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Abstract

Kendrick makes the differences between a 'home' and a 'facility/program' very clear in this article. People with disabilities are most often viewed as not needing a 'home' through the process of social devaluation but also through the socialisation and outlook of professionals in the field. It is therefore understandable that, if the people are seen as pathologically different and deficient, residential models will be deficient. Kendrick therefore then goes on to discuss some of the ethical issues that professionals and service providers must understand and act upon in residential settings; the need for appropriate intentional safeguards against further devaluation, a conscious understanding of the ethics individual workers carry about people with disabilities in general (do they see every human being as capable of growth and development?) and lastly that workers must deal adequately with the issue of 'choice'. **Keywords: Ethics, Professionals**

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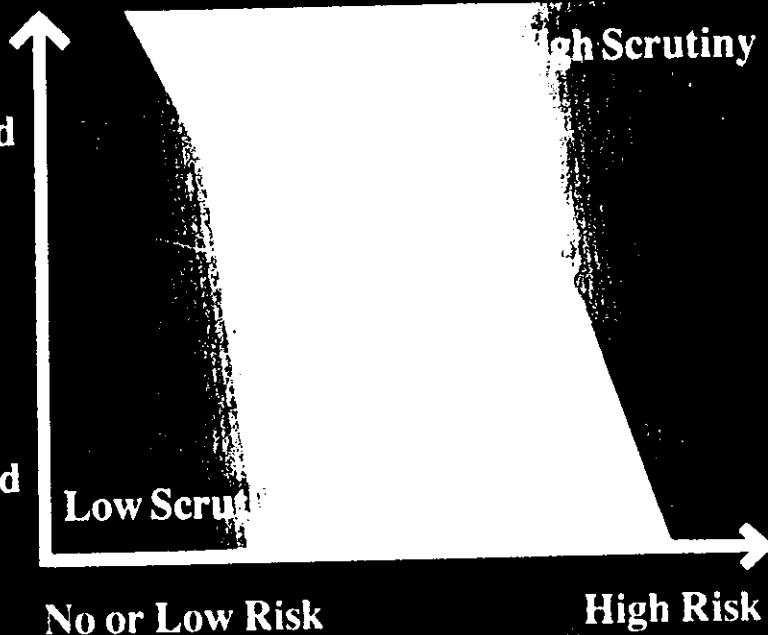
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Some Significant Ethical Issues in Residential Services

Michael Kendrick

Introduction

Residential services play a dominant role in overall control of the lives of clients. The well-being of residents can be dramatically helped or hurt by the character of the services and those who work in them. The range of ethical issues that may be faced is substantial since virtually all aspects of life are affected by one's home life. What has been selected here for discussion are merely some of these issues. While the issues selected are important, they are presented here only in the briefest forms.

Often the whole character of a human enterprise may turn on a single choice. So it is with residential services that their eventual identity may be massively dependent upon what their sponsors conclude in practice is best for clients. If they choose the wrong path, it is quite possible that thousands of lives can be harmed. Similarly, if a constructive path is chosen, great good can follow. Thus, it is very important that the crucial day-to-day ethics of residential services not be taken as automatically self-evident and beneficial.

Ethics are often reduced to decision rules concerning choices and conduct. While this view has validity, it ignores that ethics draw for their authority on the deeper values of society. Often these values are embedded in everyday culture as "taken for granted" assumptions and beliefs. These values will eventually summate into practical ethics whether these are recognized as such or not. This paper will examine five selected examples of ethical matters that rest deeply in the current culture of residential services. While they are referred to here as "issues," they may actually not be treated by many as a problem in everyday life. In this way they reveal themselves to be "settled" matters.

This paper will first examine the current character of our residential services from the vantage point of whether they help provide genuine homes for people and whether the act of providing service detracts from this sense of

home. Secondly, the clients of most services may be endangered by being subject to either the harmful effects of services themselves or the general hazards of community life. This will be presented with a view toward discerning whether intentional safeguards may be needed. Thirdly, the paper will examine what may be at stake if a developmental mentality gives way to a custodial one. Fourth, client choice will be examined from within the

The same essential house, apartment, or condominium can for one person be a "home," yet for another, it can be a "program site" or "facility." The difference is not merely one of vocabulary, but of two quite dramatically different concepts and realities.

web of conditions that influence its eventual expression. Finally, the often hidden use of clients as involuntary participants in a wide variety of well-intended, but not necessarily advantageous, experiments will be examined.

