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The postmodern as an aid to empowerment : understanding staff and users

Wilson, Gail, 1998, 'The postmodern as an aid to empowerment: understanding staff and users' in Barry, M. and Hallett, C., (eds), <u>Social Exclusion and Social Work: issues of theory, policy and practice</u>. Lyme Regis, Russell House Publishing '

The aim of this chapter is to consider the contributions a postmodern approach can offer to understanding changes in the organisation of social work and the impact on service users. The discussion defines users as the recipients of social services - mainly clients and patients but much of the argument applies also to tenants, offenders or students. These users are vital parts of the system - no users, no service - but they are marginalised by the management and organisation of their services. There are other users of social work services in other agencies, for example hospital consultants who need their beds unblocked, and more indirectly the local and national politicians who need social work to legitimate their concern with social problems. However these groups are not the focus of this chapter.

The postmodern can be divided into the material and the intellectual. The material describes changes that are taking place in the world such as globalisation, the information technology revolution and the triumph of market capitalism. The intellectual aspect refers to changes in ways of thinking about or understanding the world. It is much more controversial since in its extreme forms it undermines the validity of western scientific rationality and so of the dominant ideological view of knowledge.

Modern, Premodern and Postmodern

There is a difference between accepting that the world, or large parts of it, can now be called postmodern, and shifting to a postmodern view of knowledge. However my argument here is that the postmodern stance has much to offer. By postmodern stance I mean both the matierial and the intellectual views - a willingness to accept that changes are taking place in the world and that old ways of thinking about the world are not very helpful in making sense of social work organisations today. Postmodern concepts are in any case slipping into modern, or everyday thinking, so that most contributors to this book make use of some postmodern concepts, even though they would not count themselves as postmodernists.

The concepts involved are more important than the labels used in academic controversy. Modern rationalist discussions of knowledge need to make the distinction between premodern, modern and postmodern ways of thinking, but for most people the divisions are blurred and for postmodernists they are irrelevant. Although the modern, in terms of Western science and rationality is our dominant mode of thought, especially in public life, the premodern and the postmodern exist beside it in most people's minds. Even in the rational West premodern beliefs in religion or magic and superstition are much more common than is usually admitted, and they are normal in the rest of the world. In social work services where values of commitment and motivation are often much more important than the rational rewards of the market place, it is unwise to rely on logic alone to understand what is going on.

It is also true that simple beliefs in scientific progress and truth are no longer universally accepted. Science has produced problems that it is apparently unable to solve, like nuclear war or global warming. There is also a growing recognition that knowledge is socially produced and its content depends on who is producing it, not on the discovery of any absolute turth. Another weakness is that today's science is almost entirely the product of Western culture and so cannot easily comprise the whole of human intellectual endeavour. Postmodern thinking takes these doubts still further, saying that not only is there no truth to know, but that all knowledge is a product of given and changing sets of circumstances and that it depends on the viewpoint of the producers. (Knowledge is contingent and contested). At the other extreme the rise of religious fundamentalism is a characteristic of the postmodern world and represents a direct challenge to the rationality of modernism. It can be seen as a return to premodern belief systems or as a manifestation of postmodern nostalgia for lost certainties (Lechner, 1993).

In other words, if we categorise knowledge in terms of its ultimate authority: for premodern we have the supernatural, for modern there is rationality or scientific truth, and for postmodern, there is no authority at all (Hopenhayn, 1993). Hence the charge, which is not wholly unfounded, that in postmodernism anything goes. Also when there is no ultimate authority for knowledge, all knowledge must be seen as uncertain, open to dispute and liable to change with changing events. Obviously there is a lot of truth in this, but equally obviously there are times when a more rational approach is needed.

So what does a postmodern stance have to offer social work organisations?

First the identification of globalisation as a world development immediately shows that changes in UK are not the result of government (of whichever party) alone but are part of world wide movements away from collective action and towards the marketisation of all aspects of social life. Under this head we can put the globalisation of economic policy which has led to world wide attempts to cut public expenditure, new ways of managing welfare organisations and at the user level, to the emphasis on consumption and choice. In most countries these trends have led to increased inequality (pension and other benefit cuts), raised unemployment and crime and a justification of wider divisions between rich and poor, (i.e. globalisation broadens the field for social work but cuts the resources). At the same time the information technology revolution brings with it the capacity for much greater surveillance and control than has ever been possible before. Combined with devolution of responsibility it contributes to a new and disturbing environment for professionals who find themselves devalued and constrained at the same time as they are told that they have the freedom to manage.

