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## Encouraging a paradigm shift in services for people with disabilities

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**Faculty of Health and Human Sciences  
Centre for the Development of Human Resources  
Social Research and Development Monograph No. 9**

JOONDALUP  
**UNIVERSITY COLLECTION**

**ENCOURAGING A PARADIGM  
SHIFT IN SERVICES FOR  
PEOPLE WITH DISABILITIES**

**Errol Cocks**



**EDITH COWAN UNIVERSITY**  
PERTH WESTERN AUSTRALIA

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**CENTRE FOR THE DEVELOPMENT OF  
HUMAN RESOURCES**

**Social Research and Development Monograph No. 9**

**ENCOURAGING A PARADIGM  
SHIFT IN SERVICES FOR  
PEOPLE WITH DISABILITIES**

**Errol Cocks, Director, Centre for the Development of Human  
Resources, Edith Cowan University.**

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## **Abstract**

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This monograph is based on a Keynote Address given at the Annual Conference of the British Institute on Learning Disabilities, Edinburgh Conference Centre, Heriot Watt University, Edinburgh, 14–17 September 1992.

The discussion centres around the belief that human services, particularly services for people with disabilities, are currently dominated by a “modern formal human services paradigm”. Because of some of the assumptions inherent in this paradigm and because of broader societal dislocation, it is argued that modern formal human services operate dysfunctionally and contain elements which are inimical to the interests both of vulnerable people and of society. The discussion provides a critique and analysis of the dominant paradigm and uses this description as the basis for conceptualising and rebuilding an alternative emerging paradigm. The assumptions underlying the new paradigm are outlined in a preliminary discussion and a set of quality indicators for a service operating according to this paradigm is identified.

# **Acknowledgements**

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# Introduction

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The primary purpose of this monograph is to identify and describe some key elements of an emerging paradigm for services for people with disabilities and to explicate a set of service quality characteristics reflecting that paradigm. It is argued in the monograph that human services in general and services for people with disabilities in particular, are currently dominated by what is termed a “modern formal human services” paradigm. Modern formal human services operate dysfunctionally both as a consequence of broader societal dislocation and because the inherent assumptions of that dominant paradigm are inimical to the interests both of vulnerable people and of society.

The approach adopted in this discussion entails a description and analysis of the current dominant paradigm in human services. A critique of this paradigm provides the basis for conceptualising and rebuilding the alternative emerging paradigm. To this end, the monograph incorporates:

- an outline of some of the assumptions and ideas underpinning the approach taken;
- a description of the concept of a paradigm;
- the identification of the current dominant paradigm in human services which includes an analysis of its main characteristics and consequences in relation to both society and people with disabilities;
- a preliminary description of the assumptions underlying the emerging alternative paradigm for human services;
- a list of quality indicators for a service operating according to this paradigm.

It should be noted that the approach taken here of building an alternative paradigm upon a critique of the existing dominant paradigm has limitations in that the reconstruction is influenced and shaped by the existing structures. However, the overall perspective of the monograph is that the human services field and indeed late twentieth century society as a whole, are both undergoing radical transformation and the nature and outcomes of changes are far from clear. In this context of uncertainty and instability, there is value in emphasising the connection between a critique of prevailing conditions and the development of "something different", both in enhancing understanding and in making clear the necessity of, and some of the rationales for, change.

The analysis provided here is an attempt to develop what Argyris (1993) called "actionable knowledge" in the sense of connecting more general conceptual analysis to practical implications which may be useful at the "coal face". Thus the paper includes a critique of human service provision at the level of practice and a description of human service characteristics that would constitute "good quality" according to the line of argument presented.

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## **Part 1: Some Underpinning Assumptions and Ideas**

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In order to facilitate understanding of this discussion, it is useful to outline some of the underpinning assumptions and ideas as these will help clarify the approach being taken.

### **1.1 The Universality of the Issues**

From the outset, it should be understood that services for people with disabilities constitute part of the totality of human services and this monograph, although focusing on disability, is concerned with highlighting the universal nature of the issues. Wolfensberger (1983, 1989, 1992b) described the "human service super system" that is made up of policies, structures and patterns which are consistent across different localities. It is astonishing the extent to which the human service responses of different Western cultures are similar — one does not have to understand the spoken language to recognise the language of the hospital, nursing home, hostel, sheltered workshop, rehabilitation centre, group home etc. So-called developing countries are also adopting these service responses, reflecting the direction, influence and authority of the assumptions which underpin human services (Dixon and Kim, 1985).

Similarities between patterns of service response can also be identified between different areas of human services. For example, hospitals, prisons, mental institutions and training centres share essential characteristics of physical location, architectural style, size, staffing, activities and so on. Similarities of purpose are also clear. For example, human services have almost without exception practised the congregation of people who share certain characteristics, usually of physical, psychological, social or functional impairment and the physical and/or social segregation of those people from the mainstream society.

Wolfensberger (1983) also made the point that human services are essentially shaped by the society and culture within which they operate.

Human services have to be viewed in the context of the larger society. We cannot understand human services unless we first understand our society profoundly. If one wishes to be a philosopher of human services, one has to be a philosopher of society and its history. (p. 20)

There is a complex relationship between citizens, human services and society and it can no longer be assumed that human services are controlled by noble ideals or impulses or that they have the interests of vulnerable people as the priority even if services may surround themselves with such an image. This important issue will be addressed further in this discussion.

## **1.2 The Dominant Paradigm and the Concept of a “Model”**

The position taken here is that a prevailing, dominant paradigm exists that I shall call “modern formal human services” and it is universal in the sense of operating for all groups of human service clients, within virtually all types of human services and across cultures. The modern formal human services paradigm largely consists of the influences of sets of relatively high order assumptions represented by three “models”: the bureaucratic, the professional and the technological models.

As applied to human services in this discussion, the term “model” refers to at least three components:

- a set of beliefs and assumptions about important and relevant matters such as the nature of human beings and society, and the nature and causes of and solutions to human and social problems;
- a consequent set of structures and practices;
- resultant outcomes for the stakeholders.

Stakeholders include not only service users and practitioners, but also other members of the society and the social institutions through which the model operates. In this account, models are perceived both to be influenced by the societal context and also to influence that context.

The primary “building blocks” of a model are the beliefs and assumptions which underpin the model and influence and shape the manner in which services are provided and the nature of outcomes that occur. Usually the underpinning beliefs and assumptions are poorly explicated or possibly may even be unexplicated to the point of being unconscious. Assumptions may be held to be “givens” and thus are not examined or open to reflection or critique. Explicit statements which are held to be assumptions upon which human services are based may be conscious misrepresentations of reality which serve particular ends and interests, reflections of idealised beliefs and/or have been goal displaced over time. The processes of explicating and examining assumptions thus may be an unsettling experience and difficult to achieve because of the essentially critical and reflective manner in which this takes place.

## **1.3 The Need for Critical Analysis and Reflection**

There are many reasons why a critical and reflective form of analysis is necessary and, in particular, why human service practitioners and consumers should be familiar with it. Human service practitioners, especially if they largely function "at the coal face" seldom have a broad comprehension of formal human services because of the particularistic focus of their roles. For example, they may work with a relatively small group of clients from a specific client group and tend not to see the universality of the issues. This perspective is supported by the structural aspects of formal human services which institutionalise human differences into organisational forms. For example, most diagnostic categories of disability have their own separate organisational manifestation and over time this is seen to be "natural" and proper. The great majority of practitioners have been educated within relatively narrow disciplinary frameworks, typically of a clinical persuasion. The tendency will be to see the nature of social and human problems as determined differently according to the characteristics of various client groups.

Wolfensberger (1989) provided a further rationale for the role of critique in countering the prevalence of unconsciousness in groups and organisations. Unconsciousness is reflected in the usually unexplicated latent functions of human services which "...constitute an unconscious driving force...(and) are a major source of distortions, perversions and troubles" (p.23).