A "Home" or a "Facility"

It matters immensely what a thing really is as opposed to what it may seem to be. The same essential house, apartment, or condominium can for one person be a "home," yet for another, it can be a "program site" or "facility." The difference is not merely one of vocabulary, but of two quite dramatically different concepts and realities. We are tempted by the superficial similarities (i.e., the same house) into thinking that in social, psychological, legal, and moral dimensions the contexts are similar. Yet a "facility" is not a "home" even though it may aspire to maintain as much of the idea of "home" as may be possible.

"Home" as we commonly use the idea can simply be something like "household" or "dwelling." Yet for most people, "home" goes much further in that it refers to a place of considerable personal, intimate meaning. It is the place where we are most ourselves, surrounded by those closest to us and where we are most able to achieve privacy. While few people have identical senses of what is and isn't important in the cluster of meanings involved in our common sense of "home," few would disagree that there is indeed a rich meaning to what most people mean by "home" in our culture.

"Facility" is a quite different matter than "home." It is a programmatic term intended to describe a resource for the dispensation of some form of treatment rendered under agency and professional authority. A "facility" needn't be a "home" (in the normative sense of the word) even though people reside there. This can also be seen in the common administrative description

of residential institutions as "facilities." Most people can readily distinguish the difference between homes and facilities when such facilities and groupings are larger than the size of most ordinary people's homes. Even mini-institutions may quickly be recognized as facilities. Where it becomes more difficult is when the size, grouping, and general appearance of a household is within the range of what is normative. Under these circumstances, the things that make it a facility can be so subtle that it may be hard to immediately identify the elements of both. Nonetheless, it is not purely a "home" even at this point. This is because the characteristics of the home are nonnormative on many other less obvious dimensions beyond those of grouping size and household appearance.

Perhaps the most important distinguishing factor to note is whether the home is indeed that of the person(s) who reside there. In this sense, did they elect to live there or was the place selected for them by others? At issue is whether they exercise some normative sense of sovereignty over the home typical of that enjoyed by most citizens. Specifi-

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cally, there should be no confusion as to whose home it really is. For many clients of services, the home isn't really theirs, but rather is controlled by others—typically agencies or other corporate bodies. Ownership may be less the issue than personal dominion over one's place of residence. To be one's home, such dominion need not be absolute in the sense that it may be shared with others, yet the understanding that it is authentically "your place" should not be in dispute.

Another useful distinction that can illuminate the essential character of a dwelling is whether it is a home or "home-like." The intent to make a home a real home is quite antithetical to the commitment to creating a "home-like" substitute. By definition, a "home-like" entity is, at essence, intentionally not a home. As such, it represents an unambiguous resolve to intentionally compromise the normative concept of home. Putting in familiar personal furniture and decorations may make a nursing home room more "homey," but it cannot make it a home. This is because at its most fundamental level, a nursing home is intentionally a program.

Many residential settings can be distinguished from homes by whether they are, at their core, private rather than public places. In the normative sense of "home," one's dwelling is essentially private property even if one rents. This

is not so with residential programs in that the place is subject to public oversight and management in ways not done in regards to private homes. Perhaps the most obvious of these is the regulation of access to the home of the resident. In residential services, it is not uncommon for a wide range of persons associated with the program to have access to the dwelling. This is most noticeable in larger programs or heavily staffed programs. Some managers reduce this invasiveness through rules that require the residents' permission before access is granted. Still, this is a difference that does not actually change the essential status of the dwelling from public to private. Of course, for most clients, the place they live in is unapologetically public in nature.

