

Overcoming goal displacement and power displacement in social service provision

By Steen Bengtsson

Abstract: Disabled people in their encounters with social authorities often experience them as knowing better and of little help. Social service authorities often lose sight of their actual goal of assisting clients to have greater opportunities to participate in everyday life. The nature of social work makes it possible to suppress clients instead of listening and talking with them. But nothing impedes our trying to use creativity to find better ways to enlighten administration towards increasing client power that is obviously currently deficient. An empirical project about encounters between parents of disabled children and the social authorities is used to illustrate this. The aim of this project has been to find mechanisms that determine client satisfaction and to create mechanisms for client power, in order to develop a service that more adequately focuses on and accomplishes its goals.

Introduction

The title of this article starts with the word 'overcoming'. I use this word to describe a process, because this study is based on my point of view that studying social services in a way that can enable the system to use the results, requires that not only the clients, the professionals, the organisation, law, and politics as such must be studied, but first and foremost the very process itself when the system is actually trying to use the results must be studied. By using the term 'overcoming', I do not mean to imply that I have solved these problems. On the contrary, I am only asking some preliminary questions

about how official policy in the field of disability can be transformed into practice by social service authorities, and how they can better make use of such research.

Studies from the 1990s show that most service providers who professionally have contact with disabled people have a fairly positive attitude towards these disabled individuals (Lindqvist 1998a). But social service caseworkers are still in a dominate position whenever they encounter individuals with disabilities. Scandinavian studies show that social service authorities are counteracting the intent of the law and repressing disabled people by controlling and

distrusting them (Lindqvist 1998b). Clients receive inadequate information about relevant options, efforts are not adequately coordinated, and there is little flexibility in meeting the needs of disabled people (Lindqvist 1999). British studies of parents with disabled children provide a similar picture, where staff members use their power to reduce the demands required of them (Middleton 1998; Dowling & Dolan 2001), a picture previously described by Lipsky (1980).

In a contrasting picture, Bengt Lindqvist's studies have also described good encounters with social service authorities, characterised by thoughtfulness, sympathetic insight and equality. In this picture, the caseworkers trust their clients and are professional enough to know when to leave their expert roles and genuinely listen to the client in need of help. They must clearly show that they are listening, have trust in what the client says, and respect what they hear. Being an expert does not necessarily mean always having to teach other people, but the caseworker must know what kind of help is available, be able to propose alternatives and offer explanations, and let each client decide for her or himself. Professionals should be able to explain the rules whenever needed, but they do not have to defend them, and should never present them as their own personal viewpoints. A refusal of service or support should never be motivated by financial

reasons, and the help-seeking individual should not be asked and expected to understand the caseworker's difficult situation. The caseworkers should be familiar with legislative aims and interpret actions accordingly.

Bengt Lindqvist's work has been an inspiration because he has launched central questions of the citizen's encounter with social service authorities, when the citizen is disabled or parents with disabled children. His solution, however, does not add much to his initial questioning. The caseworkers with high ideals about goals and methods already exist. The research I am presenting and discussing here shows that clients give caseworkers a much higher rating than they give the system. But they are all functioning within a system, one which places heavy demands on the caseworkers. Not only do they have to help the clients, but they must do so within the framework of the law, following correct procedures, being loyal to the administrative and political leadership, and last but not least, accomplish all this within a given budget. These demands can put the caseworker under a great deal of pressure, and depending on how these demands are dealt with, may or may not lead to the reactions and results Lindqvist is referring to.

The crucial point here is not social work itself, but rather the conditions that organisations provide for the

caseworkers to enable them to do their job or not. Before looking further into the organisation, let us first explore the overall aims of public action in relation to disability.

The concept of disability and the aim of social service

Services to disabled people differ from the social problems that make up the rest of the social service field. Addressing issues of unemployment, family problems, substance-abuse problems and homelessness involve helping the individual change their situation, whereas efforts for the disabled person involve *helping* the individual *in* the situation. *Disability* is the reason for society to do so, since the term disability acts as a justification for receiving help and legitimates the notion of being in a needy situation.

During the second half of the 1900s, the concept of disability has developed from the so-called medical model into a relational model, often called the social model of disability (cf. Oliver 1990, Barnes 1991, Oliver & Barnes 1998). The medical model considered disability as a shortcoming of the individual, as a deficiency or an absence of something considered important. This could be called an essentialist definition of disability*. The medical model aimed at treating and protecting disabled people as a group, and this was done by diagnosing

and classifying the individuals and isolating them in special institutions, often headed by medical doctors.

