For example <http://in-control.org.uk> www.shapingourlives.org.uk
- 27 The College of Social Work (2014) The Roles and Functions of Social Work
http://cdn.basw.co.uk/upload/basw_115640-9.pdf
- 28 Think Local Act Personal (2013) Driving up Quality in Adult Social Care, What is Quality?
www.thinklocalactpersonal.org.uk/_assets/TLAP_What_is_quality_WEB.pdf
- 29 NIHR Research Findings, Taking On and Taking Over: Choice and control for physically disabled young adults, National Institute for Health Research, School for Social Care Research www.sscr.nihr.ac.uk/PDF/Findings/RF25.pdf