

Norma Parker Address

Delivered by Professor R.J. Lawrence at the 1969 National AASW Conference held in Hobart

The Consumer Perspective in Social Welfare

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In September 1947, in the first Presidential Address delivered to this national professional association, Norma Parker proclaimed:

All forms of social work ... are based on concern for the disadvantaged individual ... Social work has come into being firstly because not all individuals have full opportunities for what is thought of as a normal well rounded development, but secondly because even where opportunities exist, all individuals cannot use them.

She added,

... in this world of today and in this land of ours, we have an immediate place and an urgent task. We are at a stage when we need tremendously in our international and national life the values social work should have to give. Our daily task lies with people; with understanding them; it lies in helping them face themselves or their difficulties, their fears, anxieties, conflicts, confusions and uncertainties ... The Commonwealth of Australia can only grow towards the future we hope it will have if we are able to develop in better fashion than we have in the past attitudes of tolerance, of appreciation of difference, of a readiness to share, of generous indignation about the injustices of others as well as about our own ...¹

Here we are a generation later when these words seem equally apt. Social work has not changed its basic value positions that are implicit in Norma Parker's statement; nor apparently have we made much progress towards what we would see as desirable social attitudes, at least partly because our social goals keep on being redefined. Norma Parker

was speaking at a time of post-war re-construction. The society had recently experienced the socially cohesive force of a shared danger, a national security system had been instituted, Norma Parker could, without embarrassment, speak of 'deeply felt democratic ideals', and the social work profession was new and small and still virtually untried, with wide vistas of service opening out before it.

Our profession's circumstances naturally have changed in the course of the past twenty-one years, as a result of factors within the profession but more importantly of factors in the larger social environment. As when Norm Parker delivered her first Presidential Address, I find myself in giving the first Norma Parker Address confronting, with a sense of urgency, an unstable social situation. Then, however, the mood was optimistic and constructive with anticipation of future growth and development. As I read it, the current prevailing social mood tends to be pessimistic and destructive, keen to dismantle existing social arrangements but very uncertain about alternatives, partly because of ignorance of possibilities in a complex industrial society, but also partly because of disagreement among the critics on what values are important.

An obvious topic for this address would have been my view of the challenges facing the organisation and functioning of the social work profession and some discussion on ways of coping with these. From the point of view of my professional peers, I realized that this would be the orthodox and most immediately useful kind of address. Another possibility was to tackle the various problems involved in the organisation of a modern school of social work. This is a neglected topic and it would have been timely in view of trends and developments in social education in this country and overseas. I set this aside too, however, although I confess reluctantly because my own present responsibilities have demanded becoming immersed in such problems. After careful reflection I finally decided to take this opportunity to discuss what I believe should have very high priority not only for the social work profession but also for other human service professions and community welfare services generally. This is what I will call 'the consumer perspective in social welfare'.

You may think this is just social work's traditional client-centred approach. It certainly relates to it, but is not identical with it. One is referring to professional behaviour, the other to the way the client or consumer views the service and his life in general. It is life on the other side of the helping relationship; on the receiving end of services; it is often life at the bottom of the social status heap; it is typically life in contact with organisations and their

officials; it is life where one's dependency on outside help is obvious; it is often life with a black skin; it is life with a permanent physical or mental handicap; life with a social stigma; it is life at times of crisis.

One of the problems in our complex society is that, though we are highly interdependent, we have close knowledge of or 'know' only a small number of the people with whom we are in some kind of social relationship. This means that to have some idea of what life is like for people widely separated from our own life circumstances requires a special effort of the imagination, but unless it is exercised on reliable evidence it will be wildly inaccurate. Hopefully, much of social work education and experience develops this capacity – what I will call 'social imagination'. Courses dealing with human behaviour and social environment should be particularly geared to this end. Unless, however, the teaching concentrates upon people demonstrating particular behaviour, rather than on the behaviour itself, there is a danger that the cataloguing, classifying and conceptualizing typical of the social and psychological sciences will not in fact bring the observer humanly closer to other people. The insights of literature and history which emphasize the full idiosyncratic richness of a human personality need to be added to the understanding of continuities in social and personal behaviour provided by the application of scientific method. But however highly developed and accurate a person's 'social imagination' may be, thinking himself into another person's shoes is never the same as actually being that person.