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In most cases, a residential setting is in actuality the private-appearing expression of a public activity, i.e., running a residential program. The setting is often selected by the agency, partially paid for out of program funds or even owned outright by the agency, managed as an agency asset, registered publicly as a program site, presented in agency promotional material as the agency's, managed and maintained by agency personnel, disposed of by the agency when no longer of programmatic utility, etc. As a consequence, it is a fiction to pretend that this type of setting is, in fact, private. It is much more accurate to see it as an instrumentality of interests other than those of the resident. In most cases these interests are ultimately public. Even those programs managed by so-called private agencies still render the site to be something other than the private home of the resident.

An additional dimension of usurpation of the private character of the homes of residents is the lawful intrusion into the home by various regulatory and public safeguarding groups. Their right to inspect the home comes from the essential identity of the setting as a facility for programmatic activity. Whether this oversight is licensing, certification, quality assurance, human rights monitoring, or whatever, may not matter as much as the status of these activities, and the invasiveness they represent is simply not normative in private homes. These practices are permissible only when the activities in the home characterize it as a publicly sanctioned service.

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residential programs. These staff often insist on a whole range of staff accoutrements, accessories, and activities such as offices, staff parking, staff meetings, residential logs, safes and other locked cabinets, various required programmatic rituals, e.g., "group," house meetings, etc. Not untypically, the staff are not persons recruited, selected, managed, and disposed of by the resident, but are unmistakably the agents and employees of other interests. As remarkable as it may seem, these patterns are so taken for granted as necessary compromises with the concept of "home" that few persons even stop to consider what things might be like if the concept of "home" were wholeheartedly pursued and edified.

Clearly, if the vast majority of people can manage to have a genuine home, why is it that persons designated as clients of services must forfeit this possibility? In part, it derives from the social devaluation of the clients. Few normative courtesies and considerations are granted to those who are deemed lowly in society. A condition of receiving service which is not usually explicitly stated, but nonetheless is in effect, is that once you are a client, you must abide by the rules of your caretakers. You are beholden to them through your "neediness." As such, a kind of programmatic domination gets created whereby the persons served lose their ability to direct their own lives. Instead, the server and serving organization take its place. This conquest is often portrayed as a voluntary surrender of autonomy and control, but it is rarely ever done explicitly enough to pass most reasonable tests of consent. Thus, this process of takeover might be better portrayed as an assumption of control by the serving authority over the person, even if such a stance was not recognized consciously by either the client or the server. Nevertheless, the public typically expects service providers to be "in charge" and holds such providers to a standard of judgement commensurate with their presumed custodial obligations, i.e., "duty of care." In this way a lower standard of "home" is accorded to socially devalued persons who become clients of a service provider.

A second possible reason that the concept of home is so readily sacrificed is that it is either not thought to be of any particular importance intrinsically to persons with disabilities or it is not a primary consideration in rendering assistance to people. "Home" in this sense is treated as a "frill" of no particular importance that can be gotten to once the more important programmatic work is done. If the people being served are socially devalued or stigmatized, it may well be assumed that they do not deserve to be treated as well as most citizens would expect. In all likelihood, they will be treated less well than others by giving very little standing to many other normative human needs—not only that of "home."

These preceding speculations as to why "home" may be denied to clients of services focus largely on societal views of the client. It is also possible that another contributing factor is that the socialization and outlook of professionals and leaders in the field do not prepare them to see the importance of not only "home," but a wide range of other universal human needs. Certainly in the general field of disability, it often has been difficult and divisive to get the field to adopt normalized life-style goals (e.g., community living, integration, etc.) for clients. Consequently, it is highly possible that at least some of those leaders and professionals in the field are either doubtful that "home" can be achieved as a practical matter, or are actively resistant to the proposition. When a field is dominated by a view of clients as pathologically or irreversibly different, it is understandable that the dominant residential model will not be normative and probably significantly deficient. As the field moves towards a view of clients as being people like all other people, one can expect the growth of residential patterns that are closer to what is typical for most people, i.e., "home."

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The Probable Endangerment of Clients and the Need for Appropriate Intentional Safeguards

Most clients of human services are in a disadvantaged position in society. Most are poor, lack power and powerful allies, often are from groups which are socially devalued, etc. It is quite reasonable to portray them as vulnerable to being treated less well than most citizens. In fact, persons with disabilities are disproportionately at risk of abuse and mistreatment in comparison to their nondisabled peers. As a consequence, it is useful to see such persons as living an existence of relative endangerment or heightened vulnerability to socially constructed and patterned mistreatment. In this sense, their mistreatment is neither random nor anomalous, but is better understood as organized and systematic. Obviously, a group's risk factors are not necessarily fulfilled in the experience of a given person.