The assumptions of the bureaucratic, professional and technological models virtually shape the policies and practices which constitute modern formal human services. In addition, these assumptions provide a powerful structure and framework within which formal human services are evaluated and the success of various reforms is judged. It is the contention of this monograph that this paradigm is the major source of the problems facing contemporary human services and contains many assumptions and related practices which are in-

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imical to the well being of vulnerable consumers of human services. The paradigm also is not functional in the address of broader social problems.

## **1.4 Human Service Models**

There has been considerable examination of human service models such as the medical/clinical model, the business model and the developmental model (Baldwin, 1985; Kittrie, 1971; Levine and Levine, 1970; Perucci, 1974; Schmidt and Miller, 1984; Scull, 1979; Szasz, 1983; Whittington, 1992; Wolfensberger, 1975, 1980). Although these models are very powerful and influential in the context of human services, they are largely composed of assumptions that are of relatively low "order" compared to the assumptions that comprise the bureaucratic, professional and technological models. The notion of "order" refers to at least two characteristics of a model.

First, the direction of influence is **largely** from the higher order to lower order models. Thus the assumptions of the bureaucratic, professional and technological models tend to influence those of the lower order medical/clinical and other human service models. However, it is apparent in the interaction between these different orders of beliefs and assumptions that lower order models can strongly influence, affirm and help sustain higher order models.

Second, the influence of higher order models is more extensive. Thus the bureaucratic, professional and technological models are pervasive in occurring throughout virtually all areas of human activity including human services. Higher order models also may reflect more directly the prevailing system of dominant cultural values which constitute an even higher order set of beliefs and assumptions. However, both lower order human service models and higher order bureaucratic, professional and technological models are strongly influenced by such dominant modernistic cultural values as rational-

ism, the perfectibility of humankind, progress, materialism, individualism and hedonism (Cooper and Burrell, 1988; Jackson, 1991; Wolfensberger, 1983, 1991).

The critical approach taken in the monograph to the current dominant paradigm which comprises the bureaucratic, professional and technological models is based on a considerable and long-standing literature (Bryson, 1987; Cocks, 1987; Cocks and Cockram, 1992; Cocks and Duffy, 1993; Foucault, 1973; Freire, 1972; Gallagher, 1990; Gaylin, Glasser, Marcus and Rothman, 1981; Goffman, 1968; Habermas, 1975, 1987, 1989; Hoggett, 1990; Illich, 1976; Illich et al, 1977; Kendrick, 1990; Kitztrie, 1971; McKnight, 1976, 1986, 1989; Michael, 1983; Mishra, 1984; OECD, 1981; Perucci, 1974; Scull, 1979; Stanton, 1970; Szasz, 1974, 1983; Williams, 1982; Wolfensberger, 1975, 1983, 1987, 1989, 1991, 1992a, 1992b). These references constitute only a small part of this literature. Although it is not my purpose to attempt a summary, the position taken in this paper must acknowledge the considerable contribution from this literature.

## **Part 2: The Concept of a Paradigm**

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The concept of a paradigm provides a useful framework for the critique of models which follows. Thomas Kuhn (1970) defined a paradigm as:

(standing) for the entire constellation of beliefs, values, techniques, and so on shared by the members of a given community. (p. 175)

A paradigm consists of relatively high order “world views” or what we believe we *know* about important issues and questions. All social scientists consider their subject through both explicit and implicit beliefs and assumptions about their world and what constitutes knowledge and how that world or subject matter may be investigated (Burrell and Morgan, 1987). Social scientists and human service workers constitute two “belief or language communities” as described by Kuhn. Paradigms provide models and patterns which serve to guide and shape how the world is viewed, analogous to wearing special spectacles which enable some things to be perceived and not others, and which “colour” all that is perceived.

In his seminal work, Kuhn addressed two important sets of issues about how paradigms are sustained, often in the face of contradictory knowledge, and how they are changed. First, he identified a number of powerful processes that serve to make dominant paradigms resilient and resistant to change. In the context of human services, these processes can be linked with the apprenticeship that most human service workers experience that is then followed by continual affirming and legitimising experiences. Some examples of such processes include the similar education and socialisation experienced by professional workers; common processes of initiation which are frequently long and demanding; shared technical literature, goals, formal and informal networks; shared values, for example of the

fundamentality of rationalism and consistency; shared commitments to various rules and standards; shared exemplars of "good practice" and people to be respected and emulated; and some success in terms of problem solving and achieving personal rewards for adherents. It can clearly be seen that these processes are very powerful and legitimising, minimising cognitive dissonance and likely to ensure that the dominant paradigm of the human service "community" endures.

Second, Kuhn studied how paradigms change. He wrote about the nature of "discovery" as commencing with the awareness of anomaly, that is, a phenomenon or happening that violates the expectations induced by the dominant paradigm. In his history of scientific change, Kuhn documented the difficulty with which this occurs, the resistance to change and the time required for change to occur. In fact he wrote of change or transfer of allegiance from one paradigm to another as like a "conversion experience and something that cannot be enforced" (Kuhn, 1970, p. 151).

The change process involves considerable confusion and periods of hesitation until a new paradigm emerges. Usually anomalies are overlooked or even denied, particularly if they violate too intensely the dominant paradigm, but eventually anomalies accumulate and become irresistible. Kuhn described three necessary preconditions for paradigm change: first, awareness or consciousness of anomalies and the connection between anomalies and the challenge they constitute to the existing paradigm; second, new concepts and language which are required to facilitate new ideas; and third, paradigm change requires a willingness to tolerate periods of hesitation and confusion. It is interesting that Kuhn, a philosopher and historian of science, believed that people desert traditional paradigms for aesthetic rather than rational motivations which leads to a further implication of these concepts.

The concept of critical knowledge is central to this whole analysis, that is, the acknowledgment and examination of the disparities

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that exist between the expectations induced by the dominant paradigm of modern formal human services and its accompanying ideologies, and the reality of the lives of people, in this case, of people with disabilities, who use services. In Kuhn's terms, we are concerned to examine the anomalies of the paradigm such as, for example, growth in inequity in the face of the tremendous allocation of resources and policies of social justice which are intended to redress inequity, or the high incidence of abuse of vulnerable people by and within the very systems that are intended to protect them. This provides an important rationale for the approach taken in the paper which critically examines the assumptions and anomalies in the paradigm of modern formal human services as a necessary foundation for the identification and emergence of a new paradigm.

Epistemology, which is concerned with what constitutes knowledge and how this knowledge is communicated, is closely connected with an examination of paradigms. Habermas (1989) distinguished between three types of knowledge: empirical-analytical; historical-hermeneutical; and emancipatory. Each has to do with different types of human activity and each reflects a different understanding of what constitutes legitimate knowledge.

Empirical-analytical knowledge, also referred to as technical or instrumental knowledge (Park, 1989; Pusey, 1987) flows from the natural sciences paradigm and is concerned with the control of the physical and social environment through developing a theoretical understanding of causal relationships. This form of knowledge is seen as a dominant mode of thinking and acting in current times although its origins are in eighteenth century Enlightenment (Cooper and Burrell, 1988; Jackson, 1991). Thomas and Lockett (1991) wrote:

The dominant paradigm for the application of knowledge to practical human problems is that based on classical scientific method derived from the physical sciences. It can be summed up in the belief that similar "scientific"

thought-processes can be applied equally to getting a person to the moon and to solving problems of the inner city or drought-stricken areas in Africa. (p.85)

This dominant paradigm includes a positivistic view of knowledge, validation of this view through the activities of the scientific community, the separation of what are seen as "facts" from values, and a separation between the process of generating knowledge and the practical application of that knowledge. Both the view of the world and the ways of knowing the world in this paradigm involve segmentation and reductionism which militate against an holistic view.