Second in terms of thinking about and understanding changes in social work we have a shift away from elite knowledge towards mass culture, new attitudes to power, and the emphasis on difference and diversity. Under this head we can identify the ability of users and front line staff to act in ways that influence the outcome of their services. Users as individual consumers (marginalised and disempowered as they are) can be seen as having knowledge and power of their own. If they are taken seriously as producers of services there are implications for managers and professionals.

The material and the intellectual aspects of the postmodern are interlinked but since the intellectual aspects of postmodernity arouse so much hostility in conventional circles, it is sometimes convenient to separate them. The quotations below show that postmodern understanding can operate at many levels depending on viewpoint, but strain and fragmentation are constant themes. First at the practical level of service organisation:

'The closures of beds and the axing of services is not being carried out in any co-ordinated strategic way, but through the chaotic resolution of hundreds of local financial crises' Paddy Ashdown speech on 5.2. 97.

This devolved management and the decline of the bureaucratic model of welfare and the accountability that went with it means that:

'The public interest - ie the overall functioning of the public service in question - is not the responsibility of a single unitary organisation, but instead emerges from the process of agreement between separate organisations, none of which has responsibility for the public interest as a whole' (Harden, 1992: 33).

The problems are not confined to social work organisations and their users but are symptoms of wider social difficulties:

When each part of society is 'going about the tasks of autonomy and mastery on its own, in its own way and in pursuance of its own goals, [it] may effectively bar and freeze the free choice of overall social objectives and any attempt to give direction to the global social processes.... The immediate effect of the situation is the emergence of uncounted and uncountable problems of co-ordinating and mutually adjusting the outcomes of fragmented actions' (Bauman, 1997).

These quotations all highlight the break up of old structures which were a framework for professional activity and which (very imperfectly) produced bureaucratic coherence and accountability. We may lament the loss of that accountability but it is worth remembering that it was basically an accountability to politicians and not to service users.

Such manifestations of a postmodern world are best understood from within a postmodern intellectual framework. First, as mentioned above, we have the idea that logically perceived 'truths' are not absolutes but discourses produced by different sets of constantly changing power relations and social systems. Discourses which set up users as a form of moral high ground to be called on by different players in the social care market (Clarke and Newman, 1997 see below) are an example. Second there is the understanding that the exercise of power inevitably generates resistance and so results in a certain power for those who resist (Foucault, 1979). Again, drawing on Foucault (1979), knowledge is also power (a very familiar concept to professionals). It follows that resistance must generate knowledge of its own which is valuable and exists in opposition to old fashioned elitist ideals of knowledge. A more democratic approach to knowledge is in harmony with new shifts towards consumerism and the recognition of individual agency (below).

A postmodern stance further conflicts with the needs of modern science to define, categorise and generalise. This way of thinking has led to over generalisation and has substituted false uniformities for diversity. The new emphasis on diversity can be seen as one aspect of the increased importance of consumers, choice and consumption in the global market place. No longer are they expected to be grateful for one model of car in one colour, and equally they are not, in theory at least, expected to take one standardised welfare service. However diversity is mot enough when thinking about

marginalised users. Postmodern thought has been extended (mainly by feminist and antiracist theorists) to recognise that diversities reflect structured relations of power. In such cases the term difference is more widely used than diversity (Brah, 1996). For example, diversity between black and white service users becomes difference.

The greater importance given to the individual in terms of choice and consumption is paralleled intellectually by the idea of agency which assumes that the traditionally powerful are not the only important actors in society. So service users and front line staff do not simply receive services, fulfil instructions or conform to mission statements. They resist in their own ways, and they also make policy and co-produce services (Normann, 1991; Wilson, 1994). Lipsky (1980) noted that front line staff caught between the demands of senior management and pressure from service users, produced their own routinised ways of coping which became policies. When users are also seen as co-producers and agents of resistance they too can be recognised as makers of policy. Once again the postmodern stance which can identify these movements positively, rather than simply as failures in the policy implementation process, is more democratic (and more realistic) and less elitist.

Finally modern science including the various schools of scientific or rational management theory, implies that people and organisations behave rationally. It is not difficult to recognise that most of those connected with social work do not act rationally all the time, be they users or staff. Much of this behaviour is put down to stupidity or other negative characteristics by rational management theory - things that better planing, incentives or structures could reduce or eliminate. I am suggesting here that it is very much more helpful to think of emotions as every bit as important as rationality (Beres and Wilson, 1997). From a postmodern stance emotions are not the dust that clouds the telescope, but are a valid form of knowledge in their own right.

