

RESPONSE TO STRATEGY UNIT INTERIM ANALYTICAL REPORT ON THE LIFE CHANCES OF DISABLED PEOPLE

INTRODUCTION

I am responding to the analytical report as an individual (rather than on behalf of any group or organisation). This paper draws on a variety of experiences through my working life, and include policy and campaigning for disability organisations in the voluntary sector (RADAR and Disability Alliance); providing a mainstream, front line service in a deprived community, using a conceptual framework of the individual in their environment; researching for Alan Howarth CBE MP including his early days as the Minister for Disabled People; and policy analysis for a range of organisations on a consultancy basis.

I very much welcome the Strategy Unit inquiry¹ as an excellent overview and which is a 'once-in-a-generation' opportunity to look across the board at disability policy. The agenda it sets has the potential to bring about longer term and comprehensive changes. As such it is vital that the vision and processes are based on a conceptual framework for policy that is both consistent and coherent.

Key points

1. Problems with disability policy-making to date are that it has been based on a) a focus on 'component parts' within departmental silos; b) assumptions that disability is a fixed category and a status; c) impairment is seen as the main problem rather than its relationship with other disadvantages (some prior to onset of impairment)
2. Ways forward with theory include building on emerging literature about a) systems theory, b) dynamics, and c) emerging ideas about theories of change
3. Ways forward in practice could involve a) developing a 'universalist' theory to underpin mainstreaming of services, relating also to b) public services reform; and c) developing dynamics and systems theory to reform benefits and employment

This paper represents 'thinking in progress' but I would be happy to discuss any points further if that would be helpful.

Marilyn Howard
August 2004

1. PROBLEMS WITH DISABILITY POLICY-MAKING TO DATE

Key points:

- *Previous policymaking has tended to focus on small parts of a problem, with different departments having different perspectives on disability.*
- *It has also emphasised disability as a category, based on fixed attributes, often for benefits administration but also for individual rights (based on the minority group theory, or identity politics).*
- *Impairment is often seen as the main ‘problem’ but evidence suggests interactions with other disadvantages, such as prior socio-economic disadvantage and poverty.*

Previous policy-making has tended to be small-scale, static and impairment-focused, neglecting a wider view.

a) Component thinking

The analytical report notes the absence of a common understanding of disability across different departments, each having a different perspective on disability depending on their interests. Different departmental perspectives tend to inhibit a comprehensive causal overview of underlying problems.² This ‘silo’ thinking can limit the range of policy options considered, and militate against a strategic overview of problems, leading to contradictions, either at national level or between tiers of government.³ Departments may also adopt different definitions of disability apply, so somebody can be ‘disabled’ for one purpose but not another.⁴ There can also be a tension between definitions used in broader legislation (such as discrimination laws), intended to be inclusive, and definitions used to ration or control access to services or benefits.⁵ As civil rights measures have often been added to existing (medical model) policy instruments, this gives out conflicting messages and tension between policies.⁶

Previous attempts at policy-making have often tended to be based on tackling one small issue rather than looking at the bigger picture. For example reform of Incapacity Benefit (IB) has sometimes been undertaken in isolation from other related policies such as employment and civil rights, and also influenced by the medical model. Policy-makers can be heavily influenced by economic and medical/individual models of disability,⁷ which can neglect other important factors. This highlights the need for more ‘systems’ level thinking (see below).

b) Disability as a fixed category and status

An underlying assumption of many policies is that it is possible to delineate a group of people into a particular category (‘disabled’). The process of categorisation is often based on simplistic, stereotyped criteria, usually for administrative convenience.⁸ Categorisation can be a means of identifying people with rights and eligibility for benefits/services and legitimating collection of funds. Benefit administration is often based on an ‘absolutist’ view, i.e. that there is a core of ‘truly’ disabled people who can be delineated on the basis of signs and symptoms, often assessed by medical experts.⁹ The difficulty for

administrators is knowing who to define for social security purposes, and how, as this involves making an objective decision about what is an essentially 'relative' and subjective. The environment affects disability, so impairment can be a person-level attribute but the extent to which someone is disabled by their impairments depends on the environment in which they wish to participate.

Other disadvantages of categorisation include glossing over differences, ignoring 'overlaps' (eg disabled lone parents) and implies a focus on consequences rather than processes, running the risk of perpetuating 'disabling' environments, and creating discontinuities when people move from one status to another (working can threaten both benefit status and disability status). Categorisation is often accompanied by negative assumptions about people so categorised, eg that impairment equates to inability to perform roles in society. Categorisation can be double edged as often groups that are excluded from such categories fight to be included as it is the only way to gain access to services or benefits. The social model is often the basis for rejecting negative categorisation projected by non-disabled people. Government departments tend to focus on the individual's status, rather than the range of transitions that can occur. Solutions based on a 'static' view of the problem can also result in a disparate group of people being treated the same, rather than understanding any different patterns involved.¹⁰

Minority group theory

Consistent with disability as a fixed category, characterising disabled people as a 'minority group' has been successful in galvanising political action and change. Influenced by the US approach to race and civil rights, it views the primary problems as rooted in institutional discrimination brought about by prevailing attitudes, tackling these through equality laws. It requires disabled people to mobilise around the most 'negatively stigmatised' aspect of their identity.¹¹ The minority group analysis has had considerable success as a political strategy, but has been criticised for the limited evidence of common experience or unifying culture among disabled people, and for neglecting the uneven distribution of power and resources.¹² Identity politics demands some means of determining membership of a minority group, which can fall back on medical model concepts. It can also set the needs of disabled people against others, which is not helpful in relation to mainstreaming provision (see below).

But evidence to support the minority group theory is tenuous. For instance, on an individual level, disability is considered less of a defining feature of identity than characteristics like ethnicity and sexuality.¹³ Only 48% of people who meet the DDA definition considered themselves disabled.¹⁴ Indeed, it has been argued that there is no homogenous group of self-identified disabled people, and although the political identity of 'disabled person' has been crucial in securing formal rights, effective communication of these rights does not require everyone to take on the identity of a 'disabled person'.¹⁵ However the minority group theory may have some resonance with the Deaf community, although because most deaf children are born to hearing parents there may be a closer analogy with sexuality than race or gender (except where both children and parents are Deaf or disabled).¹⁶ However the DDA approach is criticised because the definition reduces the Deaf experience to an impairment, and

considers that discrimination is created by impairments rather than social relationships and organisational structure.

c) Impairment or other disadvantages?

One of the issues in disability policy is cause and effect (which also relates to wider debates about the relative importance of individual or structure, rights and responsibilities). The medical model assumes that disability is an individual matter and the DDA implies that impairment has to be demonstrated before discrimination can be considered. However the extent to which discrimination and disadvantage can be attributed to the impairment *per se* (rather than other disadvantages) is not always clear. For instance, as the analytical report indicates, longitudinal research now shows that many people 'becoming disabled' are already disadvantaged, eg they lacked skills and a job before they became impaired.¹⁷ Being poor as a child is associated with having a long-term condition that limits work in adulthood.¹⁸ The geographical concentration of disabled people also suggests a strong association with other disadvantages; disabled people are more likely to live in regions with more indicators of poverty and deprivation, like the North West and North East of England, though they are more likely to be employed in the South East.¹⁹ This concentration seems to reflect greater deprivation as well as outward migration of people with higher levels of education to regions with high employment rates (such as London).²⁰

As a result some commentators argue that this is much to do with the class position of disabled people, which is especially determined by, and itself determines, their access to employment.²¹ As access to education and paid employment determines wealth, disabled people who are better off can use their resources to mitigate the worst effects. There is also a significant body of research on health inequalities highlighting that increasing inequalities in health reflect increasing polarisation of life chances.²² Whilst measures of poor health are not the same as 'disability', the issues are linked and the evidence about associations between 'disability' and prior disadvantage suggests that the different debates and literature could usefully be brought together and lessons learned from each.