Historical-hermeneutical knowledge, also referred to as interactive or practical knowledge (Park, 1989; Pusey, 1987), comes from an appreciation of the shared experiences of human beings that is represented by common experiences, tradition, history and culture. This form of knowledge is particularly concerned with understanding the phenomenology of the subject through entering the experiences of the person and endeavouring to understand what the person means. The method of attaining knowledge thus becomes more "subjective", experiential and interactive.

Emancipatory knowledge, also referred to as critical knowledge (Park, 1989; Pusey, 1987), is concerned to analyse the conflicts between ideology, particularly the ideology of dominant or powerful groups, and social reality, that is, how people experience their world. This form of knowledge seeks to promote human autonomy, truth, freedom and justice.

It will be the task of critical reflection to grub out the positivist root (in realist, materialist, and other modern empiricist philosophies of science) and thus to once again put science back into the *service* of human rationality. (Pusey, 1987, p. 26)

It is important to note that this account of critical knowledge does not extend to the position of some post-modernist critiques which deny the belief in rationality, truth and progress and the capacity of science to address these issues (Jackson, 1991). In fact Habermas' objective is the pursuit of "rationalism" through critical reflection which eliminates false consciousness. Kuhn also argued that a dominant paradigm impedes the development of critical thinking and that paradigms may assume an ideological rather than a "scientific" position.

The starting point for developing a critical knowledge of the dominant paradigm of modern formal human services as it operates for people with disabilities is to attempt to reflect upon the reality of the life experiences of people with disabilities and their families, friends and advocates.

## **Part 3: The Phenomenon of Disability**

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A necessary first step both in understanding the nature of the prevailing paradigm and in canvassing the characteristics of an alternative paradigm is to strive to comprehend the phenomenology of disability in the late twentieth century. One approach to the phenomenology of disability is to pose five critical questions, possibly in the manner in which a visitor to an alien culture might seek to understand disability.

The aim of the first question is to ascertain the place and status of people with disabilities in relation to other people and key social groupings including families, friendship networks, neighbourhoods and associations. It would also determine the experiences they have with various important social institutions such as educational, legal, health, vocational and religious. The question addresses the hopes and aspirations of people with disabilities within the culture and their actual achievements. In describing the common life experiences of people with disabilities, comparisons would be made with other people in the culture, both those who have valued roles and those who do not.

Second, what is the impact of these common life experiences on the identity of people with disabilities? This question is concerned with their self concept and also their image and reputations in the sense of how other people view them.

Third, how does the culture define the nature of the problems that people with disabilities are thought to constitute? A key indicator here is highlighted within the ascribed cause of the problem. For example, to what extent is the problem defined as intrinsic to the person, such as some form of personal inadequacy, and to what extent is the problem determined by the cultural response, such as discrimination or rejection.

The fourth question examines the kind of solutions to the problem which are culturally condoned and supported. This level of analysis is particularly concerned with the ideology associated with various solutions to social problems. It is here that the enquirer is likely to encounter rhetoric and polemic, for example around the pursuit of rights, social justice, integration/inclusion, freedom, human potential and so forth.

Finally, the astute visitor would then examine the nature of the actual response of the culture to this group of people and would be conscious of the discrepancies between ideologies, what is said and what is done. A related line of inquiry would be concerned to determine the extent to which the culture is conscious of anomalies arising from the conflict between ideology and reality and how those anomalies are dealt with. A further question would seek to ascertain the ways in which the cultural response actually constituted part of the problem, an embarrassing and difficult question for a polite visitor to ask!

It is likely that three conclusions would follow from this line of inquiry.

First, the common life experiences and the place of people with disabilities within the social context indicate that this group is relatively disadvantaged, oppressed and devalued. In fact, this group is part of a larger group of people within the culture who have similar experiences, the most common of which are rejection, congregation and segregation. This occurs in the face of strong rhetoric of denial and an ideology which redefines the identity of this group so that the nature of their problem primarily is ascribed to intrinsic factors such as impairment or other inadequacy.

Second, the broad societal response to the problem of this group is the provision of formal human services, largely specialised, which operate according to both implicit and explicit assumptions regarding

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the nature of the problem and acceptable solutions. Because people with disabilities are so deeply embedded within the formal human service systems, these systems powerfully influence and shape both the personal identity of members of that group, and the images and expectations held about them by others in the culture and thereby, the manner of treatment of them by others. Formal human services thus play a fundamental role in the identity formation of people with disabilities.

Third, the nature of the societal response as it is carried out by formal human services constitutes a paradigm that has become a major part of the problems faced both by people with disabilities and the wider culture. It seems unable and unlikely to provide real solutions to social problems which are reflected in better quality of life for people with disabilities which is commensurate with the effort and resources expended.

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## Part 4: Formal Human Services and Society

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There are a number of inbuilt dysfunctionalities in the predominant paradigm of modern formal human services. These dysfunctions have become more obvious and are operating more potently because of the current high level of social conflict experienced in Western cultures at least. We live in an era that some writers have characterised as "transitional" in which Western cultures are experiencing considerable "turbulence" (Bell, 1973; Cocks, 1987; Dicken, 1986; Korten, 1984; Michael, 1983; Toffler, 1980, 1990; Williams, 1982; Wolfensberger, 1989). The transition to which they refer is from a technological to a "post technological" culture perhaps exemplified when TIME magazine chose the personal computer as "Man of the Year" in 1983 (Halal, 1985, p. 230). In terms of significance, this transition is possibly of even greater impact than previous times of great social upheaval such as the Industrial Revolution. Both the characteristics of the change process itself and the nature of the change are of central importance to human services.

Turbulence refers to societal conditions which are characterised by a very high rate of social change that occurs in many fundamental areas of human experience simultaneously. Change occurs not only in areas that are linked directly to the technological transformations, for example in transport and communications, but in patterns of living and in fundamental social institutions such as the family. In addition, critical challenges occur within the ethical and moral fabric. This is exemplified by the dilemmas in the area of socio-biology such as *in vitro* fertilisation where technological advances which assume an imperative to implementation, outstrip the capacity of people and social institutions such as the law to cope. Turbulence also incorporates increasing complexity and the uncertainty which confronts society, for example, in the depletion of natural resources, lessened public confidence in traditionally-respected public institutions and the apparent rise in social problems such as poverty, unemployment and

crime (Williams, 1982). It is reasonable to conclude that the social stress that accompanies such major transitional change is the key contributor to various worsening social indicators.

Korten (1984) described the nature of social change, particularly from the perspective of human services, as follows:

Modernisation has been accompanied by a trend toward professionalising, centralising, and publicly funding an ever-growing number of activities that once were the province of the individual, the family, and the community — from health care, home building, and neighbourhood renewal to day care and care of elderly. Self-interested professional and bureaucratic monopolies have come to control nearly every sector of human activity and have successfully fashioned a complex web of governmental regulations that sustain their interests, from building codes to professional licensing requirements. But the financial and managerial burdens of professional bureaucratised approaches to meeting basic human needs are proving too much for even the wealthiest of nations, to say nothing of the depersonalisation, inefficiency and general ineffectiveness of many such programs. (p. 302)

If the essence of this very brief description and line of argument is accepted, then it is not difficult to see that modern formal human services are likely to be experiencing stress and crisis. This conclusion reflects the nature of the relationship between people, society and modern formal human services and addresses questions of purpose.

