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### Abstract

The word "choice" has come into fashionable use in services and politics. This article describes what it means and its importance to people who have disabilities. It also looks at assumptions which are made about "choice" in relation to social role valorisation, and the conflicts which may occur. **Keywords: Self Determination, Social Role Valorisation**

## Behind the word - choice

**"Behind the word" is a new item in the newsletter. In each one we'll be taking a closer look at a word that is often used in services, but deserves a little more thought. Suggestions on words which deserve this treatment will be welcomed. We start this month with the word "choice".**

In services and in politics, "choice" is now so fashionable that it is almost beyond question. "Consumer choice" is the slogan for much government policy, and "individual choice" is the notion that has created IPPs and all the other systems for planning services around individual need. When a word acquires that sort of cult status, and is casually thrown around, it is time to question the way it is being used.

"Choice" is certainly very important for people with learning difficulties, for two main reasons. First of all, we can argue that most of us have a wide range of choice in our lives - about how we spend our time, what we buy, the people we allow into our home. People with learning difficulties have the same right to choose. But, alongside this argument based on rights, VIA has another set of ideas and beliefs which also give importance to choice. People who have been socially devalued are left with few choices - especially choices between socially valued options. Conversely, people who do have valued status express and affirm that status by making choices: "Where shall I go on holiday this year?" "What car shall I buy?" "Which restaurant shall we eat at?" Making these choices not only demonstrates that the person has access to a range of socially valued roles, but also that they have control over their own lives. So, when people make choices of this kind they can change the way in which they are seen by other people - and that is a central part of the principle of normalisation.

Anyone who has made a real effort to apply the principle of normalisation will have found that it isn't always easy. One reason is that normalisation (Social Role Valorisation) has many facets, and choice is only one of them. Conflicts may occur. People who are given choices sometimes take an option which is not socially valued. So, for example, someone who leaves an institution may choose to live on the streets.

A situation like that presents a very real dilemma

for services. But the response must be to struggle with the dilemma, not to run away from it shouting slogans about choice (or slogans about normalisation for that matter). Although it isn't guaranteed, the struggle may find an answer. Does the person on the streets really want to be there? Or are they escaping the restrictions of services, and taking control of their life, in the only way which is open to them?

It can be tough for service workers to stay with that dilemma. Whole service agencies find it even more uncomfortable. And the current accent on consumerism is giving them a way to avoid it. A decade ago, services for people with learning difficulties were persuaded (largely by CMH/VIA) to face up to the fact that every service is based on a set of values. So it became common practice to state the values of the agency at the beginning of policy documents. Often there was a

commitment - at least on paper - to services based on the principle of normalisation. Lately, however, health and social services have begun to avoid such commitments, instead claiming that they "only" support individual choice. The argument they are beginning to offer is that a commitment to normalisation is at best an irrelevance, and at worst an obstacle to individual choice.

It's a false argument, and it needs to be challenged. Firstly the agency which puts "consumer choice" as the guiding principle has not escaped a commitment to values: Consumerism is an ideology itself, resting on a whole set of assumptions about the relationship between the marketplace and the individual. Secondly, those assumptions don't apply to publicly funded services - and the case management model promoted by the government actually serves to make sure they don't apply. Thirdly, people with learning difficulties are in a very weak position to use consumer power, partly as a result of disability but more importantly because they have been devalued and disempowered by broad, historical processes which cannot be put right merely by some feeble consumerist platitudes. And lastly, those historical processes have always biased the options for people with learning difficulties towards segregated institutions. A compensating bias is required in social services policy. It's only through a commitment to normalisation that people with learning difficulties have any chance of getting a fair choice.

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