The analytical report does not mention lower social class as relevant to limiting long-term illness (page 109). Conventional wisdom is that the rate of reporting of poor health has not changed – so why are there more people receiving IB? General Household Survey data shows that, although the average percentage reporting limiting long-standing illness has changed little over time, those doing so from lower classes have been consistently higher. Men and women in the lowest social groups were over 10% more likely to report longstanding conditions than professionals or managers. Figures 1 and 2 below show data for limiting longstanding conditions for men and women aged between 45-64.

Figure 1: women reporting limiting long standing conditions

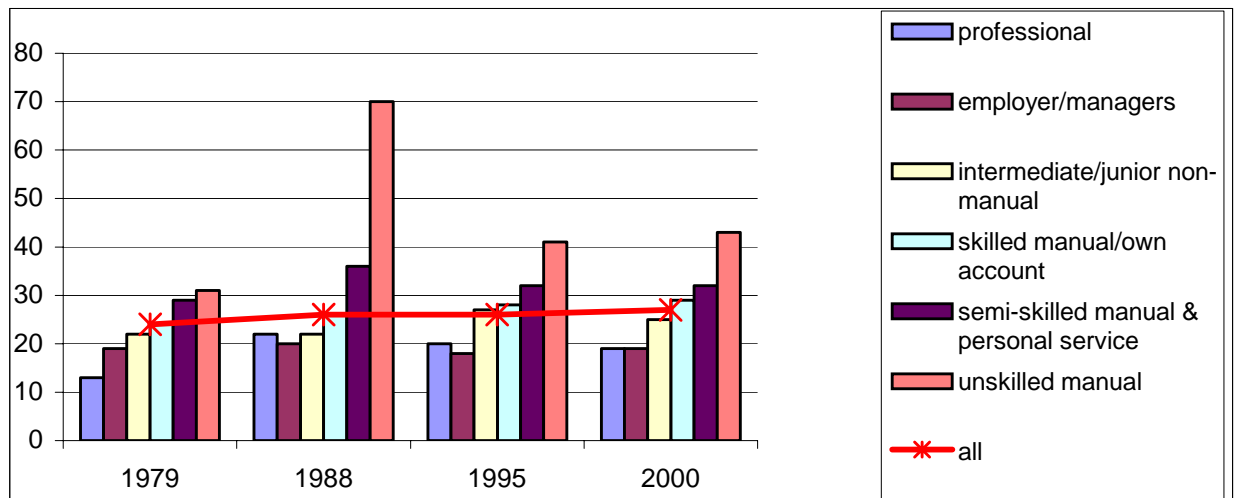
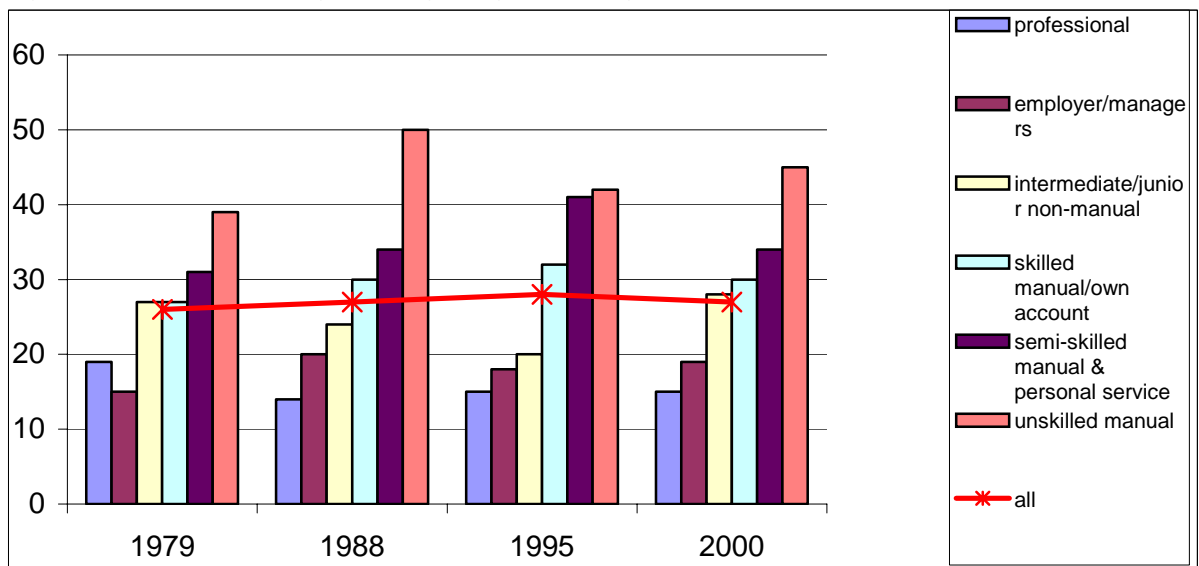


Figure 2: men reporting limiting long standing conditions



2. WAYS FORWARD – IN THEORY

Key points:

- ***Systems theory helps to raise an analysis to a higher level of abstraction and points to engaging with a range of stakeholders, and looking at systems-level barriers.***
- ***Dynamics allows us to look at the issue of ‘time’, including over a life course and identifying individual, institutional and process issues across a variety of domains (not just impairment but employment, incomes etc)***
- ***Some ‘theories of change’ are emerging which need to be developed and built on to enable a comprehensive strategy for tackling exclusion and discrimination.***

A conceptual framework can help guide future policy-making towards more coherent and consistent policy development. This could build on ideas from systems theory, dynamics and emerging ideas about theories of change.

a) Systems

The dominant approach in policy-making has been based on linear, mechanistic and reductionist thinking, assuming that if one lever is pulled that a specific result will inevitably follow.²³ Rather than trying to divide a problem into manageable components, systems thinking suggests the reverse – increasing the level of abstraction to develop a better understanding. Problems may not arise at the individual level but in the functioning of a system; hence the solution is to repair the system flaws rather than focus on the individual.²⁴

Disability issues lend themselves to systems thinking because of the complexity and variety of stakeholder views (‘messes’ rather than ‘problems’).²⁵ Viewing disability as an individual problem can lead to dealing with the consequences of the failure of other structures, and responses to one problem can create another.²⁶ Systems thinking can also help us identify systems-level barriers (such as institutional practices or staff attitudes, which in disability terms can be founded on medical model assumptions)²⁷ and inform vision, objectives and policies. It is important that key issues like reform of support mechanisms and benefits are considered in their wider context and as a package, rather than as a single issue.

b) Dynamics - A film rather than a snapshot

One of the distinguishing features of modern societies is the nature and rate of change, both for individuals and institutions.²⁸ Longer life expectancy has led to the idea of the ‘life course’ (distinct from the biological and static concept of ‘life cycle’), shaped by institutions and individual decisions. Rather than considering issues at a single point of time, effects across complete lifetimes adds to the analysis.²⁹ Emerging longitudinal data and ‘dynamics thinking’, most developed in relation to poverty, helps us understand ‘phases’, for example lone parenthood can better be thought of as a life stage (lasting an average of six years) rather than a social category.³⁰

Already research shows that 'disability' (or 'impairment', depending on your perspective) is more widespread over time than would be expected from simply taking a snapshot; over half of those who are limited in daily activities have spells lasting under two years though once affected for four years or more, the experience is likely to be long-term.³¹ Patterns of mental distress are more likely to be intermittent. At any particular time, the proportion of disabled people who are on a long-term trajectory is nearly three-quarters, but over seven years, the proportion experiencing any 'disability' is under a third. Also significant is the apparent movement into and out of being 'DDA disabled'; whilst an estimated 608,000 employees become 'DDA disabled' every quarter, some 400,000 leave.³²

However it is also important not to focus simply on impairment trajectories but also to consider other 'domains', such as incomes, family circumstances, as well as employment (wider economy, local labour market, individual employer) and the use or availability of support (personal assistance paid and unpaid). Already we know that many disabled people are not making successful employment transitions; of disabled people moving from welfare to work, a third are out of work again by the following year, compared to one fifth of non-disabled people.³³

Trajectories followed by some people with poor health can follow a downward spiral, as Figure 3 below shows. This emphasises concepts drawn from poverty and the 'Sustainable Livelihoods' (SL) approach from development literature, such as human capital, assets and dignity. The dimension of time adds to these concepts, eg someone with high human capital living on a low income for a short period is more likely to get work quickly than people who have been on a low income for longer. SL offers a framework for understanding what individuals need to build on their own strengths, and to analyse the effects of policy-making. The basic question becomes 'what are the assets, resources (which can be influenced by policy design and delivery), capacities and activities required for someone to sustain a living' rather than 'how many people are poor'.³⁴ The potential of using an SL framework for UK policy has been recognised for family poverty³⁵, and could similarly be adapted to disability policy. For example SL questions might include 'what is needed for someone to gain and sustain work'.

