HOUSING & CARE SUPPORT

for people with physical disabilities

REPORT……

of CONFERENCE ORGANISED BY
GREATER MANCHESTER
HOUSING & DISABILITY GROUP
ON 30 SEPT 1982

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PREFACE

The Greater Manchester Housing & Disability Group arose when a local group of disabled people put their case for supported independent living to a local organisation of housing associations. Following the presentation a Working Group was set up embracing a wide range of individuals from voluntary organistions and statutory authorities to consider how supported independent living might best be promoted.

We very soon realised that the main problem was not bricks and mortar but care support in the home. We also found that information on new ways of providing both housing and care support was very poor, and that both statutory authorities and disabled people themselves were unaware of many of the experiments in providing alternatives to institutional care.

The day conference reported in these papers and the video film which was prepared for it were the first steps taken by the Group actively to promote consideration of alternatives to institutional care. Neither would have been possible without the generous servicing and support provided by Greater Manchester Council for Voluntary Service and particularly the efforts of Dorothy Whitaker and her staff.

The Group is also indebted to Dennis Pass of Manchester Polytechnic, Ken Lumb of The Union of Physically Impaired Against Segregation and Anne Miller of ARMS for the many hours they put into filming and editing the video and to the many people who participated in it.

Our day conference attracted widespread interest and attendance from far beyond the Greater Manchester area. We are very grateful to the contributors who made it such a success and to the participants who generated a lively and constructive discussion.

These papers provide a permanent record of what we see as the first phase of a programme of dissemination and discussion of the many ways in which disabled people can be housed in the community.

Peter Norman
Chairman
Greater Manchester Housing & Disability Group

INTRODUCTORY REMARKS BY THE CONFERENCE CHAIRMAN

Alan Powell, Principal Lecturer, Youth & Community Dept, Manchester Polytechnic; Chairman, Greater Manchester Council for Voluntary Service.

The Chairman welcomed all conference members and especially those who had come from beyond the boundaries of Greater Manchester from places as far away as Hampshire.

Illness had obliged Norman Summer of Habinteg to withdraw from the conference and his place would be taken at short notice, by Don Simpson and Eric Kenyon who would jointly speak on housing provision and design for disabled people.

Participants would have all the advantages of modern technology - not only a PA system with a loop attachment for the hard of hearing but **five** video monitors for the afternoon session.

The Chairman emphasised that the conference would concentrate not so much on the provision of housing but on the creation of the residential support services which enable disabled people to live successful lives in the community. It was not enough simply to look at how houses could be physically adapted to the needs of disabled people because if housing authorities went no further than that they would initially have unsuitable properties.

It was vital to develop suppport systems and the cooperation of providers of those systems alongside the physical accommodation. Because of this emphasis on support and cooperation the afternoon's working groups would be composed mainly of people from the same geographical area in the hope that contacts could be made which would be kept-up after the conference was over. The aim of the conference organisers was to have practical results in the many localities represented by conference members.

INDEPENDENT LIVING FOR SEVERELY DISABLED PEOPLE: WHO SAYS IT CAN'T BE DONE?

Vic Finkelstein, Chairperson, British Council of Organisations of Disabled People

> *"Each and every individual must be guaranteed equal democratic opportunity to influence the development of society. For disabled people there are innumerable obstacles to full participation in the political decision-making process. The right to information must be guaranteed for groups with varying communication difficulties. Public premises must be made accessible. Disabled people must also be given the opportunity to participate in debates and meetings. Furthermore, organisations of disabled people must have a decisive influence on all measures taken on our behalf."*
>
> *Disabled Peoples' International: Draft Manifesto (Basic Rights - the right to influence).*

Times are Changing

Everyday we grow a little older, have new experiences, learn something. Everyday we change. To be alive is to 'change' - to grow up, mature and grow old, to learn and develop. Those who do not adapt to change not only resist this essential quality of life but they also remain behind those who do change.

Societies, too, change and develop. New products change consumer habits and new inventions, such as robots, change the nature of production. Societies change regardless of those who would like to keep the world at a standstill. It is the task of human beings, indeed it is the very essence of being 'human', to guide and influence these changes in society. Not to take part in this human activity is not only to be left behind by other people who are 'able' to take part in decision-making and influencing the shape of society but also to be 'dehumanised'.

For far too long disabled people have been isolated from institutions and processes which guide the direction of social change. We have been 'dehumanised'.

Despite the inferior position occupied by disabled people throughout history, despite our poverty, our misery and the ridicule we have for so long faced, we have not always been isolated from our fellow citizens. It is a salutory lesson to look at literature over the past few hundred years. In the pages of books of old you will find the presence of disabled people. Cripples, figures of evil, victims of curses or pathetic misfits demanding pity from others - but we are there, we are part of society. I need only mention 'Long John Silver' as an example - could a person with one leg become a sailor today? How often does modern literature include disabled characters? How often do we see disabled people in the media, television and radio, and what roles are they given? What kind of image is reserved for the presentation of disabled people in today's newspapers? Yesterday's literature portrayed cripples as real people, real characters. Today's literature uses us as a backdrop, as empty shells, in order to make a point. We have ceased to be people and become social objects used to convey a comment. Lady Chatterly's husband, we all know, is not really human at all but a vehicle for making a point which D H Lawrence thought was best made through the imagery of a 'cripple'.

There is an urgent need to understand why disabled people have become increasingly isolated, passive and voiceless in social intercourse during the past few centuries. In my view the roots of this passive dependency can be found in the industrial revolution. The industrial revolution not only disturbed the lives of able bodied people, set in motion forces which were to change Britain from a rural to an urban society, but profoundly transformed the situation of people who were in some ways impaired (whether visually, aurally, motor or mentally impaired). A process was started which was to change us from 'cripples' to 'disabled people'.

The engines of the industrial revolution, the machines, the factories and the tools were designed to be worked and controlled not by specific individuals but by 'hands' or 'labourers' - by the average able bodied male worker. As the economy of our country came increasingly under the dominance of these new forms of production so too the importance of the 'normal' or 'average' increased. The more successful this process the more we were prevented from taking part in the productive process and, in the end, in all aspects of social life.

The industrial revolution was the starting point for a process which increasingly prevented us from participating in production. It also led to the destruction of home industries which could be tailored to the requirements of the individual. Disabled people lost all means of livelihood and we were relegated to passive dependence on able bodied people for handouts. Beggary became the only means of survival. In time, two hundred years or more, beggary was institutionalised. We were not removed from the streets just because some people were embarrassed at the sight of beggars, or because society encouraged a more philanthropic approach to 'cripples'. No, we were removed from the streets because beggary was institutionalised in the form of national state handouts. Our passivity, in the form of beggars dependant on the handouts of others, was entrenched by making us dependent upon the state. We certainly never participated in the decisions leading to the creation of the national charities or national services.

The logical development of this was the increasingly rapid growth of the army of professionals and experts to service our needs. None of the recognised modern professions, such as occupational therapists or social workers or housing officers with responsibility to disabled people participating in the creation of specific services. On the contrary, all these professions were built on the foundation of our exclusion from decision-making, on our passivity, on our disability.