Globalisation of Management Theory

The most obvious result of globalisation as it affects social work agencies has been the arrival of outmoded concepts of management theory from the private. First there is generic management - the idea that 'a good manager' can manage anything, be it health, housing or social work, and that the nature of the service(s) offered and the wants, needs or power of the service users are immaterial. This has been one of the rationales behind the wholesale import of unsuitable management practices (Ranson and Stewart, 1994).

Then there are the various macho methods for cost containment: downsizing, delayering, outsourcing, re-engineering or more simply diluting skills, increasing the work load and sacking staff. It is very difficult for staff at the receiving end of these processes not to pass their feelings on to each other and directly or indirectly to users. There are occasions when these techniques have their place. For example, staff practices may be wasteful of time and effort. There are also services or aspects of services that are not obviously related to user needs (even when taking a wider definition of users than is relevant for this paper). Also the flattened hierarchies produced by delayering may make sense in a few over managed services where long hierarchies were developed under different systems of organisation, before the spread of information technology.

However the idea that unhappy, insecure and overstressed staff can deliver a quality service makes no sense in social work organisations where emotions are almost inevitably be passed on to users. For the same reasons delayering cannot work in organisations where there is a constant need to exercise discretion in highly emotional and stressful situations, however useful it may be in the more technical areas of administration such as accounts departments. In social work the front line must be supported <u>in depth</u>. This means that there must be a hierarchy which can move some decisions away from the front line and away from middle managers in ways that minimise stress and maximise support for professionals and managers at all levels. Social service departments which restructured under the influence of this fashion (Audit Commission, 1995) were left with no one between assistant director level and team leader. The team leaders were highly empowered but virtually unsupported and unsupervised. Another reorganisation is inevitable in such conditions.

Devolved management and decentralisation, justified as the way to get closer to the real needs of the community, is fine in theory, i.e. as long as the service providers have the skills to identify need and the resources to meet it. In practice however devolved management can simply be a way of facing users with varying standards and differential cuts, (the point Paddy Ashdown was making above). Managers and professionals have more discretion and power - the freedom to manage (and to fail) - within a given budget which in effect may mean they are more tightly controlled. The importance of the budget becomes overwhelming because it is the aspect of performance in a devolved system that can most easily be measured and controlled. Other performance indicators are much more easily subverted. Hence the budget becomes the key factor when services are decentralised, even if the whole process was not introduced in order to cut costs. Budgetary control is essential if the centre is to retain any form of accountability but over emphasis on cash can have harmful effects on all concerned - staff and users. As Clarke and Newman (1997) say: 'all employees come to

find their decisions, actions and possibilities framed by the imperatives of managerial coordination: competitive positioning, budgetary control, performance management and efficiency gains' (Clarke and Newman, 1997:77).

The shifts in the location of power which follow from decentralisation and the freedom to manage also multiply the sites and types of resistance by staff and users. Staff who feel devalued or who oppose change will resist, but this resistance is rarely in the interests of users. In the 1960s and 70's it was possible for staff who went on strike in protest against restrictions on expenditure to present their action as an attempt to increase resources and meet more needs. The discourse has now changed and staff striking for more resources are likely to be seen as self interested at best and a threat to national well being at worst. Staff are now caught between pressures from above to target scarce resources on crisis management and demands from users for preventive services staff. Resistance takes less obvious forms. Some may wholeheartedly accept the new resource driven discourse and pass costs on to users (and those many potential users who are declared ineligible for highly targeted services). Others bend guidelines in their own ways, often in favour of good professional practice as they see it. As a results decentralisation means discretion to resist, as well as to manage, with consequent variations in type and quality of services.

In other words, diversity in services standards is now built into the system. When there is no safety in hierarchy, no security in the old fashioned ways of keeping to the rules, covering your back and abiding by the red tape, there is no reason to standardise behaviour. In any case the rules are no longer as clear as they were (except for financial imperatives) and so a whole range of diverse responses to change and to service provision begin to be institutionalised.