Gaining more power through their organisations, disabled people soon began fighting isolation and tutelage. In connection with this struggle for more normal conditions, the relational model of disability, most often called the social model of disability, emerged (Oorshot & Hvinden 2000). This development has probably taken place in all countries where disabled people have gained sufficient influence (Bengtsson 2000). Even if the organisations of disabled people were the first to formulate the social model, it is probably too much to allege that they have caused this model to become the basis of disability policy during recent decades. For example, in the extensive Danish reforms such as the devolution of the care of intellectually disabled persons in the eighties, or the introduction of activation policy to replace half of the previous number of disability pension awards in the nineties, disability organisations were more or less ambivalent.

The relational model considers the disabled person to be an individual with the same rights for societal participation and having life conditions similar to other citizens. Disability is not seen as a problem in the individual himself or herself, but rather in the relationship between the individual and the physical and social surroundings. It should thus

not be accepted that disability necessarily leads to exclusion. Instead, forces must be devoted to remove barriers in the societal surroundings, in order to provide disabled people with the same possibilities as others have. Furthermore, disability should not be the target and responsibility of only certain specialists. On the contrary, all sectors in society must be engaged in the endeavours to provide disabled people with equal opportunities. This way of understanding disability is no longer a question of individuals, but rather a question of *equal treatment*. During the nineties, equal treatment has become the goal of the European Union, as reflected for example in the directive of Equal Treatment in Employment and Occupation (EU Council Directive, 2000/78/EC).

In many cases, however, general accessibility and roominess are not sufficient to achieve equal possibilities for disabled people. It is necessary to supplement these efforts with provisions that aim at compensating for the drawbacks that follow from a disability in the individual case. This is done by (a) identifying the individual and (b) awarding compensatory benefits that enable the individual to take part in activities on equal terms with others. Although such benefits aim at creating participation opportunities, they still presuppose that an assessment is made regarding the individual case. In order to make individual solutions possible, the law is not very precise. As one

municipal leader expressed it, "You have few clear rights in this law, but it makes many solutions possible." Therefore, the risk of creating dependence on service authorities is still present, even if the relational model of disability was in part created explicitly to avoid that risk.

Goal displacement

Equal treatment is a normative concept, and one might wonder why it plays such a great role in a social scientific study such as this one examining the functioning of social authorities. Why do we not ask more openly what clients want and what professionals are doing? Why do we not just register that this is a field where a group of individuals is systematically repressed? The reason is that the social service authority cannot be understood as merely a natural system in the sense of Scott (2003). Of course it is also a natural system, and phenomena that are not on the agenda must certainly be considered. But if we do not take the *goals* of social policy and disability policy into consideration, we will make the entire picture look like an absurd theatre.

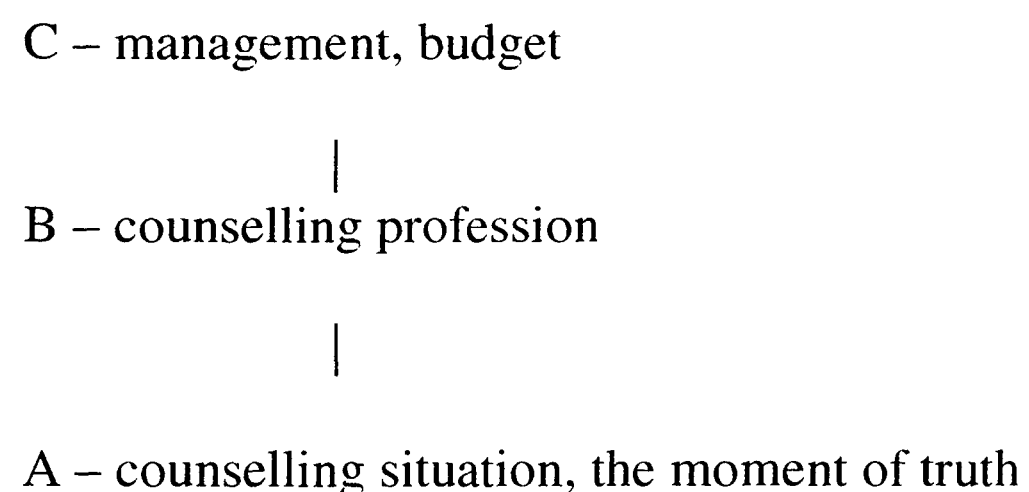
Therefore, let us begin with the assumption that assisting clients should be the goal. But then we would also have to admit that a social service authority very well may pursue its activities in an area such as services for disabled people without really solving

the problems that are the reason for doing the work, and without showing any interest in getting to know whether the resources are in fact used to solve the problems. 'Goal displacement' was a common term in organisation theory some decades ago, when the so-called rational model was dominant. The organisation was seen as defined by the formal organisation, as a tool constructed to reach some definite goals. In the natural model, a concept such as goal is ambiguous. We must, however, not completely forget the rational model in our enthusiasm for the natural model. Goal displacement is a term that still has a useful meaning, and furthermore it does in fact often occur.