It is incredible how little evidence we have on the way consumers really view our social welfare services. This is not because the consumers do not have views. It is because few people or social welfare organisations have made it their business to find them out, and yet ostensibly their very 'raison d'être' is to serve the welfare of the clients. The derivation of the word 'client' – one who listens to advice, not one who is listened to – is all too apt.

Overseas, especially in North America, the consumer perspective is increasingly articulate and cannot be ignored in policy discussion. I recall my cultural shock at a national conference on poverty at the University of Michigan in 1967 when a Negro from nearby riot-torn Detroit interrupted, from the body of the hall, a paper by Wilbur Cohen, Secretary of the Federal Department of Health, Education and Welfare. The interjector challenged, 'What right have you in Washington to say what poverty is all about? Come and live it in Detroit'. I remembered the placid calm of the many social welfare conferences I have attended in Australia, and wondered if this was a sign of things to come.

In the United States, the 'welfare establishment' has increasingly come under fire not only from militants among the traditional consumer groups – the disadvantaged and the rejects of the society – but also from social analysts who have exposed the extent to which welfare programmes have been oppressive and damaging to those supposedly served, while actually serving the interests of the advantaged. I strongly recommend a recent American book by Donald Howard called *Social Welfare: Values, Means and Ends*,² which uses value analysis to clarify the problems social welfare has to cope with both nationally and internationally. This kind of exercise badly needs to be done within the context of our own society. I certainly recognize in our own society the values and value conflicts Howard discusses, but because there has been practically no empirical study of values in Australian society, I cannot judge the book's direct relevance. I do not believe, however, that unless we become alive to the need for value analysis, social welfare policy discussion will stay at a primitive level. In fact, I would go even further, and suggest that much of the present social ferment in Australia is about the values which supposedly support our social institutions, and part of the problem is that the point or rationale of many of them is far from clear, even to officials of the institutions themselves, and binding them to public silence aggravates the situation.

If we begin to get organised consumer groups in social welfare, as they now exist in many American cities, those who support and work for the existing services will need to be far better prepared for justifying their existence and activities than is currently the case. Life may not be exactly comfortable at present, but it is likely to be far less so in the future. Wise, informed social welfare leadership should welcome the consumer interest being organised and articulate. Experience overseas indicates the pathetically moderate aspirations of organised disadvantaged groups, and also their concern for being treated as human beings. Their claims are not likely to be revolutionary, unless the whole thought of disadvantaged people claiming anything as their right is seen as revolutionary.

I want you to concentrate with me for a while on exercising our 'social imagination'. What is it like being a consumer of a social welfare service in our kind of society? In this address, I can, of course, do no more than suggest some of the important variables in coming to an understanding of the consumer perspective. How the consumer perspective is viewed will vary according to who is the consumer, what is the product or service that he is using, and who is providing the service and under what conditions.

In the social welfare systems in which the consumer has to enter to receive a service, the various participants, including the consumers, have observable status and power. I do not think we in social work have paid sufficient regard to these dimensions of the social relationships between clients and agency personnel, and between client groups and the rest of society. Some of the reasons are outlined below. Despite our designation, we have been less alive to social than to personal psychological factors. The social welfare sub-culture and, too, other professional sub-cultures with whom we associate, tend to be paternalistic, talking 'service' language and nervous about facing up to the essential political aspect of much of their work. Further, there is still a certain distaste within the broader Australian culture about facing up to the realities of contemporary social stratification. Yet often within a multi-professional setting, social workers have become only too keenly aware of status and power differentials amongst different types of professional staff.

Following, then, are a series of comments on status and power differences in relationships between social welfare consumers and agency personnel and between consumers and the rest of society. I believe these have application to many of our social welfare services.

(1.) The consumer is not actively sought after by the agency, unless it is connected with some legal transgression. Agency public relations programmes, if they exist at all, tend to be addressed not to potential consumers, but rather to those who are called the 'supporters' of the agency. Yet without consumer support the agency would not exist.