The Changing Professional Contradiction

But the development of a society does not leave the professions unchanged. The creation of the professional, the expert, to help disabled people set in motion its own logic. The medical profession, together with the therapists, helped increasing numbers of disabled people to survive. They also assisted in the development of new skills to enable more effective living with an impairment, they watched over and facilitated the development of new aids for living. Professional care assisted in the creation of a large pool of disabled people cut off from the mainstreat of life but increasingly equiped with the skills and aids necessary for modern life.

The momentum of expert service provision made it possible for professional and voluntary service providers to respond to the clamour of disabled people for reintegration into the community by increasingly looking at prospects for community rather than custodial solutions. However, such community orientated solutions, such as the Chronically Sick and Disabled Persons Act, or the Charter for the 80's, suffer one inescapable contradiction. They are solutions which arise out of the professional, or expert, experience and this experience is based upon our essential passivity in decision-making. But community solutions to the problems of 'disability' of necessity require the involvement of this group in decision-making if such solutions are ever to be viable. Consequently, the 'administrative' approaches, especially advocated by social administrators, rely on our passivity - they encourage others to count and measure us and to identify our 'needs' which society ought to meet (as though we are incapable of expressing our own needs). In these solutions disabled people remain the 'objects' of services, the recipients of help (to be provided by able bodied helpers!). Nowhere do we find recognition that the road to integration is laid on solid foundations only when service provision and decision-making on matters of concern to disabled people is influenced and controlled by disabled people (or at least a substantial input must come from the concerned group).

The Warnock Report, for example, addresses the issue of integrated education firmly on the assumption of a passive disabled consumer of education services. The fact is of course, that integrated education can only be achieved on a lasting basis when this is carried out in a context of integrating disabled adults into the world of normal work. Such work requires normal education. Since teaching is part of normal work the integration of disabled schoolchildren into ordinary schools is only effective and permanent when the teaching professions are themselves integrated. It is impossible to integrate disabled teachers without involving them in decision-making and consequently ensuring that all the processes of education are accessible to disabled people. Yet we still see able bodied educationalists, with the best of intentions, teaching and training professionals how to integrate disabled people without asking basic questions about the absence of disabled people amongst themselves! What is true of education is true about all aspects of our society and the absence of disabled people amongst local authority planning officers, housing officers, architects, and so on, underlies the difficulty in getting recognition for an imaginative housing policy for disabled people in this country. The absence of disabled people from decision-making and service delivery means the absence of a vital ingredient in the integration of disabled people no matter what measures are taken to ensure that they fill in mountains of questionnaires about their 'needs' to be administered by others.

> *"There is an acknowledged paucity of information concerning the feelings, wishes, and self-definitions of underprivileged minority groups. Yet, without gathering sufficient direct information from target populations, professionals assume the authority to decide the fate of underprivileged persons. Furthermore, a professional in one specific area often makes important decisions about individuals in areas in which he may have no greater knowledge and expertise (and often less) than those about whom he makes the decisions."*
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> *Safilios-Rothschild (1976) 'Disabled Persons' Self-Definitions and their Implications for Rehabilitation; in Brechin, A, Liddiard, P and Swain, J (1981) 'Handicap in a Social World', Hodder and Stoughton.*

Integration cannot be achieved by administrative means alone. To integrate it is essential to integrate work amongst the service providers and so involve disabled people in the 'integrative process' itself.

The forces of change unleashed by the industrial revolution, from the point of view of disabled people, have come a full circle. The technology which grew out of the control of motive power in the form of steam engines has developed into the electronics revolution which has created advanced systems of controlling energy. The most profoundly disabled person can, therefore, in an age where whole factories can be controlled by computers manufacturing, storing and despatching heavy commodities without a human being in sight, control his or her environment, and move through it with relative ease. There is nothing to stop, for example, a profoundly mentally handicapped person pushing the button that sets in motion a production line operated by robots to produce thousands of cars. A mentally handicapped person manufacturing thousands of cars a year! It is this fact that makes it possible for disabled people once more to earn their place in society through employment. There is nothing to stop this, that is, except the unwillingness of those in power and service provision to change their perception of disabled people to bring this into line with the new epoch now emerging.

Changing 'The Disabled' into People

The past decade has seen a radical change in the consciousness of disabled people. There is a new sense of indentity. Increasingly, as individuals have achieved personal reintegration into society, this has influenced others and a realisation that the world is changing in our favour is being discussed more openly than ever before - what was not possible a few years ago is no longer impossible. Jobs that were said to be impossible for disabled people are now shown, by the example of a few individuals, to be accessible through the careful use of modern aids and human assistance.

Disabled people who have impairments of equal severity to those who were told that they could only live in institutions are found in their own homes in the community. These examples have convinced disabled people of the need for 'consumer' organisations to bring even greater pressure on the structures of society so that the reintegration of disabled people will proceed at even greater pace. It is a surprise and a delight to all disabled people to discover that the growth of organisations strength and the increasing concensus about the nature of the problems that we face as a group is happening at this time all over the world.

This change, in the relative passivity of disabled people, has two essential expressions: Disabled people are saying that they must have 'a voice of their own', and secondly that we must participate in service provision (both in service delivery and decision-making) - the caring professions and employment in areas of direct concern to us must be made accessible to disabled people, the professions must be integrated.

> *"Equalisation of opportunities means the process through which the general systems of society, such as the physical environment, housing and transportation, social and health services, education and work opportunities, cultural and social life, including sports and recreation facilities, are made accessible to all. This involves the removal of barriers to the full participation of disabled people in all these areas, thus enabling us to reach a quality of life equal to that of others."*
>
> *Disabled Peoples' International Draft Manifesto (Fundamental Concepts - equalisation of opportunity).*

These changes are, of course, already under way. Ours is the task of guiding and shaping these developments. In 1981 some ten organisations of disabled people came together in order to more consciously shape our future. The British Council of Organisations of Disabled People (BCODP) is still too young to predict its impact, but in our opinion, it represents the most significant event of the International Year of Disabled people in this country. We are determined that it shall become the representative voice of disabled people in this country and that its activities will become a major support for the local initiatives of disabled people. We have planned standing committees concerned with education and housing, in the first instance, and are looking at the possibility of establishing a central headquarters with secretariat to support the work of our constituent organisations. It will be incumbent upon us to develop and promote our own solutions to the problems we face. In all this we ask for the support of professionals, experts and voluntary workers.