Logically, if one lives a life filled with probable dangers, one learns to live defensively so as to better the odds that some misfortune does not befall oneself. The actions one takes constitute a safeguarding strategy which may have multiple and complementary components. Taken together, these

measures reduce the likelihood of bad things happening. If for instance one lives in an area with high crime rates, one travels about with various precautions; one's home is made secure; help is organized to be nearby if needed; one avoids certain high-risk situations or behaviors, etc. Thus, heightened risk does not necessarily translate into negative consequences if one's intentional safeguards

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are substantial enough to compensate for the level of danger present. Proper safeguarding may not be foolproof, but it does provide a positive, constructive, and feasible response to living with societally induced endangerment.

Many residential service providers fail to fully recognize the degree to which clients are more vulnerable to mistreatment, abuse, or neglect. This may simply be due to the naive and wishful assumption that human service clients are "just like everybody else," when it is patently clear that they labor under disadvantages which are not shared by more privileged persons and classes. While it is true that their needs as human beings are like those of everyone else, they must cope with the additional burdens of being disadvantaged or devalued in society. Persons who have never been deprived of their credibility through misleading stereotypes may have trouble perceiving the problems recipients of mental health services have in being taken seriously.

A second and major source of endangerment for such clients arises from their reliance on services and the control of many aspects of their lives by service providers. "Services" are often portrayed by their practitioners in largely positive and enabling terms. Such depictions are not completely without merit in that a good deal of inspirational and even heroic conduct occurs in human services, much as it does in all walks of life. However, such virtue cannot be institutionalized to the degree that it would substantiate the utopian fantasy that all services are consistently noble. The more earthly reality is that services are subject to the same forces of decadence, imperfection, entropy, dysfunctionality, and perversity that have been evident in human experience through the ages. Whether it is an attractive notion or not, human services are deeply flawed by all manner of shortcomings. In this sense, they are indeed "human" services.

The implications for clients who are now highly vulnerable to the errors, limitations, and transgressions of imperfect services are as numerous as the

dangers that each specific shortcoming may create. For instance, if services are poorly conceived as to what clients really need, it is highly probable that the service will miss the mark and provide service that is unneeded or even harmful. Similarly, if the model of service is reasonably valid, but those implementing it are unmotivated, corrupt, or simply incompetent, the service will still shortchange or perhaps even injure the client. Similarly, if a venal administrator surreptitiously thieves from the private funds of clients, a trust will have been breached that results in a loss to the persons affected. In all of these instances and in multitudes of others, the central point is not just that services are flawed and clients are vulnerable to the resulting effects; rather, the central ethical preoccupation should be on assuring such clients the greatest degree of appropriate safeguarding feasible. By this, it is not meant that all well-intended safeguards are likely to be effective or appropriate, since many safeguarding measures are themselves flawed and insufficient. The more important point is that good service is not possible or realistic without good safeguards against the intrinsic limitations of the service itself.

For residential services, the implication is that clients should be provided the means or context by which they can most optimally benefit from both society and services. However, this must be done in such a way as to ensure that the least harm comes from the engagement. This obligation derives not only from the abstract principle that the server must ensure safety and security, but also from the practical necessities

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of living in a world where bad things happen disproportionately to clients, and many of these are partially, if not wholly, preventable and reducible. The server is not being of much service if the client remains weighted with endangerments that could have been avoided or limited through astute service practices.

A further dimension of the problem of realistic safeguarding is the reality that services do not "per se" exist solely or even primarily for the exclusive benefit of the client. Services are suffused with a variety of legitimate and not so legitimate vested interests whose needs, preferences, priorities, values, and outlook may substantially clash or compete with that of the clients. Competing and conflicting interests may well adopt practices that are actually detrimental to the client. Given that most clients are not well positioned to struggle against more powerful interests, it is predictable that their ability to alone prevail

against these forces is severely limited. As such, most services, quite routinely, may not be solely "consumer driven," but rather "interest driven." The common facile posturing that "only the clients' interest matters" cannot possibly be true even if it were our fervent wish.