Apart for the organisational fashions associated with private sector management theory there is also the passionate and frequently irrational belief in the virtues of competition, which passes as economic rationality. Private sector management theory assumes that benefits result from competition, as indeed they sometimes do. However, even private sector theorists have recognised that trust is a much better (more efficient and effective) mechanism for coordinating production (Sako, 1992) than competition. In 1990 after decades of exhorting social services (health, social work and housing above all) to co-operate, the power of economic ideology was so strong that a competitive market was assumed in the NHS and Community Care Act. The fact that co-operation is essential for high quality services and has always been difficult to maintain across agencies, made the 1990 reforms so clearly misguided that even Conservative ministers had come to have second thoughts on 'the market' by 1993 when it was to be fully implemented.

"References to the 'purchaser/provider split' ...convey an image of 'stand off' relationships. That is not what we want...Market relationships in the private sector.... are built on partnership and long term agreements. I believe we can learn a lot from private sector experiences in the area". (Mawhinney 1993, quoted in Wistow et al., 1996: 170)

Another weakness of competition in an environment where budgets are capped and there are no profits to be made - only the threat of closure through loss of contracts, is that innovation becomes very difficult. Organisations cannot afford to take risks unless they can be sure they will get another contract, so they are unlikely to develop new services, however great the need (Clarke and Newman, 1997). Competition also encourages secrecy. As Foucault noted (Sheridan, 1980) secrecy is power, and when information needed by service users, such as eligibility criteria and outcome measures become commercial secrets, users are further disempowered.

Users in discourse

In terms of discourse users have emerged from virtual invisibility to new and highly contradictory positions. As Clarke and Newman (1997) say they have been converted into a kind of moral high ground. Managers, professionals, service providers and service purchasers are all liable to use the needs and wishes of their users to justify or legitimise their actions and plans. Users who give advice in consultation exercises or sit on advisory groups have been co-opted into the structure of social work provision. They are not expected to cause too much trouble. Alternatively they may have a symbolic role as service bashers who can be relied on to make a lot of noise and diffuse anger, but to have little effect. In some ways the new discourses are worse than old fashioned co-option because the users may not even need to be present, only to be represented by tables of satisfaction or surveys indicating demand for a different type of service.

The next question to ask is who or what are the 'users'? How diverse are they and what role does difference play in that diversity? The possibility of conflict of interests between users and their carers is well known but still often ignored. Other sources of conflict have received much less attention. The same service for all is not equal to an equal service for all (Ahmad and Atkin, 1996) and structured differences in need cannot be met by individual assessment. The ethnic minority literature on community care is more advanced than the mainstream in this area. The analysis of ethnicity in relation to care services should ideally include analyses of diversity and difference in the dominant and other white groups as well as a clearer understanding of black and Asian groups.

Service provision can create division within and between groups of users - younger disabled against older, or Turkish migrants against Kurdish refugees.

Users are not only diverse but there is a danger that user participation in service planning will replicate differences of status or gender so that marginalised groups among minorities become still further marginalised by a system that recognises the powerful within their ethnic groups but ignores the less powerful. The needs of users may also be misrepresented by professionals and managers who do not understand the culture of the people they are assessing - again this is not just a problem for black users. It may arise across classes, regions or gender. As Ahmad and Atkin (1996) state, staff need to be aware and critical of their own biases and prejudices.

Structural barriers to participation vary depending on the service and the type of participation desired, but they exist for all marginalised service users. At present lack of information appears to be seen as the major structural barrier facing minorities. It has also been widely identified in the dominant culture but even so the addition of information in minority languages is often assumed (very optimistically) to be a solution.

Practical and positive aspects

It is easy to produce a negative analysis of postmodern social work organisations but much more difficult to be positive or to see how to improve things. I would argue that the positive side is essential if we are to take a democratic approach to the production of knowledge. We have only to think of the fury of tenants when their estate is described as a slum, or the unwillingness of so many service users to label themselves as old or mentally ill, or the hostility of staff to being told that they are the instruments of state oppression of the disadvantaged. Such one sided analyses, positive or negative, can be essential to make a particular point but they usually represent the view from above, and the power relations that produced them need to be clarified. Modernist approaches attempt to be 'objective' and so are usually top down in the ways that they define a problem and produce a solution. In contrast postmodern analyses accept that power relations are ever present and that their influence on the generation of knowledge must be identified and clearly spelt out.

So what is on offer on the positive side? A first step is to recognise the inputs of users and to manage them consciously instead of by default. This is anathema to those who regard all management as manipulative exploitation, but the organisational alternatives are a return to bureaucratic hierarky, or management drift, since non-hierarchical co-operatives are not a realistic option for most large size social work agencies.

