

Invalid Definitions, Invalid Responses: Disability and the Welfare State, 1965-1995

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I, Gareth John Millward, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.



Abstract

This thesis is a historical investigation of how British governments in the late twentieth century defined and responded to disability. It uses official records and publications, the archives of prominent voluntary organisations and some oral histories. The period between 1965 and 1995 saw the rise of pan-impairment organisations campaigning for the recognition of disabled people's financial needs and, later, for civil rights. It was therefore a time of great political change, resulting in extensive reforms to both social security and anti-discrimination legislation.

Examining Deborah Stone's 'distributive dilemma', I argue that government policies towards disabled people centred on their poverty rather than encouraging their equal participation in society. Although voluntary organisations successfully brought public attention to, and concern for, the needs of disabled people, they were unable to secure legislative change to the extent that they had hoped. Internal bureaucratic momentum in the British government resulted in the extension of disability benefits in the 1970s and their retention in the 1980s and 1990s. However, such reforms were piecemeal and constrained by the economic problems during the period. Within these confines, governments did take on board arguments by disability groups, but understood and reinterpreted them within their own political traditions.

Existing histories of this period are either incomplete or written by the very activists involved. A concentration on the "social model" of disability has led to highly politicised accounts which both obscure the context of government policy and the motivations and constitution of lobbying organisations. I argue that existing ideal types for voluntary groups are problematic in the field of disability. Further, while there may appear to have been "consensus" of disability policy at various points, understanding the difference between social democratic, liberal and neo-liberal approaches to disability allows us to construct a more nuanced history of the period.

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Abbreviations

Archives

MRC – Modern Records Centre, University of Warwick, Coventry

PTC – The Peter Townsend Collection, University of Essex, Colchester

RADAR – Materials from the offices of Disability Rights UK and stored off-site materials.

TNA – The National Archives, Kew, London.

LEEDS – The Disability Archive UK, online, University of Leeds

Government-related bodies

AAB – Attendance Allowance Board

APDG – All Party Disablement Group

 APPGD – the All Party Parliamentary Group on Disability

CORAD – Committee on Restrictions Against Disabled People

DES – Department of Education and Science

DHSS – Department of Health and Social Security

DSS – Department of Social Security

DWG – Social Security Advisory Committee’s Disability Working Group

DWP – Department of Work and Pensions

EEC – European Economic Community

 EU – European Union

IMF – International Monetary Fund

LA – Local Authority

MPNI – Ministry of Pensions and National Insurance

MSS – Ministry of Social Security

NAB – National Assistance Board

NACEDP – National Advisory Council on the Employment of Disabled People

 NACED – National Advisory Council on the Employment of the Disabled

NIAC – National Insurance Advisory Council

PAR – Programme Analysis and Review

SBC – Supplementary Benefits Commission

SJC – Silver Jubilee Committee on Improving Access for Disabled People

SSAC – Social Security Advisory Council

Benefits

AA – Attendance Allowance

DLA – Disability Living Allowance

DWA – Disability Working Allowance

HNCIP – Housewives’ Non-Contributory Invalidity Pension

ICA – Invalid Care Allowance

ICB – Incapacity Benefit¹

IIB – Industrial Injuries Benefit

ILF – Independent Living Fund

¹ Government papers often refer to incapacity benefit as “IB”. In order to avoid confusion with invalidity benefit, “ICB” will be used throughout this thesis.

IVB – Invalidity Benefit
MA – Mobility Allowance
NCIP – Non-Contributory Invalidity Pension
NI – National Insurance
SDA – Severe Disablement Allowance
SSP – Statutory Sick Pay
UB – Unemployment Benefit

Voluntary organisations

ADL – Anti-discrimination Legislation (see: VOADL)
ADP – Association of Disabled Professionals
BADAR – British Association for Disability and Rehabilitation (see: RADAR)
BCODP – British Council of Organisations of Disabled People (see: UKDPC)
CCD – Central Council for the Disabled
DA – Disability Alliance
DAN – Direct Action Network
DBC – Disability Benefits Consortium
DDA – Disabled Drivers’ Association
DDAG – Disabled Drivers’ Action Group
DIG – Disablement Income Group
DPO – Disabled People’s Organisation
DRUK – Disability Rights UK (see: DA, RADAR)
EHM – Embodied Health Movement
ERDWC – Equal Rights for Disabled Women Campaign
GLAD – Greater London Association of Disabled People
ITAG – Invalid Tricycle Action Group
IYDP – United Nations’ International Year of Disabled People
MENCAP – The Royal Society for Mentally Handicapped Children and Adults
MIND – National Association for Mental Health
MSS – Multiple Sclerosis Society
NACAB – National Association of Citizens’ Advice Bureaux
NFB – National Federation of the Blind
NLBD – National League of the Blind and Disabled
NSM – New Social Movement
RADAR – Royal Association for Disability and Rehabilitation
RNIB – Royal National Institute for the Blind
REHAB – British Council for the Rehabilitation of the Disabled
SIA – Spinal Injuries Association
UKDPC – United Kingdom Disabled People’s Council (see: BCODP)
UPIAS – Union of the Physically Impaired Against Segregation
VOADL – Voluntary Organisations for Anti-Discrimination Legislation

Chapter 1 – Introduction

For the 2010 United Kingdom General Election, the Conservative manifesto promised that:

We will reassess all current claimants of Incapacity Benefit. Those found fit for work will be transferred onto Jobseeker's Allowance. Recipients of Incapacity Benefit who are genuinely disabled will continue to receive the financial support to which they are entitled.¹

Building on regulations introduced by the New Labour government, the Conservative-Liberal-Democrat coalition controversially went on to further restrict access to disability-related benefits in a time of financial crisis.² The debate over how to define categories of need is not new. Disability, however, is a relatively young bureaucratic entity in Britain's welfare state. While today we might talk about disability policy as if it were a natural part of British politics, this has not always been possible. By examining government policy and the demands and responses of voluntary organisations seeking to represent disabled people, I show how "disability" emerged and evolved as an object of government concern.

The scholarship on disability and disability policy has been growing for the past thirty years. Following from assertions that disability is a product of a discriminatory society and not a medical diagnosis,³ 'disability studies' has emerged to tackle the theoretical, social and political issues which the concept raises.⁴ It contends that, like issues such as gender and race, disability and disabled people have been marginalised as topics of research. Much of this literature comes from the discipline of sociology, with the humanities providing healthy support. Its focus has been on exposing disability as discrimination and in finding practical

¹ The Conservative Party, Invitation to join the government of Britain : the Conservative manifesto 2010 (London: The Conservative Party, 2010).

² Gareth Millward and Peter Border, *Assessing Capacity for Work (PN 413)* (London: Parliamentary Office of Science and Technology, 2012).

