AN EXAMINATION OF EVOLVING POLICY AND PRACTICE IN THE REHABILITATION FIELD IN MANITOBA, IN RELATION TO STANCE AND ENDS-IN-VIEW; AND AN EXPLORATION OF POSSIBLE FUTURES

By

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A thesis submitted in partial fulfillment
of the requirements for the degree of

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ABSTRACT

If we look at the historical evolution of policy and practice in the rehabilitation field we note that these have been directed toward independence and employment. This end-in-view has never been reachable because of economic and social reality. Full employment has not been achieved. Social reality for all people requires inter-dependence rather than independence.

This thesis explores a number of underlying assumptions (stances) which have contributed to the present dilemmas in the rehabilitation field in Manitoba.

In particular we note the influence of the Marsh Report (Canada, 1943) which focused on full employment as a solution for Canadian social reconstruction. This is contrasted with the Beveridge Report (Great Britain, 1942) which identified social responsibility as the primary end-in-view for all citizens. The implications of these and other policy statements (such as those produced by the consumer movement) are explored.

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PREFACE

One Body with Many Parts

"...For the body itself is not made up of only one part, but of many parts. If the foot were to say, 'Because I am not a hand, I don't belong to the body,' that would not keep it from being a part of the body. And if the ear were to say, 'Because I am not an eye, I don't belong to the body,' that would not keep it from being a part of the body. If the whole body were just an eye, how would it hear? And if it were only an ear, how would it smell? As it is, however, God put every different part in the body if it were all only one part. As it is, there are many parts but one body.

So then, the eye cannot say to the hand, 'I don't need you.' Nor can the head say to the feet, "Well I don't need you." On the contrary, we cannot do without the parts of the body that seem to be weaker; and those parts that we think aren't worth very much are the ones which we treat with greater care; while the parts of body which don't look very nice are treated with special modesty, which the more beautiful parts do not need. God himself has put the body together in such a way as to give greater honour to those parts who need it. And so there is no division in the body, but all its different parts have the

same concern for one another. "If one part of the body suffers, all parts of the body suffer with it; if one part is praised, all other." I Corinthians 12:14-26 (Good News Bible).

Chapter 1

INTRODUCTION

This thesis is attempting to illuminate a number of incongruencies in the rehabilitation field.

The search began when I found myself as a student social worker using people the way I did not and do not want to be treated--like an "it" to be manipulated and shuffled along the bureaucratic "assembly line." I was horrified at my capacity to seek out weaknesses rather than strengths, to try to fit the person rather than facilitate growth and development. At the same time, I saw the strengths and potential for growth and at times was open enough to work with another in a relationship where we were communicating as one person to another rather than as service provider to receiver. This has evolved into a basic assumption of this paper, stated by Reuben F. Nelson:

> The primary divisions in our society are not tidy we/they divisions (we who are honourable, who understand that persons are persons, versus they, who manipulate persons as objects); nor are they then/now divisions (then they manipulated persons as objects, but now we cherish them as persons); nor is it here/there (here in this situation in this place we understand that life is inherently shared experience, but there they do not do so).
>
> The main division runs within, rather than between us, and so none of us are in a position to cast stones cavalierly at any others.

> ...we have three choices. First, we can create enemies where none existed before, and so solve the tension of dealing with evil that is within all of us. Second, we can quietly and tacitly agree that since we are to some degree corrupted, none will call the other to account. Having learned that none has clean hands, we misread the lesson and give up speaking to one another about what is most important to us. Third, we can learn the difficult art of relating to one another frankly and honestly as if our behaviour mattered, and doing so without trying to pull moral rank. (page 53).

This thesis is an attempt at the third alternative. The rehabilitation community appears to be going through a change process that could lead to either the first or second choice unless we have a firm grasp of the threads by which we can create a pattern based on the reality of unique gifts to be shared in community.

Statement of Problem

My interest in the topic evolves from my experiences within the rehabilitation field as client, consumer, researcher, social work student, and board member of a rehabilitation agency.

Through my contact with social workers, I began to perceive that there were certain mind frameworks or stances that influenced the purpose, intent and goals of the relationship built between myself and a social worker, and between myself and a social agency.

Some of these stances led to a process that was restrictive and often focused on the one goal of employment, with the expectation that the client must "fit."

Other frameworks led to multi-ended futures with

the ultimate intent of personal and social development and growth. Work here was understood as part of development. This perception was reinforced as I worked as a consultant-researcher in Ontario. There, different concepts in housing for the disabled were being advocated. These included nursing homes, group homes, open-ended institutional living, adapted apartments, and the emerging concept of independent living. Again, I noted that both stances were evident, the restrictive and the multi-ended. This perceived duality of stances* led me to search out additional incongruencies in the rehabilitation field.