Amongst the constant plethora of advertisements and attractive displays of material goods, the general public is well aware of the range and variety of products available – if they have the money. Consumers' Associations have been established, mainly supported by the more 'successful' or moneyed groups in the community, not to find out what is available, but rather to test what is available – to try to make sure that people know what they are getting for their money. The potential social welfare consumer typically does not know, even in rudimentary form, what is available, let alone its quality. He may stay this way, or he may become a consumer, because someone else, often a professional person using very rough knowledge, has referred him to a social welfare agency. The power and status of the person making the referral can be a major factor in binding the client to the service, however he may eventually view that service.

(2.) Some social welfare consumer groups, just to go on living, must be clients of social agencies. Unlike many of their fellow citizens, they have no families who can or wish to support them, nor have they so-called 'independent' means, nor have they membership of the many private collective systems of social support increasingly characteristic of the rest of the society and encouraged by government tax policies. These groups are cruelly labelled 'dependent'. Their inheritance is not the socially approved dependence of the family kind or the often unrecognized dependence on socially produced opportunities from living in the mainstream of society. Their inheritance, rather, is having to cope with general community attitudes that label them as failures, no-hopers, spongers, and above all 'dependent' and not able to take care of themselves. Too often the consumers themselves internalize these views and become despondent and self-degrading. They are often expected to show qualities of independence and rectitude not demanded of the more affluent sectors of society. It has been traditionally argued that keeping levels of benefit low and making eligibility conditions tough gives them inducement to try to improve their lot. The more perceptive of these consumers note, however, that the affluent classes, especially in business circles, operate on different incentive principles. The cynic would also point out that it is much less costly in taxes to keep on emphasizing the possible disincentive effects on initiative of higher benefit rates, than to pay benefits which really keep the beneficiaries at least within the touch of the mainstream of society.

The consumer group dependent on social welfare agencies for their basic necessities are often meant to feel 'lucky' that they are being helped. Compared with the harsh conditions of life of similar groups in earlier generations, they are reasonably fortunate, but this is an irrelevant comparison. How these actual consumers are faring in their social relationships in our society in the present day and age, in comparison with others in the same society, is the point at issue. Though we know very little about the actual spread of wealth in Australia, I suspect that the consumers I have in mind are falling further and further behind their fellow citizens, though their life conditions are improving to some extent. I believe that unless we devise social systems that are more equitable in their distribution of wealth, and all that goes with money, across the whole of society, our way of life is open to serious challenge. This, however, is only true if one seriously values a decent life for everyone in the society.

One of the worrying aspects of contemporary western industrial society is the relative political powerlessness of the social welfare consumer groups I have been concentrating upon. The affluent majority do not seem unduly concerned about them and while they may have a nuisance value, they can scarcely force major changes from governments, let alone bring about political revolution. In other words, many of these consumers have the status of deviant minority groups. Unlike ethnically-based minorities, however, they often share the values of the broader society, but are in the permanently galling situation of not being able to attain them. Much has now been written on the so-called 'culture of poverty'. Unlike other cultures, there is evidence that this is one culture that people are only too happy to leave.

Where social welfare consumers depend for their very existence on an agency's services and they have no alternatives open to them, they are in a very weak position. They and agency officials know this, and unless care is taken in staff selection and training, and in the structuring of the service, the social situation is very open to abuse. This is especially the case when the service is residential and long-term. Here the consumer is trapped in a social system which can give free rein to petty tyrants, or to oppressive regulations which make the place easy to run, but at the expense of the consumers' individuality and self respect.

The relative weakness of the position of many social welfare consumers is clearly demonstrated by the lack of redress they have in cases where they believe unfair decisions have been taken by agency officials. It is interesting to note that in the Repatriation system a right of appeal is available, but what safeguards exist against arbitrary administrative or professional decisions in the rest of our social welfare services?

(3.) Descriptions of what goes on in social relationships with clients within agencies usually come, not from the consumer, but from the staff of the agency. This places them in a position of considerable power, because it is their version of problems that is generally known. Julius Roth, after studying tuberculosis hospitals in the United States, comments:

'Why do patients leave the hospital against medical advice?' is a question often asked by tuberculosis hospital staff members and by social workers and social scientists interested in the T.B. hospital. But we might also ask (and should ask first): 'Why do patients stay in the hospital?' The fact that the question is almost always

asked in the first form shows a definite bias of the staff viewpoint in contrast to the patient viewpoint or, perhaps, a more objective viewpoint.