³ Union of the Physically Impaired Against Segregation and The Disability Alliance, *The Union of the Physically Impaired Against Segregation and the Disability Alliance discuss Fundamental Principles of Disability*, Online ed. (Leeds: The Disability Archive, 1997); Michael Oliver, *The politics of disablement*, (London: Macmillan Education, 1990).

⁴ For example, see Gary L. Albrecht, Katherine D. Seelman, and Michael Bury, *Handbook of disability studies* (Thousand Oaks, Calif.: Sage Publications, 2001); Colin Barnes, Mike Oliver, and Len Barton, *Disability studies today* (Cambridge: Polity, 2002); Lennard J. Davis, *The disability studies reader* (London: Routledge, 2006).

ways to defeat it. More recent histories have focused on the lived experiences of disabled people and the cultural constructions surrounding disability.⁵ This is seen as important because it illuminates the struggles of a minority group which has been historically hidden from public view.⁶ Even then, very few have examined the experiences of disabled people from the more distant past.⁷ Further, there have been few histories of state policy with or towards disabled people in its own right. As Anne Borsay has argued, history is a missing piece of the jigsaw in disability studies.⁸ Notable exceptions include Borsay's own *Disability and Social Policy in Britain since 1750*,⁹ Julie Anderson's *War, Disability and Rehabilitation in Britain*,¹⁰ Helen Bolderson's *Social Security, Disability and Rehabilitation*¹¹ and the seminal *The Disabled State* by Deborah Stone.¹² The focus of these histories, however, has tended to be the period roughly from the industrial revolution up to the years directly following the Second World War. Borsay ends her survey in the 1970s; Anderson the 1950s; Bolderson the 1940s. Stone, from a political science background, continues her analysis up to her "present" of the early 1980s. Other than concise chronological and sociological overviews of twentieth century disability policy as parts of larger studies and textbooks,¹³ histories of the period have tended to be

⁵ See the historiographical reviews in, Catherine J. Kudlick, "Disability History: Why We Need Another 'Other'," *The American Historical Review* 108, no. 3 (2003); David M. Turner, "Introduction: approaching anomalous bodies," in *Social Histories of Disability and Deformity*, ed. David M. Turner and Kevin Stagg (Abingdon: Routledge, 2006).

⁶ Paul K. Longmore and Lauri Umansky, "Introduction: Disability History: From the Margins to the Mainstream," in *The New Disability History : American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), pp. 12-14.

⁷ An exception is Michael Mantin, 2010. Educational Experiences of Deaf Children in Wales: The Cambrian Institution for the Deaf and Dumb, 1847-1914. Unpublished PhD dissertation, Swansea University.

⁸ Anne Borsay, "History, Power and Identity," in *Disability Studies Today*, ed. Colin Barnes, Mike Oliver, and Len Barton (Cambridge: Polity, 2002).

⁹ Anne Borsay, *Disability and Social Policy in Britain since 1750 : A History of Exclusion* (Basingstoke: Palgrave Macmillan, 2005).

¹⁰ Julie Anderson, *War, disability and rehabilitation in Britain : "soul of a nation"* (Manchester: Manchester University Press, 2011).

¹¹ Helen Bolderson, *Social Security, Disability and Rehabilitation* (London: Jessica Kingsley, 1991).

¹² Deborah A. Stone, *The Disabled State* (Philadelphia: Temple University Press, 1984).

¹³ Robert F. Drake, *Understanding Disability Policies* (Basingstoke: Macmillan, 1999); Michael Oliver and Colin Barnes, *Disabled People and Social Policy : From Exclusion to Inclusion* (London: Longman, 1998).

written by the very activists participating in the events.¹⁴ Professional historians have neglected disability this period, which is intriguing given the wealth of material on the welfare state and British social policy.¹⁵

B. J. Gleeson has criticised the ‘statist’ approach to disability history because it risks making disabled people look like the passive recipients of state charity.¹⁶ This has been a common attitude to “history from above” in general over recent decades. However, I fundamentally disagree that this has to be the case. The history of the late-twentieth century shows how disabled people were far from passive. Their involvement in political campaigns and creation of new organisations shows how assertive they were in securing legislative change. On a more fundamental level, however, even if one accepts the argument that disabled people were constructed as passive recipients, one cannot understand this construction if one does not study the concepts which underpinned those policies and how they were practiced. The processes by which the government, largely composed of non-disabled people, sought to deal with the problems it saw with disability and disabled people are crucial in understanding how disability was constructed in the late-twentieth century. This thesis is not about whether these policies were “good” or “bad”, but rather how disability was understood and the reactions of those seeking to represent disabled people’s interests.

This project begins to fill these gaps. It analyses the disability policies of the British welfare state from 1965 to 1995 to ask a short, yet complex question: *what was the government’s construction of disability?* I provide some answers by investigating the debates on policy decisions within and outside government. I do so by analysing the policy discussions and

¹⁴ Jane Campbell and Michael Oliver, *Disability Politics : Understanding our past, changing our future* (London: Routledge, 1996).

¹⁵ Just a few include Maurice Bruce, *The coming of the Welfare State* (London: Batsford, 1968); Pat Thane, *Foundations of the Welfare State*, 2nd ed. (London: Longman, 1996); Nicholas Timmins, *The five giants : a biography of the welfare state*, 2nd ed. (London: Harper Collins, 2001); Rodney Lowe, *The Welfare State in Britain since 1945* (Basingstoke: Palgrave Macmillan, 2005); Howard Glennerster, *British Social Policy, 1945 to the Present*, 3rd ed. (Oxford: Blackwell, 2007); Derek Fraser, *The Evolution of the British Welfare State - A History of Social Policy since the Industrial Revolution*, 4th ed. (Basingstoke: Palgrave Macmillan, 2009).

¹⁶ B. J. Gleeson, "Disability Studies: A historical materialist view," *Disability & Society* 12, no. 2 (2010): esp. pp. 190-91.

actions of the British government, with a particular focus on social security policy. These are contrasted with the demands of leading pan-impairment voluntary organisations representing disabled people. As these organisations attempted to define disability and press the government for reform, the interactions and arguments between the two offer a view of the underlying concepts that government officials and departments had with regard to disability. This introductory chapter outlines how I approached this study and the concepts I have chosen to adopt.

Literature review

To explain my approach to this study and the concepts contained within, this literature review analyses the existing material on the history of late twentieth-century disability and the welfare state. This thesis examines the British government's concept of disability through internal and external debates around key policy decisions. This section therefore outlines existing approaches to disability, welfare states, policy formation and the role of voluntary organisations in the policy process.