Figure 3: Downward poverty trajectory: health and work

Time	Activity	Expenditure	Income	Assets	Transfers	Shared property resources	Human capital	Dignity	Autonomy
T1							Health deteriorates		
T2	Work hrs fall								
T3			Wages fall						
T4		Spending falls		Savings fall	Contribution drop				
T5							Health fails		
T6	Work stops								
T7			Wages stop					Loss of status	
T8			Income falls		Benefits paid				
T9		Spending falls						Experiences stigma	Stress
T10							Health complications		
T11	Leaves labour market								

Source: Walker and Park, 1998

Dynamic interventions

A ‘dynamic’ approach to social policy can change the kinds of intervention, the risks of adverse events and mitigating their effects.³⁶ This can include:

- Prevention of an event or reduction of risks (eg job retention);
- Promotion of exit or escape (eg welfare to work);
- Protection from impact of the event (eg cash benefits);
- Propulsion away from adverse circumstances (eg in-work benefits).

Achieving one of these is certainly progress but addressing all four of these categories in a *cohesive* way would be the ultimate aim.

Focus of intervention	Risk of event	Effects of event
Entry to adverse state	Prevention	Protection
Exit from adverse state	Promotion	Propulsion

Identifying which factors increase the risk of adverse events later on can be difficult, as higher odds do not always predict actual outcomes. In relation to disability, the policy emphasis has traditionally been on protection (benefits) and propulsion (in-work tax credits) with only recent attempts to deal with entry and exit in relation to work. The Pathways pilots addresses some of these, for example promoting exit from an adverse state (the Choices package for IB recipients) and propulsion (the return to work credit). Additional objectives for disability policy could include:

- Reducing risks of transitions (eg interventions for job retention)
- Reducing costs of transitions (eg Access to Work)
- Reducing negative transitions or negative consequences of transitions (eg help with job search and financial support).³⁷

If disability is a 'relational' concept (ie self-identification may depend on place, time and context) then the vision and policies need to reflect this movement, both in relation to individuals and in society's attitudes and structures. For example growing numbers of (younger) people with mental health and cognitive impairments needs to be thought through for future policy; the 'prevention' process may not necessarily be linear but episodic. Prevention policies therefore must have a dynamic aspect; if people need more than one process of 'rehabilitation' this should not imply that the individual or the intervention has necessarily failed.

c) Emerging theories of change

The analytical report is premised on the social model of disability, so that if disabled people had their needs met they would not be disabled (but would be a person with an impairment: page 12). A vision could helpfully concentrate on positive constructions of a different world in addition to 'freedom from' or absence of things such as negative attitudes.

Dynamics and individuals in their environment

This indicates that a dynamic approach is needed in order to help us understand triggers and processes for change. Snapshot information can miss vital clues. As mentioned earlier, some disadvantage pre-dates onset of impairment (individuals in work prior to onset had falling income trajectories).³⁸ What is needed is more information about the different events and processes that predate the impairment as well as those that follow. Whilst different disciplines may give weight to individual or structural explanations, we need to understand when and where opportunities arise on an individual or structural level. Gershuny notes the 'matched pair of disciplinary failures':

'Economists discuss how people make choices and sociologists explain why people don't have any choices to make'.³⁹

Knowing about histories, trajectories, events and institutions may make it possible to understand the relationship between structures and individual behaviour. People's actions are constrained and enabled by social structures but social structures are themselves made up of aggregations of individual behaviour. Certain life events can change the status or characteristics of the

person who experiences them. At a micro level these include key events, repeated activities and processes of interaction (which can turn insignificant events into significant ones). At a macro level interaction with the social environment can produce new behaviour/events, such as change in the distribution of personal characteristics across the population (eg with qualifications); in institutional behaviour (such as responding to customer needs or IT); actions of institutions and their interaction with personal characteristics processes (eg new laws).

Unpicking attitudes and behaviour

We also need to understand the interactions between attitudes and behaviour and draw from a range of social model thinking. There are some differences of emphasis which have been characterised as ‘materialist’ approaches (emphasising structural and institutional barriers) and ‘cultural’ approaches (focussing on attitudes).⁴⁰ ‘Cultural’ explanations infer that attitudes are at the root of discrimination and exclusion, suggesting that if only we could change them all would be well. The analytical report seems to assume a ‘cultural’ explanation for inequality, defining discrimination as ‘behaviour arising out of prejudicial attitudes which prevent disabled people having full equality’, and implying that attitudes cause behaviour. However on page 46 the report states that the key challenge is how government delivers changes in behaviour to eliminate discrimination against disabled people. An approach that also includes other institutional and systemic influences may provide clues for a more integrated strategy for change.

It is often assumed that attitudes cause behaviour, and exposure to appropriate information will result in different behaviour. However this may not always be the case. Attitudes and behaviour are not always consistent; information does not always lead to change; both behaviour and attitudes can be learned (and so re-learned); a change in behaviour might be as important a goal as changed attitudes. Behaviours are often quite complex but behavioural methods can change group and organisational behaviour.⁴¹ Changing organisational culture means that individual attitudes and behaviour (in the work context) have to be changed through internal leadership, ‘change agents’ and so on.⁴² The overriding variable is power – the ability to cause others to do things they would not otherwise do, and therefore to change the behaviour of others. The exercise of power is largely neglected in the ‘cultural’ and ‘minority group theories. But strategies to challenge discrimination are more likely to succeed if they confront the power relationships underpinning it.⁴³ Following Link and Phelan⁴⁴, the different components of the ‘discrimination’ process are:

1. Distinguishing between and labelling human differences;
2. Linking the labelled persons to undesirable characteristics;
3. Separating ‘them’ (the labelled persons) from ‘us’, culminating in
4. Status loss and discrimination that lead to unequal outcomes or life chances.

Intervention could occur at different points in this process, for example regarding component 3., inclusion can be a powerful way of changing non-disabled people’s beliefs into more positive attitudes, such as having disabled teachers, fellow students and colleagues.⁴⁵

So far although it has had its successes, the DDA has led to some confusion for individuals and employers in that the definition of disability does not resonate with public perceptions and the concept of 'reasonable adjustment' is hard to understand and relate to specific circumstances.⁴⁶ Recent evidence indicates that legal representatives are routinely challenging the applicant's status as disabled.⁴⁷ This suggests that systemic legal powers are more likely to have an impact than individual redress, and the public sector duty could have considerable potential. It also implies that we need a more comprehensive theory of change that government departments and agencies can be working towards in a consistent and coherent way.