Incongruencies were identified in a number of places:

1. Incongruencies between different agencies and services within the field.
2. There is an incongruency between actual outcome and perceived end-in-view, as perceived by both professionals and clients.
3. There are incongruencies between services and perceived needs as perceived by professionals and clients.

These are all issues, not problems, in that they require understanding and resolution or ordering, not a solution. Illuminating these dilemmas hopefully will help us to recognize and cope with the stresses, tensions,

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*In this thesis the word "stance" is being used to mean the philosophical assumptions underlying policy and practice. I have borrowed the concept from Donald A Schon, as outlined in Beyond the Stable State and elaborated on by Miriam Hutton in personal conversations.

and incongruencies which are current in the area of rehabilitation. These dilemmas and incongruencies exist for the client, within the services provided, and for the professional working in the field.

This led me to examine the underlying assumptions of policy and practice in the rehabilitation field, which has become the major focus of this thesis.

A basic assumption underlying this thesis is that an awareness of stance will have direct bearing on outcomes and will help in reducing the discrepancy between goals and purposes, as stated through policy, and the actual practice which emerges.

The purpose of this thesis is, therefore, to increase both knowledge and consciousness about the existing stance dilemmas in the rehabilitation field.

While much of the research is based on the broader Canadian constituency, the primary focus will be upon rehabilitation in Manitoba.

It is hoped that in addition to illuminating present dilemmas, insight into future possibilities will be apparent. In particular, it is hoped that relationships between professional and client may be seen as a process of co-creation of social reality.

Sources of Information

The sources of information for this thesis include:

1. A literature review of: change theory; policy

formation; social work practice; the historical development of rehabilitation services in Britain and Canada and the USA; a number of government documents and stance papers on employment and guaranteed annual income; and board minutes and annual reports of the Society for Crippled Children and Adults in Manitoba (SCCA).

2. Observations and practical experiences of: working on the Board of the Society for Crippled Children and Adults; working in a variety of research, administrative and consultive positions over the last three years in Winnipeg and Ontario; working with consumer organizations both in Ontario and Manitoba; and being a client of rehabilitation social services over the last twenty-three years.
3. Informal interviews with parents, counsellors, consumers, clients and administrative people in the rehabilitation services, also volunteers, educators, and practioners. The interviews centered on the process and the practice of rehabilitation services.

Explanation of Terms

Rehabilitation has been defined as a process whereby a former capacity is restored--to restore to a condition of health or useful and constructive activity.

The word habilitation came into use in the 1960's when the concept of rehabilitation did not reflect the

work that was being done with children and adolescents. Webster defines "habilitation" as: "to make capable, to qualify oneself."

The concept of habilitation reflects more closely the stance taken in the final chapter, however, the more common word rehabilitation is used to encompass both systems.

The concept of field is used in the generic form meaning that there are a variety of systems working in the one field. Two that I specifically examine are the consumer movement and an agency primarily involved with co-ordinating services and supplying services centered upon employment and counselling services.

There are two key concepts that may be difficult to differentiate: value and worth.

Value as understood in this exploration encompasses the inherent goodness of a person. Worth is tied into economic utility and usefulness. Value is often denegrated through criteria that is focused on worth.

The term practice reflects the holistic stance of this paper. Practice includes purpose, value, context, end-in-view, and method. The methods of social work have evolved from a variety of backgrounds and stances, including theological, psychoanalytic, medical, organizational, economic, and political theory (Klien, 1971, Bartlett, 1970). The overall practice of the profession of social work has been influenced by the context in which

the profession is working and the professionals perception of his roles and place and functions (Cowgen, 1977). One of the primary concepts that has influenced practice in the rehabilitation field has been the relationship between environment and person (Sheffield, 1931, Meir, 1965, Siporin, 1970, Grinnel, 1973). In the past, methods have often concentrated either on one or the other and not the interface of each with the other.[1] In particular we note the emphasis on such environmental factors as accessibility to buildings, increased mobility, and the development of prosthetics.

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[1]Presently, however, there is a resurgence in the interest of interface and the tasks that are needed to accomplish the equilibrium between person and environment. Presently we still view the environment having more control over people rather than people having control or being able to create environment (Germaine and Gitterman, 1980). In the future, we may need to analyse the difference between physical environment and social environment and the repercussions of this for practice.

Chapter 2

THE PROBLEM EXPLORED

The policy statements of the rehabilitation field fall into two categories: first, the broader statements of purpose, and second, the agency mandate statements related to specific conditions.