One clearly essential proactive safeguarding preoccupation must be the defense of clients against other interests that may unfairly prevail over theirs. Put into other terms, it is the question of, "Whose service is it anyways?" Given that other interests may overwhelm those of the clients, thoughtful service providers must confront the question: To whom do they owe their greatest loyalty? For instance, is it one's employer, the funder, families, one's agency, one's profession, the client, one's col-

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leagues, etc.? It is noteworthy that the server's own personal vested interest may collide with that of the client. This is the normal and quite ancient challenge of addressing one's inherent conflicts of interest. However, if the server believes it to be imperative to faithfully ally with the client against legitimate or other vested antiethical interests, which might further disadvantage the client, such fidelity to clients may occasionally cost people their jobs.

Custodial or Developmental Ethics

As has been indicated earlier, there is a widespread tendency in services that results in clients becoming objects of custodial care. Custodialization may have many advantages in that it ensures that clients of services are maintained in safety and in healthy circumstances. Given the atrocities found in "bad" custodial situations, it is possible to recognize a "good" custodialization. Nonetheless, human beings are much more than insensate bodies requiring civil, hospitable, and clean accommodation. Being "in the community" is no insulation from becoming custodialized, though this brand of it might be usefully distinguished as a neo-custodialism.

Perhaps the most obvious universal of human needs is "to have a life"; to grow and to not waste one's potential. This can express itself as a search for challenge, a love of learning and stimulation, a hunger for experience, an impatience with tedium, a delight in novelty, or whatever. This stirring indicates in people a propensity towards development and growth that must somehow be answered. The ethic that would guide such a quest would

necessarily have at its foundation a view of clients as having such a potential, a practical grasp of the many ways such a need might be addressed, and a resolve not to lapse into a nondevelopmental posture, i.e., to retreat to merely a custodial or maintenance-oriented outlook. Choices do exist in daily life in residential programs. Clearly some of these choices will be far more developmental in outlook than others.

As has been noted, socially devalued persons may have a particular difficulty in having their humanity and potential recognized. If they are not actually seen as valuable human beings, then it is probable their lives and what might be accomplished in them will be discounted. If the conclusion is that they are not a priority for a developmental investment, then it will follow that they will be impoverished and deprived, if not outright neglected or harmed. Given that many clients of services do not reach their realistic potential, it is logical that sufficient developmental investments were not made. Such persons may quite accurately be seen as suffering from a lack of developmental commitment beyond that experienced by most people. Happily, the sustained neglect of people can be substantially reversed, even at a late age. It must be recognized nonetheless that this is predicated on the presence of persons and organizations with a developmental ethic.

While custodial and developmental ethics are not mirror images of themselves, it is crucial to note that a thoroughgoing developmental ethic will require a great deal more of people in a service role than simply providing custody alone. Consequently, a developmental orientation may indeed be more taxing overall. This burden of development may well be offset by the delights and joys of being part of a life-giving and enriching growth experience. Even so, it would be unwise to inordinately diminish the very real costs of development. Doing nothing may indeed be easier. Development is effort and, thereby, is harder to do.

Custodial functions do not necessarily preempt developmental ones, though each may constrain the other. Nonetheless, an indifferent custodial outlook may well place a premium on the wrong things, resulting in a thwarting of the client's will, a deprivation of opportunity and encouragement, and a hostility to a wholesome ambition. In many instances, custodial imperatives do drive out or diminish developmental ones—much like many organizations whose maintenance activities easily extinguish essential growth experiences. One of the worst aspects of unrepentant custodialism is the injury that can come to people through the callous paternalism of professionals, agencies, and governments who "know best" already and can no longer learn from, be guided by, and respond to the emergent reality of the clients' lives. Growth would

require a partnership between clients and others that is undermined by a disregard for the essential dignity of people wanting to control their own lives.

Yet for many people to grow, there must be the engagement of their will, their convictions, and their efforts.