The same is true of other aspects of the T.B. hospital. We (do not) hear of 'co-operative' or 'unco-operative' doctors or nurses. The patients have 'problems' which the research psychologist may want to study or which the sympathetic doctor, nurse, or social worker may try to help him with. Yet many of their 'problems' are a product of the social organisation and the system of expectations of which the patients are expected to do the 'adjusting' to the hospital, the latter by implication being thought of as a given, unchanging quantity. Clinical psychologists want to do individual and group therapy with patients to help them deal with their handicap. The behaviour of the patient is seen as something arising entirely from within himself (especially when he does something 'wrong') and not as something arising from his relationship to the institution and its personnel.

This bias leads to a narrowing of both the understanding of the dynamics of the T.B. hospital and of practical decisions which are made in the hospital. Thus, when a patient leaves against advice, the reaction is, 'What is wrong with him?' and no attempt is made to analyse the social situation of which the patient's characteristics are only one part. Because of the emphasis on the adjustment of the patient, little study is made of the significance of the behaviour of the personnel except in cases of extreme or obvious abuse ...'³

Some of the reasons why social welfare consumers do not make generally available their version of their experience in an agency are as follows:

- No-one expressed any interest in their doing so
- Unlike staff, they do not have a continuing involvement in the agency
- They may fear reprisals if they do happen to need the agency's services again
- They may think their version will only be dismissed as having come from a sick person, or someone at least under stress, or someone who just doesn't count
- They may not wish to reveal their lack of ability to express themselves in writing
- They may not wish to revive unpleasant memories
- They may not wish to appear ungrateful, especially when society tells them they are lucky to have received the service

- They do not wish to expose their ignorance of things which the staff, especially the professionals, know better than they do.

(4.) Because agencies and agency personnel are specialized in terms of handling particular kinds of consumers with particular kinds of problems, their knowledge gives them considerable power over consumers. This is, of course, especially true of professional staff, and it is one reason why there is so much concern that a professional person use his knowledge responsibly to serve his client and the community. Strictly, according to professional norms, it should make no difference whether the professional is serving an affluent or a poor person, a well-educated or a poorly educated person, a high status or a low status person. In practice we know it often does make a difference. The degree of the disadvantaged person's participation in the process tends to be more limited, in considering both ends as well as means, and the options available are much more restricted. Many professionals do not recognize the social class bias in their judgements, which means that often consumers are saddled with professional opinions that are alien to their social circumstances.

Further, what has been called the multidimensionality of values is often ignored by the specialist agencies, as well as by many professionals but not, I hope, by social workers. They may prescribe courses of action which may, for example, improve a man's health or his housing, or his family's education, but at considerable cost to the consumer's other values. The recent emphasis upon treating the 'total man', and upon the need to co-ordinate various specialist services appears sensible and progressive. Yet it can make the consumer even more subservient to other people's versions, however well-informed and well-meaning they may be, of what is good for him. 'Big brother' is still big brother when, for example, the multiprofessional team in a medical rehabilitation setting hand down to the patient their decree on the patient's future programme. In medical settings in particular, paternalism dies hard. Many find this tolerable in relation to strictly medical problems. When, however, this is extended into all aspects of people's lives such paternalism raises extremely serious moral and political questions, the sort of questions with which some of the community mental health programmes are struggling.

(5.) The consumer of social welfare services is often faced with language which emphasizes his low status and lack of power, because it reflects only the viewpoints and intentions of the service givers. We still have our 'charities', our 'philanthropic' trusts, the occasional 'home for incurables' and 'crippled children's societies'. Social work professionals talk about 'treating' the consumer. He is described as having been 'helped' or 'served', when such language is not used in other social relationships where the consumer, for example, buys what he wants. He is said to receive a 'free' service, or 'something for nothing', which completely ignores the cost to him of participating in the service, and also the social contributions he has made and is making to the community by taking care of his family often under incredibly difficult conditions, by keeping the peace and not rioting, by staying faithful to a social system which has dealt with him in a mean and often hypocritical fashion.