Formal human services perform a complex and often contradictory set of roles in the service of individuals and society. For example, for individuals, human services may educate, develop and socialise; may provide support and sustenance; and may contain, control and punish. In regard to the society, formal human services may provide important economic benefits, for example, through

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employment and economic multiplier effects; exert social control and containment of people who are perceived to be socially deviant; provide distraction from various manifestations of inequity; maintain existing social orders and structures and even exemplify them; and serve many political ends. In addition, formal human services must serve their own ends in terms of sustaining the service system itself, particularly the individual organisational elements of the system. The tensions contained within and between these various roles are very considerable and they exert a constant pressure towards crisis and incoherency in formal human services, especially expressed in the contradictions and conflicts inherent in serving people, serving society and serving systems.

Complexity and incoherency also flow from the multitude of sources of legitimacy under which formal human services operate. In order to carry out their roles, formal human services will sometimes legitimise their actions through the informed consent of clients or substitute decision-makers. They may also call on moral and ethical frameworks; laws and less formal rules and regulations; beliefs and assumptions; values, principles and ideologies; precedent; and, of course, commonly different manifestations of coercive authority. These various frameworks are often in conflict and provide a very complex and challenging environment. For example, there is a growing awareness of the conflict and tensions which are being generated between moral and ethical frameworks and the ideologies and practices associated with economic rationalism in human services and with the widespread withdrawal of governments from direct provision of some services and financial support of others. It may be ideologically sound to promote user-pays and market practices in human services on the grounds of increased efficiency (Hoggett, 1990, 1991) but morally reprehensible given the heightened vulnerability of the great majority of people who have become dependent on human services. It is becoming apparent that many of the bureaucratic strategies of the past decade or so, ostensibly driven by fiscal crises and the desire for

"efficiency", are exacting a high price both from vulnerable people and from social cohesion.

A major role of formal human services is the address of social and human problems such as poverty, homelessness, ill health and disability. If important indicators of social health and well being are worsening, then human services will feel this in different ways, most commonly in the increased expectations of society in a context of increased demand for services and a more competitive resource situation. It is also more likely that the response of formal human services will become even more dysfunctional under the increased pressure, with poorer and damaging outcomes for vulnerable service users.

The plight of formal human services and service users is likely to be worsened if the prevailing paradigm is not open to real reflection and critique. The life conditions of many people are likely to deteriorate if alternative paradigms are not canvassed and developed.

Next, we can ask whether there are signs that formal human services are experiencing these stresses. There are a number of key indicators that are common to most formal human services in Western cultures. These include unprecedented allocations of financial and human resources within formal human services since the Second World War, typified by the enormous growth in the number and size of human service organisations. In spite of this resource allocation, signs of increased inequity, as exemplified in waiting lists for services in such areas as health care, family support, education and basic legal services, constitute a significant anomaly. This anomaly is highlighted by the profusion of social justice and equity policies which frequently are administered by the very agencies which also keep the waiting lists. It is a real conundrum when the very societal institutions which are intended to address and redress various social problems, including inequity, themselves contain the same problems and reflect the

same dysfunctional structural, hierarchical and power relationships that are seen in the wider culture.

Within the context of the bureaucratic model of human services, almost constant organisational restructuring is a clear indication of crisis as the search continues for a solution to social and human problems through the better management of bureaucracies (Bryson, 1987). High turnover of staff, usually aided by management policies and practices, contributes to dysfunctional policy and personnel discontinuity. Dysfunctionality comes in part from the limited "memory horizon" within human services which means few human service workers, particularly those removed from ongoing, direct contact with vulnerable people, recall what took place as recently as two years ago (Wolfensberger, 1991).

It is of central importance to note that some of the major strategies adopted by modern formal human services continue to reflect the essential elements of the dominant paradigm and thus may constitute what some astute, if somewhat cynical, observers see as a "shifting of the deckchairs on the Titanic". For example, the development of "progressive decentralisation of production (service provision)", particularly into the non-government sector, accompanied by "rising flexibility and centralised strategic control" in formal human services is clearly advanced bureaucratised managerial technology and driven by cost containment even under the guise of "quality" (Hoggett, 1990, p. 5).

In spite of, or possibly because of, the ideology of efficiency, much of the managerial response of formal human services in terms of restructuring uses considerable resources which commonly are diverted from actual direct services. Put plainly and in the language of the dominant paradigm, the cost benefit and cost effectiveness of the enormous expenditures on managerial processes and reforms in human services have not been established but they continue apace.

Regardless of the conclusions which may be drawn from this brief analysis that all is not well in "human service land", there is a strong belief that reform is afoot and *services* for people with disabilities are improving. This belief arises from the very essence of the dominant paradigm which tends to encourage a false consciousness and sense of achievement that is not connected with the reality of the lives of people with disabilities and their families. This is fuelled by the very direction of influence of the bureaucratic, professional and technological models which encourage an essentially utilitarian view of personal vulnerability and seek outcomes which are progressively disconnected and incoherent with the interests of individual human beings. For example, improvement and progress is likely to be cast in the vein of system change — better organisational structures, more working parties, better legislation, more policies, more machine technology applied to the problems, more programs and highly trained personnel, better financial and human resources management and so on — rather than improvements in the life conditions of vulnerable people. In this way, the crises of modern formal human services are obscured and attention is distracted from the reality of the lives of the vulnerable people. This argument will be developed further in a later section of the paper in the context of powerful assumptions of the paradigm which lead to increasing distance between the "servers" and the "served" in formal human services.

There are at least three indicators that the reform process in the disability field still has a long way to go. First, there are many thousands of people with disabilities living in poor quality institutional environments and institutionalised service systems. Many people have been "deinstitutionalised" in the sense of being moved from one physical location to another, sometimes into small service settings in the community. However, many have been reinstitutionalised through being moved from one institution to another. Few people have actually escaped the formal service system, in effect an acknowledgment that this is rarely the objective of the process, and many have been virt-

ually abandoned in the community with inadequate support. Some policies of deinstitutionalisation operate with the latent purpose of closing institutions, not of improving the life conditions of people with disabilities. Evil intent is not necessarily inferred here, but attention is drawn to anomalies that reflect the severe limitations of the prevailing paradigm which shapes the process and the evaluation of the reform process. To repeat an earlier point, many "reforms" in formal human services do not address the more fundamental issues but rather shift resources and people within the limitations of the existing dominant paradigm.

Second, there is an increasing number of people with disabilities and their families who have either no services or for whom services are inadequate. Many formal human services manage growing waiting lists which may be more or less obvious. This is clear evidence of inequity particularly when it is appreciated that the groups who lack support often tend to have the most extensive needs — they are often constituted by the poorest, the oldest, the most disabled and the most rejected people.

The third indicator is the extent of abuse which occurs to people with disabilities both within institutions and the community (Johnson, Andrew and Topp, 1988; Verick, 1991; Wolfensberger, 1980, 1987). This is occurring in spite of efforts to provide protective services in recent years. The enormous reliance on enabling and protective legislation and the establishment of judicial and quasi-judicial bodies reflects the strong belief in formal measures to address the issue of abuse. This trend, which has accelerated over the past decade or so in Australia and is illustrated by a panoply of legislation, is a clear manifestation of the dominant paradigm and requires much analysis which is not, however, part of the purpose of this monograph.

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## **Part 5: The Dominant Paradigm of Modern Formal Human Services**

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This section of the paper provides a more focused analysis on ten of the characteristics of the three models, the bureaucratic, professional and technological, which were defined earlier as constituting the dominant paradigm of modern formal human services. The analysis here is at the level of practice. Each of these models contains its own assumptions, characteristics, manifestations and consequences. For the sake of brevity, the following critique focuses on some of the common elements of the three models. The position taken here is that although the models have some utility in some situations, they have significant limitations in the address of individual human and social problems. In addition, the possible negative outcomes of these models are even more powerful when they act or work together as, for example, in a situation in which technology is wielded by professionals within a bureaucratic context. In important ways, the characteristics of these models work together to create "formal" human services in contradiction to "informal" approaches to helping and caring.