Service users and where relevant their carers are co-producers of the service (Normann, 1991; Wilson, 1994). They do a great deal of the physical work involved, either as self carers or as carers. What they do and how difficult or demanding it is varies with the social service under consideration, the state of the budget and their own capacities or expectations. Whether it is minor repairs in housing, taking medication in mental health or avoiding reoffending in probation, to take just a few examples, without user input the most services could not function.

An example of the way managers are changing the role of users in service production is the inpatient episode, as a hospital visit is now known. Whereas in the past patients were usually expected to be entirely passive and to take virtually no responsibility for their stay in hospital, they are now important actors. In the past patients were admitted the day before an operation so that they could be checked and the hospital could be sure that they did not eat anything before an anaesthetic, since if they did they might die. Hospital clothing was provided. Now the patient is told to arrive on the day of the operation without having eaten and bringing their own clothes - and cash for a deposit on any equipment which is likely to be needed when they are discharged. After treatment they will dress in their own clothes and arrange for someone to collect them, stay with them till danger from reaction to anaesthetic has worn off and look after them during their period of convalescence. All this was formerly done by the hospital. The boundary between the part of the service produced by the patient and the part produced by the health service has moved dramatically. This shift has only been possible because standards of living have risen, patients have come to be seen as slightly less lowly, cost cutting has demanded shorter hospital stays and a range of new structures for informing and monitoring patients has been put in place.

The above example shows how changes in patient management have shifted costs to patients but at the same time patients now have more autonomy in how they arrive and leave and how they convalesce. The worry is that patients have changed from being seen as wholly passive and irresponsible to highly responsible but still compliant. Surveillance has decreased but conformity is still required. For success such a change depends of the ability of managers to take diversity into account and to develop procedures to deal with patients who for some reason or another can not fit the standard model of behaviour. Ideally more choice and less compulsion should be offered but that would involve more resources which might be better used elsewhere.

The self care provided by users and carers usually includes aspects of <u>care management and care packaging</u> which is done by users or their carers. This work can be built on or ignored by professionals. In social services, for example, assessment makes much greater demands on users than the old system of determining eligibility for a service. It is now up to users to give the right (professionally relevant) information to assessors or care planners/managers, if they are to receive appropriate services. Professionals usually have very little time to gain trust and develop understanding so the input from users can be crucial. Older people, to take one client group, often completely fail to understand how need should be presented. Arguably this does not much matter, since in most cases their service will be determined by financial constraints and not by their needs, but in theory a better understanding of needs should result in a better distribution of scarce resources and so in greater efficiency. It follows that managers must either give assessors and care planners more time per service user or some other way has to be found that will help users to present their needs more clearly to professionals if service quality is to improve.

Ideas of agency and power are helpful in recognising the inputs of users. The recognition of user's work in service production makes it easier to understand the resistance of many users to taking part in service planning and quality assurance. Many see no reason why they should do more unpaid work than they already take on for the services they receive. They tend to voice the view that the professionals should get on with the jobs they are paid to do - in other words they are old fashioned modernists (Lankshear and Giarchi, 1995; Thornton and Tozer, 1995)

Most services now have to <u>consult with their users</u> in some way or other. If users knew the reluctance of so many service providers to actually engage in dialogue with them (as opposed to members of voluntary organisations purporting to represent users) they might feel more powerful. As it is there are many genuine constraints on effective consultation even without considering the reluctance of many users and some professionals. Consultation is time consuming and expensive and one way of reducing user input, especially from the most marginalised is to fail to pay for attendance at planning or consultation meetings. Users may be given travel expenses and even provided with replacements if they are carers, but consultation is still under funded. However the chances are high that if users were asked whether more money should be spent on services or consultation, the majority would go for services.

In terms of <u>quality assurance</u>, the main task of users is to respond to various forms of enquiry about their service satisfaction (Carr-Hill, 1995). Purchasers are expected to monitor the services they buy and to see that they are delivered according to specification. Providers need quality reports as part of their next bid for service contracts. The more forward thinking purchasers can build service monitoring into a contract as a task to be performed by the providers (and users) thereby entirely shifting the cost onto the users and providers. The exercise may still have some symbolic use - if staff know the users are going to be asked about them they will hopefully try a bit harder. But staff who deliberately provide poor service or abuse users will almost certainly take steps to prevent reporting. As Carr-Hill (1995) states, the vast majority of users do not take the opportunity to criticise their services and it is hard to see user input to quality assurance as empowering in any way.