(6.) Many of the consumers of social welfare services have some stigma which places them in a category of inferiority in relation to the rest of the population. In his book *Stigma: Notes on the Management of Spoiled Identity*, Erving Goffman uses the term to refer to an attribute that is deeply discrediting in social relationships. He distinguishes between the plight of the discredited person, whose stigma is not yet known or immediately obvious. He mentions three quite different types of stigma. First, there are the various physical deformities. Next are blemishes of individual character inferred from a known record of things like mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour. Finally, there are what he calls tribal stigma of race, nation, and religion. He claims that in all these cases an individual possesses a trait that interferes with ordinary social intercourse, and that turns people away from him, breaking the claim that his other attributes have on us.⁴

Social workers working with stigmatized groups know only too well the problems in social relationships that these people have to contend with – their uncertainties about 'acceptance', their extreme self-consciousness, their irritation at normal people's reactions, their withdrawal from general social contacts, their being forced into association with similarly stigmatized persons, their limited life's chances.

(7.) The already disadvantaged often have to forego their privacy in order to receive social welfare benefits. They have to reveal personal details about their lives and their circumstances which others in the community would find intolerable, but they often have no choice. 'Beggars can't be choosers'. We are still not completely rid of open counters and

insensitive counter clerks. Further, when personal information is given, what guarantee does the consumer have that his confidence will be respected? Or doesn't he care who knows? Again, the consumer's relative powerlessness is striking. It is true that means tests do not just apply to the disadvantaged, but there is a difference in revealing to others what you have, rather than exposing to others what you haven't.

There is the further related problem of living with the fact that one is not being honest. Think of the person on an aged pension who has undisclosed casual earnings from babysitting.

(8.) Another aspect of the consumer perspective in social welfare is that the consumer usually cannot aspire to real 'success', as it is decreed by a materialistic society. The standards of real achievement are set in material terms far beyond the reach and life chances of most social welfare consumers. The notion that material success and moral worthiness are closely linked is not uncommon in western industrial societies, despite the great disparity in people's life chances and the almost impossible task of fairly allocating praise and blame in the complex interdependent society within which we live. If, however, common values like providing love and friendship, of giving satisfaction to others, of bringing up a family, were considered the important components of 'success', social welfare consumers would still be in the race.

(9.) I have mentioned the inaccessibility of many social welfare services because of the potential consumers' lack of knowledge of their existence. Other types of inaccessibility come from agencies' geographical location and the hours during which their services are available. If the consumers did have powerful influence, there could well have taken place a massive decentralization of services, rather than the token kind that has occurred to date, and, in addition, agencies' doors generally would not still only be open at normal office hours. It is, of course, true that most agencies, in terms of their existing resources, already have more than enough work to cope with under the present arrangements. If social welfare consumer groups effectively demanded that they be served in their locality and at times that did not interfere too much with their other activities, many existing consumers would find life easier to cope with, but also there would need to be a great increase in social welfare resources to meet the demand.

How ready are social welfare personnel to work in outlying suburbs and country areas, and to have working hours which are different from normal ones? Some, especially in government departments, do so already, but the fact that the personnel rather than the consumers have so much say in these matters again emphasizes the imbalance of power in the social welfare producer-consumer relationship.

In a physically mobile society, local availability may not be seen as especially important. Many social welfare consumers are, however, amongst the least mobile sections of the society, having to rely on very heavily upon public transport systems. If all the public regularly had to use public transport perhaps the quality of the service would dramatically improve.

It is common in social work literature to read about 'hard-to-reach' clients. Too little attention has been given in our country to 'hard-to-reach services'. I think this would often be the consumer viewpoint on many of our services. They do not even 'come half-way'. Their availability reflects historical accident and administrative convenience rather than the present location and timing of consumer need, and crisis theory has made us well aware of the importance of the timing of a service. Again, we have a situation which reflects all too clearly the relative powerlessness of social welfare consumer groups.

(10.) Finally, I wish to mention an aspect of social relationships in social welfare that receives little attention in Australia. This is the extent to which there is reciprocation in such relationships. Donald Howard comments:

One exceedingly important element in assuaging both the hurt of being helped and the hurt of helping is reciprocation. To be able to 'return the favor' can often go far to alleviate the embarrassment of having been 'favored' by another. It often hurts more to be helped if the helper is never allowed to be a helper too.⁵

He claims that everyday experiences illustrate how fundamental is the need sensed by 'normal' people to reciprocate for favours. Reciprocation may be directly to one's benefactor, or it may be indirect, taking the form of someone else helping one's benefactor, or of 'passing on' to someone else a favour received. He says:

It takes a man of some breadth, a voluntary agency of some idealism, and a nation of some vision to regard, as reciprocation, a benefit passed along to someone else.

