

***Named Social Workers – Better Social Work for Learning Disabled People?***

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### ***Abstract***

In 2016, the Department of Health in England announced that it would pilot the role of a Named Social Worker, building on the current body of knowledge about the role of social work in improving the quality of life of learning disabled people. We have chosen to be a part of the pilot as we regularly witness too many people's lives being defined by restrictions imposed by professionals. Erroneous associations between the concepts of risk and danger have become the norm in how learning disabled people's decision making is perceived and managed. However, we believe social workers educated in the social model of disability and grounded more generally in disability studies offer an alternative perspective. The pilot is an opportunity to test our hypothesis that social work practice rooted in social model thinking can successfully challenge oppressive practice and disabling barriers, thus providing the opportunity for social workers to genuinely be 'servants not masters' in the lives of disabled people.

Keywords: social work; adult social care; learning disability; intellectual disability; risk; human rights

### ***Introduction***

In 2016, the Department of Health in England announced that it would be piloting the role of a Named Social Worker to support learning disabled people inviting applications from local authorities wanted to test innovative ways of

practice that enable people to lead as 'fulfilling and independent lives as they can, and have the support to make choices that are right for them'. The ambition for the pilot is to build on the 'established values, knowledge, skills and ethics of social work - holistic, person-centred and proactive in co-opting awareness and support from other services' to ensure support for people where their dignity is respected and their rights are upheld (Romeo, 2016a). We (Calderdale Adult Social Care working with Lancaster University) applied, in partnership with Lead the Way self-advocacy group to contribute to the pilot as we believe that too many learning disabled people are living lives confined by restrictions placed on them by health and social care professionals. Our application wanted to test our hypothesis that a reimagined social work role, as an applied social scientist steeped in the social model of disability and as an expert in equality, mental capacity and human rights law (Croisdale-Appleby (2014), could act as a challenge to other professional voices within the health and social care system

**Insert Figure 1 about here**

Learning disabled people experience prejudice and discrimination (Mansell 2010) which manifests within the health and social care system as endemic low expectations and a lack of ambition for people's futures. The impact of the unjust nature (Whitehead, 1992) of the experience of the health and social care system by learning disabled people in England is observed in their over representation in long stay hospital beds and on registers of people living in the community who healthcare professionals perceive to be a risk to themselves and others (James et al forthcoming). In doing so, an erroneous association is

being made on the part of health and social care professionals between ideas of risk and danger, resulting in paternalistic responses to disabled people, in particular people who exhibit behaviours which challenge professionals. The response of the majority of health and social care professionals of commissioning restrictive services to manage perceived levels of risk has been aptly described as wrapping people in “forensic cotton wool” in a recent Court of Protection judgement (A NHS Trust v P (2013 EWHC 50 (COP))). This tendency of professionals to impose colourless, restrictive lives was observed by Justice Hedley in his judgement which also shone a light on the assumptions made by professionals about the extent of their legal powers to mitigate perceived risk through imposing restrictions on the lives of learning disabled people:

*“A person is not to be treated as unable to make a decision merely because he makes an unwise decision.... the intention of the Act is not to dress an incapacitous person in forensic cotton wool but to allow them as far as possible to make the same mistakes that all other human beings are at liberty to make and not infrequently do.”*

The impact of such imposed restriction on the lives of people and their families can be devastating as seen in the abuse experienced by Steven Neary (LB Hillingdon vs Neary 2011); the routinised abuse exposed at Winterbourne View care home (DH 2012); the death through neglect of Connor Sparrowhawk whilst supposedly in the care of NHS Southern Health (NHS Southern Health 2016); and the stories told by families during the 2016 7 Days of Action campaigns (James et al 2016). There is still limited systematic evaluation of the impact (or more often not/or absence of social work) has on avoiding such tragic outcomes. However, the stories told by the families who have experienced the

health care system at its most restrictive and controlling are generating an emerging evidence base marked by consistent themes:

- People and families not being listened to and their views are not taken into account when decisions are taken by professionals about them;
- The most restrictive option being taken by professionals – usually the removal of the person from their family and admitted to a hospital or care home - in response to a presenting crisis when people and their families are asking for help;
- The purpose and effectiveness of assessment, care and treatment (the specified purpose of forensic settings (RCP 2014)) once the person was removed from their family ranging from ineffectively unclear to compromising of their dignity, rights and in the case of Connor Sparrowhawk his right to life; and
- Insufficient attention given to working with the person and their family members to plan an end to the treatment and for a sustainable return home (James et al 2016).