Disability

Before studying disability policy, a working definition of disability is needed. This is problematic, and was just as difficult for policy makers in the past as in the present. The traditional approach has been to define disability medically. The World Health Organisation's (WHO) model for disability in 1980, for example, posited that impairments (medical conditions) lead to disabilities (functional limitations) which could become handicaps (discrimination or barriers to full participation in society).¹⁷ This places disability as a fault within the individual, and has come under increasing attack from disability studies and other disciplines since the 1960s. Using Lemert's 'labelling theory of deviance', Lorber shows that society has provided the medical profession with the power to label people as 'deviant', or

¹⁷ World Health Organization, *International Classification of Impairments, Disabilities, and Handicaps : a manual of classification relating to the consequences of disease* (Geneva: World Health Organization, 1980).

'sick'.¹⁸ Logically, therefore, it has the right to decide "normality", and can sanction the abnormal – or "the disabled" – to comply with its prescribed regimen. Those who cannot be rehabilitated or cured remain in a perpetual state of abnormality.¹⁹ The 'stigma'²⁰ associated with this led to a "social model" of disability amongst British activists and academics. Initially developed by the Union of the Physically Impaired Against Segregation in 1975, they argued that disability was discrimination imposed upon people with impairments.²¹ Policies which focused on the individual were considered inadequate because they failed to tackle structural inequalities in society. Over the 1980s the model was developed,²² and articulated most notably in Mike Oliver's *Politics and Disablement* in 1990.²³ Included in these attacks on the "medical model" was the idea that disability policy was kept in the control of non-disabled "experts" and philanthropists in order to contain disabled people and advance their own careers. As we will see, this led to fraught relations between charities which provided services for disabled people, and "democratic" organisations which were run by disabled people. Similarly, private sector care services, which grew in number considerably over this time, were seen as being run in the financial and political interests of non-disabled people rather than reflecting the needs and desires of service users.²⁴

The social model is problematic for historians because its strength lies as a political call to arms rather than an analytical tool for historical processes. The historical narrative of social

¹⁸ Judith Lorber, "Deviance as Performance : The Case of Illness," in *Medical Men and Their Work*, ed. Eliot Freidson and Judith Lorber (Chicago: Atherton, 1972), pp. 414-19. See also Carol Thomas, "Disability and Impairment," in *Disabling barriers - enabling environments*, ed. John Swain, et al. (London: SAGE, 2004), p. 23; Eliot Freidson, "Disability as Social Deviance," in *Medical Men and Their Work*, ed. Eliot Freidson and Judith Lorber (Chicago: Atherton, 1972).

¹⁹ For discussion on "normality" see Waltraud Ernst, "The normal and the abnormal: reflections on norms and normativity " in *Histories of the Normal and the Abnormal : Social and cultural histories of norms and normativity*, ed. Waltraud Ernst (Abingdon: Routledge, 2006).

²⁰ Erving Goffman, *Stigma; notes on the management of spoiled identity* (Englewood Cliffs, N.J.: Prentice-Hall, 1963); Paul Hunt, *Stigma: the experience of disability* (London: G. Chapman, 1966).

²¹ Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*.

²² Victor Finkelstein, *Attitudes and disabled people : issues for discussion* (New York: International Exchange of Information in Rehabilitation, 1980).

²³ Oliver, *The politics of disablement*; Michael Oliver and Colin Barnes, *The new politics of disablement* (Basingstoke: Palgrave Macmillan, 2012).

²⁴ Gary L. Albrecht, *The disability business : rehabilitation in America* (Newbury Park, Calif.: Sage, 1992).

modelists is that disability grew alongside industrialisation. As individuals were forced to sell their labour, impaired people became excluded. This led to physical and social segregation through the workhouse, asylum and hospital.²⁵ Further, charities which “cared for” disabled people segregated individuals by reifying their status as second-class citizens, forbidden from taking control of their own lives through political representation, paid employment, sexual relationships and so on.²⁶ This materialist, politicised approach sought to place disabled people as organic intellectuals in their own struggle against non-disabled hegemony.²⁷ As Borsay has explained, however, this totalising narrative does not adequately explain historical processes. The interplay of other individual characteristics such as gender, sexuality, class and race are often lost.²⁸ More recent disability studies scholars, particularly those of a postmodern bent, have also argued that it neglects personal experiences of impairment.²⁹ Disability as an identity, and the interaction between multiple identity groups, have been presented as possible alternatives.³⁰ Barnes and Oliver continue to defend the political worth of the social model, accusing the postmodern critique of being ‘ahistorical’ and lacking ‘any committed vision of what could be and indeed what ought to be’. They make no apology for their commitment to a political ideal.³¹ Indeed, Oliver goes so far as to lament the inaction of disability studies over ‘the past 20 years’ in spending ‘too much time talking about the social

²⁵ Oliver, *The politics of disablement*; Borsay, *Disability and Social Policy*.

²⁶ Robert F. Drake, "Charities, Authority and Disabled People: a qualitative study," *Disability & Society* 11, no. 1 (1996); Oliver and Barnes, *Disabled People and Social Policy*.

²⁷ Borrowing from ideas expressed in Antonio Gramsci, Quintin Hoare, and Geoffrey Nowell-Smith, *Selections from the prison notebooks of Antonio Gramsci* (New York: International Publishers, 1972); Brett Levinson, "Feeling, the Subaltern, and the Organic Intellectual," *Angelaki: Journal of the Theoretical Humanities* 6, no. 1 (2001).

²⁸ Borsay, *Disability and Social Policy*, pp. 10-13.

²⁹ Mairian Corker and Tom Shakespeare, "Mapping the Terrain," in *Disability/postmodernity: embodying disability theory*, ed. Mairian Corker and Tom Shakespeare (London: Continuum, 2002), p. 15; Tom Shakespeare, *Disability Rights and Wrongs* (London: Routledge, 2006).

³⁰ Barbara M. Altman, "Disability Definitions, Models, Classification Schemes and Applications," in *Handbook of Disability Studies*, ed. Gary L. Albrecht, Katherine D. Seelman, and Michael Bury (London: SAGE, 2001); Sophie Mitra, "The Capability Approach and Disability," *Journal of Disability Policy Studies* 16, no. 4 (2006); Tania Burchardt, "Capabilities and disability: the capabilities framework and the social model of disability," *Disability & Society* 19, no. 7 (2004); Ayesha Vernon, "Fighting Two Different Battles: unity is preferable to enmity," *Disability & Society* 11, no. 2 (1996).