3. WAYS FORWARD – IN PRACTICE

Key points:

- **Mainstream (rather than ‘special’) provision is inconsistent with ‘categories’ and needs to be underpinned by a more ‘universalist’ approach, combining generalist provision with individual support, complemented by proactive measures such as the public sector duty.**
- **Associated public services reform also needs to be based on mainstreaming, including procurement, with funding and delivery operating at different levels.**
- **Consistency between benefits and employment support could be developed by allowing for dynamics and transitions, moving away from incapacity status towards de-categorisation (including developing a simpler system for young people alongside more extensive support structures).**

This section considers the implications of these different approaches for some potential policy initiatives.

a) Developing universalist theory to underpin mainstream provision

Mainstreaming can mean different things to different people. Here I touch on some of the different aspects, namely an end to separate ‘special’ provision or segregation, with a brief note on policy appraisal and cross-cutting structures.

Ending separate provision

Whilst the approaches of the minority group theory and the view of disability as a fixed category tend to stress the differences from non-disabled people, ‘universalism’ sees disability as a universal human phenomenon with scope for a unifying agenda with other groups like older people.⁴⁸ Rather than ‘normalization’, a universalist policy would seek to expand the range of human variation, respect differences and to look at needs as a feature of the life course, rather than a fixed attribute leading to special needs. Universal design would be an example. This approach may have particular relevance for ‘mainstreaming’ provision, as do theories and research about considering the individual in their environment, which should shape how practitioners approach their role.⁴⁹

Mainstreaming implies a common response to the similarities between people, whilst also making specific provision to support, or make adjustments for, any differences. DfID has suggested a ‘twin-track’ approach, which entails addressing inequalities between disabled and non-disabled people in all strategic areas, and supporting specific initiatives to enhance the empowerment of disabled people.⁵⁰ It also implies accommodating other needs too, and has been defined as

‘rethinking mainstream provision to accommodate gender and other dimensions of discrimination and disadvantage, including class, ethnicity and disability.’⁵¹

Mainstream provision also entails a long-term strategy to frame policies differently and to change organisational cultures and structures. Experience at UK local government level and at national state level in the EU suggests that the most effective approach to 'mainstreaming' is for generalist provision, taking into account the needs of disadvantaged groups in the main services provided, in combination with specialist co-ordinating structures offering advice and techniques for mainstreaming and policy development, and monitoring how mainstreaming operates in practice.⁵²

It also implies a more 'personalised service' (see below) and a wider approach to tackle some of the common barriers in a comprehensive way. One example of the latter is the forthcoming public sector duty to promote equality for disabled people, as well as similar duties for race and gender, can also provide firm underpinnings for mainstream provision that accommodates the needs of a diverse population. Translating these duties into positive procurement policy is also essential if the present trend towards contracting out continues, so that services are not fragmented but that procurement becomes a means of spreading good practice (see also public services reform below).

Mainstreaming in areas like housing or employment also requires alliances beyond the disability sector.⁵³ Government and public services would need to engage with a range of potential 'client groups' in policy design and delivery. In the employment field, this may entail building on the experience of the ONE pilots, which pre-dated Jobcentre Plus in bringing employment and benefits support together for a range of people of working age people and involved consultation and liaison with a range of voluntary sector organisations.

Policy appraisal

Central government departments are expected to assess the impact of policy options against a series of criteria, including equalities, health impacts, rural issues etc. Policy appraisal requires departments to identify, analyse and validate policy impacts by disability, race and gender. There appears to be no information about how often this is done, or its effectiveness. As a result the only litmus test that the public can use is what lobby groups say about the end product of policy or legislation; which in some cases appear to have been relatively untouched by such policy appraisals. The Freedom of Information Act could be used positively to demonstrate openness about such appraisals.

Cross-cutting structures

At a European level, there have been moves beyond the traditional 'compensation through charity' approach of merely accommodating disabled people to a more proactive emphasis on removing barriers to active participation in the labour market, education, transport, housing and welfare.⁵⁴ The overall aim is to 'formulate policy to facilitate full the participation of people with disabilities in economic and social life.' The European Commission believes that issues affecting disabled people should not be considered separately but as an integral part of the policy-making process. Specialist equalities committees are common at national Parliament level in EU countries and within Europe-wide institutions, but despite public statements of support for equalities

issues, limited evidence of application to specific cases, suggesting that continual support is needed.⁵⁵ National structures to develop a disability strategy also need to be linked to wider mainstreaming and equalities strategies.⁵⁶

b) Public services reform

Mainstreaming (in theory and practice) could also inform public services reform. In early 2002, Tony Blair outlined ideas for public services reform as promoting 'alternative providers and greater choice for consumers', amounting to a 'fundamental shift away from the old public sector ethos to a new public service ethos. This includes transforming some public services into mutual organisations owned and controlled by local people and users ('community ownership'), such as Arms-Length Companies in social housing. These ideas have not been well developed in disability debates, but using and extending forms of social enterprise to deliver services could be undertaken to the benefit of disabled customers and disabled employees.⁵⁷

At present voluntary sector organisations can be reliant on short-term grants and so unable to bid for public sector work. Banks may view social enterprises as high risk or 'not-for-profit' as an alien concept. Some outsourcing to private sector companies has also led to poor quality service (such as substandard residential care) and public concern that public money has been handed to 'profiteers'. The government believes that social enterprises can address these problems, being close to their customers, innovative, and not constrained by profit. In practice the cost of entering into pre-contract negotiations can be high for small firms and social enterprises, and some authorities only deal with 'approved' suppliers or companies with strong finances and experience of similar contracts. Voluntary organisations feel they are subsidising local authority activities if grants fail to cover the full cost of the service. An example of what can be done is Ealing Borough Council, which has created opportunities for social enterprises by promoting the idea with its purchasers and budget holders, and developing 'tendering assistance programmes' to support social enterprises wishing to be on the approved list for council contracts.

In terms of services for disabled people, the government appears to be facing both ways at present, with voluntary and private sector contracts to provide NDDP job broker services but using in-house specialist advisers for the Pathways pilots. In terms of choice and control, it appears that clients rarely exercise much choice of Broker. In some areas there is only one organisation, and Jobcentre Plus advisers were not permitted to make direct referrals to brokers because of the need to retain choice and competition, and so clients have limited information on which to base a choice. Job Brokers rely heavily on their own marketing to attract clients, so some clients may respond to the organisation rather than the Job Broker service itself.⁵⁸ There appears to be no publicly available information about the most successful Brokers as DWP considers this information commercially sensitive. As a result we cannot say whether competition is working or not, nor what makes a successful broker.

It is also important that contracting out (such as for benefit assessments) retains the necessary flexibility to respond to policy change, and not perpetuate unhelpful rigidities as outlined in section 1. For example Occupational Therapists have been suggested as potential assessors⁵⁹, and the analytical report itself suggests on page 118 that a National Strategic Framework for Vocational Rehabilitation and Occupational Health could include assessments at the gateway to and from IB and Disability Living Allowance (DLA).

Social firms as service providers and employers

Most of the interest in social firms (a form of social enterprise) is in providing employment opportunities. Technically social firms aim to achieve at least half of their income through sales, and for a quarter of their workforce to be disabled or disadvantaged. However to avoid the problem of social firms falling out of that definition (eg someone leaves a firm of four) it can perhaps be seen as more of a continuum.⁶⁰ All social firms subscribe to three core values: integration through employment paid at the market rate; providing a working environment that provides support, opportunity and meaningful work; and combining market orientation with social mission. One example is 'Forth Sector', which has several social firms including a guesthouse, specialist laundry, catering business, embroidery service, and IT business.⁶¹ Each business aims to provide training and work experience for employees with mental health problems, working alongside non-disabled people.