Writing from a user perspective grounded in disability studies Beresford & Boxall (2012) argue that for social work to be heard and make a better contribution to ensuring people experience their full range of rights as citizens, it needs to strengthen its intellectual nature and evidence base. We agree with this argument and welcome Croisdale-Appleby's revisioning of social workers as social scientists (2014:14) and the Chief Social Worker for Adults in England, Lyn Romeo's commitment description of social work as 'all about human rights'

(Romeo 2016b) The culture of social work, at the deepest level of values in action, is critical to changing how people experience their lives. If social workers are to genuinely make a positive difference, standing alongside the person, they need to really believe that their role is one of a servant, not a master (Munby 2011). Good social work is professional practice which is both grounded in the social model of disability (Morgan 2012) and in mental capacity and human rights legal literacy expertise (BASW 2014).

From the early 1980s, when proposals to move to a more holistic approach towards providing community care for learning disabled people were articulated (Stevens 2004), UK policy makers have proposed a role for social workers in meeting the wider needs and aspirations of learning disabled people as citizens by acting as a source of advice and connecting people to wider circles of support. However laudable as a direction for social work this ambition may be, it will fail to meet learning disabled people's hopes, wishes and needs if social workers do not first have a strong understanding of the social model of disability, independent living and the forces of institutionalised disablism which they will need to overcome. It is over 30 years since Oliver developed the social model of disability however, social work still has a chequered relationship with the model and the challenge it brings of truly giving up professional power and devolving it back to people (Morgan & Roulstone 2012).

### **Insert Figure 2 about here**

The vision for adult social work (DH 2016) is the most recent attempt to define the role of Named Social Worker as an advocate within the professions for the social model of disability. In keeping with wider policy goals to transform care

and support (DH 2012) the initial pilot of the role of Named Social Worker has focused on the impact the role could and should have on the lives of learning disabled people. Whilst we remain concerned that the pilot may inadvertently result in reinforcing a view of professional dominance, the “expert” Named Social Worker with capitals in their title, we remain hopeful that our involvement may provide evidence that there is another way. Our involvement in the pilot is demonstrating that social workers can make a difference in challenging the dominance of professional functionalist, reductionist perspectives of learning disabled people as being a risk and danger to themselves and others who require protection through restrictions.

**Insert Figure 3 about here**

### ***Conclusion***

Whilst it is too early to draw firm conclusions from the pilot, we are learning that a reimagined social work role could be a positive development. Most social workers hold values which drive them towards a belief that their intervention will help the person they are there to support. However, the endemic low ambition and expectations with which too many professionals devalue the lives of learning disabled people mean this approach is insufficient. Social workers educated in the social model of disability, with its theoretical underpinnings in disability studies, holds promise to support a rights based approach which could challenge deep held values and assumptions. *We are hopeful that over time this approach may resulted in learning disabled people experiencing better social work which enables them to access their full range of their rights as citizens.*

### **Disclosure statement**

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## Figures

Figure 1 Imagining a new future for social work co-produced with Lead the Way self-advocates



Figure 2 Co-designing a new approach for social work with Lead the Way self-advocates

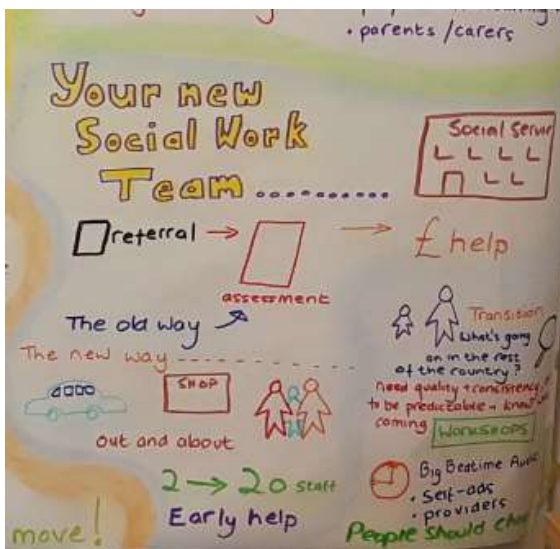


Figure 3 Co-evaluating progress in piloting the role of a Named Social Worker with Lead the Way self-advocates