At an international level the Disabled Peoples' International (DPI) has set out to become the voice of this planets estimated 500 million disabled people. The DPI is seeking consultative status with the United Nations Organisation and all major international organisations. It has already rejected the World Health Organisation's definitions of impairment, disability and handicap, because these reflect the predominant medical and administrative perceptions of 'disability' and will, in the long run, seek acceptance for the 'consumer's' interpretation of ourselves and the problems we face, in these international bodies. The DPI has adopted its Constitution and issued a Manifesto and Plan of Action. In all these documents it makes it clear that there is something new, changed, in the air. Disabled people cannot be human unless we take part in shaping our societies and we are no longer able to accept a passive recipient role:

> *"Disabled people have a right to grow up and live in the normal social environment. We therefore reject all forms of segregation and we refuse to accept life time isolation in special institutions."*
>
> *Disabled Peoples' International: Draft Manifesto (Fundamental Values)*

The BCODP is a founder member of the DPI and supports its basic philosophy. This 'Housing and Care Support' Conference not only shares many of the sentiments of the BCODP and DPI but, I hope, will contribute to the increasing awareness of what is now possible in housing provision for very severely disabled people. In doing this it will carry the message of 'change' to all those concerned with the affairs of disabled people.The world is changing and former appropriate practices can easily become inappropriate. Disabled people are no longer, and no longer wish to be, the passive recipients of services planned and provided by others. Now is the time for the emergence of new forms of collaboration between those who help and those who are helped. Disabled people must assert their wishes for themselves and society and professional voluntary workers must assist in achieving those self-defined goals. It is no longer a matter of others informing disabled people that our desire for independent living in the community can't be done but purely a question of assisting us reach these goals that we define as important to us. The achievement of independent living is at the heart of the provision of adequate housing for disabled people:

> *"Everyone has a right to a home of their own; that is a dwelling which provides opportunities for independent living and which allows for the maintenance of personal inregrity. Measures such as special services and adaptations to the physical surroundings are necessary if this right is to include all groups of disabled people."*
>
> *Disabled Peoples' International: Draft Manifesto (Basic Rights - The Right to Independent Living)*

BEYOND BRICKS AND MORTAR: EXPLODING ESTABLISHED MYTHS

Susan Kay, Development Officer, Derbyshire Social Services Department.

The need for practitioners and service planners to enter into a challenging new partnership with disabled people in finding appropriate solutions to their needs for housing and care support has moved beyond the level of rhetoric. Both groups are beginning to recognise that they share a common concern, to improve residential service delivery and put an end to the restrictive practices which disable people with physical impairments. The question no longer is whether or not to implement fundamental changes in service design, that has already been decided for many of us who are involved in the development of alternatives to institutional care in different parts of the country. Yet is is insufficient to engage in innovative practice and provision with its accompanying 'band wagon' effect without evaluating where we are going along an untrodden path. Despite a new sense of urgency that what we are working on should have been done yesterday, we have a responsibility to share together the issues and concerns that are intrinsic to our work. To tease out the implications raised by new developments which challenge the established assumptions which continue to inform the present design of mainstream services for people with physical impairments. We have also an obligation to make public our findings, to expose innovative schemes to wider examination and scrutiny, otherwise we must resign ourselves to the fact that our practice will remain at the level of experiementation providing no real challenge to mainstream service delivery. We must also move beyond the convention which suggests tha first we must indentify needs through professional research prior to collaboration and demonstration. Instead we can choose another course of action. We can enter into a new type of relationship with service users which directly draws on their personal experience of disability to inform our strategies for social change.

That the Greater Manchester Housing & Disability Group have provided an opportunity to focus our concerns in a wider forum is timely. In particular it has enabled me to take time out of practice to reflect on the Newton Project, a development in Derbyshire which attempted to actualise the partnership between service providers and service users in a joint search for a more appropriate solution to the need for housing and care support.

Brief Outline of the Project

The development at 22 Main Street, Newton, Derbyshire, is concerned with the use of a three bedroomed, wheelchair bungalow, as a group living situation for three severely physically impaired people. The accommodation is not a permanent residence for those who live there, but provides an alternative to institutional care in which tenants can begin to take control over their lives and acquire a more independent life-style. Ultimately, the project aims to facilitate the rehabilitation process whereby tenants are able to live more independently with the necessary environmental and personal supports in their own homes in the neighbourhood of their choice.[1]

In an attempt to ease the transition from dependence to "supported independence" the project tackles some of the problems of de-institutionalisation, through its emphasis on competence-building and participation between the occupants and service providers. The imaginative use of local neighbours who provide personal and domestic help, which compliments and extends the services provided by the statutory agencies, is also an important feature of the scheme. The cost of the flexible local support service is met by the disabled occupants through their attendance allowance and where appropriate their entitlement to the domestic assistance allowance.[2]

This project has provided the opportunity for disabled people to embark on a joint venture with Derbyshire Social Services Department, Bolsover District Council, Derbyshire Area Health Authority, DIAL (Disablement Information and Advice Line) Derbyshire and local residents in the community, in looking at new ways of meeting their needs for accommodation and support.

Exploding Established Myths

The Newton Project attempted to demonstrate to disbelievers in the professional world, politicians and consumers that severely physically impaired people can live outside institutional settings without able-bodied helpers on the premises, if an appropriate environment that is safe and secure is provided to meet their needs. It draws attention to the ability of disabled people to take control over their lives, once statutory and voluntary agencies make available opportunities for consumer participation. It has provided a setting in which service users have been able to experiment with new ways of living and working with able-bodied helpers in a less oppressive relationship. Finally, it throws into question the legacy of institutional responses which are costly solutions to the needs of physically impaired people for accommodation and support. Such institutional solutions are not the most appropriate way of serving human needs or utilising scarce financial resources. The Newton Project is, therefore, a visible accomplishment which challenges the assumptions we have and questions why we continue to organise residential service delivery for people with severe physical impairments. Although the Newton Project is not a blue-print for action, but a response to a set of political, economic and social circumstances in Derbyshire, it raises important issues for the shape of future services for physically impaired people in Derbyshire and in other parts of the country. However, it is not my brief within this paper to tackle the larger issue of service design but instead to look in more detail at the challenge the Newton Project poses to the ingrained assumptions which are finely interwoven in our institutional responses to the needs of severely physically impaired people for accommodation and support.

Incapacity Myths - Who can be served in ordinary community settings?

22 Main Street, Newton, attempted to test the bounds of the possible. To explore the monumental myth that there will always be people who are so multiply handicapped that their special needs can only be catered for in hospital or residential settings. The argument is fallacious as the Newton Project and other experimental schemes have demonstrated both in Britain and abroad.

Prior to residence at the Newton bungalow detailed assessments revealed that the personal care needs of the prospective occupants varied as to whether an individual could dress themselves or not and whether they could manage with the exception of shoes and socks; getting in and out of bed; help with washing, showering, teeth, hair and shaving, toileting, changing condoms, assistance with feeding, changing day bags and disposing of them. Whilst domestic needs included shopping, preparation of meals and drinks, washing dishes, laundry and cleaning the house. Although their initial needs for support were extensive the major challenge to our thinking was presented by one of the prospective occupants considered by residential staff as one of their most dependent hostel residents and therefore unsuitable for the Project.