The goal of the social service authority is to create the necessary conditions so that counselling situations and other

situations of social service can function, to coordinate such activities with other service authorities, and to structure the work so that resources are available where they are most needed. The social reality that is created by the authority may, however, not be dominated by the goal as it is perceived in 'the moment of truth' (Fig.1, A) as the situation is described in service-management (Norman 1988) when the user is receiving the service. It could as well be dominated by the activity and knowledge of the professionals who are employed to work for this goal (Fig.1, B), or by the control procedures in the authority itself (Fig.1, C), especially those that intend to limit the use of financial means that are allocated to reach the goal.

Figure 1: Map of the organisation of social service provision, and of the realities that the caseworkers may choose to live in:



Traditionally, the caseworker's reality has been in the realm of professional power (B). With the rapid development of social services and the resulting financial problems since the 1970s, the authority's reality has been displaced into management power (C). New public management and most new quality assurance methods have been instruments for this reality displacement (Pollit 1997). The positive aspect of this has been, as Evers (1997) puts it, that it at least has broken the power of the professionals. The professionals have fought back by revitalising some of their traditional quality assurance methods, peer review and inspection. The resultant pluralist quality assurance work is, however, not very much closer to the proper goal of social services, which is represented by level A: the citizen's encounter with the social service authority.

The organisation is also producing a social reality for its members. The social service authority will seem as a major 'reality' to the social staff, and this produced social reality will easily begin to dominate all social workers. This organisational social reality (or 'house reality') will therefore also start dominating the social realities which the social workers are creating in their work with each client. If the service provider should have a fair chance of achieving the service goal in the moment of truth, then the social reality produced by the authority should make this very goal its main issue. The C

level must make a central goal functioning in the A situation. The dark and hidden areas of service provision must not only be verbalised, they must also be brought out into the light and examined, so that it is possible to see whether or not the goal is actually achieved. The problem is exactly the same as in the management of a commercial service: the power in the organisation is at the top, but the consciousness must nevertheless be directed to the street level where the service must pass the real test.

Power displacement

While goal displacement can be seen as an organisation phenomenon, the understanding of the phenomenon of power displacement should take its point of departure in an analysis of the concept of service. Service production has qualities that differ tremendously from the production of tangible goods because a service is produced and consumed in one and the same process. This entails that the producer is part of the product, and the product must be understood as a situational product. The social service product cannot be standardised, and even the individual parts that social service consists of cannot be standardised, without destroying a central dimension of social service: the situation. The service provider should, therefore, be in a position of having a major margin in terms of accomplishing his or her tasks,

so that he or she is able to respond in ways that are adjusted to each situation. Furthermore, the service provider should act in satisfactory ways towards the user, in order to give him or her positive experiences (Bengtsson 1997).

Of course, services for people with physical disabilities and for parents with disabled children must also make use of a great deal of professional knowledge. But this responsibility cannot be placed exclusively on the professionals. The well-known work by Lipsky (1980) shows what outcomes are likely if a street level bureaucrat has the power to make decisions of great importance to clients. His results, however, should not be interpreted only as a necessary consequence of street level power and discretion, but rather as evidence of what might happen if the professional is given power over the client without an appropriate control of the ways this power is used, or without any counterbalancing power of the client.

Social service is not only service, it is also *social*. The term includes the quality of being a public responsibility: social service is not for sale at a market. On the contrary, it is made available for certain groups in accordance with law as interpreted by societal authorities. Even if user 'tickets' could be said to occur, most of the expenses are subsidised, in other words representing a transfer of economic means to a group, but this cannot be reduced to

being only such a transfer. Economic transfers should not replace social services. Social service does not reflect society's wish for transferring a given amount to a group, but rather, on the contrary, represents the intention to ascertain that the functions concerned are actually carried out. For this reason, state paid provision of social services cannot be efficient.

Social service is social in part because it has an aim of integrating people. This is necessary when other integration mechanisms, such as the market or informal social relations, have failed. Social services have grown in number and expenditure at the same tempo as the market economy. As Spicker (2000) argues, state paid services should not be seen as a contrasting alternative to informal social help, but on the contrary, should rather be understood as a natural augmentation of these. Although the state is not designed to produce social services, it is, however, used for this purpose.