³¹ Oliver and Barnes, *Disabled People and Social Policy*, p. 4.

model and its usefulness... and not enough time actually implementing it... in practice'.³² However, 'a critical synthesis of the postmodern deconstruction of monoliths and a feminist commitment to radical politics' would, for Corker, create an 'emancipatory project... based on active and engaged dialoguing across difference, not the suppression of difference'.³³ Other "social" definitions which include the disabling effects of the environment and society have also developed in other traditions. Research on poverty by Townsend, for instance, focused on the structural inequalities which impoverished certain groups, including disabled people.³⁴ The newest WHO model stresses the interplay between personal and societal factors beyond simply medical impairment in determining the efficacy of disability schemes.³⁵ Social, de-individualised definitions of disability can therefore be used to investigate historical processes without subscribing whole-heartedly to the social model.

These are useful debates when understanding the motivations and experiences of disability activists during the late-twentieth century, but they are not appropriate for explaining what disability policy was or how it was understood by the British government. For this, Deborah Stone's *Disabled State* remains authoritative. Stone speaks of a 'distributive dilemma' in capitalist societies, where wealth is dispersed via systems based on work or on need. States must decide how to provide security for those in need whilst avoiding moral hazard.³⁶ Thus, "disability" can be seen as the drawing of the line between "eligibility" or "desert" for state aid on the one side, and the compulsion to work on the other. The social and legal limits of this boundary have shifted over time. Moreover, the bureaucratic systems for

³² Mike Oliver, "If I had a hammer : the social model in action," in *Disabling barriers - enabling environments*, ed. John Swain, et al. (London: Sage, 2004), p. 7.

³³ Carol Thomas and Mairian Corker, "A Journey Around the Social Model," in *Disability/postmodernity : embodying disability theory*, ed. Mairian Corker and Tom Shakespeare (London: Continuum, 2002), p. 22.

³⁴ See: Peter Townsend, "The meaning of poverty," *British Journal of Sociology* 13, no. 3 (1962); Brian Abel-Smith and Peter Townsend, *The Poor and the Poorest: a new analysis of the Ministry of Labour's Family Expenditure Surveys of 1953-54 and 1960* (London: Bell, 1965); Peter Townsend, *Poverty in the United Kingdom : a survey of household resources and standards of living* (Berkeley: University of California Press, 1979).

³⁵ World Health Organization, *International Classification of Functioning, Disability and Health* (Geneva: World Health Organization, 2001).

³⁶ Stone, *The Disabled State*, p. 15.

defining eligibility have not been static, nor have the boundaries between “work” and “welfare” always been mutually exclusive. This process has also not simply been about systematic, post-enlightenment oppression, or the panopticon of surveillance medicine.³⁷ Borsay has argued that eighteenth and nineteenth-century policy merely codified informal practices which had existed in pre-industrial Britain.³⁸ Shakespeare, too, has been keen to stress that there is a certain reality to impairment, and policies which seek to compromise with those in power to provide help to individuals rather than seeking wide-scale structural change are not necessarily oppressive.³⁹ Like Jameel Hampton, whose recent PhD explored disability policy in the British welfare state from 1948-1975, I argue that it is important to see disability policy as more than simply exclusion versus inclusion, professional self-interest or economic rationality.⁴⁰ Shades of grey are revealed as policy makers sought to help disabled people, but within their own, skewed understandings of what disability was. By the same token, these issues cannot be ignored. Undoubtedly, there are and have been elements of disability policy which have sought to “normalise”, segregate, or even destroy disabled people who were seen as deviant.⁴¹ In trying to explain the actions and motivations of government policy makers and the voluntary organisations which lobbied them, the social model provides important critiques of modernity and the welfare state.

Given my research questions, it is clear that this thesis requires a *bureaucratic* definition of disability to understand welfare state policy towards disability. The Stonean ‘distributive dilemma’ is an excellent starting point for this, as one can investigate how the limits of

³⁷ David Armstrong, *Political Anatomy of the Body : Medical Knowledge in Britain in the Twentieth Century* (Cambridge: Cambridge University Press, 1983).

³⁸ Borsay, *Disability and Social Policy*.

³⁹ Shakespeare, *Disability Rights and Wrongs*, esp. p. 45-50.

⁴⁰ Jameel Hampton, 2012. *Disabled People and the Classic Welfare State, 1948-1975: Changes in Perception, Developments in Policy*. Unpublished PhD dissertation, University of Bristol, p. 19.

⁴¹ Henri-Jacques Stiker, *A History of Disability* (Ann Arbor: University of Michigan Press, 1999). Pfeiffer criticises the medical model roots of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) as being used by states as a justification for eugenics and euthanasia. Drake also briefly sketches out the policies of states such as Nazi Germany in his exploration of disability policy. D. Pfeiffer, "The Devils are in the Details: the ICIDH2 and the disability movement," *Disability & Society* 15, no. 7 (2000): pp. 1080-81. Drake, *Understanding Disability Policies*, pp. 94-97.

eligibility for disability schemes were defined in law. However, it is not the only approach. Branson and Mille have claimed that governments have to create disability in order for there to be a policy about it. Following from the tripartite definition of disability in the WHO's 1980 scheme,⁴² they argue that 'disability', 'handicap' and 'policy' are constructs. People with 'handicaps' (or "problems") have a 'disability' – this disability requires a rational, bureaucratised response (or 'policy'). Thus, disability, once defined, is self-generating and actually serves to further segregate disabled people, even when the overt goal of 'policy' is to integrate disabled people into the wider community.⁴³ This builds on social model claims that disability was created by and central to the development of capitalism.⁴⁴ Stiker, for example, has argued that disability policy is about segregating the "abnormal" from the "normal". The segregated are then forced through a variety of disciplinary techniques to be "rehabilitated", otherwise they are not allowed to participate fully in society.⁴⁵ The argument is that such segregation was physical in institutional environments in the Victorian period, but since the Second World War the medical gaze has shifted into society in general through the use of health care professionals.⁴⁶ Dean goes further to suggest that the social security system is designed to do this to "the poor" in general, with disabled people one of a number of groups the state seeks to discipline. In this context, 'poverty' is treated the same as 'criminality' in Foucault's *Discipline and Punish*, as a 'technology of power'. Poverty moved from being a circumstance of birth in feudal societies to a personal failing (compounded by the market

⁴² World Health Organization, *ICIDH*.

⁴³ Jan Branson and Don Mille, "Beyond Integration Policy - The Deconstruction of Disability," in *Integration: Myth or Reality?*, ed. Len Barton (Barcombe: Falmer, 1989), pp. 144-46.

⁴⁴ *Ibid.*, p. 146; Oliver, *The politics of disablement*.

⁴⁵ Stiker, *A History of Disability*.