Not all aspiring social firms match up to this ideal. Some have a high proportion of individuals working under the 'permitted work' rules. The boundary between social firms and 'supported employment' can sometimes be unclear, but is important because the latter can attract an employer subsidy and government funding. What is crucial for social firms is business expertise (which has not traditionally been required of supported employment providers) and an integrated work setting. Often what users want is also good for providers, and may be cost-effective in the longer term.⁶²

Although growing, there are now only 45 existing and 119 emerging social firms in the UK.⁶³ Only one in four employment projects run by non-government providers are social firms.⁶⁴ So there would be a long way to go before social firms could be said to be major providers of employment support to disabled people. There may also be a limit to the 'market' for social firms reliant on customers in deprived areas, who may receive incomes only from benefits.

Provision at different levels

The analytical report notes on page 170 that direct payments allow disabled people to exercise choice and control, though there are problems of take-up, local authority variation, and what payments can be used for. The child poverty review suggests the eligibility criteria for the Independent Living Fund (ILF) could be expanded to include parenting. Whilst this is welcome there may also be broader issues concerning funding and provision.

The IPPR commission on public-private partnerships suggested that the debate confuses funding and provision of services, whereas it is helpful to distinguish between them in order to understand where and when it makes sense to work

with the private and voluntary sectors.⁶⁵ In relation to disability it may also be helpful to distinguish between funding, assessment, delivery and provision.⁶⁶ Funding is needed at a national level, even if supplemented from other sources (noting that user charges can reinforce the postcode lottery and have some perverse effects). Assessment could be national, regional or local; for example ILF visiting social workers assess to a 'national' model but are often regionally based. On the other hand provision has to be local; personal assistants have to live nearby (or with) the disabled person they work for. There is anecdotal evidence that in some localities (especially rural) the pool of potential personal assistances (PAs) is fairly low and could lead to recruitment problems in the future. Any expansion of independent living using direct payments or ILF funding needs to tackle this; otherwise 'choice' could be constrained.

Possible 'systems-level' reforms include pulling together funding streams for people of working age (eg ILF, direct payments and support worker provision from Access to Work).⁶⁷ Although there may be attractions to integrating ILF payments into a local authority structure, particularly in the context of the current interest in new localism, there are compelling reasons for considering other options. As well as the 'postcode lottery', there are constraints of local politics (such as annual budgeting rounds, regular elections that can change the political composition of an authority). Particularly in small authorities with a limited number of PA users, the amount spent per person can be quite visible, leading people to make comparisons about how a similar amount of money could be spread across more users with fewer needs.⁶⁸ Hence there is little security for some PA users from year to year, and many fear they will be considered 'too expensive' and be returned to residential care. This may suggest building on the ILF model but with regional and national mechanisms to ensure accountability (to Parliament and to users).

Personalised service

Many people now support the concept of a 'personalised service' and case management. However as noted above, and consistent with the idea of disability as a relative concept, a personalised service needs to be constructed with a view to also taking collective or wider action to remove disabling barriers (rather than expecting the individual to adapt). Creative case managers are likely to spot patterns of common issues and disadvantages faced by their clients locally, and so structures to support personalised services need to allow for this wider analysis and action to be developed. Finally it is obvious that disabled people (including those on IB) are now the prime client group for Jobcentre Plus. Whilst many want a 'mainstream' service (see above) others may have more complex issues to resolve, and may be further away from the labour market than jobseekers. New models of support for jobcentre plus (or contracted out) caseworkers and their managers are needed, and there may be lessons from social work theory and practice that can be adapted for this new context.⁶⁹

c) Consistency of benefits and employment support

The benefits system is an example of both component thinking and of categorisation that can be unhelpful. Instead, approaching the issue from the

perspective of systems and dynamics can generate fresh thinking. As the analytical report states, there is a need for coherent basis for benefit provision based on clear criteria (page 42). Reform of the benefits system is particularly important for disabled people, and for the Strategy Unit's work, especially in the light of the sketchy treatment afforded to it by the Social Exclusion Unit report on mental health (misleading in places).

Some specific points about the analytical report

The report highlights some points about the benefits system (page 144) but a more sophisticated analysis would be helpful. For example there are no longer conditions relating to household duties (page 146) and the issue about moving from welfare to work (page 148) is not simply to do with being financially better off, but also concerns putting incapacity status at risk (see below). The conditions for entitlement for the disability element of the Working Tax Credit (WTC) noted on page 152 should also include DLA, IB and similar benefits as qualifying benefits. Similar provisions have been less successful at moving people labelled as 'incapable of work' into a job.⁷⁰ The position today is unclear as tax credit statistics no longer contain details of qualifying benefits. However 'mainstreaming' disability into the WTC, and increasing generosity of the new scheme has been accompanied by an increase in recipients, though which has been more significant is impossible to tell.

Partial disability status?

It is unclear what is meant by the term 'partial disability status' on page 150. As noted above, one of the problems is the current 'status' of disability in our society, so why a partial status would be preferable to a total one is not clear. Indeed it could be contrary to maximising life chances and supporting transitions. It may have been a reference to the concept of 'partial disability benefits' or 'partial capacity benefits', a suggestion that was popular in the 1970s and 1980s as part of a 'comprehensive disability income'. However simply changing the concept of 'incapacity for all work' to 'incapacity for some' does not necessarily progress us very far. This largely retains the concept of incapacity, and there is little evidence from other countries that partial benefits help people combine work and benefit.⁷¹ Simply making people fall into a category of partially rather than 'fully incapacitated' does not on its own progress matters much at all.

Dynamics and systems theory and the growth in IB reciprocity

As noted earlier, policy-makers often compare the growth of numbers receiving IB with trends in the health of the general population and the activity of unemployment benefit offices during the 1980s. However consistent with ideas from systems theory and dynamics, reasons for growth include a complex interplay of different factors, each changing over time. These include changes in the labour market, demography, institutions and policy reforms, as well as beliefs about disability.⁷² More recent trends need further 'dynamic' research, namely the increasing numbers of people with mental health problems (often younger, and women) receiving IB since the late 1990s. This is particularly significant as taking up and sustaining benefit entitlement is often expected to be lower from people with mental health problems (often because the conditions of entitlement tend to favour stable rather than fluctuating impairments).

Growth also occurred because people stayed on benefit longer, not just more people making new claims. New claims are actually dropping and many are from people out of work, rather than employees or self-employed people.⁷³ Between 1985 and 1995, the average duration increased from three to five years, by the late 1990s was six years⁷⁴, and by 2002 was nearer to nine years.⁷⁵ Whilst incentives to help people return to work are relatively recent, the effectiveness of incentives and rehabilitation efforts targeted at existing recipients appears limited in many countries. Comparisons are not easy as the timing of intervention varies, and people entering programmes may differ from other recipients (eg they may be considered more likely to benefit from rehabilitation) and over time, both the participants and types of intervention may change. An international comparison of rehabilitation schemes for disability benefit recipients suggests that the most effective elements included practical help and job search; ongoing support after job placement holistic and individualised approaches (including case management).⁷⁶ The dynamics literature confirms that often the longer someone is in a state the less likely they are to leave it; but this can be attributed either to changes in behaviour in response to living on benefit for a time ('state dependency'); or that, as people with more favourable characteristics leave quickly, those unable to do so accumulate in the particular state, the declining probability of leaving therefore being a 'selection effect'. This is of particular relevance considering the low rate at which people leave benefit.

Ten years of IB

The policy response in 1994 was to tighten the gateway to benefit and make it less generous for new claimants, without reference to the other inter-related systems. The all work test (AWT, now the Personal Capability Assessment (PCA) was introduced as 'a more objective medical test of whether people can work.'⁷⁷ The test is largely based on a test of ability to perform daily functions like walking, sitting, and entitlement can be established if someone scores 15 or more (or is considered exempt). In many cases the AWT simply resulted in people being disallowed benefit for a period of time, only to return after a lengthy appeal process or a period on another benefit. Some two-fifths of people leaving IB returned within a year.⁷⁸ 35% of those disallowed benefit (rather than those who left voluntarily) returned to IB, few returning to work.⁷⁹

It is designed to exempt someone from the potentially more coercive JSA regime because of their impairment; ie constructed around the social security system, not actual job prospects, nor any other available help:

"The role of the test is not to place people in jobs; the role of the test is to decide whether people can undertake jobs and are medically capable of doing so. The employment service will then come into play to help the person search for work, taking into account his or her skills, experience, availability for work, education and other physical constraints."⁸⁰

As an abstract test of capacity it sits uneasily with a more active approach to benefit claimants, as placing into work inevitably requires a focus on *actual* prospects of work.