From a sociological point of view, there is a fundamental difference between integration using market mechanisms and integration using means typical to organisations such as duties, favours and positions. Normally, integration takes the form of organisation (Ahrne 1994). In the family, at the work-place, as a member of a state, you have a definite affiliation with the unit when you are a member of it. You have responsibilities and other members

control you. To some extent, you may also draw on collective resources. You belong to the corporate body. Market integration takes on the form of a semi-organisational field. In the shopping mall and at tourist locations you only need to follow certain rules to be a customer. You have no responsibilities and no affiliation. You may choose to use services such as that of a supermarket, a telephone service, or other semi-organisational fields, and people do so to a degree that makes these fields influential in a certain sense. But it is still up to you how to actually use these services, or not.

Social service integrates people as members of the state with means of both duties and rights. If social benefits could be adapted to market structures, the social benefits would probably already exist in the form of transfer payments. Cash benefits are much easier to administer for social service authorities. Social services are made available when it is important for society not just to give a group an amount of transfer payments, but also to make sure that particular activities are performed. Therefore, social services always include some kind of organisation. The client has responsibilities and social authorities have control over him or her. Clients do, however, also receive some rights to draw on in terms of social resources, but only to an extent that is determined, at least initially, by their social caseworkers.

In order to provide a social service, we must establish a mini-organisation consisting of a service producer and a service recipient, where the former has the power, but where the production is dependent on a cooperation being established between the two. This production dyad is very different from the production dyad you enter when you buy a commercial service as a customer, or when you go to a work-place as a worker to produce goods. In both cases, you also agree to follow some pre-established rules in order to get the job done. But you still have some counterbalance of power of your own. In the supermarket, you can choose between buying and not buying, and at your work-place you will make a product which is of value to your employer, and you have a trade-union which empowers you to fight back in order to make sure that your employer is not going to take advantage of his or her power.

As a co-producer and user of social service, you are in a much less powerful situation. The service provider does not have to take into consideration whether or not you really cooperate, or whether or not the service is in fact provided. Often an essential part of the service is a social reality, which is created in the situation between the service producer and the service user. The service producer's ability and willingness to produce the social reality that supports and strengthens the client is crucial. No one else is really able to

see and control whether the created social reality is the correct one. Thus, the essential parts of the production and provision of social service take place in a totally dark realm.

Even if this is true about most social services as it occurs today, it does not necessarily hinder us in investing much more creative energy in *inventing mechanisms* that could serve to shed light on this hidden production of services. This is exactly what I have tried to do in the empirical project concerning encounters between parents with disabled children and the social service authorities, which will be reported in the following parts of this article.

Empirical research

Disabled children are not counted in any census in Denmark. Statistics from countries where disability is registered differ widely, from 11% of children in New Zealand under the age of 14 (NZ Disability Survey 2002) to 3.2% in Britain having a significant disability of the children under the age of 16 (Department of Health 2000). However when the much larger proportion of children who are affected by chronic illness are added to such figures, the prevalence rate rises to 15% (Eiser 1993). In Denmark, a total of 23,000 children receive reimbursement for extra costs related to disability, corresponding to 2% of all children

under the age of 18. In our project, we asked a number of municipalities about children with disabilities, 'excluding less serious conditions such as bed-wetting' as we phrased it. The number we received corresponds to somewhat less than 1.5% of the children.

The aim of the project was 1) to understand the situation of these families with disabled children and their social needs, as seen from the parents' point of view; 2) to find mechanisms behind their reported satisfaction with public efforts; and 3) to find methods to balance power in these client-provider encounters in favour of the parents, to counterbalance power displacement (Bengtsson & Middelboe 2001; Bengtsson, Wiene & Bak 2003). The intent was also to find ways to counteract goal displacement and to start the development of a service that to a higher degree could accomplish its goal of helping families. After all, if a tool is not suited for doing a job, a better tool must replace it. Thus, if social administration is the tool for realising social policy, then it may be necessary to modify it if the desired results are ever to be achieved. As I have argued, the needed modification consists in strengthening goal-consciousness and counteracting that the clients are in place as the very lowest 'members' of the administrative system.

This empirical study sheds light on the organisation of the municipal social

service authority, through a number of interviews and seminars with caseworkers, other professionals, and managers. They confirm that they have many things to consider, and therefore often work under pressure. Bureaucracy does not always produce the best solutions. "Sometimes the users must think that we are dead from the neck up", said one of the leaders, when she described the cooperation between the municipality's disability department and the centre for practical aids for disabled persons. For this type of manager, the most visible part of activities easily takes up most of the conscious awareness: managing the department, keeping the budget, ensuring correct procedures, and handling user complaints. These are not just quality assurance tools. In today's situation with narrowing budgets, politicians often make the judgment that if there is not a certain number of complaints, it must be because the department is more lavish than it needs to be.