Confined to a wheelchair because of paralysis from the waist down with diminished power and control in upper limbs, head and neck, his mobility was limited. In addition, he experienced a severe intention tremor, was doubly incontinent, partially sighted and had communication problems because of poor speech. His remaining strengths included a strong personal determination to live alone in a flat of his own with the necessary supports, a keen sense of humour, the ability to smoke with the assistance of a cigarette holder and with great effort a measure of independence in his wheelchair which he was able to propel for a short distance. Apart from these strengths his need for personal and domestic support although extensive did not inhibit his suitability for the Project. Indeed, shortly after taking residence, he experienced frequent relapses as a result of multiple sclerosis, but neither did this deterioration in his condition deter him from actualising his dream to return to his home town. The following year he moved out of the bungalow into an adapted council flat on his own in Chesterfield supported by a local team of neighbourhood helpers which was developed to compliment the Health and Social Services input.

The lesson that we learnt from working in partnership with a consumer assessed as requiring special care but who was determined to exercise his right to take control over his own life in an ordinary community setting are far-reaching. There will always be others who are equally severely physically impaired who will require special help all their lives in spite of our rehabilitation efforts and medical treatment. Some might require considerable assistance with intimate tasks. Many will need special gadgetry to extend their independence or assist carers in providing for their personal needs. But by what stretch of the imagination can we assume that these needs can only be catered for in institutional provision? As Pieper and Cappuccilli (1980) observe:-

> *"It may be more convienient for service providers to congregate people together..... There are many reasons why people promote and accept institutional settings, but human needs can always be served in other ways".*[3]

Selection Criteria

The Newton Steering Committee was prepared to attack the assumption that there was some definable level of competence that people would need to have attained before being issued with a "passport" to the community. Selection for residence at Newton was therefore not based on preformulated criteria, but on self-selection. The consumers themselves were primarily responsible for deciding with whom they wished to live.

It is interesting that when in the past I have asked field and residential social workers who was ready to leave institutional care and return to live in the community, very few residents were considered "ready". They were often thought to be too handicapped, too old or too institutionalised. Few staff bothered to consult with consumers themselves. When asked and few showed interest staff were likely to misinterpret their silence. Unwilling to acknowledge that there may be many reasons why residents were unforthcoming. Realistic fears about being dumped without adequate supports. Anxiety that if it did not work out they might be sent back to hospital or elsewhere in the country where there was an available bed.

Not willing to join a group already preselected by staff. Or maybe they had lost their determination and confidence in themselves to live outside institutional care, because that was what they had been led to believe all these years.

Incompetency Myths

The findings of the Newton Project challenge another assumption that informs our present organisation of service design - that severely physically impaired people are incapable of meaningful consumer-participation. But by believing this to be true we often effectively deny service-users the opportunities to take decisions or control over their lives.

The assumption that if a person requires assistance with intimate personal tasks that somehow they are also dependent on the able-bodied helper to make their choices for them. Be it the small decisions of deciding what to eat, when to retire in the evening or whether or not to leave the hospital or residential home to live more independently in the community. The behaviour of professionals has become as ingrained in the practice of taking decisions on behalf of our clients that we do their thinking for them. We must set ourselves homework - to recognise when we are being oppressive to those we are there to help. To take on the challenge of sharing the power of decision-making with disabled people. Consultation is insufficient, a sentiment reflected in Philpot's (1982) comments on the Barclay Report.

> *"..... real partnership can be seen in terms of power and resources and so must be underwritten by a readjustment of those".*[4]

We need to move from regulating and prescribing to dialoguing and joint participation. To be prepared to enter into a new relationshop with disabled people in a joint search for solutions to meet their needs. Perhaps one of the most illuminating experiences for the Newton tenants was to see service providers at their most vulnerable, not knowing the answers, and anxious about where we were going on an untrodden path. For myself, I learnt many things. In particular, that even with heightened expectations, the speed with which the tenants were able to take control over their lives once the opportunities were made available, was astonishing.

In the Newton Project we attempted to go some way to actualising a consumer-participation model that would enable disabled people to assume control over the services they would require to meet their needs. As Safilios - Rothschild (1981) points out this:-

> *"..... would include their option to organise the rehabilitation facilities they need and to choose..... practitioners who are sensitive and attuned to disabled people's needs, preferences and potentials".*

This was certainly the case in the recruitment training and organisation of the neighbourhood support service. Although they interviewed applicants with the occupational therapist, the prospective tenants had the final decision as to their suitability for the job. In effect the tenants were no longer passive recipients of service delivery, but have an active role in choosing whom they wish to employ as helpers to meet their needs for supported independence. It is they who have become the "experts" in explaining what level of assistance they require in dressing, toileting, getting in and out of bed. They who together with occupational therapists have assumed the responsibility for training helpers to operate the equipment and the most efficient ways of attending to their personal needs. They who decide in negotiation with the aides when certain tasks need to be done. They who keep the time-sheets and pay the helpers for the services received.

Worker-Client Myths - The right kind of help?

People who are being helped invariably have to pay the price.

> *"If you caress my wings*
> *however gently,*
> *will I be able*
> *to fly again?"* (Brandon 1982) [6]

That local people in Newton were recruited to provide a flexible local support service which was safe and secure demystifies the assumptions surrounding special care. That prospective tenants decided to descriminate against helpers who were trained in the area of disability raises important questions. The decision was informed by the experiences of tenants at the Grove Road housing scheme in Sutton-in-Ashfield[7] who found that able-bodied helpers fresh to disability had no unlearning to be done. Few preconceived ideas as to what constituted the right kind of help. Instead disabled people themselves were able to teach the required skills from their personal experience of disability.

It is paradoxical that the professionalisation of social work has set up major barriers in the helper/helped relationship. It defines the professional as the 'expert', the helped as dependent on expert prescriptions. Nevertheless, I share the optimism expressed by Finkelstein (1980) that there must be a way in which the oppressive nature of the worker/client relationship can be overcome. Where rehabilitation practitioners can begin to provide the right kind of help.[8] In the words of the Union of the Physically Impaired Against Segregation:

> *"The efforts of professionals and other able-bodied people are..... really constructive only when they build on and encourage self-help and activity of disabled people themselves."*[9]

The view that the majority of professionals have few redeeming qualities is too reductionist. There needs to be an increasing recognition by both disabled people, social workers and others working in the disability world of ways in which they can work together. Disabled people might find to their surprise that there is a growing number of able-bodied workers who are prepared to engage in a challenging new relationship which supports their struggle to take control over their lives, to define their problems from their own experiences and to work with them in finding appropriate solutions to their needs. The primary task is for social workes and others to redirect their endeavours as practitioners from the provision of rehabilitation services to adjust or re-adjust physically impaired people to existing material and social conditions to a radical practice which recognises the ways in which our present organisation of service delivery disables people with physical impairments. The institutional responses to their needs for accommodation and support need no longer be an inevitable consequence of an individual's impairment. But has more to do with the way our housing provision is organised, designed as it is to meet normative able-bodied standards. Whilst the present organisation of support services often denies severely handicapped people the appropriate help they need to continue to live in ordinary community settings. Instead we have mortgaged a substantial proportion of Health and Social Services budgets in expensive residential institutions to the detriment of community services, although more recent attempts through joint-funding arrangements go some way towards rectifying the imbalance.