IB reforms since 1997

Since 1997 more active measures have been introduced into IB, such as regular work focussed interviews and a 'capability report' to identify what someone can do. This report is not seen by the DWP decision maker but used by the Personal Adviser at Jobcentre Plus to assess actual prospects of work and includes advice on workplace adjustments (though as this is an opinion of the same doctor undertaking the PCA examination it could be argued that others are better placed to advise). Because of the heterogeneity of people claiming disability benefits, some countries have experimented with mechanisms for 'targeting' individuals for employment programmes, to ensure that the right intervention is carried out at the right time. An evaluation of schemes has suggested that this can be difficult to implement and that targeting has to reflect the characteristics that predict employment.⁸¹ The 'Pathways' Green Paper acknowledges that there cannot be an objective dividing line between those who can or cannot work, as this is a continuum. It is probably increasingly difficult to draw the line between ability and inability to work with changes in work, medical developments, type of jobs and attitudes. Attempts to change the culture of IB are laudable but it is important not to confuse the elements of this culture change with the conditions of entitlement for benefit which remain the same but need to be changed.

Incapacity status

Once labelled as 'incapable', people may come to believe that they are incapable of all work, compounded by a continual pressure to prove incapacity in order to retain financial support.⁸² Self-perceptions can also relate to employment status⁸³ and duration on benefit, those in the earlier stages of an IB claim being more likely to describe themselves as unemployed or carers than longer-term IB recipients, who describe themselves as sick or disabled.⁸⁴

This is not simply an issue of perception. IB entitlement is based on a day of incapacity for work, which forms part of a period of incapacity; regulations specify what days are or are not to be treated as days of incapacity. For example, someone is to be treated as capable of work if they refuse without good cause to attend a medical examination. Being treated as capable means that IB is no longer payable, so someone would have to claim JSA instead. Someone can be treated as incapable (without having to pass any other tests) eg if they are a hospital inpatient, or undergo regular dialysis. People may also be disqualified for benefit for up to 6 weeks if eg they refuse medical treatment or behave in such a way as to slow down any recovery, without good cause. If entitlement is based on a PCA score that subsequently reduces to below 15, IB is withdrawn.

Other activities that can cast doubt on someone's actual capacity for work will result in loss of benefit (despite the PCA being abstract rather than actual). The general rule is that someone must not work whilst they are claiming IB, otherwise they can be treated as capable of work and thus not entitled to benefit. Whilst some kinds of work (such as voluntary work) can be exempt, they may not be ignored completely:

*'The sort of activities or tasks you are able to do, whether they are connected with the work or not, could be taken into account when deciding whether you pass the incapacity test under the personal capability assessment or the own occupation test.'*⁸⁵

Incapacity status often conflicts with the potentially more helpful concessions (like permitted work). Some people have not been allowed to do such permitted work, even when an adviser had helped them find it, whilst others have been referred for a PCA (to review their entitlement) shortly after starting their permitted job.⁸⁶ Indeed the government changed rules for the Pathways pilots to allow Personal Advisers to defer a repeat PCA where the client has agreed to try some work-related activity.⁸⁷

There are similar problems in the US and Canada, where disabled people are often caught in a Catch-22 position: in order to access disability income programs they must prove their inability to work.⁸⁸ When their condition stabilizes or improves to the point where they can do some work, and they demonstrate a capacity to work, it jeopardizes their benefits. In Denmark a focus on what someone cannot do is thought to risk penalising coping strategies so this tends not to be done until the point at which rehabilitation is considered no longer to be feasible. Incapacity status is increasingly past its sell-by date.

De-categorisation

As noted above, social security systems use distinct categories (such as unemployment, old age, disability) as short cuts to meeting the needs of 'deserving' groups, as casework can be burdensome and expensive. The assumptions flowing from disability as a category can be misleading and reduce rather than enhance life chances. Some researchers have concluded that it is desirable to avoid defining disability as a status; instead categories could be combined or fragmented into smaller groupings.⁸⁹ Cross-European research suggests that both are happening, but often the desire to make distinctions is more concerned with establishing which institution has responsibility, rather than similarities or needs, creating barriers to reform. Some countries have uncoupled disability from pensions, for example in Sweden where disability insurance now has closer ties to sickness insurance, and in the UK where the former IVB, introduced in 1971 for long-term sickness, was originally seen as analogous to pensioners, though recent reforms have shifted the analogy towards job seekers. The OECD has suggested that disability should no longer be a category for automatic exemption but should be recognised independently of work and income.⁹⁰ De-categorisation would also be consistent with the idea of 'mainstreaming' discussed above.

No category at all

One implication of the social model might be that impairment may not always be relevant if social security is concerned with disadvantage. If so, one approach would be to tackle the additional causes of the expense at societal level. This would entail universal access to services by removing disabling barriers. It is probably easier to envisage this in relation to physical access, as there is no need to have a 'class' of users to anticipate what needs to be done. However in

other areas this might be more difficult, such as education, where a personalised response may be needed.

Compensation as a category

A further alternative is using cash compensation for the disadvantage caused to disabled people, rather than trying to measure the needs of the individual. This would be similar to worker compensation, on the basis that social arrangements worsen the consequences of disability. Whilst some feedback process might be needed to services and structures, there might still be the problem of individualising the process.

Single working age benefit

Alternative approaches could include changing income maintenance benefits by removing concepts of 'ability'. Reforms being discussed in Denmark involve eliminating the categorical distinction between disabled people and other working age recipients of benefits delivered via the municipalities (unemployment insurance is delivered by insurance institutions). Costs related to disability would be reflected in separate provisions, rather than being incorporated into the main income support benefits, and available to both employed and unemployed people. The Danish reforms also involve eliminating, rather than amending, the categorical basis for exemption from participation. 'Activation' reforms have greatly expanded the legal and financial scope for the exercise of local discretion to promote employment, and this casework-based system is seen as having the flexibility to respond to the individual needs and circumstances of clients.⁹¹

Extra costs benefits instead of work capacity

In many countries the definition of 'disability' for income maintenance is different from definitions for extra costs benefits, with little consideration about how the two could be more consistent. There may be a case for a greater role for extra costs benefits, as many do not relate to work status, and so have fewer work disincentives than income maintenance payments. Definitions tend to be based on inability to perform certain 'activities of daily living' (ADLs), mainly for care services.⁹² In Australia, discussion about welfare reform has included a possible integrated payment for all working age adults, supplemented by extra costs payments.⁹³ In the UK an equivalent approach might consist of a single income maintenance payment for people of working age (ending the distinction between JSA and IB) but with additional payments for disabled people based on extra costs (rather than for incapacity for work). This would be consistent with the objective of a 'level playing field' applied to personal assistance users and work.⁹⁴ It would entail some kind of profiling mechanism so that distance from work and barriers could be realistically assessed; conditions of entitlement would also have to ensure that people were not expected to seek or take work that might be damaging to their health, or risk losing benefit as a sanction. One possible model might be the Child Tax Credit, perhaps using DLA as the foundation of a disability costs credit, combined with other payments that taper off as incomes rise (disability premiums within IS).