The most demanding and stressful contribution of users to service quality is to <u>register complaints</u>. This again is a very important symbolic activity and the statutory right to complain is arguably the one real shift in power between service providers and users that recent legislation has produced. Even with systems of mandatory complaints procedures, ombudsmen and various other statutory arrangements in favour of 'consumers' (Dean, 1996), the stress involved in making a complaint is very great. For those who are frail, unused to dealing with the system, or otherwise marginalised, it is a very angry or a very public spirited man or woman who complains.

Attempts to encourage an organisational culture where an increase in complaints is seen as a sign of a better service, look good on paper but are difficult for managers to produce in practice. Theoretically such a service is one in which users are taking more part and staff are producing a more open culture of partnership, but in practice it is only to be expected that staff will want to defuse complaints rather than take them forward. Managers who can set up and use an informal complaints system seem more likely to get good results.

More power for marginalised users

At present users are managed from above. As co-workers in the service they are on much the same level as front line workers but their position is worse because they are not members of the organisation and they do not have opportunities for training or trade union representation. Their complaints are not likely to be welcome. One well known textbook suggests classifying users who complain according to the damage they can do into: the unstoppable, the buy-offable, and the neglectable (Harrow and Shaw, 1992). They note that membership of these groups will change - especially in terms of scandals and political shifts. The classification is not a recipe for quality user management but I suspect it is close to reality in most organisations and it does at least recognise the power of some users.

It is clear that as long as users and carers are confined to the role of front line workers or toothless advisors, their ability to act is strictly limited. Users need to be in positions of formal power. This is possible when they become board members in voluntary sector agencies but only if they are present in large enough numbers to have an impact - not the token one or two. In services where there is no board, the equivalent may have to be set up. Since involving users is necessarily time consuming and hence expensive it could only be done by making sure that all services comply, otherwise those that do not will have an advantage in cost terms. Purchasers could insist that no contracts for any social service are given unless the contracting agency had at least 50% users on its board of management. This would almost certainly cause a lot of problems to existing organisations and ways of working and is only likely if it is introduced by legislation - preferably as one of the first legislative acts of the new Scottish Parliament.

Conclusions

Whatever happens in the future, knowledge is power and professionals who have knowledge will still be the most powerful influences on service outcome and quality for individual users. It follows that no amount of organisational change can improve services for users without the good will and dedication of front line workers and even more important, since front line workers cannot carry the whole morality of their service, without the back up of managers at all levels in the organisation. Managers in turn will need the support of the politicians and governing body members who are ultimately responsible. The postmodern social work organisation therefore presents the opportunity for a new professionalism which is able to admit that user knowledge is valuable and that users can assist in service development. However the full input of users is only possible when their existing contributions in the forms of co-production, service planning and quality assurance are understood and properly managed.

Users in the postmodern social service have a legitimacy which they have not had before, but when users are frail or mentally ill or otherwise stigmatised and see themselves as such, something more is needed. Consumer power is meant to substitute for hierarchy, and competition is meant to ensure that services are developed with users in mind, but they are not automatically successful. The postmodern organisation offers the **chance** for users to take part in the organisation - fluidity and lack of hierarchy open up opportunities - to sit on committees, to be consulted and to complain and be listened to and get redress. The trouble is that, as mechanisms, these can be even worse than hierarchy at delivering quality for people who are frail, poor or socially stigmatised. Such systems allow elitist managers and professionals to point to structures of user involvement, but the structures can be very easily subverted.

And finally the concept of users must include diversity and difference. Minority writers have highlighted a problem that is often assumed away within the dominant majority. Communities and groups have their own power hierarchies, and representation by the powerful will suppress others - often women or older people, or relegate them to tea making and similar low status support activities. Representation by marginalised members of a group may fail to carry credibility, either with service users or their own community , and worse still may lay them open to victimisation. So are trained user representatives essential? The answer today is probably yes. when the number of user representatives is strictly limited, a loud and politically aware voice is essential. The downside is that a focus on disadvantage produces a victim oriented discourse and denies users the self respect that comes from not being victims. Being a user can be seen as 'normal' only when there are large numbers of users representatives who can support one another - even if this then means that they do not all speak with one voice.

A postmodern stance therefore lets us see that we are not alone in facing management and resource problems which have a negative impact on marginalised users, but part of world wide trends. The ability to see service users as agents and producers of services and knowledge is an important part of building better and more professionals services in the future.

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