It is less visible whether goals are achieved. This cannot be evaluated without having the opinions of service recipients. We can ask these users to evaluate the public efforts on various survey scales, and we can ask them in personal interviews to express their opinions. Both methods have been used in this project. According to service providers, users often have unrealistic expectations of what social services can provide. "It is no shopping centre", as

several caseworkers said. Clients have to adjust to realities. The caseworker may be seen as a conciliator of some kind between parents, who of course only want the best for their children, and a system capable of doing something but often not very much. The important thing is to get through the conflict and to begin to cooperate with the caseworker, a process in which the professionalism of the caseworker unfolds, in one way or another. This project has tried to shed light on all possible types of circumstance, so that the caseworker has the framework to do his or her job.

Furthermore, this study has used surveys for service recipients, with two purposes: 1) to uncover mechanisms in order to suggest possible actions for social service administration, and 2) to create a benchmark, in order to see whether things are functioning well or poorly. In order to do these things, it is necessary to take a point of departure in the social reality of the families, and not in the situation as perceived by the social service authorities. So a qualitative approach is seen as a necessary precondition of doing relevant surveys. Finally, the empirical data comes from action research methods, the aim of which has been to constitute an instrument of communication between social service authorities and parents. Naturally, a study that compared the parents' picture with the caseworkers' perception of the situation could be interesting as well,

but this has not been possible to include in this research project at this point.

All parents with disabled children in 11 municipalities in Denmark were first of all asked to fill out opinion-sheets about the social effort in relation to their child. Replies were received from the parents of 415 disabled children, which is 35 percent of the total sample of parents asked in the 11 municipalities. These responses showed a marked polarisation: 1/3 of the parents had solely positive remarks, but 1/5 had solely negative ones. In this qualitative study, the content of the parents' answers is, however, what is most interesting. Specific criticism from the parents primarily concerned the following: feeling inadequately informed, experiencing poor coordination from the public services and being forced themselves to be the coordinators, having difficulties getting a disability recognised in cases where they are not very visible and often without a clear medical diagnosis (which is not required by Danish social law), and lastly, that the social caseworkers are very different from one another and sometimes change job assignments.

Most of the above-mentioned problems might be classified under the headings of: (1) the parents are not adequately informed, and it often takes too long to get information. This concerns information on available services and social rights, as well as information

about the child's disability; (2) public efforts are not coordinated, neither among municipality departments nor between different authorities; (3) the caseworker as an individual and the counselling situation are often mentioned and evaluated separately, for better or for worse.

This qualitative study was used as a basis for developing a quantitative survey, where frequently mentioned themes were transformed into structured questions, and sent to parents with disabled children in four municipalities. As expected, we obtained a considerably higher response rate here, since the survey form was easy to fill out. A total of 635 questionnaires were returned, corresponding to 68 percent, and a 5 percent refusal rate, after one reminder and a telephone follow-up. The low response rate primarily reflected difficulties in finding telephone numbers. The quantitative survey confirmed the results of the first phase of the study reasonably well, and showed that parents who answered prior to any reminder were slightly more critical of the authorities than parents who had to be reminded to respond. In addition, the quantitative study gave the possibility of analysing relationships between variables in more detailed ways, including discovering possible mechanisms behind parents' satisfaction with the public efforts.

In the quantitative questionnaire, parents were asked to evaluate the public effort in relation to their disabled child in general, the solutions, cooperation with authorities, and their caseworker. Furthermore, they were asked questions about information and coordination, and they were asked to note the name of their present caseworker. In this way, results could be

compared in relation to individual caseworkers. This is one way to shed light on the counselling situation, to consider evaluations of parents in relation to their specific caseworker. A path analysis using the so-called 'Digram method' of Svend Kreiner (www) shows the following picture (Fig. 2).