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The Context of Client Choice

While it has become commonplace for people to abstractly favor client "choice," it is not necessarily the case that what is meant by this sentiment is particularly obvious or even wholesome. Like all incantations, its true function may be more to reassure either the speaker or listener as to their virtue than to bespeak a promise or obligation. It is imperative to examine the ways in which client choice is discussed in order to see which version of "choice" one ultimately can favor. Behind each slogan of "choice" lies quite variable epistemologies: These are created not only by differing philosophical assumptions, but as well by the milieu within which such choices are eventually made. "Choice" is not freestanding as it is always embedded in a web of both visible and unseen conditions that shape the nature of its enactment.

An instructive example of the effect of milieu or environment may be seen where institutionalized persons are given "choice" over which foods they might prefer or which television show they would like. While the availability of choices may be a relative improvement, it is notable that the choices they might exercise are always subject to the initiative and approval of the authorities who control their life circumstances. Also noteworthy are all the choices not offered or even considered. For instance, what of the choice of one day leaving the institution and living in the community? Conceivably, one could have a life where one isn't beholden to the authorities as to which choices are "on the table."

A second instance is where it is assumed that persons are well-informed and thus make choices fully aware of what they are gaining or relinquishing. Choice without a full grasp of its implications may not be "choice" so much as self-directed decision-making in the framework of poor advice, information, or guidance. Such a concern may be most acute in instances where the decision-maker is impaired in competency to comprehend matters, poorly supported, or advised and/or mistaken. Even very astute persons can make foolish decisions if they are given and trust plausible but distorted versions of reality.

A third instance is where "choice" is bound up in agency practices that themselves constrain the quality of decision-making that may be ultimately possible. For instance, when the client has no access to outside advice and advocacy, he/she may well be unconsciously led to prefer options that are agreeable to those who surround him/her. When the process of making choices is articulated and institutionalized by the system, rather than the people themselves, it is quite possible that a process will be devised that is not particularly suitable for many clients. A common example of this can be found in the myriad individual program planning schemes that proliferate. These systems may only be as good as the people who show up for the meeting—

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even though their rhetoric and operational premises are that the planning team thinks only of what is best for the person. As indicated elsewhere in this paper, this pretense belies the underlying conflicts of interest, commitments, and talent of those in attendance, quite apart from the substantial influence of their frailties and true degree of loyalty to the client. In fact, in some instances the co-planners may be persons the client has no choice but to accept, e.g., their mandated case manager, etc.

Another instance is the clash between needs and wants. For many persons, "choice" contains within it an obligation to honor all wants expressed by a person, whether these are sensible, meritorious, or otherwise advantageous. The server may not begin with a sense of obligation to the client such that he/she would challenge the client's inclinations if those were seen by the server to lead to poor outcomes. Under these conditions, the server would have no scruples supporting even ill-informed choices as long as it is "what the client wants." A more eloquent defense for the transparent neglect of the client's true needs couldn't be found. A different approach would be to assume that the client's wants, needs, and best interests may be in conflict, and it may well benefit the client to be made aware of these conflicts, as well as the wide array of choices that are possible in his best interests. It may well anger clients to be challenged, but it may ultimately mean that whatever choices they eventually make are done with a clearer sense of what is at stake.

Beyond this point, there may well be both danger and value in a server arguing a case for a specific choice not currently favored by the client. The

server may well be trying to convey important aspects of the situation not fully grasped or accepted by the client. A timid or understated argument may lack the compelling quality needed to impress some clients with the import of a matter. The danger is obviously one of choosing to influence—not just inform—the client. Many staff are uncomfortable with the thought that they might actually have legitimate values, opinions, and insights that can and should be conveyed to clients. They believe they have no right to stand for anything whatsoever for fear that it may deprive clients of their right to choice through this untoward imposition or assertion of their judgement. As such, they resolve the resulting dilemma by themselves becoming people without convictions and principles, at least insofar as sharing these with the client is concerned. A quite different resolution to the matter would be to be scrupulous in ensuring that the client makes the eventual decision, but is afforded a process whereby the person is exposed, through a genuine dialogue, to matters or aspects that do not necessarily originate with the client.