Nevertheless, in highly interdependent societies within an interdependent world, it may be exactly such breadth, idealism, and vision that need to be developed.⁶

When the well educated and the powerful receive help from others, their self-respect is often not threatened because they are in a position to reciprocate, even if in our kind of society it often is only indirect reciprocation. Again, disadvantaged groups tend to be in a contrasting position. With what can they reciprocate, it is asked, and who would want what they had to offer anyway? Some of the indigenous worker programmes overseas show what can be achieved in this respect if people are sufficiently concerned.

At times there is a 'quid pro quo' in the form of the disadvantaged person giving his allegiance to the creed, religious or political, of the giver, but this is scarcely reciprocity freely given. The advantaged do not have to pay for any help they may receive in ways which bind them personally to other people's values.

I have no illusion that increasing the power and improving the status of the social welfare consumers in our midst can be accomplished without disturbing the rest of society. The more the currently disadvantaged participate in the mainstream of our society, the more the existing patterns of privilege will be changed.

I believe that members of the social work profession tend to be more alive to the consumer perspective in social welfare than are the thousands of others who are involved in working in our social welfare services, or than are our 'successful' affluent classes. It is perhaps partly because of the profession's supposed identification with the position of social welfare consumers that its own power and status are comparatively low. I think, however, that social workers need to be even more actively and effectively identified with the consumer viewpoint than we have been in the past, and to help it become fully and fairly represented in our social welfare arrangements.

It is obvious that to accomplish this, the profession must redistribute its resources so that it has a considerable proportion of its members in key policy-making, administrative and community roles. Many within the profession now see the need for this, but creating new educational and employment patterns take time and persuasion. Meanwhile, the professional is vulnerable to the accusation that its concentration on social casework in traditional agencies indicates a lack of concern for broader social justice. Perhaps the profession's numbers are still so small – not many more than a thousand – that it is

ridiculous to claim that it can have much influence on broader social issues. I think this depends upon how strategically placed are our members in relation to the policy machinery of social welfare. It also depends upon the extent to which social workers adhere to the values and collective knowledge of their profession and do not become merely captives of particular bureaucratic systems. Social work professionalism which is true to its ideals of community service can be crucial in keeping the necessarily vast bureaucratic structures of modern social welfare alive to the consumer view-point. A professional person is generally in a much stronger position to espouse the consumer viewpoint than are agency personnel who have few other employment options. But, as already mentioned, a professional sub-culture can be just as oppressive to consumers as can large-scale organisation.

You will remember that in 1947, Norma Parker spoke of 'deeply felt democratic ideals'. I know of no-one who has a greater sense of shared humanity than Norma Parker. She has exemplified in her professional career and in her personal relationships a rare capacity for accurate 'social imagination', and an ability to act constructively upon it. Whatever may be her views on how I have handled the topic, I am confident of her approval of my choice.

By re-instituting a Presidential Address and naming it after its first dynamic and highly respected President, the Association has issued a formidable challenge to the successive incumbents of this office. I am very conscious that it has fallen to my lot to deliver this first Norma Parker Address. These occasions will only have a chance of being worthy of her name if each President accepts the challenge and the opportunity as he or she reads it. This would be Norma Parker's own way.

Endnotes

¹ Norma Parker, 'Presidential Address', *Proceedings of the First Australian Conference of Social Work*, Australian Association of Social Workers, Sydney, 1947, pp. 15–17.

² Donald S. Howard, *Social Welfare: Values, Means and Ends*, New York, Random House, 1969.

³ Julius A. Roth, "'Management Bias" in Social Science Study of Medical Treatment', *Human Organisation*, 21, 1 (Spring 1962) p.47, quoted in Howard S. Becker, *Social Problems: A Modern Approach*, New York, Wiley, 1966, pp.27–28.

⁴ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*, Englewood Cliffs, N. J., Prentice-Hall, 1963, pp. 3–5.

⁵ Donald S. Howard, *op. cit.*, p. 326.

⁶ *Ibid*, pp. 328–329.