Financial Myths

Instituitional responses to the needs of severely physically impaired people for accommodation and support are costly solutions which are not the most appropriate way of serving human needs. The Newton Project set out to demonstrate that even with limited financial resources, quality services for people with special needs can be developed in ordinary neighbourhood settings.

Capital Costs

Apart from the provision of a three bedroomed wheelchair bungalow rented by Derbyshire Social Services from Bolsover District Council, initial capital outlay for furniture and equipment totalled £3,602 under joint funding arrangements, whilst aids and adaptations were provided by Social Services and the Housing Department.

Revenue Costs

Weekly expenditure for September 1982 comprises housing costs of £43.50 (which includes rent, rates, fuel and a contribution to maintenance) met by the tenants on an equal share basis through their entitlement to supplementary benefits. However, in the event of under-occupation in a transitional period where existing tenant(s) are moving out into their own accommodation and others moving in, DHSS and Social Services meet the shortfall.

In addition to housing costs, tenants finance the flexible local support service from their attendance allowance and domestic assistance allowance where appropriate. A breakdown of care costs include an inconveience payment of £7 per week per front-line worker which guarantees four hours help per week. This £7 is paid even if less than four hours help is provided. At the time of writing the bungalow has seen a change of occupants. The three new tenants manage with two front line workers, whilst formerly there were three. The change was informed by the decision of the former tenants not to replace the third aide who left for family reasons, but to increase the number of hours worked by the existing helpers. The new occupants meet on an equal share basis the cost of the inconvenience payment of £14 per week which provides for 8 hours of support if needed. Additional hours of help are paid for by each tenant according to the amount of personal care they individually receive at a flat rate of £1.75 per hour with no variations for unsocial hours.

A Word of Caution

That the problems of disability will only start to be resolved by returning them back into the community which produced them has become a central issue. Institutional responses are both costly and inappropriate solutions which only serve to whitewash social problems. Yet we must be aware of the potential dangers of replicating inadequate or inappropriate services in new community settings. Any strategy which aims to to replace institutional provision with individual living arrangements must ensure qualitative changes in people's lives. The 'architects' of these new services must therefore adopt strict safeguards, advocacy and monitoring. Without sufficient funding and adequate support services our alternative community support packages may offer even poorer care than that provided in traditional residential settings. The dumping of physically impaired people back into the community without adequate supports is a realistic fear formed by the Government's urgent need to cut costs. An uneasy alliance between the Union of the Physically Imapired Against Segregation and others working towards dismantling segregated facilities for weaker social groups and monetarists is possible at a time of public expenditure cuts. Today service planners are considering ways of reducing demand for institutional care by the development of less costly community based alternatives. The impetus towards decarceration may therefore have more to do with the economic recession and the search for low cost solutions than humanitarian considerations.

However, although human cost far exceeds the financial loss in the expensive mistakes we might make in the future, those who tread cautiously should heed the advice of Wolfensberger (1972) who, on reflecting on our past endeavours, concludes:

> *"We have behind us..... years of failure, and we can scarcely do worse than we have with our past patterns. Some people now say that we should not try new patterns because they are unproven. But in actuality, just about the worst that can happen is that we do as badly as in the past, whilst the best that can happen is a breakthrough to a new age."*[10]

REFERENCES

1. A detailed description and evaluation of the project may be found in:

   Kay S, Atkin P, Sutton J and Tinsley G
   "22 Main Street, Newton, Derbyshire"
   In **NAIDEX '81 Conference Proceedings**, 1981 p.203
   The Royal Association for Disability and Rehabilitation, London.
   AND

   Goldsmith S
   "22 Main Street"
   Design for Special Needs, May/August 1982
   No 28 Centre on Environment for the Handicapped, London.

2. For information on the Domestic Assistance Allowance contact your DHSS (Regional Office). Details of a 'test case' reported in "Success Stores!" **In From the Cold.** A Liberation Magazine for People with Disabilities. First issue June 1981.

3. Pieper B and Cappuccilli J
   "Beyond the Family and the Institution"
   In Apolloni T, Cappuccilli J and Cooke T P (ed) **Towards Excellence: Achievements in Residential Services for Persons with Disabilities**
   University Park Press, Baltimore 1980.

4. Philpot T
   "A Professional and Social Challenge"
   In Philpot T (ed) **A New Direction for Social Work?**
   The Barclay Report and its implications. Community Care/IPC Business Press 1982 p.3

5. Safilios-Rothschild C
   "Disabled Person's Self-Definiations and their Implications for Rehabilitation
   In Brechin A, Liddiard P and Swain J (ed) **Handicap in a Social World**
   The Open University Press 1981, p.11-12

6. Brandon D
   The Trick of Being Ordinary
   MIND Publications 1982, p.7

7. Davis K
   "28-38 Grove Road: Accommodation and Care in a Community Setting"
   In Brechin A et al (1981) op cit p.322

8. Finkelstein V
   Attitudes and Disabled People: Issues for Discussion
   World Rehabilitation Fund, New York, 1980

9. Union of the Physically Impaired Against Segregation
   "Policy Statement"
   In **Disability Challenge**, May 1981 No. 1, p.5
   Flat 2, St Giles Court, Dane Road, London W13

10. Wolfensberger W
    Normalisation: The Principal of Normalisation in Human Services
    National Institute on mental Retardation, Leonard Crainford, Toronto 1972, p.9

HOUSING FOR DISABLED PEOPLE

Don Simpson, Borough Housing Officer, Rochdale Metropolitan Borough Council

I am going to talk about Housing Department attitudes and approach to the general subject matter of this conference. I am going to try and integrate my own thoughts into some of the views already expressed, particularly the point that Housing Provision in itself is not enough and that attention to supportive details is just as important. There are a number of things that must be available and taken into consideration if we are genuinely trying to enable people to actually leave institutions and live more normal life styles - as opposed to the common practice of just talking about it in theory.

It seems to me that those of us in Housing Departments can adopt one of two attitudes to this area of concern.

Attitude A - The Weak/Passive Attitude

You, They, Them, It, somebody, tell us how many wheelchair bungalows we ought to build, when, and where, and we will fit them into the capital programme somehow. When they are nearly built we will ring the Social Work/OT Department and tell them they are nearly ready, then they can choose us someone to live in them, and they can do all the other stuff. That is, organise adaptations, aids and carers.

This is the attitude most Housing Departments have fallen into by default. (Indeed one often finds that actually the wheelchair housing fails to get into the capital programme - "someone" forgot!) One of the more recent consequences of this attitude readily detectable amongst fellow housing professionals is a rejection of a resentment of, some of the propoganda coming their way over the housing of disabled people. Their response is, "But we built those wretched bungalows and those blasted Social Workers/OTs didn't find us a tenant. It stood empty for three months last time I had one to let, before they came up with somebody!" And there is a determination amongst my professional colleagues to make sure no one pulls this "disabled housing" trick on them again because, apart from anything else, we take a pride in not having houses standing empty.