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The Unrecognized, Widespread, and Incessant Use of Clients as Involuntary Fodder for Human Service Experimentation

Services are a cultural phenomena in that they typically mirror the preoccupations of the broader society. Consequently, they are constantly changing as various fads, ideologies, and technologies wash through them. Not uncommonly, service systems get enamored of seemingly novel models and often install them on a wholesale basis. Whether these practices are particularly valuable to clients may not be as interesting as the fact of the continuous adoption of largely untested practices. As often as not, the purveyors of change are astonishingly well-motivated and convinced that their clients will fare better under their "new" regime. The original creators of our residential institutions were often passionate progress-minded reformers who had no inkling of what the real world would actually do with their notions. They were like many people today in that they were so enthused for change and had few scruples as to what they were asking from the people whose lives would be captured in their experiment.

Sadly, clients of services have had to endure countless thousands of intrusions into their lives of the concepts, ideologies, practices, and vested interests that get created by each successive reform. When these reforms do not eventually fulfill their originators' high hopes and degenerate into much less, it is extraordinarily rare that such innovators return to apologize and compensate those who were subjected to such tinkerings with their lives. Many clients, if they live long enough, will have been witness to and enfleshed by dozens of such experiments. Apparently, it is their duty to cooperate with the infatuations of their service masters.

The difficulty is not that we human beings are endlessly drawn to search for a better way or that we are moved by passions for improvement. It is that we do not often recognize that we are using clients to address our own needs and preoccupations. Clients at such times become "tabula rasa" to meet our psychic, professional, and societal needs. Occasionally, the blithe rendering of them to the status of experimental fodder is argued as "for their own good." The journals and conferences are full of often breathless reports of the latest experiment and its promising contribution to human service improvement. Such experimentation is so common and taken for granted that their status as trials using real human beings is obscured. It is not just that formalities like consent are overlooked that make these innovations worrisome. Rather, it is the wholesale use of one group by another that should be worrying. Staff do not readily become the toys of clients. It is not so easy to say that the reverse is untrue. Where power, authority, and legitimacy are not evenly divided, there lies the possibility of the misuse of these advantages unless they are constrained by suitable ethics.

Part of the difficulty is that unrestricted human service experimentation often only generates concern when it is formally called experimentation. The rules in many states regarding formal experimentation with human subjects are often quite a serious counterweight to client harm. Nonetheless, if the experiment is called something else, it actually does not look to most people to be experimentation. Instead it is seen as an ordinary part of program development and modification. For instance, most groupings of clients in residential settings do constitute an experiment in how well people will get along, yet this practice seems an innocuous and routine part of service delivery, although it could affect people's health and safety every bit as much as a medication trial. It would be useful to occasionally stand back from our daily habits of the service world and to consider them in the light of what we are subjecting clients to.

Not all innovations, of course, lack merit, but a culture of indifference to the claims of clients to not be used must force us beyond the specific innovation to the underlying moral, political, and economic context within which such experiments come into being. It is an ethical matter whether we have the right to assume such a command over people's lives that we can instill a never-ending progression of "improvement" upon them. Surely something is amiss when there is absolutely no widespread obligation to seek to protect clients from the untoward effects of such experimentation, however well-intentioned it may be. Our human service culture seems confused and uncertain as to how to best conduct itself to ensure that the dignity and well-being of clients is not transgressed. This confusion, coupled with the ardent desire for much-needed change, produces a brew that sanctions and rewards progress, or at least the appearance of it. It needs to be tempered by the kinds of ethics that do not presume that good intentions are all there is to reality.

Conclusion

The clients of human services cannot be defined properly just by the view of them held by service providers. Their human identity both precedes and transcends the identity ascribed to them by services and their processes. Foremost in this is their universal identity as human beings. In this they are entitled to all the dignity and respect normally extended to all persons. Residential services must resolutely commit themselves to not create a standard of treatment for their clients that is less than or perversely different from that accorded to the most valued of citizens in our community. To do otherwise is to risk the institutionalized degradation of persons who become clients. This in turn requires rigorous ethics on the part of residential services to ensure that their "clients" do not lose just by becoming recipients of services but, in fact, prosper.