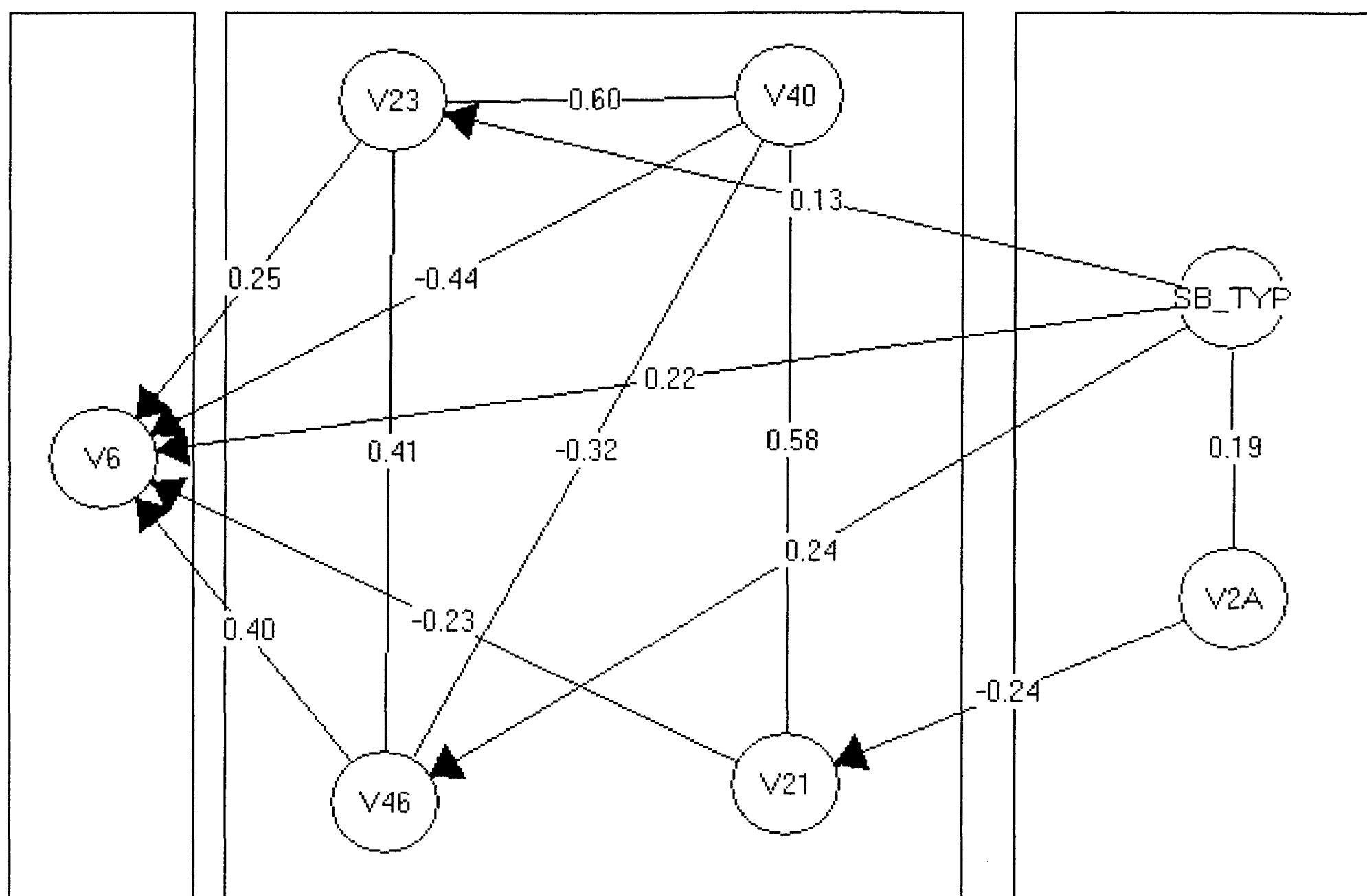


Figure 2: Relations between the main determinants for parent's evaluation of services.

V6 = parents' evaluation of service

V23 = parents' knowledge of provisions
 V40 = parents' mistrust in information
 V46 = coordination between authorities
 V21 = coordination within municipality

SB_TYP = caseworker
 V2A = municipality (nominal variable)

The right side of Figure 2 shows 'caseworker' and 'municipality' appearing as background factors. In the middle, there are two questions at the top concerning information, one question about knowledge of public offers, and one question about lack of confidence in the information that parents are receiving. In the middle, there are two questions at the bottom about coordination of the effort between authorities and within the municipality itself. At the left, we have the dependent variable: parents' evaluation of the public effort as a whole in relation to the disabled child.

Parents' evaluation of the service is their answer to the question, "On a scale from 0 to 9, what do you think in general about the public efforts in relation to your child?" Parents' knowledge of the available provisions is their answer to the question, "Have you been adequately informed by municipal employees about public offers and possibilities?" Parents' mistrust in information is their answer to the question: "Do you look for information elsewhere because you do not receive sufficient information from your caseworker?"