The critique describes some of the underpinning assumptions and characteristics of the models and then describes some of their consequences in the context of human services. This account is necessarily brief and there are other assumptions that are not addressed here.

### **1. Significant Social Problems are Caused by the Inadequacies of People and Communities**

Modern formal human services begin with the assumption of inadequacy expressed by, for example, lack of knowledge or wisdom, lack of resources or expertise, lack of understanding of the problem, or lack of capacity. This assumption leads to various characteristics of services including the tendency to seek out, draw attention to and highlight inadequacy rather than adequacy or talents. Considerable

resources, legitimacy and status are accorded to people who, and processes which, carry out these functions. People are "sorted" and "graded" on the basis, extent and nature of their perceived inadequacy. Technology will be applied to aid in the process of identification and quantification of inadequacy.

Through processes of role expectancy and role circularity, inadequacy becomes internalised and personified in the person, or in the group or community. Thus the paradigm promotes the identification of "problem people" and "problem communities". Certain people and groups are likely to be identified as more or less deserving of attention than others. Self-fulfilling processes are likely to create or at least sustain inadequacy, and the phenomena of "learned helplessness" and "blaming the victim" will occur.

Because people and communities are identified as inadequate, solutions to human and social problems require removal of people from their communities and/or families and authority will be accorded to formal human services to carry out these and related functions. It is also likely that considerable resources will be devoted to the remediation of personal inadequacy, possibly defined as pathology, and relatively fewer resources and lower priority given to other strategies such as structural or attitudinal changes in society. Unavoidably, the people whose task it is to identify those who are deviant, influence the perspective of the rest of society to the extent of actually creating and sustaining deviancy and determining the nature of the societal response.

## **2. Formal Human Services are Essential if Human and Social Problems are to be Solved**

This assumption is related to the role accorded formal human services by the society in the address of human and social problems. In post-technological society, people feel they no longer have the time or the expertise to deal with a range of basic human needs such as love,

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affiliation, shelter and sustenance or for more instrumental needs such as education and health. It has become acceptable, if not mandatory, to hand responsibility for decisions and processes which formerly have been the province of the individual, family or some other informal institution, to formal human services in their various guises.

A clear manifestation of this assumption is the enormous growth of formal human services particularly since World War Two (McKnight, 1976). Never before in the history of humankind has there been the number and range of formal human service institutions nor the devotion of such financial, physical, political and human resources to the industry.

A critical outcome of this assumption is the impact on informal approaches to addressing human and social problems. It is far more likely that formal systems will be viewed as legitimate and valid and informal systems viewed as inadequate or even with suspicion. Formal systems are likely to be sources of empowerment and status. Informal systems and ordinary people may be disempowered and disenfranchised and their actions possibly only legitimised through the license, direction and support of formal systems. Processes of co-optation and the rewards of legitimacy may overwhelm early intentions to remain apart from or independent of formal systems. What may have been freely given at first by citizens has now been transformed into the source of legitimacy for the formal system, a startling reversal of authority and power.

An interesting corollary of this assumption within human services is that informal services may be subject to more real scrutiny, oversight and external control than formal systems. Even when formal systems appear to practice accountability, system characteristics such as size, complexity and instability baffle attempts to ensure effectiveness. Anomalously, formal systems that clearly lack quality and service-user focus may even be given power over informal systems that are of higher quality and focus.

As these assumptions and characteristics are articulated, it becomes increasingly clear that system needs predominate over human needs and in fact people are made to serve systems.

### **3. Formal Human Services Must Remain Objective**

Objectivity is a cornerstone of all three models which make up the dominant paradigm. The historical origins of bureaucracy contain the effort to overcome nepotism and favouritism within public enterprises. Professional detachment and objectivity are taught to aspiring professionals and constitute a requirement for "good" professional practice. Technology, particularly in its scientific derivation, entails the application of reductionism and objectification to problems and solutions. In recent times, managerial practices in human services have brought all three influences together in the search for the holy grail of efficiency and "good" management.

Some of the practices of modern formal human services which focus on objectivity are very dysfunctional. For example, within human services, stakeholders who are seen to possess objectivity are likely to be accorded more power and status than those who are seen to have certain self interests. This self interest commonly is defined as service-user self interest rather than service-provider self interest. Informality, caring and emotional involvement will be viewed with some suspicion and service providers who show this may be seen as unprofessional or over-involved.

Within formal systems, service providers who are distanced from the actual problem, especially from direct contact with people who are perceived to constitute the problem, are likely to be rewarded. Promotion to higher status and power within the system, more money and better working conditions, are accorded in proportion to distance from the problem.

The struggle for objectivity and detachment provides powerful rationales for the development of hierarchical structures of power and influence. There is a common practice of separating policy development from policy implementation, possibly one of the most potent reasons for notoriously poor policy implementation in human services. People who carry out various system-sustaining functions are likely to hold more power. Thus what may be characterised as the "human service engineers", management experts, policy experts, equal opportunity experts, occupational health and safety experts, financial managers, planners of physical resources and so on increasingly provide the sought-after career path and aspirations of human service workers, some of whom may have possessed a human-oriented vocation at one time. In this way, organisational technologists become more dominant and important than the practitioners who are close to the people.

Although each of the ten characteristics listed here is important, the striving for objectivity is possibly the most dysfunctional in the context of human services. When systems lose the essential safeguarding characteristics of knowledge of, identification with and empathy for service users, history indicates the high probability of disastrous outcomes for vulnerable and devalued people. This is especially the case with people with disabilities as evidenced by, for example, the eugenics movement and the treatment of such people in Nazi Germany in the 1930s (Gallagher, 1990; Wolfensberger, 1987).

#### **4. Human and Social Problems Require Professional Help**

A further assumption is that problems require highly trained, sophisticated and professional help, a belief that comes in large part from the notion that human and social problems are very complex and beyond the capacity of ordinary people to comprehend or master.

This assumption means that solutions will be determined by the availability of specialised resources and ordinary people may be disempowered in the sense of believing that they do not possess the capacity to address the problem.

A further consequence of this assumption is the development of complex and specialised industrial systems which consume considerable resources. Such systems are likely to focus on the welfare of workers to the extent that in some situations, human service workers will be protected by an armamentum of industrial rules and awards, unions, career paths, favourable working conditions, equal opportunity, occupational health and safety laws and so on. Meanwhile, service users, for example, "trainees" in a sheltered workshop, may have few protections. Whilst this is not an argument favouring the exploitation of workers, symptoms clearly exist to support the diagnosis of "goal displacement". The interests of human service workers are likely to be a major consideration, if not an impediment, in any attempt at reform of services and formal systems may stand by whilst they jeopardise the well-being of vulnerable service users in the pursuit of their own interests.

The growth of high levels of worker specialisation in formal human services, in both direct care and managerial staff categories, is a strong indication of the increasingly fragmented view of human beings which is built into the paradigm and reflects the wider cultural phenomena of dehumanisation and anomie. Specialisation is closely aligned with all three component models and assumes that a deeper understanding of issues comes from reducing each issue into its smallest parts. This is manifest not only in the profusion of worker categories, but also in the growth of different service types. The latter are often referred to erroneously as "models" rather than being types of services which exist within the existing dominant models.

Both human service workers and ordinary people are confused by this scene because of its enormous complexity and the growing

extent to which the esoteric and sometimes bizarre practices of modern formal human services resemble nothing found in the valued culture. Predictably, the paradigm has attempted to counter this anomaly not by simplification, but by creating new specialisms and service types such as "service brokers", "service coordinators" or "case workers", the major task of which is to guide service users and other workers through the human service labyrinth.

It is an interesting insight that modern formal human services reflect the prevailing cultural beliefs and values in many ways, one of them being the introduction of different statuses or "classes" through human resource specialisations. Along with increasing differentiation of worker types and roles comes a highly differentiated and hierarchical structure of key stakeholders which usually has service users and staff who provide "hands-on" services occupying lower status positions.