Attitude B - The Strong/Assertive Attitude

The alternative attitude and the one I would advocate to those from Housing Departments. This is an area where we can act positively to do a great deal of good and an area where we can pay off a lot of old scores. The first thing you have to consider is the relationship between your department and the social services. (I speak as one from a Metropolitan Borough where both are in the same Authority. In addition may I point out that we enjoy excellent relations in Rochdale and that any comments I make are not criticism of our situation.)

Relationships between Housing Departments and Social Services is characterised by some considerable differences.

1. Between the people employed - they mostly employ college educated people salaried at 9 - 10 thousand a year; we employ mostly non college educated and paid at 4 -5 thousand a year. That is an important operational difference.

2. Social Services organisation is unified - benefitting from Seebohm - whilst the Authority's Housing organisation is likely to be fragmented. There are 450 (?!!) ways of fragmenting Local Authority Housing Service - a different one for each and every Local Authority Housing Service. For example, the Housing Manager will have responsibilty for the Council Houses but not for their repair, their design, their maintenance; Improvement Grants will be the Environmental Health Department responsibility, and on it goes.

3. The culture clash, related to 1 and 2, as organisations we have quite different cultures. Different methods of looking at things, different methods of making progress, different methods of evaluating and making policies, and so on. This is crucial, as I found that I and fellow Housing people were saying, "The provision of wheelchair housing is no problem; we can do that. What we need is the wretched Health and Social Services people to get off their backsides and organise the support - Care Assistants." And what our opposite numbers in Health and Social Services were saying was, "We can organise the support, the trouble is these wretched Housing people never come up with the dwellings - in the right place, of the right size, at the right time!" We have got to make the effort to understand the nature of these cultural differences. We cannot eliminate them; but understand them and use the insight to interpret what is said to you by other agencies.

Housing Authorities have one or two advantages which enable them to make substancial contributions in this field. If your Authorities Budgetary Control and Accounting Procedures are as rudimentary as most Local Authority Housing Departments you have access through Housing Revenue Account and through Housing Investment Programme to the last two remaining slush funds in Local Government. If I could pull the level of Void Properties amidst my Authority's 22 500 council houses down from the present 2.6% to 2.5%, (our target is 1.0%). that would liberate £13 000 - which would provide 6 500 hours of care attendant time. The calculation is arbitrary, what I seek to illustrate is that the actual numbers of disabled people for whom one needs to be providing and the levels of expense involved are actually very small compared to the other funds you have at your disposal and control. With ingenious book keeping you can conceal your expenditure in a way that stops anyone getting at it. We have found in Rochdale that it is possible to finance a significant number of quite heroic extensions and adaptations and modifications to standard housing stock for the benefit of disabled people. The amounts involved do not show up in our Housing Investment Programme Returns because the large sums of money being spent on New Housing, Improvement Grants, Modernisation, Capitalised Repairs, etc, are simply so many orders of magnitude bigger that it vanishes into the "Rounding Error" and you can do similar things with the Housing Revenue Account.

Therefore, I urge my fellow Housing professionals to adopt a strong, assertive approach to this challenge. One of the Articles of the United Nations' Universal Declaratin of Human Rights asserts that Housing is a right in itself; that everyone is entitled to accommodation adequate and appropriate to their needs.

And what we are being asked to do for disabled people is no more in principle than that which we already do as an ordinary matter of professional obligation in seeing that we get the mix between old peoples bungalows - 3 bedroomed family accommodation - two bedroomed houses, right, in our growing stock. This is something we do and expect to do as routine.

Similarly, how do we find disabled people? How do we make the initial contact? How do we overcome these problems of identification and communication? I urge you to use your established rehousing machinery. Stop classifying people as "Disabled" and start saying, "This is a Housing Applicant". "I register him. He is on my waiting list. He has Housing Rights like the other people on my Waiting List. I have rehousing obligations towards him/her."

You will need to publicise what you are prepared to do for people in provision of this kind, otherwise you will not get applicants. You need to go out and gather those applications to make sure you get them. It is not difficult - it only requires to be done.

Notify people of your facilities; make it clear you regard applicants as people with rights; make clear your respectful attitude towards them and you eschew like the plague becoming dependent on Social Workers/OTs for the operation and allocation of disabled peoples accommodation. Do not leave your rehousing decisions to Social Workers or OTs. Making those decisions and "touching out" the conflicts that sometimes arise over of the fairness or otherwise, of them, is part of the Housing Managers stock in trade and he must be prepared to exercise this responsibility for the benefit of **everyone** in our society.

If you are dealing with a reluctant, recalcitrant, unconvinced Social Services or Health Authority, over the provision of Care Suport, I urge upon you a straight piece of analogy as a method of reasoning in dealing with the matter. In the 19th Century, when our Education Service discovered that the expensive provision of schools, school teachers and things that go with them, was being ineffective; was not able to be made use of by the children because they were inadequately nourished, they went into the business of providing meals. Quite clearly, at that time, there was a perceived need and Rochdale was a pioneer in provision - school breakfast. Similarly if you as the local Housing Officer are able and prepared to make a rehousing offer to a disabled applicant and that which prevents the acceptance of what you offer is the absence of necessary Care Support Systems, then your obligation as a Housing Professional is clear. You make it clear to the applicant and the Social Services Director and District Health Authority that you are not prepared to have your programme obstructed by any failing of theirs and that it is your intention to organise and provide the Care Support as an essential ancillary to the Housing service. And if they say, "Alright. You do that!" Then you do that! However, 99 times out of 100, of course, they will say, "Aaaah! He is treading on my grass!" and will arrive in a cloud of dust and seek to repair his omission with great vigour and speed. And as all Housing Managers will know, to be able to pull the 'more caring than thou' trick on a social worker is an opportunity never to be missed.

DESIGNING WITH DISABLED PEOPLE

Eric Kenyon, Principal Architect, Cheshire County Council

I have been asked to speak about our experience in Cheshire designing housing adaptations to meet the needs of individual disabled people - in contrast to the more general wheelchair or mobility standards of so many schemes where the individual needs are not known at design stage.

There are always problems for any architect who dares to address any meeting or disabled people, or those who represent them. We all know of disasters in buildings which we believe were designed for the use of disabled people - no doubt some of these disasters were the architect's fault, but I wonder how often the design brief given to the architect was also at fault.

There will always be the chance of errors in the design of buildings, just as there will always be the chance of errors in most things done or created by people, but we must all ask: how can we as architects, or occupational therapists, or whatever our role, design with disabled people to meet their needs, to achieve the maximum benefit for them, and at the same time avoid any errors in the design?

In this context I'm thinking of design in a broad sense, from the time of a users need being first established until the time that those needs are met in building terms. If we design an adaptation with the full co-operation of the disabled person, if we ask what his or her requirements are and incorporate those requirements, all should be well - but so often, for whatever reason, this is not the case.