Prefigure a new system with young people

Proposed changes to income maintenance for young people may present an opportunity to move towards de-categorisation. Currently, young disabled

people who need to claim benefits may start their transition to adulthood by having to prove they are incapable of work or unlikely to get a job:

- At age 16 most young people cannot claim IS when they are at school except those considered to be 'severely mentally or physically disabled and the disability means that they would be unlikely to find work within a year if leaving school now and signing on for work'. On leaving school they have to prove they are 'incapable of work' (assessed under the usual rules) before they can get IS. Someone in a job could also be entitled to IS provided they are mentally or severely disabled and not treated as being in work because earnings or hours are 75% or less than that of a non-disabled person in the same job.
- From age 16, and up to age 20 (or 25 if they have been in education or training) people can also be eligible for 'IB in youth' without needing to satisfy the NI conditions. People in full time education of more than 21 hours are usually excluded, unless the extra hours are for lessons that would not be suitable for someone of the same age and sex who is not disabled (such as young people with communication impairments).

Whilst aiming to provide some minimum level of income for disabled people the conditions are based on assumptions of incapacity and of low pay. In particular being labelled 'incapable of work' at such an early age as a condition of receiving benefit seems to be counter to the aims of encouraging work and independent living.

The 2004 budget outlined a long-term vision for a single, coherent system of financial support for young people aged 16-19.⁹⁵ Criteria for such a system include supporting post-16 choices and transition and delivering a decent minimum income. One question is which forms of financial support that young people could receive (including DLA) should be included. One possibility would be subsuming 'IB in youth' with other benefits, keeping DLA separate to meet additional impairment-related costs. This should be seen as part of a package, ie running alongside more extensive systems of employment and personal assistance support, so as to avoid 'component' thinking as described above.

The Australian Youth Allowance offers one model that appears to have led to an increase in participation in education and training, and lower unemployment.⁹⁶ It is conditional on an 'activity' test, either participation in full time education or a 'Preparing for Work Agreement' (where activity includes education, training and work search). This allows for a broader range of activities (such as allowing homeless young people to resolve accommodation issues as part of their agreement), and for transitions between activities. Some disabled young people are exempt from the activity test (and may receive separate benefits). However this need not be the case in the UK; it may be possible to develop a more integrated payment for young people which also abolishes the 'incapacity' requirement, replacing it with a broader activity test (eg 'progressing towards independent living').

I would be happy to discuss any of these points in more detail.

NOTES

- ¹ As recommended when the Strategy Unit was the Performance and Innovation Unit: 'Enabling government: joined up policies for a national disability strategy', 1999, Fabian Society
- ² Halpern, D, 1998, 'Poverty, social exclusion and the policy-making process', in Oppenheim, ed, 'An inclusive society: strategies for tackling poverty', Institute for Public Policy Research
- ³ Howard, M, 1999, 'Enabling government: joined up policies for a national disability strategy', Fabian Society
- ⁴ Mabbett, D and Bolderson, H, 2002, 'Definitions of disability in Europe: A comparative analysis', Brunel University
- ⁵ Thornton P and Lunt N, 1997, 'Employment policies for disabled people in eighteen countries: A review', York University, SPRU
- ⁶ Waddington L and Diller, M, 2000, 'Tensions and Coherence in Disability Policy: The uneasy relationship between social welfare and civil rights models of disability in American, European and International Employment Law', paper to symposium
- ⁷ Waddell, G, 2002, 'Models of Disability: Using back pain as an example', Royal Society of Medicine Press
- ⁸ Fawcett, B, 2000, 'Feminist perspectives on Disability', Harlow, Pearson Education
- ⁹ Mabbett, D, 2003, 'Transforming Disability into Ability: paper to dissemination conference 6/7 March 2003
- ¹⁰ see eg Glouberman, S, 2001, 'Towards a new perspective on health policy', Canadian Policy Research Networks Study no H|03
- ¹¹ see eg Hahn, H, 1984, 'Civil rights FOR disabled Americans: the foundation of a political agenda', www.independentliving.org/docs4/hahn.html
- ¹² see Bickenbach, J et al, 1999, 'Models of disablement, universalism and the international classification of impairments, disabilities and handicaps', *Social Science and Medicine* 48
- ¹³ Molloy, D et al, 2003, 'Diversity in disability: exploring the interactions between disability, ethnicity, age gender and sexuality', DWP research report 188
- ¹⁴ Grewal I, et al, 2002, 'Disabled for life? Attitudes towards, and experiences of, disability in Britain', DWP research report 173
- ¹⁵ Sayce, L, 2003, 'Beyond Good Intentions: making Anti-discrimination Strategies Work', *Disability & Society*, vol 18, no 5. August 2003
- ¹⁶ Corker, M, 1998, 'Deaf and Disabled, or Deafness Disabled? OUP
- ¹⁷ Jenkins S and Rigg J, 2003, 'Disability and disadvantage: selection, onset and duration effects', Case paper 74, November 2003
- ¹⁸ Sigle-Rushton W, 2004, 'Intergenerational and Life Course Transmission of Social Exclusion in the 1970 British Cohort Study, CASE paper 78, February 2004
- ¹⁹ DRC, 2004, 'Disability Briefing January 2004
- ²⁰ Dixon, S, 2003, 'Migration within Britain for job reasons', *Labour Market Trends* April 2003
- ²¹ Drake, R, 1999, 'Understanding Disability Policies', MacMillan
- ²² Shaw M et al, 1999, 'The widening gap: health inequalities and policy in Britain', The Policy Press
- ²³ Chapman, J, 2004, 'System failure', second edition, Demos (www.demos.co.uk)
- ²⁴ Glouberman, S, 2001, 'Towards a new perspective on health policy', Canadian Policy Research Networks Study no H|03
- ²⁵ see eg Miller, P et al, 2004, 'Disablism: how to tackle the last prejudice', Demos (www.demos.co.uk)
- ²⁶ Agulnik P et al, 2002, 'Response and Prevention in the British Welfare State', in Hills et al, ed, 'Understanding Social Exclusion', Oxford University Press
- ²⁷ Howard, M, 2003, 'An interactionist perspective on barriers and bridges to work', IPPR
- ²⁸ Leisering L and Walker R, 1998, 'New realities: the dynamics of modernity', in Leisering L and Walker R, 'The Dynamics of Modern Society' Policy Press
- ²⁹ see Falkingham J and Hills J, eds, 1995, 'The Dynamic of Welfare', Prentice Hall/Harvester Wheatsheaf
- ³⁰ eg McKay, S, 1998, 'Exploring the dynamics of family change: lone parenthood in Great Britain', in Leisering L and Walker R, 'The Dynamics of Modern Society' Policy Press
- ³¹ Burchardt, T, 2000 'The Dynamics of being Disabled', CASE paper 36, London School of Economics
- ³² Burchardt T, 2003, 'Employment Retention and the Onset of Sickness or Disability: Evidence from the Labour Force Survey longitudinal data sets, DWP in-house report 109