## **5. Human and Social Problems Require Large-Scale and Centralised Intervention**

This assumption of the models, particularly the bureaucratic model, has a number of corollaries. There is a perceived need for high levels of expertise and resources and this can only be provided and afforded by centralised bodies; distribution of resources must be controlled centrally to ensure efficiency and equity; responsibility is seen to reside centrally rather than locally; and centralisation has inextricably accompanied growth in size and number of human service organisations and the increased involvement of centralised governments.

This assumption inevitably leads to greater legitimacy and authority being accorded to larger and more centralised bodies. Organisations which are small and localised may be portrayed as wasteful, inefficient, inexpert and, very commonly, as redundant.

These assumed characteristics are very instructive when analysed a little further and contrasted with other assumptions. Rather than small, localised efforts being seen as wasteful, they may actually be more effective in delivering desired service characteristics such as providing more options and choices for service users; providing greater individual focus; providing safeguards through redundancy; and encouraging useful pluralism in human services. A related issue is the argument that small scale does not deliver economies of scale. A counter view is that large organisations deliver diseconomies of scale and that these are particularly dysfunctional in human services. If there is to be an error of scale, then it is more likely to benefit the service users, other things being equal, if the direction is towards smaller scale.

Inevitably, large scale and centralised human services will add to the distance between the decision-makers and the problems. Given the nature of human and social problems, it is apt to question the extent to which greater distance and impersonality is functional.

Over the past few decades, evidence of the dysfunctionality of large size in organisations has been the subject of much concern. It is a revealing observation that in spite of this concern, the clear tendency of human service organisations has been to get larger. In the government sector, human service bureaucracies such as health, education and welfare constitute the largest government bodies. In the past ten years in Australia, disability services have become immersed in huge composite government agencies which may also include health, welfare, local government and housing. On the other hand, the ambivalence towards large size is manifest in the continuous process of restructuring around regionalisation or other aspects of apparent smaller scale. Although the trend towards the movement of various human service responsibilities to the non-government sector appears to pursue the objective of small scale, centralised bureaucracies retain their existing scale and may even get larger ostensibly to carry out necessary functions such as planning and control. It must also be

appreciated that the non-government sector now has very large and bureaucratised service forms. To a significant extent this has occurred since the Second World War and in the disability field, often represents the development of what initially were very small, parent-inspired attempts to obtain education for their children.

## **6. The Major Task of Formal Human Services is the Management of Social Problems**

This assumption states that human services are largely concerned with the efficient management of human and social problems, especially through the application of technological, managerial interventions. This is associated with the rationale that formal human services serve societal ends rather than primarily being concerned with individual human needs. For example, social control, the maintenance of power relationships, the sustaining of the capitalist economic order, the protection of society and so on may be at least the implicit or latent driving forces. This rationale is very likely to predominate in social conditions in which the society is under stress because of economic, political or other structural problems. In this predicament, rationality and pragmatism are seen as necessary to manage the problem and human services are less likely to be viewed as benevolent or at least it will be much more difficult to sustain a kindly and compassionate approach to the address of human problems.

There are many outcomes of this assumption which are inimical to the interests of vulnerable and disadvantaged people. For example, management of the problem through processes of social control are preferred to solving problems. The time perspective is of necessity very short since management strategies are usually short-lived. Practices related to efficiency are preferred over effectiveness in terms of the focus on service user needs. Human and social problems are increasingly defined in "bottom line" terms requiring highly trained specialists who can utilise highly technologised processes in order to exert a

monitoring and controlling brief. Resource expenditure on managerial processes usually burgeons, sometimes at the expense of direct services to people. Investment tends to favour technology such as organisational restructuring, perhaps incessantly, investment in computing, commissioning of reports and plans and the establishment of many committees. Managerial technologies emphasise process rather than outcome so that measurement, for example, is more likely to focus on resource inputs to the system and outputs are concerned with client numbers. Quality may be redefined as system efficiency rather than positive outcomes for service users. In this way, goal displacement occurs on a massive scale and efficiency is legitimised as the purpose of formal human services.

Finally, the emphasis on problem management creates the deification of the "good manager". Great efforts are made to find the "right" person with a record of efficient management, especially if that record lies outside human services as this is seen to be more legitimate and authoritative. Over the past decade or so, in Australia at least, the average tenure of "good managers" both within and outside human services appears to be shortening. It is a reasonable hypothesis that human and social problems are becoming increasingly complex and unmanageable within the confines of the existing dominant paradigm and that many "good managers" are sufficiently astute to keep moving!

## **7. The Management Task is Highly Technical and Content or Values Free**

Although related to the assumptions implicit in managerialism, the belief in technological and "values free" or "content free" interventions in the address of social problems is sufficiently important to be described separately.

Intrinsic to this assumption is scientific methodology and reductionism whereby human and social problems are reduced so they

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can be defined in quantifiable terms which lend themselves to minimising inputs and maximising outputs. Human experience, even if it is highly complex and mysterious, such as intellect, capacity, creativity or quality of life, is measured and conclusions are reached regarding human needs, problems and solutions. If certain human experiences cannot be quantified they may be overlooked. Process variables are paramount and the focus is on how many, how much and how long rather than the stories of people and their experiences.

This assumption is linked with suspicion about or denial of positive human service ideologies which assert the primacy, value and dignity of the disadvantaged service user. Management policies and practices ensure human service workers do not become too closely involved or identified with a particular human service field or group of service users. Career advancement is linked with mobility and breadth rather than depth of experience. The paradigm thus ensures that the loyalty of human service workers is more likely to be system-oriented rather than client-oriented and difficult decisions can continue to be made with apparent objectivity and detachment. The human service field has seen the advent of the professional manager over the past decade or so and a more recent trend is for human service professionals to be trained (or reoriented) as managers. It is very common, for example, for psychologists to complete graduate studies in business management and for social workers to complete graduate work in social policy, reflecting both the hegemony of managerialism and the rewards of distance from the problem.

A particularly unfortunate outcome of the values-free assumption is that formal human services are likely to pervert, consciously and unconsciously, positive ideologies to create practices that serve purposes other than the well being of service users. Nowhere is this more clearly seen than in the trend towards returning responsibility for disadvantaged people to communities through large-scale and rapid programs of deinstitutionalisation. Normalization, social role valorization, least restrictive alternative, integration and mainstreaming,

the dignity of risk and other ideologies have been reinterpreted to justify removing essential supports to vulnerable people with pressing needs. They have also been used to justify the reinstitutionalisation of people which actually serves cost-cutting agendas.

The reality is that all human services follow ideological principles and serve ideological ends even if these are not explicit or when they are unconscious. Ironically, the universality of ideological influence in human endeavour is recognised in the natural sciences and more recently, even in the social sciences. The fact that this has not been acknowledged widely within managerial "science" as it has been applied to human services suggests that the support for values- and content-free management serves latent motives. In fact it is clear that when arguments are put forward for ridding human services of ideologies (and the people who hold and practice them), the greatest caution is needed. Whenever ideologies become obscured or denied, the chances are that the most disadvantaged stakeholders are in the process of becoming further disadvantaged.

## **8. Providing Formal Human Services is Necessarily Expensive**

Possibly the most common response within formal human services to the question of what is needed to address human and social problems is "more money". Yet never before in the history of humankind has there been such a devotion of resources to formal human services. It is clear that the cost of formal human services has escalated, especially over the past one to two decades although not many studies are available which document this or consider future prospects if the escalation continues (Cocks, 1990; Lagergren, 1985).

Earlier analysis pointed to the increasing reliance of late twentieth century economies on the employment and financial multiplier effects of human services. In a very real sense, modern Western

societies are becoming reliant on the creation and maintenance of a larger population of people dependent on formal human services.