If my client is a mature person, reasonably intelligent, and whose physical condition is stable, then there should be few design problems, provided always that a fairly detailed design brief has been worked out. For instance, the brief should state whether the accommodation does or doesn't need a ramped entrance, that sliding doors are preferred - or not - and there should also be a dicussion about power points, light switches, kitchen fittings, water taps and so on.

One of the constant surprises is how rarely disabled people in a family setting ask for the house to be fully adapted for their special needs. For instance, it is very rare for us to have to adapt a sink unit to meet the needs of someone in a wheelchair - so many people are prepared to work sideways on to the sink and then move to a table elsewhere for a lot of their food preparation work. In a family home, normality of appearance is very important, in fact it is often an overriding factor in the design. The building, when adapted, must not stand out, either internally or externally, as being obviously different from its neighbours.

The real design problems for an architect come from those who aren't able to describe their needs in detail; particularly their needs for the future., I don't know the statistics, but I think that perhaps the majority of disabled people are in this category. I'm talking of both young and old people, people who have difficulties in communication, people who have had a sudden severe illness or major accident, and many people with a progressive illness.

How does the architect establish his brief to enable him to design for them?

How do we formulate a design, in fact, for the majority of our clients?

I don't believe that it is right to expect either an architect or the majority of disabled people to be experts on disabilities. I don't believe that it is right to expect either an architect or the majority of disabled people to be experts on the abilities of disabled people - particularly the changing abilities of disabled people.

Let me give you a couple of examples:

I was in a house a few weeks ago with a teenager who spent the whole time lying flat on the floor and watching television. He didn't seem able to communicate much with anyone nor, from what I saw and from what his parents said, did I think he would be able to take much independent action. In fact, I believe he has no great difficulty in winding himself up and down to and from his bedroom on a Terry lift.

Another all too common example - a formerly very active person, suddenly injured and wheelchair bound, in hospital and learning a new way of life, no real idea of what the future holds, but absolutely certain that a lot of space is needed to control a wheelchair. At this stage it is decided that the house should be adapted for his needs. Do we design for the large space standards he believes he needs now, or for the smaller standards he will probably think more appropriate in the future when he may perhaps be able to do 'wheelies' in his chair and rush through openings with only an inch or two to spare.

And we mustn't forget that unfortunately, there are occasionally people who want an adaptation but are so disturbed that they reject the discussions with the architect as it brings them face to face with their real long term situation.

One of the rally cries of the last few years have been "Why don't architects spend a day in a wheelchair?" A day in a wheelchair can be, I'm sure, a real eye opener and it will teach architects about disabilities and it will make them more sensitive to needs and problems, but it won't answer the problem of how to design to make the best use of a person's abilities both now, and perhaps more importantly, in the future.

I believe that in the great majority of instances both the disabled person and the architect need real assistance. In Cheshire, on all the work we do for adaptations to private houses, we always work with one of the Occupational Therapists in the County Social Services Department.

This may spring from our administrative arrangements, but we do value the assistance of Occupational Therapists very much. I believe that in the majority of instances some such assistance is essential if the disabled person is to be offered the best advice on which to base his or her own decisions. And I would recommend that any such advice should be independent of any pressure group or equipment manufacturer.

This doesn't mean that we're thinking of disabled people as "passive customers", as Vic mentioned earlier, or that we are attempting to push unnecessary or unwanted schemes on people. The disabled person, or those representing him, can always reject the architect's proposals - for the last few years all our work has been to private houses, not Council houses, and the householder always has the option of rejecting any proposal.

Very close collaboration at the design brief stage does mean that we are trying to give the best advice in conjunction with someone who is trained in assessing the needs of disabled people and can give independent objective advice.

To look at our procedures in a little more detail:

Our first visit to a client is always with an Occupational Therapist. The visit may vary in length from a few minutes to an hour or two depending on the needs and proposals. We then prepare our drawing, often after discussions also with the environmental health officers (re improvement grants).

Our drawings are sent to the disabled person or to the occupational therapist to discuss with the disabled person if this seems to be preferable in the content of the particular family.

Once a scheme is agreed we prepare futher drawings and obtain tenders and arrange for the building work - the finance may be private, or County Council, or improvement grant, or charity - or often a mixture of all four sources. County Council finance is often only about one quarter of the total. We can vary the contract, and the work content we put into the job to suit individual needs and preferences.

Our procedures are set out in cartoon form on a small leaflet which does help some people - we did have a larger formal document at one time, but I don't think anyone bothered to read that!

What we are most concerned about is that we must produce a building which a disabled person will be able to use and will want to use. It will probably have features in it which are common to other homes, it will probably have features in it which are unique, but to achieve this, a carefully worked out brief is essential. Standard books and solutions may help, but they must inevitably be general statements which may or may not be applicable to the needs of the individual.

The finished adaptation can only be as good as the original design information available.

INTRODUCTION TO WORKSHOPS

Ken Davis, Co-ordinator, Derbyshire Coalition of Disabled People

Vic Finkelstein reminded us in his address of a vital fact both for this meeting as a whole, and for the workshops which now follow the theme of which is "Action through Co-operation". He said the essence of our humanity is to participate in and guide the process of social change. He spoke of the need to break down institutionalised beggary; to overcome the passivity, our passivity, which is at once a by-product of and a potent reinforcer of efficient social administration. We must participate to achieve integration. This means it cannot be planned for us: disabled people must bring their own direct experience into the very heart of the decision making process. Naturally, this raises important questions for service providers as to how such participation and co-operation can take place.

Organising their own exprience has been something people in Derbyshire have been doing for some time now. I represent Derbyshire Coalition of Disabled People - a coalition of groups and individuals throughout the County - bringting together for the first time people who are blind, deaf, mobility impaired and mentally handicapped, with an independent voice of their own. It is perhaps important, as we carry the messages of this morning through into the workshops this afternoon, to remember that the emerging representative organisations of disabled people in Greater Manchester and district carry with them the potential for this vital process of direct consumer participation.

Part of the workshops will be devoted to sharing experiences - co-operating together in exchanging information - building on the experiences we had described by Sue Kay this morning. You will remember how Sue told us of three disabled people who developed one alternative to their experience of institutions in co-operation with statutory service providers. She mentioned too, how earlier solutions developed by other disabled people at Grove Road Scheme had informed the way the arrangements at Newton were organised. Each one of us has a wealth of experience to share, which will throw light on how housing and care support can be organised.

A further part of the workshop sessions will need to address the issue of how to develop policies out of these shared experiences which will lead to practices appropriate to our needs. Vic Finkelstein and Sue Kay made it plain that no physically or mentally handicapped person is so dependent that their needs cannot be adequately provided for in the community. Sue Kay said that existing service providers need to take up the challenge of developing consumer participation; to be willing to redefine their roles and relationships; to be less oppressive to the people they are paid to serve. Integration is synonymous with disabled peoples active participation. Certainly, one can see that the long tradition of professional experts taking decisions for us (and institutionalising us in our thousands in the process) is a sickness in need of radical treatment.