- ³³ Burchardt, T, 2000, 'Enduring economic exclusion: disabled people, income and work', Joseph Rowntree Foundation
- ³⁴ Farrington, J et al, 1999, 'Sustainable livelihoods in practice: early applications of concepts in rural areas', Overseas Development Institute
- ³⁵ Millar J and Ridge T, 2001, 'Families, poverty, work and care', DSS research report 153,
- ³⁶ Hills, J, 2002, 'Does a Focus on Social Exclusion Change the Policy Response?', in Hills, Le Grand and Piachaud, eds, 'Understanding Social Exclusion', Oxford University Press
- ³⁷ see Howard, M, 2003, 'An interactionist perspective on barriers and bridges to work', IPPR
- ³⁸ Rigg J and Sefton T, 2004, 'Income dynamics and the life cycle', CASE paper 81, February 2004
- ³⁹ Gershuny, J, 1998, 'Thinking dynamically', in Leisering L and Walker R, 'The Dynamics of Modern Society' Policy Press
- ⁴⁰ Priestley M, 1998, 'Constructions and creations: idealism, materialism and disability theory', *Disability & Society* 131
- ⁴¹ an early example being the social entrepreneur Robert Owen in New Lanark
- ⁴² Williams A et al, 1990, 'Changing culture', Institute of Personnel Management
- ⁴³ Sayce, L, 2003, 'Beyond Good Intentions: making Anti-discrimination Strategies Work', *Disability & Society*, vol 18, no 5. August 2003
- ⁴⁴ re-conceptualising 'stigma' from an individual phenomenon, though as Sayce suggests, stigma is not quite the right description: Link, B and Phelan, J, 2001, 'On the nature and consequences of stigma', *Annual Review of Sociology*, 27
- ⁴⁵ refs in Sayce, L, 2003, 'Beyond Good Intentions: making Anti-discrimination Strategies Work', *Disability & Society*, vol 18, no 5. August 2003
- ⁴⁶ eg Grewal I, et al, 2002, 'Disabled for life? Attitudes towards, and experiences of, disability in Britain', DWP research report 173; Roberts, S et al, 2004, 'Preparation for the 2004 changes: employers and service providers' responses to the DDA in 2003 and disability in the workplace', DWP research report 202
- ⁴⁷ Hurstfield, J et al, 'Monitoring the DDA 1995 Phase 3', DRC
- ⁴⁸ Zola, I, 1989, 'Toward the necessary universalising of a disability policy', *The Millbank Quarterly* 67
- ⁴⁹ see Olsen M ed, 1978, 'The unitary model', Birmingham University Social Work Studies Occasional paper no 1, BASW
- ⁵⁰ Department for International Development, 2000, 'Disability, poverty and development'
- ⁵¹ University of Edinburgh, 1998, 'Mainstreaming Equal Opportunities', The Scottish Office
- ⁵² University of Edinburgh, 1998, 'Mainstreaming Equal Opportunities', The Scottish Office
- ⁵³ Sayce, L, 2003, 'Beyond Good Intentions: making Anti-discrimination Strategies Work', *Disability & Society*, vol 18, no 5. August 2003
- ⁵⁴ European Commission, 1997, 'Equality of Opportunity for the Disabled: Background report'.
- ⁵⁵ University of Edinburgh, 1998, 'Mainstreaming Equal Opportunities', The Scottish Office
- ⁵⁶ Howard, M, 1999, 'Enabling government: joined up policies for a disability strategy', Fabian Society
- ⁵⁷ see eg Howard M 2003, 'Social inclusion and the third way in disabled policy in the UK', Japanese government research fellowship Tokyo November 2003
- ⁵⁸ see eg Corden A et al, 2003, 'New Deal for Disabled People National Extension: Findings From the First Wave of Qualitative Research with Clients, Job Brokers and Jobcentre Plus Staff', W169, DWP, October 2003
- ⁵⁹ Howard M, 1997, 'Investing in disabled people: a strategy from welfare to work', Joseph Rowntree Foundation/Disablement Income Group
- ⁶⁰ Secker, J et al, 2003, 'Developing social firms in the UK: a contribution to identifying good practice', *Disability & Society*, vol 18, no 5. August 2003
- ⁶¹ see eg Social Enterprise Coalition, 2003, 'There's more to business than you think: a guide to social enterprise'
- ⁶² see eg Seebohm P and Beyer, S, 2003, 'Employment Creation in Social enterprises: A public authority perspective 2001 – 2003, the financial net cost analysis, social firms uk
- ⁶³ Social Firms UK, 2002, 'national mapping'
- ⁶⁴ Arksey H et al, 2002, 'Mapping employment-focused services for disabled people', Department for Work and Pensions in-house report 93
- ⁶⁵ Institute for Public Policy Research, 2001, 'Building Better Partnerships: the final report of the commission on public-private partnerships'

-
- ⁶⁶ Howard M, 2002, 'Not just the job: report of a working group on disabled people using personal assistance and work incentives', Joseph Rowntree Foundation
- ⁶⁷ Howard M, 2002, 'Not just the job: report of a working group on disabled people using personal assistance and work incentives', Joseph Rowntree Foundation
- ⁶⁸ see eg Kestenbaum, A, 1999, 'What price independence? Independent living and people with high support needs', Joseph Rowntree Foundation/Policy Press
- ⁶⁹ before social work was as residualised as today
- ⁷⁰ see DPTC statistics and Rowlingson K and Berthoud, R, 1996, 'Disability, benefits and employment', DSS Research Report 54
- ⁷¹ Howard M, 1997, 'Investing in disabled people: a strategy for welfare reform', Disablement Income Group/Joseph Rowntree Foundation; Thornton, P et al, 1997, 'Helping disabled people into work: a cross-national study of social security and employment provisions', Social Security Advisory Committee Research Paper 8: Prinz, C, 2003, 'Transforming Disability into Ability: policies to promote work and income security for disabled people', OECD
- ⁷² see Walker R with Howard M, 2000, 'The Making of a Welfare Class? Benefit receipt in Britain', The Policy Press
- ⁷³ DWP, 2002, 'Pathways to work: helping people into employment', Cm 5690
- ⁷⁴ Walker R with Howard M, 2000, 'The Making of a Welfare Class? Benefit receipt in Britain', The Policy Press
- ⁷⁵ DWP, 2002, 'Pathways to work: helping people into employment', Cm 5690
- ⁷⁶ Corden A and Thornton P, 2002, 'Employment programmes for disabled people: lessons from research evaluations', Department for Work and Pensions in house report 90
- ⁷⁷ Peter Lilley, HC deb 1 December 1993 cc 1038-9
- ⁷⁸ Swales, K, 1998, 'Incapacity Benefit tracking exercise', DSS in-house report 44
- ⁷⁹ Dorsett, R, et al, 1998, 'Leaving Incapacity Benefit', DSS research report 86
- ⁸⁰ Lord Mackay of Ardbrecknish, HL Hansard, 9 February 1995, col. 387, debate on incapacity for work regulations
- ⁸¹ Corden A and Thornton P, 2002, 'Employment programmes for disabled people: lessons from research evaluations', DWP in house report 90
- ⁸² Grewal, I, et al, 2002, 'Disabled for life? Attitudes towards, and experiences of, disability in Britain', DWP research report 173
- ⁸³ Dorsett R et al, 1998, 'Leaving Incapacity Benefit' DSS research report 86
- ⁸⁴ Loumidis J et al, 2001, 'New Deal for Disabled People: National Survey of incapacity benefits recipients', DWP research report 160
- ⁸⁵ see eg Disability Alliance, 2004, 'Disability Rights Handbook'
- ⁸⁶ Corden, A and Sainsbury, R, 2001, 'Incapacity Benefits and Work Incentives', DWP research report 141
- ⁸⁷ DWP, 2003, 'Pathways to work: helping people into employment: The government's response and action plan', June 2003, Cm 5830
- ⁸⁸ Paper for US-Canada seminar 'Rethinking the Disability Income System: New Approaches, May 2004
- ⁸⁹ Mabbett, D, 2003, 'Why have disability categories in social security?' Brunel University
- ⁹⁰ Prinz, C, 2003, 'Transforming Disability into Ability: policies to promote work and income security for disabled people', OECD.
- ⁹¹ Mabbett, D, 2003, 'Disability Categories in European Social Policy' Brunel University
- ⁹² Mabbett, D, 2003, 'Why have disability categories in social security?' Brunel University
- ⁹³ OECD, 2001, 'Innovations in Labour Market policies: The Australian Way', OECD
- ⁹⁴ Howard, M, 2002, 'Not just the job: report of a working group on disabled people using personal assistance and work incentives', Joseph Rowntree Foundation
- ⁹⁵ HM Treasury, 2004, 'Supporting young people to achieve: towards a new deal for skills'
- ⁹⁶ Finn D and Branosky, N, 2004, 'Financial support for 16 to 19 year olds: A review of the literature and evidence on the Australian Youth Allowance', DWP research report no 215