⁴⁶ Armstrong, *Political Anatomy of the Body*. This draws on Foucauldian analyses. See Michel Foucault, *Discipline and punish : the birth of the prison* (New York: Pantheon Books, 1977); Foucault, *The birth of the clinic : an archaeology of medical perception* (London: Tavistock, 1973); Kathryn Ellis, Hartley Dean, and Jo Campling, *Social policy and the body : transitions in corporeal discourse* (Basingstoke: Macmillan, 2000), pp. xi-xxv. For the history of "desegregation" see Borsay, *Disability and Social Policy*; David Gladstone, "Renegotiating the Boundaries: Risk and Responsibility in Personal Welfare since 1945," in *Welfare Policy in Britain, The Road from 1945*, ed. Helen Fawcett and Rodney Lowe (Basingstoke: Macmillan, 1999), pp. 41-43.

economy) in capitalism.⁴⁷ Thus, disability policy is simply part of this disciplinary technology. For Piven and Cloward, welfare is created to provide poverty relief in times of crisis, but carries with it a stigma so that workers will accept low pay and poor conditions rather than “go on the dole”.⁴⁸

“The welfare state”

Following from Stone’s ‘distributive dilemma’, the British state has tended to be concerned with disabled people without the financial resources to provide for themselves – i.e. those without work or those in poor households. Before the Second World War, this led to institutionalisation,⁴⁹ but, as Borsay has argued, the majority of disabled people lived in their own homes and participated (to varying degrees) in society.⁵⁰ Disabled people could therefore apply for support from local parishes through “out relief”.⁵¹ These were strongly policed to maintain the work ethic, avoid creating “sturdy beggars” and ensure that limited resources were directed at the “deserving’ sick”.⁵² This has historically entitled disabled people to certain benefits, although they were also denied certain rights. A standard of behaviour was expected of those who received aid, and those who refused to be rehabilitated or cured became considered deliberately deviant.⁵³ The concept of desert could also provide greater support for those considered more worthy. Most notably, significant resources were directed towards the rehabilitation and income maintenance of war veterans, especially after the two world wars.⁵⁴

⁴⁷ Hartley Dean, *Social Security and Control* (London: Routledge, 1991), pp. 68-69.

⁴⁸ Frances Fox Piven and Richard A. Cloward, *Regulating the Poor : The Functions of Public Welfare* (London: Tavistock, 1972), esp. pp. xi-xvii.

⁴⁹ See the chapters on ‘institutional living’ in Borsay, *Disability and Social Policy*, pp. 11-116. See also the associated stigma with institutional care in Oliver and Barnes, *Disabled People and Social Policy*, pp. 30-31; John Adams, "The Last Years of the Workhouse, 1930-1965," in *Oral History, Health and Welfare*, ed. Joanna Bornat, et al. (London: Routledge, 2000).

⁵⁰ Borsay, *Disability and Social Policy*, p. 119.

⁵¹ James Gregory, "Poverty from Workhouse to the Welfare State," *History Today* 58, no. 7 (2008).

⁵² The concept of the “deserving” poor is one that dates back centuries. See George Sher, "Health Care and the 'Deserving Poor'," *The Hastings Center Report* 13, no. 1 (1983).

⁵³ Lorber, "Deviance as Performance : The Case of Illness," p. 419; Freidson, "Disability as Social Deviance." Individuals could be seen as awkward or belligerent if they did not comply. See Ann MacFarlane’s opposition to conditions in one local craft class in Campbell and Oliver, *Disability Politics*, p. 41.

⁵⁴ Bolderson, *Social Security, Disability and Rehabilitation*.

Philanthropic endeavours were seen as “natural” ways of providing for other deserving groups, with a number of charities providing welfare services, such as education in special schools.⁵⁵

While these systems do not constitute the modern British welfare state, they do provide context for the developments after the Beveridge settlement of 1948. Though the “welfare state” is difficult to define, Rodney Lowe provides ‘three immutable characteristics’. First, a welfare state ‘actively accepts responsibility for the welfare of its citizens’; second, welfare states grew out of the aftermath of World War II; and third, ‘they have an inalienable core of universal services’.⁵⁶ In the 1950s and 1960s, Asa Briggs and T. H. Marshall saw the welfare state as a phase of development in human society, with Marshall defining it as the expression of ‘social rights’ to a guaranteed income alongside the political and civil rights won in previous centuries.⁵⁷ These teleological or “whiggish” interpretations have since been rejected. While it is clear that states spent far more on welfare services after the war, this does not have to be seen as “progress” or “inevitable”.⁵⁸ Douglas Ashford has used the history of ideas to attack the ‘myth of coherence’ applied to welfare states, even criticising the use of “welfare state” in the singular as naively simplistic.⁵⁹ Esping-Andersen has shown that welfare states in different countries developed individual characteristics based on those nations’ particular histories and political situations. He described welfare state *regimes*, producing three models. The United Kingdom is classed as a ‘liberal’ state, with little state intervention in economic policy, low taxes and low benefits designed to encourage personal responsibility. This is in contrast to ‘corporatist’ states in which blocs representing sections of society negotiate service provision

⁵⁵ David Edward Owen, *English philanthropy, 1660-1960* (Cambridge, Mass.: Harvard University Press, 1964), p. 120.

⁵⁶ Lowe, *The Welfare State in Britain since 1945*, p. 16.

⁵⁷ Asa Briggs, "The Welfare State in Historical Perspective," *European Journal of Sociology* 2, no. 02 (1961); T. H. Marshall, *Citizenship and social class, and other essays* (Cambridge: Cambridge University Press, 1950).

⁵⁸ Martin Gorsky, *Patterns of philanthropy : charity and society in nineteenth-century Bristol* (London: Boydell Press, 1999), p. 1; Thane, *Foundations of the Welfare State*, pp. 4, 277-78. Additionally, Thane has argued that many works which have been accused of “whiggism” have simply shown the growth in state expenditure without necessarily subscribing to the progress narrative.

⁵⁹ Douglas E. Ashford, "The Whig Interpretation of the Welfare State," *Journal of Policy History* 1, no. 1 (1989): pp. 24-25.

and taxation priorities (such as in France or Germany), and the 'social democratic' states in which well-funded comprehensive services are provided to all in return for high levels of taxation (such as in Scandinavia).⁶⁰

The "progress" narrative has unravelled since the 1970s. Welfare and its associated concepts are products of their time. Harris's work shows that 'unemployment' only appeared in official policy documents in 1895 and was not seriously considered part of the government's remit until after the Great War.⁶¹ Indeed, Wilding has argued that whiggish interpretations have been politically damaging; because contemporaries found the welfare state so inherently natural and unproblematic, very little attention was paid to the current and future economic costs of welfare programmes.⁶² Prochaska asserts that the traditional historiography and political discourse of the welfare state in Britain has tended to overemphasise the role of the centralised state as a "replacement" for nineteenth-century charity. There was always a complex interplay between private philanthropy and the state, with many charities being founded and thriving after 1945 and many of the traditional charities continuing to provide services to those considered in need.⁶³ It also tends to ignore the state-run and private welfare schemes in the first decades of the twentieth century. It simplifies the events of the mid-twentieth century as the death of private insurance and the birth of a public insurance purse; or the decline of community based insurance in favour of big business and big government.⁶⁴ There was also an increase in new, private organisations involved in welfare provision. Carers for disabled people, for example, are very often provided by commercial or not-for-profit

⁶⁰ Gøsta Esping-Andersen, *The three worlds of welfare capitalism* (Princeton: Princeton University Press, 1990).