Finally the challenge for workshops is to consider concrete ways in which they can take action in co-operation to remove those barriers in society which prevent our full integration. Sue Kay and Don Simpson referred to the administrative compartments which have grown-up in relation to the tradition of professional experts dreaming up batch solutions to their perceptions of our needs. Let us hope that there is no such compartmentalisation in the workshops - which would rather tend to defeat the object. There is a growing body of knowledge available about practical community-based solutions. I was involved in developing one "scheme" type solution at Grove Road, in Sutton-in-Ashfield, Nottinghamshire. Since then, we have moved on into an ordinary house, adapted according to the "strong assertive" model advocated by Don Simpson. Developing a housing and care support solution round our individual needs is similar to the approach described by Eric Kenyon, of Cheshire County Council. Our help, incidentally comes from neighbours recruited by ourselves, paid out of our Attendance Allowances, but "sharing the load" with available statutory domiciliary services. There are many other working examples which point to the practical ways in which independent, integrated living can be achieved in practice.

I hope, as we go into the workshops, we will bear in mind the warning given by Sue Kay and avoid colluding in the development of policies and practices which provide "care on the cheap" in the community. Perhaps the best possible safeguard against this however, is to build in to any future restructuring of client/professional relations, the direct participation of disabled people which is the essential ingredient of our social integration.

SUMMARY OF WORKING GROUPS & PLENARY SESSION DISCUSSIONS

Action Through Cooperation - Conference Conclusions

Action

There are many possible ways of organising Housing and Care Support and a universal format should be flexible and reflect the needs of the individual requiring care support, who should be encouraged to direct this support and be fully involved in the design of the housing built around it.

Information/Research

There is a need for an improved information service about House & Care Support, to facilitate new developments particularly at local level and this resource should be available to consumers, relatives, providers and the general public.

Support

Professionals should adopt less of a primary expert role, and more of an enabling role in providing care support services, always ensuring that disabled people actually participate in securing such services.

Coordination/Education

Cooperation between individuals and groups with an interest in Housing and Care Support, whether statutory or voluntary, is essential and should be actively encouraged. This would help break down the barriers caused by fragmentation of services between departments, which results in confused decisions, lack of understanding and in particular inadequate consultation between the users and providers of services.

GREATER MANCHESTER HOUSING & DISABILITY GROUP

1. What is the Greater Manchester Housing and Disability Group?

During the year of the Disabled in 1981 a number of disabled people and workers in the caring professions gave a presentation on independent living to the Greater Manchester Housing Associations Group. Following this meeting representatives of disabled people and providers of housing and care support, established a regular Working Group - the Greater Manchester Housing & Disability Group - to explore ways of providing suitable independent accommodation for disabled people.

2. Why is such a Group necessary?

Information on alternatives to institutional living is not easily available. Neither the statutory authorities nor disabled people themselves are fully informed of the range of possibilities for providing independent living in the community. The broad purpose of the group is to provide a local source of information on this subject.

3. What are the Group's objectives?

a) To promote within Greater Manchester County independent living of physically impaired people in the wider community, by encouraging the provision of suitable housing with any necessary care support schemes.

b) To monitor progressive developments in forms of housing provision and support systems with the intention of raising awareness of these developments amongst appropriate organisations and agencies.

c) To promote the active involvement of physically impaired people and organisations, throughout Greater Manchester, in housing and care support issues.

d) To assist individuals with their housing and support problems in so far as the resources of the Group will allow.

4. Who belongs to the Group?

The status of the Group is that of an ad hoc working group and members primarily attend in an individual capacity. Anyone with relevant experience or interest and a particular interest in the field is welcomed. To ensure that all appropriate interests within the County are represented the Group periodically reviews its membership and attempts to make good omissions by invitation. The present membership of the Group is listed in the reverse of this sheet.

5. What has been done to date (May 1983)?

With substantial help from Greater Manchester CVS and from Greater Manchester County the Group organised a day conference on Housing and Care Support in October 1982. In preparation for the conference the Group financed a video on alternatives to institutional care produced by Denis Pass of Manchester Polytechnic and have now secured two edited versions and appropriate video equipment for hire. For copies of the conference papers and bookings for the video contact:

Dorothy Whitaker or Jennifer Graham
Greater Manchester CVS
St Thomas Centre
Ardwick Green North
Manchester M12 6FZ
Telephone: 061 273-7451

The next steps are to offer the video and speakers to housing and social services committees in Greater Manchester, to groups of disabled people and any other groups interested in the subject. We are also planning an exhibition and video showing at the annual conference of the National federation of Housing Associations in September. We are also exploring the possibility of a full-time worker to monitor developments in independent living.

GREATER MANCHESTER HOUSING & DISABILITY GROUP

Chairman

Peter Norman	Director, Irwell Valley Housing Association Ltd; NW Regional Representative on National Federation of Housing Associations.

Members

Roger Arkell	Director of Development, North British Housing Association Ltd, Preston.
John Bellinghall	Assistant Director (Domiciliary Services Division), Social Services, Manchester.
Margaret Bone	Community Health Council, Tameside.
Bill Finlay	Project Manager, Housing Department, Bolton; Author of "Housing & Disability - A Report on the Housing Needs of Physically Handicapped People in Rochdale".
Bernard Gosschalk	Architect, School of Architecture, University of Manchester; NW Regional Secretary, Housing Centre Trust.
Judith Gray	Community Physician, North Manchester Health Authority.
Anita Hadfield	Senior Housing Welfare Officer, Oldham M D Council.
Dave Halpin	Social Worker for the Mobility Impaired, Social Services Department, Lancashire.
Zena Homewood	Regional Organiser, Community Service Volunteers.
Mike Jobbins	Principal Officer, Residential & Day Care Services, Social Services Division, Stockport.
Bob Lewis	Assistant Director, Social Services Division, Stockport.
Ken Lumb	Representative Union of Physically Impaired Against Segregation.
June Maelzer	Chairman, Manchester Access Committee.
Patrick Mbatha	Registrar in Community Medicine, South Manchester Health Authority.
Anne Miller	Chairman, Action for Research into Multiple Sclerosis (Manchester Group).
Eileen Milnes	Spastics Society National Executive Council.
Dennis Pass	Lecturer Educational TV, Educational Services Unit, Manchester Polytechnic.
Don Simpson	Borough Housing Officer, Rochdale.
Nigel Smith	Regional Officer, North West Region, The Spastics Society.
Roy Southern	Assistant District Administrator, South Manchester Health Authority.
Dorothy Whitaker	Field Worker, Greater Manchester Council for Voluntary Service.
Chris Withnall	Regional Housing Manager, Collingwood Housing Association Ltd; Housing Institute.

ERRATA

Page 23 - **Action** should read:-

There are many possible ways of organising Housing and Care Support and there is no universal format. Any format should be flexible and reflect the needs of the individual requiring care support, who should be encouraged to direct this support and be fully involved in the design of the housing built around it.