In the same way, the coordination variables are answers to simple questions. Municipalities are ranked according to the parents' average evaluation of service, where only a few differences were found. In this way, the municipality becomes an ordinal

variable, but the gamma coefficient should be taken with a grain of salt. Finally, caseworkers were grouped into three groups, using an eighth question where parents were asked to give their caseworker 'grades'. In this way, an ordinal variable is created, which is not a sub-classification of municipality.

Kreiner's (www) idea of 'graphic analysis' is to identify relationships that can be interpreted as causal. Results confirm that coordination as evaluated by parents themselves has an impact on parents' evaluation of the overall public effort. This correlation is strong for coordination between authorities and to a more moderate degree for coordination within the municipality. Coordination between authorities depends on the individual caseworker. On the other hand, coordination within the municipality does not depend on the individual caseworker, and on the contrary, depends on the municipality.

Furthermore, we see that the caseworker as an individual has a direct significance for parents' evaluation of the overall public effort. If we compare the direct effect ($\gamma = 0.22$) with the indirect effect through coordination between authorities (where the gamma coefficients are 0.40 and 0.24), we see that the indirect effect is the weaker one. The indirect effect through information is even weaker, composed by 0.25 and 0.13. Together, the three links show that the caseworker as an individual has quite a great significance

for how well the overall public effort is seen from the parents' point of view. Caseworker effect is not just an expression of the fact that caseworkers are more or less active or successful in coordinating the municipal effort with the county or informing parents. There seems to be an important personal factor as well.

Finally, we see that parents' impression of being informed plays a moderate role in their evaluation of the overall public effort. Their confidence in terms of information, however, plays a greater role, but it is significant that this is independent of the caseworker's being evaluated as good or poor by the parents. Their confidence in whether or not they are informed seems to depend more on themselves than on the caseworkers whose job it is to inform them!

The causal analysis suggests that parents might experience a more positive encounter with social services if the coordination was improved, especially the coordination *between* social authority levels, meaning local municipality and county. It is noticeable that the caseworker has an influence on this coordination. The parents' encounter is, to a lesser degree, dependent on the coordination within the municipality, but the caseworker has no influence on this coordination. These results make sense in the light of the qualitative material we have from the first phase of this study. The

coordination with the county is the caseworker's job, and is very dependent on the contacts and the knowledge that he or she has. On the other hand, lack of coordination within the municipality is often created by the structure, with the intention of strengthening budgetary control. Typically, all awards of technical aids are centralised within a special department, in an attempt to limit these growing expenditures. This means that coordination between authorities represents a job that the caseworker has to do in order to be successful, whereas coordination within the municipality represents procedures that are established in spite of their detrimental effects on the overall result of the public effort.

Information is also of great importance to parents' evaluation of the public effort, especially parents' mistrust in the adequacy and type of information they receive from municipality employees. This mistrust is closely connected both to parents' information about possibilities and to the coordination within the municipality as assessed by the parents. The parents' mistrust is, however, not at all connected to any of the background variables.

This is quite a remarkable finding. The parents mistrust public information, independently of having a good caseworker or not, and independently of the municipality in which they live. This mistrust seems to depend on

parents themselves, and it might be because they feel uncertain of the whole situation. This can hardly be reduced by merely providing parents with more information, but perhaps by giving them opportunities to meet one another, for example to acquire knowledge from other parents about having a disabled child.

Finally, the encounter is directly dependent on the individual caseworker, and this direct effect is more impressive than the indirect effect. Some caseworkers know better than others how to create both good relationships with parents and also have them express satisfaction with the public service efforts. We do not know whether parents like caseworkers best if and when they get more benefits from them. The caseworkers themselves, however, do not believe there is such a connection. They believe that their ability to communicate makes the difference. No doubt, evaluations of caseworkers could be used as well in an attempt at improving communication between caseworker and parents. Those caseworkers who do not communicate so well today could probably learn much about better communication from those caseworkers who are performing better in terms of their encounters with clients.

But is the social service authority really committed to improving their efforts in assisting parents with disabled children? The social service authorities

are facing many other tasks to be done, and also other lobby groups that are trying to get what they want. Everyone may, however, have a shared interest that the resources invested in families with disabled children are used in ways that will most likely solve these families' problems. The action research parts of this study have contributed to opening up the administration's influence in the direction of listening much more to these parents. If the administration is forced to genuinely listen more to clients, goal displacement becomes less likely.