⁶¹ José Harris, *Unemployment and Politics : A Study in English Social Policy, 1886-1914* (Oxford: Clarendon Press, 1972).

⁶² Quoted in Robert Page and Nicholas Deakin, eds., *The Costs of Welfare* (Aldershot: Avebury, 1993), p. xiii.

⁶³ F. K. Prochaska, *The Voluntary Impulse : Philanthropy in Modern Britain*, Historical handbooks (London: Faber, 1988); Pat Thane, "Voluntary action in Britain since Beveridge," in *Beveridge and voluntary action in Britain and the wider British world*, ed. Melanie Oppenheimer and Nicholas Deakin (Manchester: Manchester University Press, 2011).

⁶⁴ T. Alborn, "Senses of belonging: The politics of working-class insurance in Britain, 1880-1914," *Journal of Modern History* 73, no. 3 (2001): p. 567.

organisations which are licensed by a local authority.⁶⁵ Thus, there was not a “clean break” from the past after the War in which the State took complete control of the welfare of its citizens from what was an entirely private enterprise; an assortment of public and private vehicles for welfare persisted both before and after the 1940s.

This ‘pluralism’ of welfare providers has accelerated since the decline of what has been called the ‘classic welfare state’ from the 1970s onwards. After the Callaghan government was forced to introduce expenditure restrictions in return for an International Monetary Fund loan, the rate of expansion of the welfare budget slowed. With the emergence of the ‘New Right’ after the 1979 election, private welfare providers were encouraged in order to make state bureaucracy more efficient and to free citizens of government interference.⁶⁶ Such trends continued even with the election of New Labour in 1997.⁶⁷ These developments have lent weight to the arguments of Marxist scholars such as Gough. Britain moved from a more ‘corporatist’ tradition in which voluntary organisations and trades unions had input into government policy to a ‘liberal’ tradition in which private enterprise was dominant.⁶⁸ Thus, welfare states were never designed to replace capitalism;⁶⁹ rather businesses realised the need for trade union support in the post-war reconstruction effort, and the promise of a better future for citizens amid rising expectations. The economic boom until the late 1960s paid for these efforts, but by the 1970s the needs of capital shifted ‘to re-establish conditions for profitable accumulation’.⁷⁰ Similarly, critiques from feminists and disabled writers have emphasised that working men were disproportionately involved in these corporatist

⁶⁵ Norman Johnson, *The welfare state in transition : the theory and practice of welfare pluralism* (Amherst: University of Massachusetts Press, 1987), p. 112; Steven Rathgeb Smith and Michael Lipsky, *Nonprofits for Hire : The Welfare State in the Age of Contracting* (Cambridge: Harvard University Press, 1993). See also the critique of the growth in private professionalisation of care services in Albrecht, *The disability business*; Ken Davis, "The Crafting of Good Clients," in *Disabling barriers - enabling environments*, ed. John Swain, et al. (London: SAGE, 2004).

⁶⁶ Johnson, *The welfare state in transition*.

⁶⁷ Lowe, *The Welfare State in Britain since 1945*, esp. pp. 32-35.

⁶⁸ Ian Gough, *The political economy of the welfare state*, *Critical texts in social work and the welfare state* (London: Macmillan, 1979), pp. 70-72, 132-35.

⁶⁹ Johnson, *The welfare state in transition*, p. 124.

⁷⁰ Gough, *The political economy of the welfare state*, p. 135.

negotiations. The insurance principle in social security benefits, for example, disadvantaged those who could not work by providing more generous benefits.⁷¹ Services not predominantly consumed by non-disabled men (such as childcare or the personal social services) were neglected. Further, the assumption of the nuclear family, with a man as the bread-winner and the woman as the care-giver excluded women from the labour market and often left the care of disabled people to unmarried daughters or under-paid wives.⁷²

Since the 1980s, right-wing economists and historians have provided fresh criticisms. Neo-liberal thinkers have condemned the inefficiency of the welfare state, believing that full provision of services impairs personal responsibility, encourages welfare dependency and by association stunts economic growth and enterprise. Private service providers and the profit motive are preferred as they help drive down costs and competition increases quality.⁷³ Emphases on the individual have led to policies which focus on “rights” and “customers” in welfare rather than broader concepts of “society” and the protection of key groups. Recent histories have focused on the “marketisation” of health care, private companies’ involvement in social security⁷⁴ and, according to Bagguley, the decline in importance of voluntary organisations fighting for the political rights of various groups.⁷⁵ Beck has described how late industrial societies therefore shifted the risks of unemployment and social dislocation away

⁷¹ Helen Bolderson and Deborah Mabbett, *Social Policy and Social Security in Australia, Britain and the USA* (Aldershot: Avebury, 1991), p. 83.

⁷² Jane Lewis, "Introduction," in *Women's welfare : women's rights*, ed. Jane Lewis (London: Croom Helm, 1983), pp. 3-8. See also: Jennifer Dale and Peggy Foster, *Feminists and State Welfare* (London: Routledge and Kegan Paul, 1986); Oliver, *The politics of disablement*, pp. 3-5; Drake, *Understanding Disability Policies*, p. 72.

⁷³ Nick Ellison, "Neo-liberalism," in *The Student's Companion to Social Policy*, ed. Pete Alcock, Margaret May, and Sharon Wright (Chichester: Wiley-Blackwell, 2012).

⁷⁴ Howard Glennerster, "Crisis, Retrenchment, and the Impact of Neo-liberalism," in *The Student's Companion to Social Policy*, ed. Pete Alcock, Margaret May, and Sharon Wright (Chichester: Wiley-Blackwell, 2012); Rudolf Klein, *The new politics of the NHS : from creation to reinvention* (Oxford: Radcliffe, 2006), 105.