Although one might hope that concern for cost escalation might lead to an examination of the assumptions of the governing paradigm, the common experience is the application of economic rationalism in which various managerial technologies are brought to bear with the intention of creating greater efficiency within the existing paradigm. In some parts of Australia, other strategies revolve around shifting the burden of cost from governments to the vulnerable people themselves. Both sets of strategies are very short term and, of course, frequently add to the burdens already carried by devalued service users. They are a clear expression of the resilience of the dominant paradigm. Other strategies attempt to force reform through the reduction of unit costs of service but it is unlikely to succeed in doing much more than lower the quality of services which may already be achieving questionable outcomes for vulnerable people.

## **9. Some People Must Wait for Services**

As this analysis suggests, the existing paradigm of modern formal human services inherently contains the elements of inequity and a major expression of this inequity is that services are in short supply in many areas. For example, in disability services in Australia, waiting lists exist for some educational services, especially those that support children in integrated settings; accommodation services, with some states maintaining waiting lists of hundreds of people; vocational services, especially for young people leaving school and people in sheltered workshops seeking supported open employment; and respite services.

There are of course many reasons for such shortfalls. This analysis identifies one of the reasons as iatrogenic, that is, as emerging from

the nature of the system and the manner in which problems and solutions are defined.

A worrying phenomenon in Australia has been the relatively recent introduction of so-called "market economics" to human services. In the hypothetical human service market, consumers are "empowered" through "more choice" and "better quality services" which are seen as their "right". The economic history of laissez-faire and market-based economics is quite extensive and a modest knowledge of this history reveals that such markets rarely benefit those whose access to resources and power is limited.

## **10. Formal Human Services Must Appease as Many Stakeholders as Possible**

Modern formal human services exist in an intensely political environment in which there are many stakeholders, the interests of whom are rarely compatible. The interests of a single human service user must compete with such interests as those of other service users; parents and other carers; the interests of various agencies which regulate and provide funding for services; political interests that arise from the nature of and the degree of public interest or concern about the problem; and the powerful interests of formal service providers.

This perspective emphasises the role of formal human services in addressing broader societal needs and functions, sometimes to the disadvantage of service users. For example, industrial and related economic interests ensure that the existing paradigm is changed with great difficulty, if at all, and often low level changes occur in ways that maintain the existing benefits and power relationships.

It is hardly surprising that formal human services are not always likely to view the service user as the most important of stakeholders,

particularly if those people are relatively powerless and have few advocates. In fact, formal human services are likely to be quite ineffective in representing the rights of service users or in advocating for them, even when that is what they say they are doing. The conflicts of interest severely limit the extent to which service providers can adopt an advocacy role. In spite of this, confusions abound within the dominant paradigm as many services purport to "advocate" for their "clients", enable them to "realise their full potential", and sometimes even to "liberate" them (Cocks & Duffy, 1993). This point does not mean that formal human services and service workers cannot influence processes which are heading in those directions, but the extent of claims reflects an imperfect understanding of the relationships between formal human services, the demands of society, and the needs of vulnerable service users.

It is particularly important that this issue is acknowledged within formal human services. Like Aesop's proverbial dog in the manger, formal human services will occupy the ground needed by legitimate advocates who do not have such conflicts of interest and may be able to sustain a primary commitment to vulnerable people.

## **Part 6: Assumptions Underpinning an Alternative Human Services Paradigm**

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The beginnings of the construction of an alternative paradigm for addressing human and social problems can emerge from the above critique in a manner which endeavours to minimise or eradicate some of the negative consequences of the dominant paradigm. It is important to note that the position taken in this paper is not the abandonment of human services. This form of helping is deeply embedded within most human cultures and realistically cannot be dispensed with without enormous dislocation and suffering on the part of vulnerable people at least. The purpose here is to contribute to the evolution of a new form of human services which has certain characteristics. Whether this can truly represent the emergence of a new paradigm or merely the evolution of the existing paradigm will become clear only after the passage of much time.

A related issue is the extent to which an emerging paradigm represents an attempt to return to an earlier form of helping, particularly informal manifestations. Whereas informality does contain many positive and necessary characteristics, it is unlikely that informal methods of helping are sufficient to address the human and social problems of post-technological societies. It is also necessary to be aware of the dangers of unrealistic and romanticised beliefs of the capacities of informal systems and communities (Kendrick, 1989, 1990; Walker, 1987). In this vein it is acknowledged that this account is far from complete and needs considerable development. However, any human service which manages to function according to all or even some of the following assumptions would be, by definition, a service seeking to establish positive, service-user oriented characteristics and qualities.

In contemplating the assumptions and characteristics of an alternative paradigm, it is striking how they appear to be strange and almost counter-intuitive, possibly appearing to some people to be

unrealistic and unattainable. This is in part a consequence of the pervasiveness of the dominant paradigm which appears to consist of natural beliefs and practices.

### **1. Acknowledgment of the Dysfunctional Characteristics of the Predominant Paradigm of Modern Formal Human Services**

The first characteristic of an alternative paradigm is a high consciousness of the various negative outcomes that are associated with the bureaucratic, professional and technological models. This would come in part from a keen understanding of social devaluation and the ways in which formal human services contribute to this, for example, through the almost universal mechanisms within formal human services of congregation and physical and/or social segregation of human service users.

A necessary corollary of this is an appreciation of how life conditions and experiences shape the lives of all human beings and that for many people who have to use human services, these have been hurtful and harmful. Associated with this is the realisation that many service users are vulnerable to even slightly adverse conditions and may need powerful friends and advocates to guard against this happening.

There needs to be a depthful, fundamental comprehension of the relationship between formal human services, the various societal and system maintenance ends, and the needs of vulnerable people, rather than a naive belief in the inherent "goodness" of services.

In order for such consciousness to occur, human services must be willing and able to know the people who use their services in far greater depth than is possible within the traditional human service user roles such as patient or client, and through the traditional formal roles of human service workers. This will not occur easily and will need strenuous efforts on the part of a service to engender.

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## **2. Services have Explicit, Positive Values and Ideologies for the People Served**

Following from an appreciation of the vulnerability that is created by devaluing life experiences and the role that may be played by formal human services in contributing to that, the alternative paradigm requires the presence of and commitment to an explicit values and ideological base from which to work. This would affirm the value and human dignity of service users. Clear processes would exist for these values to be understood, shared, supported and practiced by all major stakeholders in the service and for regular renewal processes to ensure the service retains a service-user focus. The fundamental purpose of ensuring an explicit values base is to safeguard the fidelity of the service to the people being served.

## **3. There is a Close Knowledge and Understanding of the People to be Served**

This paradigm requires a close, personal knowledge of the people, an appreciation of their fundamental and urgent needs, and a comprehension of the role of the service in relation to these. It is implicit to this assumption that the service would be relatively small, the size dependent upon the service purpose, and of a size which enables key stakeholders to know each other personally. The size of an organisation and the adoption of a suitably defined and limited purview or legitimate responsibility would help minimise the development of organisational formalisation and goal displacement. There would be a keen appreciation of the tendency of services to drift towards meeting system needs and loss of individual focus.

A key characteristic of a service under the alternative paradigm would be the use of clear participatory processes to identify and address service user needs. Such processes would acknowledge the

nature of fundamentality and urgency in human needs; develop service responses to changing needs rather than shape needs to the nature of the service response; involve, where appropriate, key stakeholders in such processes; and emphasise informality and normative processes.

#### **4. Effective Processes of Renewal are Utilised**

Services would be conscious of the need to remain focused and vigorous in the address of service users' needs and would have in place various renewal processes to safeguard against goal displacement. These processes would regularly examine such characteristics as the values and ideological base of the service; the extent to which awareness of needs is clear; the relevance and effectiveness of the measures taken by the service to address needs; the extent to which the service is supported in its efforts; any tendencies to become overly formalised and bureaucratic; and so on.