The later phases of this project were comprised of the following types of action research: listening meetings, user panels and dialogue meetings. Listening meetings are meetings where all parents with disabled children in the municipality are invited to participate and come forward with their opinions about services, while the responsible service managers and possibly some of the caseworkers are listening. A neutral mediator makes sure that the municipal employees do not say anything, which is important. A recording secretary takes notes and makes a written summary, which subsequently is sent out to all parents. User panels and dialogue meetings carry out the same process in two steps, as parents first clarify their points of view in the panel and subsequently make them the basis of a dialogue with the service managers.

The results were discussed continuously at seminars with the caseworkers, other professionals and service managers from the municipalities that participated in the project. In the first of these seminars the idea came up that all findings from the project were to be collected in a handbook of 'good administration', so that authorities could avoid making similar mistakes in the future. This handbook was developed as a tool for the direct supervisors of the caseworkers and comprises everything which was "too simple for the caseworkers to always remember and too complicated for the system to automatically assure", as someone

phrased it. This handbook includes information from the qualitative study and from the meetings on how to provide parents with information, how to coordinate the public efforts, how to give the parents a perspective so that they know what is going to happen through action plans, how to arrange meetings where parents have the possibility to meet one another, etc. In two of the four municipalities they have been working further with these things after the project finished.

On the basis of the findings from this project, a quality method was drafted:

1. Letter to all parents where they are invited to listening meeting where they can express their points of view about the public effort in relation to their child with disability, while the responsible leaders from the municipality and maybe a politician is listening.
2. Listening meeting, where a neutral mediator makes sure that the parents do the talking and the municipal employees are not allowed to say anything. A recording secretary takes the minutes.
3. The summary is sent to all members of the user group, so that the process can be followed also by the majority of the users who do not themselves participate.
4. A working party in the municipality works out directions for new procedures, and other renewals of the effort, which complies with the critics or the parents.
5. The result is sent out to all members of the user group in a form that is understandable, but which at the same time precisely indicates how the new routines are.
6. The changed routines are added in the handbook, which the administration is using, are taken in use and replace the earlier routines.
7. When the new procedures have been in use for a year or two, the process is started from the beginning again. Now it is asked, if they have been able to solve the problems, and if they have been implemented as thought.

A survey such as this might be considered part of what is considered quality assurance in Denmark. Similarly, user evaluations of their individual caseworkers might play a role if it has been agreed on by this group. It has, however, not been tried in the project and I have not proposed any model for doing so.

Conclusion

Social services for parents with disabled children are here perceived as having the goals of serving the clients and trying to provide them with equal opportunities. It is not possible to understand the meaning of these services without any conception of a goal if and when the organisations are understood as natural organisations. Goal displacement is, however, common, and a sub-optimal effort may occur if it other interpretations of what is to be done makes the day easier for the staff or the budget will be easier to balance. Besides the traditional concept of goal displacement, a similar concept of power displacement is used for the phenomenon that the caseworker makes his or her job easier by repressing the client. Power displacement, or 'clientisation', also makes it more difficult to reach the goal of equal opportunities for parents and their disabled children.

Even if goal displacement and power displacement are very common and can

be explained by organisation theory and qualities of service production, these phenomena should not be considered as necessary system effects in social services. They are natural phenomena in the social system as it is designed now, but with greater imagination and creativity, municipal organisations can be re-designed into a form where these organisational forces can be counter-balanced. To work towards achieving such a purpose, it is necessary to create elements that strengthen the organisation's official goal, and elements that strengthen the clients in their encounters with caseworkers. The information flow plays a great role in this connection.

The empirical material presented here takes up two methods (listening meetings and user surveys), where information goes from the bottom of the system (the client) to the top (the administrative leadership of the social service). This research also showed that the caseworkers in one of the municipalities in one phase of the study were somewhat (perhaps not surprisingly) hesitant towards these approaches, especially the parental evaluation of caseworkers. Without doubt, these approaches demand a high level of leadership to implement. However, if the leadership is competent enough, there is no reason for not opening up more channels of user feedback in social services, in a time where all other groups of users and

customers are listened to and all other groups of professionals are evaluated. The study project has tried some ways of developing a social service for parents with disabled children which aims at placing these parents in a more powerful situation vis-à-vis the authorities. The intention has been that families can better use services in ways that are more in line with the family's needs, thus contributing more towards achieving the overall service goal of greater participation for the family and the disabled child in social life. This is only a beginning, and one that hopefully can serve to stimulate the creation of other ways that social service administrators can function and to try out such innovations. It would also be important to discern whether this actually improves the quality of services, which has not been possible thus far in the scope of this study.

* The word 'disabled' in English in fact sounds essentialist too, combining the root 'able' with the negation 'dis-', whereas Scandinavian words such as 'funksjonshemming', or the German term 'Behinderung' refer to barriers.

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