⁷⁵ Paul Bagguley, "Collective Action and Welfare Recipients in Britain," in *Beyond marginality? Social movements of social security claimants in the European Union*, ed. Rik van Berkel, Harry Coenen, and Ruud Vlek (Aldershot: Ashgate, 1998).

from societal groups and communities to the individual.⁷⁶ This attitude can lead to the reaffirmation of the “deserving poor” argument, since the individual is removed from his or her “society” and made solely responsible for his or her behaviour. Charles Murray famously described the creation of an “underclass” which survived on social security and had no aspirations to work, maintain a stable family or contribute positively to society.⁷⁷ These attitudes have been criticised heavily since the 1980s in response to the policies of successive neo-liberal governments in Britain and the United States. For instance, Warren asks whether the “deserving poor” are those who are willing or able to modify their bodies to become ready for the labour market.⁷⁸ Further, despite the rhetoric, Pierson has shown that the Thatcher government was not able to retrench the welfare state completely.⁷⁹ We therefore have a body of literature which emphasises welfare pluralism in the post-1948 welfare state, and invites the historian to be critical of narratives of progress. Similarly, the British state has continued to change over time, and these developments will be central to understanding the context in which disability policy was made.

Disability and social security

The major disability campaigns in the late-sixties revolved around social security, and “benefits” continued to be a contentious topic throughout the period. Few historical analyses of disability and social security exist,⁸⁰ but there has been much social and political science

⁷⁶ Ulrich Beck, *World at risk* (Cambridge: Polity, 2009); Ulrich Beck and Elisabeth Beck-Gernsheim, *Individualization : institutionalized individualism and its social and political consequences* (London: SAGE, 2002); Stuart Hall, "The Great Moving Right Show," in *The Politics of Thatcherism*, ed. Stuart Hall and Martin Jacques (London: Lawrence & Wishart, 1983), pp. 27-30.

⁷⁷ For example, see Charles A. Murray, *In our hands : a plan to replace the welfare state* (Washington, D.C.: AEI Press, 2006); John Welshman, *Underclass : a history of the excluded, 1880-2000* (London: Hambledon Continuum, 2007), pp. 134-39.

⁷⁸ Jon Warren, "Disabled people, the state and employment: historical lessons and welfare policy," in *Working Futures? Disabled people policy and social inclusion*, ed. Alan Roulstone and Colin Barnes (Bristol: Policy Pres, 2005).

⁷⁹ Paul Pierson, *Dismantling the welfare state? : Reagan, Thatcher, and the politics of retrenchment* (Cambridge: Cambridge University Press, 1994).

⁸⁰ Borsay has provided a brief summary of the major developments in disability policy during the period discussed in this thesis in Borsay, *Disability and Social Policy*, pp. 160-67. There is also some discussion of sickness benefit under Thatcher in Pierson, *Dismantling the welfare state?*

literature on the subject.⁸¹ This has grown since the 1980s when the costs of welfare were rising, while governments became increasingly concerned about how to limit expenditure. First, it must be made clear that there is 'no universally accepted definition' of social security.⁸² Much like "the welfare state", it can encompass a wide range of services (including employment, state schemes, social policies) and informal care networks (such as support from families, friends and neighbours). This thesis uses a much more narrow definition as identified by McKay and Rowlingson; direct financial support from the state paid to the individual. This in itself is problematic, though, as schemes like tax credits and funds which are administered by third parties (but financed partly or wholly by the state) are usually *not* considered part of the social security system as classically defined.⁸³ Therefore we must understand which schemes can be called "disability benefits" before reaching a definitive conclusion on which will be included in the analysis.

Categorisation has been seen as a more practical form of administration than individual subjective judgements on a case-by-case basis.⁸⁴ As Dixon and Hyde argue:

The welfare state thrives upon categorising the individuals who require help from it. A series of distinctions are made to sift and eventually select those who are considered worthy of receiving the highest benefits from those who must make do with less.⁸⁵

Broad, measurable criteria were therefore created and access was managed through a range of administrative and legal procedures. Bolderson and Mabbett measured welfare categories by four criteria: how easily they can be identified; how viable exclusionary decisions

⁸¹ See Tania Burchardt, *The Evolution of Disability Benefits in the UK: Re-weighting the basket* (London: Centre for Analysis of Social Exclusion, 1999); Gordon Waddell et al., *The scientific and conceptual basis of incapacity benefits* (London: TSO, 2005); M. Hyde, "From welfare to work? Social policy for disabled people of working age in the United Kingdom in the 1990s," *Disability & Society* 15, no. 2 (2000); Richard Berthoud, "Counting the cost of disability," *New Statesman* 127, no. 4368 (1998); Richard Berthoud, *Incapacity Benefit: where will the savings come from?* (London: Policy Studies Institute, 1993).

⁸² Stephen McKay and Karen Rowlingson, *Social Security in Britain* (Basingstoke: Macmillan, 1999), p. 2.

⁸³ *Ibid.*, p. 2-3.

⁸⁴ Michael B. Katz, *The Undeserving Poor - From the War on Poverty to the War on Welfare* (New York: Pantheon, 1989), pp. 9-10.

⁸⁵ Richard Lewis, "Tort and Social Security: The Importance Attached to the Cause of Disability with Special Reference to the Industrial Injuries Scheme," *The Modern Law Review* 43, no. 5 (1980): p. 514.

are; the legitimacy of the claims to help by the members of the category; and how relevant that category is to the imagined “real world” of the nation. Disability scores well on the ‘legitimacy’ criterion, they contend, but ‘the question of who is included and who is excluded and whether membership of the category signifies need remains problematic’.⁸⁶ Again, Stone’s ‘distributive dilemma’ is raised. To attempt to combat this problem the British state has had to use the medical profession as “gatekeepers” to disability welfare. This is by no means an isolated conclusion. By the mid 1990s, 163 countries had developed disabled social security programmes,⁸⁷ with ‘medical certification of disability [...] one of the major paths to public aid in the modern welfare state’.⁸⁸ These schemes themselves can, as Stone argues, be manipulated to control access and rationing of state resources. Since it is logical that there must be a finite amount of money available to the state, entry conditions must be imposed upon all government welfare schemes.⁸⁹

Within “disability benefits”, four main types are usually identified.

- **Compensation benefits:** payable to claimants based on injury or disease contracted as a result of their work. The two main examples are Industrial Injuries Benefits and War Pensions.
- **Earnings replacement benefits:** payable to claimants on the basis that they are unemployed due to disability or have reduced earnings capacity. Examples include sickness benefits, Invalidity Benefit and Incapacity Benefit.
- **Extra costs benefits:** paid to cover the additional financial expenses associated with disability. Attendance Allowance, Mobility Allowance and Disability Living Allowance were paid on this basis.

⁸⁶ Bolderson and Mabbett, *Social Policy and Social Security*, p. 15.

⁸⁷ J. Dixon and M. Hyde, "A global perspective on social security programmes for disabled people," *Disability & Society* 15, no. 5 (2000): p. 709.

⁸⁸ Stone, *The Disabled State*, p. 1.

⁸⁹ Deborah A. Stone, "Physicians as Gatekeepers," *Public Policy* 27, no. 2 (1979): p. 231.