The broader statements of purpose reflect a stance, or philosophical assumption. The agency statements growing out of specific conditions will reflect a narrower focus or intent. Both may reflect an "end-in-view," but the agency intent may more often be described as an objective or outcome expectation. Let us examine first some possible orientations for human purpose and relationship.

Rollo May (1969) suggests that historically there have been three prevalent perspectives on man's relationship to his world. Before the Renaissance there was a focus on the relationship between man and God. This perspective gave rise to viewing people as inherently valuable because of their relationship to God. He called this World View I.

May's World View II suggests that after the Renaissance and continuing through the industrial

revolution, man became involved with discovery through manipulation and change. Man's relationship to his world became focused on action rather than illumination of man's purpose. Action was seen as deriving from rational thought. Nietzsche, according to Grant (1969), believed that human beings before the modern era were involved with the illumination of horizons. Modern man has been consistantly destroying those horizons with no new ones to take their place. "Horizons" according to Nietzsche manifest themselves in the perceived "reality of belief." For instance, when man became conscious that God was dead, the greatest horizon was thrown out. If God was dead there is no innate "goodness" in the world, only values. Values are made only relative to time, situation, and place.

One of the underlying value assumptions of western society is that each person is inherently an independent individual. An independent individual can be perceived as "whole" and self-contained, with rights, responsibilities, and obligations. His needs are contained within self and are not owned by his neighbours. Further, these needs can be defined in terms of greater or lesser needs, ie., needs for survival--food, water, clothing, housing--are defined as greater needs, whereas the need for entertainment, companionship, work, and love are defined as lesser needs. Values then, and indeed people themselves, are viewed in light of how "useful" they are in this present situation.

Human beings are seen as adaptive, manipulative, and driven from the history to the present. Man is pushed along his evolutionary scale through his reactions to the events present in his environment. Man is creative in his adaptive powers and his ability to measure and manipulate "the whole." Manipulation is rooted in measurement and knowledge. Thus, we can understand the primacy of science.

Science is an active process, but in science there are only binary operations. One can prove something to be true or not true; there is no third alternative. A binary operation works fine when one works with "dead aspects of the universe" but in the life of human relationships there is always a binary-plus-one operation taking place (Schumacher, 1977). In human relations, there is always the third alternative. For example, you can love, hate or be uninvolved or dispassionate. A person can be dependent, independent, or interdependent. To date, policies of social welfare have often tried to deal with human problems as "dead aspects of the universe," ie., the problem either exists or does not exist; it can be solved or not solved; it is assumed that there is one best way for solving the problem and that all other ways will not work.

In the second world view, <u>human need becomes equated with "economic reality</u>." Development becomes a matter of "useful fit." An example of this world view can be seen in the Vocational Rehabilitation of Disabled Persons Act, 1961, (VRDP Act) which stipulates that a

disabled person is not disabled if employed (Horne, 1978).

May's third world view attempts to counter this preoccupation with scientific manipulation and fit and to recapture something of man's worth and purpose. In the third world view, man is seen not as binary but as multi-dimensional.

Man's social reality is made up of the relationship of physical structure, mental structure, emotional response, and spiritual calling.[1] Therefore, the third world view does not negate God or science but reflects the contribution of both. Schumacher (1977) argues that there are four levels of being, each drawing on parallel levels of knowledge. To limit man's knowledge to the physical realm denegrates man's innate worth.

In order to participate in the third view, one must know through understanding. Schumacher (1977) suggests that knowledge of understanding can only come from experience. Similarily, Finkelstein and Wolfenberger have identified certain patterns of relationships. The custodial relationship can be found in the era of alms-houses and poorhouses where disabled people were viewed as sinful or the victims of natural justice and were therefore isolated from the community. The need to isolate was complimented by the charity ethic and the emerging

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[1]Holistic thinking might be seen as an expression of this third world view, or stance.

protestant work ethic. A person with a physical disability began to be seen in terms of his work potential, and he was valued for his work, not his person. The work became the object of value. The charity ethic, of course, focused on the good works of those giving the charity, rather than on the recipient of charity. This again can be seen as reinforcing the value of the "doing" or the work performed. The person with a disability was seen as dependent upon the work of others.

At an earlier stage (before the Elizabethan poor laws) all men had been seen as having a relationship with God. Therefore, the physically disabled were seen as having innate value within the relationship. To care for the physically disabled, hospices were established and run by churches within the community. To care for the handicapped was to provide a service to God, regardless of the social or economic value of the disabled person. All people were seen as dependent on God.