Renewal processes would include regular opportunities for key stakeholders to re-examine, modify and re-affirm service purposes and practices. External involvement in these processes, including periodic evaluations, would occur. The service would be characterised as being open to external scrutiny and welcoming of feedback.

#### **5. There is Close Involvement of Ordinary People**

The alternative paradigm requires that problems are defined as much as possible so that ordinary people from families, neighbourhoods and communities play central roles, rather than requiring large, impersonal and systemic interventions. Included as "ordinary people" are those who use services.

The underpinning assumption here is that the time and commitment of ordinary citizens is of great value and necessary for the address of human and social problems. The challenge is to foster and encourage this involvement.

## **6. Naturally-Occurring Networks are Enhanced**

The assumption here is that human beings have families, friends, neighbours and so on, and that they need them. The role of human services is to enhance and support, not to replace these networks. Service practices would emphasise normative and valued rather than formalised or professionalised processes. There would be high consciousness of the strong tendency of services to take over and replace what may be perceived as inadequate networks of support.

## **7. Resources are Mobilised and Controlled at Local Levels**

An alternative paradigm rests on the assumption that the address of human and social problems is enhanced when people are closely involved in the processes of problem definition, problem description and problem solution. This is not a denial of the value of external support, but emphasises the value of participatory processes and empowerment in the address of problems.

## **8. People are Constituents of Helping and Caring Processes**

The alternative paradigm counters the formal roles into which service users are cast, such as patient or client, which tend to disempower and further devalue them. This assumption sees service users as

having the primary stake in what happens in their lives and needing to have a controlling interest. It is connected with other assumptions around the essential dignity, worth and value of all human beings and the need to acknowledge that in the way in which helping and caring processes operate.

## **9. Medium and Long Term Perspectives Prevail**

This assumption states that human and social problems are often deep seated, with crucial involvement from dominant societal power structures, and require much time and effort to be properly addressed. A corollary of this assumption is that everything a human service does for, to, on behalf of and especially in the name of the service users, contributes to the identity of individuals and the group. Thus a service is mindful of the immediate and long term implications of the decisions they make and the images with which they surround service users. This requires a climate of caution and safeguarding, but not of lack of courage or energy.

## **10. Some Desirable Outcomes for Human Services**

According to the alternative paradigm, somewhat different outcomes would be sought than are seen as desirable by the dominant paradigm. For example, success would be measured in such outcomes as:

- the extent to which naturally-occurring networks are successfully enhanced in a person's life;
- the extent to which the supportive and caring practices utilised are normative and valued in the wider culture;

- the extent to which neighbourhood, local and community resources are part of support and care processes;
- the extent to which the involvement of paid people and formal services are minimised in the person's life;
- the extent to which physical and social continuity and stability occur in a person's life;
- the extent to which valued social roles are developed, supported and maintained in a person's life.

## **Part 7: Indicators of Quality in an Individual Human Service**

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Finally, the set of ten alternative assumptions and characteristics can be briefly stated as a set of quality indicators that could apply at the level of an individual human service. Twenty of these are listed below and are based on that part of the work of Michael Kendrick which focuses on issues of quality in human services and which has been developed for presentation in workshops for stakeholders of human services. The quality indicators are not listed in any particular order of priority.

1. The service knows well the people who use the service.
2. The service has a strong, explicit commitment to positive values about the people who use the service.
3. The service is well aware of the broader issues associated with the particular group of people about which the service is concerned.
4. The service is highly conscious of the relevance of the reality of personal vulnerability and social devaluation to their mission.
5. The service is clear that what it is doing is relevant and effective in addressing the pressing and most important needs of the service users.
6. The service has clear roles and goals for participants both within the service and the broader community.
7. The service works to maintain, develop and encourage the important social networks of service users and especially to support existing close relationships.

8. The service has developed excellent levels of expertise through having a particular service focus.
  9. The service has inspired and moral leadership and acknowledges such leadership wherever it may occur both within and outside the organisation.
  10. The service is under board and constituent control and not under the control of staff or an external authority.
  11. The service and its workers have a long-term commitment to the people they serve and this is clear in service policies and practices.
  12. The service recruits and retains committed, inspired and competent staff who stand up for and believe in what they are doing.
  13. There is strong service user and family influence in the service in different ways.
  14. The service works to involve ordinary people in the lives of the service users and does not serve to remove, isolate or barricade people from their communities.
  15. The service has a high profile in the local community in which it operates which both enhances the image and dignity of the people who use the service and also mobilises the support of local resources.
  16. The service is highly conscious of the medium and long-term implications for the service users of all that it does.
  17. The service has both internal and external safeguards.
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18. The service is highly aware of and honest about its shortcomings.
19. The service encourages and even participates in a culture of critique, dissent and in-depth address of crucial issues.
20. The service is fearful of becoming an institution or bureaucracy.

## **Conclusion**

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The purpose of this monograph has been to identify and describe some key elements of a possible emerging paradigm for human services for people with disabilities and to draw out a set of characteristics for individual services which reflect quality according to that emerging paradigm. In doing so, the approach has been to provide reflection on, and critique of, the assumptions and practices of the dominant paradigm of modern formal human services. It can be concluded from this analysis that modern formal human services are experiencing crises and these can be expected to escalate even while the systems attempt to restructure essentially within the constraints of the assumptions of the dominant paradigm. The essence of these constraints is captured in Habermas' (1989) account of the fundamental contradiction between the proclaimed ends of formal human services and the means which are utilised.

Certainly, the deformations of a lifeworld that is regimented, dissected, controlled, and watched over are more subtle than the obvious forms of material exploitation and impoverishment; but social conflicts that have been shifted over into the psychological and physical domains and internalised are no less destructive for that. In short, a contradiction between its goals and its method is inherent in the welfare state project as such. Its goal is the establishment of forms of life that are structured in an egalitarian way and that at the same time open up arenas for individual self-realisation and spontaneity. But evidently this goal cannot be reached via the direct route of putting political programs into legal and administrative form. Generating forms of life exceeds the capabilities of the medium of power. (pp. 58-59)

The analysis provided here also is constrained by the attempt to re-construct an existing, dysfunctional paradigm. In adopting this approach, there is an acknowledgment that people and the society are highly dependent upon, and vulnerable people are firmly embedded within, formal human services to the extent that reform may be gradual rather than revolutionary in the sense of Kuhn's paradigm change. It is reasonable to ask whether a new paradigm is actually emerging at all. No attempt has been made to describe approaches to helping that are conceptualised as informal or to incorporate consideration of attempts to avoid formal human services such as life sharing (Sumarah, 1987; Wolfensberger, 1973). Perhaps these represent true paradigmatic change.

Nevertheless, change is afoot in modern formal human services. The overriding concern must be whether these "reforms" will serve the best interests of vulnerable people.

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The Centre for the Development of Human Resources is located on the Joondalup campus of Edith Cowan University, Perth, WA within the Faculty of Health and Human Sciences. The Centre undertakes high quality research, teaching, consultancy and publishing activities in the human services field, particularly in the area of services for people with disabilities. The Centre's activities are underpinned by the belief that human services should be based on an explicit social justice values base which asserts the worth and dignity of people, and by a commitment to Social Role Valorisation theory.

In terms of its publishing activities, the Centre has been publishing the work of staff in the Faculty of Health and Human Sciences since 1987. Its current emphasis is to publish work in the human services field, particularly in relation to disability services, as this reflects the priorities and interests of the Centre. The publications focus on issues which are relevant to intellectual, physical and psychiatric disabilities and disabilities associated with ageing. They are largely intended to be of interest to people working in the human services field and students. Titles currently available from the Centre include:

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