In the late Nineteenth Century, we begin to see an increase in scientific and medical knowledge. Some of this was applied to the disabled who were increasingly seen as sick. The inability to fit was viewed as sickness rather than sin. The focus of the medical process became one of striving for normal healthy functioning. The person, however, was often expected to adapt to the existing environment. Rarely was the environment seen as maleable. For example, there was a great emphasis on such

things as getting people to walk regardless of the physical disability. (In the children's classic, Heidi, the romantic solution for "crippled" Clara was to go to the mountains to gain her strength so that she could walk.) Gradually, more attention was paid to developing prosthesis and braces and other physical aids. These were all geared towards making the person appear normal. While there is some overlapping, these various world views can be seen to relate to the three problem areas identified at the beginning of the thesis.

The rehabilitation field reflects all of these stances on world views. For example, services for children in Manitoba currently appear to reflect May's World View I. The custodial function can also be identified. Adult services in the workshop setting are following an economic/employment orientation (May's World View II). In the federal report, Obstacles (1981), the parents of an autistic, retarded child discuss being asked by professionals, what do you know that can help us (page 46). In this instance, professionals and parents are participating together in knowledge building (World View III).

Presently there is often a mismatch of stance with practice expectations. For example, if one looks at the services for adolescents and adults in the Society for Crippled Children and Adults of Manitoba, one can identify both custodial care and employment-independence goals for clients. These appear to be based on age and intellectual

capabilities rather than policy (SCCA Annual Reports, 1952-1981).

It is difficult to interrelate differing world views or stances. Individuals who hold one may not recognize differing views and may not be able to relate appropriately to others with another perspective.

As conditions and stances change slippage occurs between the purpose and the reality of practice.

The social services have evolved from a number of world views. (These were not necessarily identical to May's three world views suggested here as examples). In addition, professionals in the helping services will each bring a world view or stance based on their own professional values. The rehabilitation field, drawing as it does on several disciplines, (for example, medicine, engineering, education, social work, theology, psychology, and economics), will reflect a diversity of stances.

Any method or technique of intervention has its own stance. We may attempt to revitalize old methods by supplying a new perspective or a new stance (Klien, 1971, Lacomte, 1979).

In adapting from one method to another or from one view to another, we may either enrich or contaminate. For example, the introduction of a medical view may mean that to be a client is understood as being "sick." The sick role thus suggests the giving up of adult responsibility and acting in a childlike, dependent role (Derksen, 1980,

Stream, 1979, Steinburger, 1980).

World view has sometimes been circumscribed by method and outcome. Thus purpose becomes defined by method and outcome, reflecting the underlying stance of method (Klien, 1971).

In our concern to find a perfect solution, we have often concentrated on outcome and method rather than on process or purpose. The development of the technique for method has obscured the importance of the whole.

These problems will emerge more clearly as we trace the historical development of policy and practice in the rehabilitation field.

Chapter 3

DESCRIPTIVE OVERVIEW OF CONDITIONS AFFECTING THE FIELD OF REHABILITATION

The rehabilitation field has been shaped by a range of conditions. Conditions may be made up of events and circumstances (which include economic, political, technological and environmental factors).

The field will be described primarily in relation to service conditions in Canada, bringing in relevant international conditions that affect the field in Canada and more specifically, Manitoba.

In the following chapter I will examine the underlying purposes and assumptions under the heading of stance.

Statement of Conditions

The major events and influential circumstances that have increased activity in the rehabilitation field have been war and response to periods of economic transition. In addition communicable diseases that leave after-effects (such as polio), medical intervention (thalidomide), and accidents, all had an impact (Cull and Hardy 1977, Brown 1978).

Early Period of Rehabilitation in Canada 1600's - 1800's[1]

The Native population took care of their disabled members in their community through herbal and spiritual healing processes. They were known to have set fractured bones, performed surgery and excorsized evil spirits.

As the French settlers began to create their North American home, they went through major transitional phases. During and before the founding of Quebec City in 1608, handicapped persons (most of whom were mentally ill or retarded) who could not be looked after by their family and friends were shipped back to France. The European population of New France in 1666 was only four thousand people and the community could not support long-term social services. The main thrust had to be on physical survival. As the population grew and agriculture became the main economic base for the community, villages were formed. The Roman Catholic Church became involved by supplying hostels and asylums for the mentally and physically disabled. These places of residence were often shared by the mentally ill and 'reformed' prostitutes. Between 1780 and 1824 there was a growing transition from rural, hunting and farming to urbanization; this was accompanied by an increase in the spread of communicable diseases such as tuberculosis. At this time, the

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[1]The historical material throughout this chapter has been based upon Health and Welfare. Canada's Disabled Persons in Canada, 1980.