- **Means-tested benefits:** available to disabled claimants only if their income and assets fall below a proscribed minimum. Disability-related additions were available under National Assistance, Supplementary Benefits and Income Support.⁹⁰

These distinctions are not always absolute. For instance, Non-contributory Invalidity Benefit was means-tested but designed to replace lost earnings. Similarly, Invalid Care Allowance can be seen as both a benefit to a disabled person to cover the extra costs of a carer and as replacing the earnings of that carer. The categories should therefore be used as a guide only. By the same token, these areas were financed in different ways. Means-tested benefits often came from direct taxation, unlike the contributory-principle National Insurance benefits. This became politically sensitive as the number of people claiming disability-related benefits increased dramatically through the 1980s and 1990s, despite repeated attempts by governments to cut the social security budget.⁹¹

Scholars note how difficult disability benefits have been to administer. Bolderson and Mabbett identify four measures of success for any benefit – ‘the ease with which categories or cases are identified, the viability of the exclusions which are made in the process, legitimacy (whether members of the category are seen to deserve their membership), and the perceived “fit” between need and membership – that is, the relevance of the category’. Disabled people are often considered a legitimate group for receipt of benefit, but the other three criteria are very problematic.⁹² Most benefit payments on the basis of disability would be considered ‘categorical’ benefits, i.e. benefits paid to a group because it is presumed that most people within that group will be in need of support. This can often lead to a difference between ‘deemed’ needs and ‘actual’ needs.⁹³ The British system therefore ‘paid on the basis of

⁹⁰ These are explained in detail in Burchardt, *The Evolution of Disability Benefits*, pp. 3-4. See also McKay and Rowlingson, *Social Security in Britain*, pp. 103-08.

⁹¹ Richard Berthoud, *Trends in the Employment of Disabled People in Britain* (Colchester: Institute for Social & Economic Research, 2011); Pierson, *Dismantling the welfare state?*

⁹² Bolderson and Mabbett, *Social Policy and Social Security*, p. 15.

⁹³ *Ibid.*, pp. 25-26.

assumed need rather than in relation to the individual's earning loss' as was common in continental Europe.⁹⁴ Hickel has studied the benefit system in the United States for World War I veterans and shown that there was fundamental tension between medical, bureaucratic and social conceptions of disability.⁹⁵ The definitional problem is present throughout these chapters: just because a person qualified as disabled did not necessarily mean she was considered a worthy recipient.

Voluntary Organisations⁹⁶

The work of politicians, civil servants and government ministers is articulated throughout the thesis. However, the crucial interactions are those with voluntary organisations. As I show, disability groups were central in defining disability and pressing government for legislative change during the period.

Pre-war histories have tended to focus on the traditional charities which emerged during the modern period. These were philanthropic and paternalistic organisations caring for the "deserving poor".⁹⁷ Owen has described how from the late-eighteenth century 'the blind always had a special appeal' and similar organisations were founded to cater for other sensory impairments, such as the deaf and the dumb.⁹⁸ Later, these charities were criticised for failing to 'reform' the impaired and failing to encourage self-sufficiency.⁹⁹ Many provided direct relief to disabled people, either through alms or through running large institutions such as care

⁹⁴ Peter A. Köhler, Hans Friedrich Zacher, and Martin Partington, *The Evolution of social insurance, 1881-1981 : studies of Germany, France, Great Britain, Austria, and Switzerland* (London: St. Martin's Press, 1982), pp. 218-19.

⁹⁵ K. Walter Hickel, "Medicine, Bureaucracy and Social Welfare : The Politics of Disability Compensation for American Veterans of World War I," in *The New Disability History : American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001).

⁹⁶ I presented some of my conclusions on the state of disability organisations at the Social History Society Conference at the University of Brighton in April 2012, and at the Voluntary Action History Society in December 2011. I would like to thank the audiences at these events for their feedback. Audio of the Voluntary Action History Society presentation is available at < <http://www.vahs.org.uk/podcasts/seminars3/> >.

⁹⁷ R. F. Drake, "Disabled people, voluntary organisations and participation in policy making" (paper presented at the ESRC Seminar on Voices in the Policy Process, Edinburgh, Scotland, Jul 2000), pp. 20-21; Jon Glasby, *Understanding Health and Social Care*, 2nd ed. (Bristol: Policy Press, 2012).

⁹⁸ Owen, *English philanthropy*, p. 120.

⁹⁹ *Ibid.*, pp. 235-36.

homes and sheltered employment.¹⁰⁰ Later histories have described how these charities segregated disabled people. Until recently, few allowed or encouraged disabled people to participate in decision-making processes. Charities were run by “well-meaning” non-disabled people who believed they knew what was best for disabled people.¹⁰¹ These groups were comparatively large in terms of financial resources and individual membership, and were institutions well-respected by the general public and government.

Histories of the late twentieth century have described how the voluntary sector developed in the new welfare state. Groups emerged which focused more on the demands of those they were seeking to help and their families. Organisations such as the Spastics Society, the National Association for Mental Health (MIND) and National Association of Parents of Backward Children (MENCAP)¹⁰² were still run by non-disabled people, but had a greater focus on the wider position of disabled people in society.¹⁰³ More radical groups were founded from the 1960s onwards, including the Disablement Income Group (DIG), and the Disability Alliance (DA). These organisations often had disabled people in positions of power, but were reliant upon non-disabled experts in the field of political lobbying. They did not have the resources of the larger charities, but quickly became visible to the general public. Furthermore, these organisations, unlike the traditional charities, were pan-impairment – that is to say they did not focus on one group or medical conditions such as “the blind”, “the deaf”, “the mentally ill” or “spastics”, nor did they (for the most part) provide segregating welfare services. Following from the “rediscovery of poverty” in the 1960s, these groups followed a Fabian tradition of negotiation with central government on behalf of social groups who were considered

¹⁰⁰ See Drake, "Charities, Authority and Disabled People."; Oliver and Barnes, *Disabled People and Social Policy*.

¹⁰¹ P. Mason, "The Representation of Disabled People: a Hampshire Centre for Independent Living Discussion Paper," *Disability, Handicap & Society* 7, no. 1 (1992).

¹⁰² Later known as The National Society for Mentally Handicapped Children.

¹⁰³ Thane, "Voluntary action in Britain since Beveridge."

disadvantaged (referred to by Bagguley as a 'corporatist' approach).¹⁰⁴ Unlike the older organisations which had lobbied government, these new groups were more aggressive in their demands, more willing to criticise the government openly, and able to make better use of the media for their political campaigns.¹⁰⁵ This had a knock-on effect, encouraging older voluntary organisations to take up these tactics.¹⁰⁶ It led to the creation of what is often referred to as the "poverty lobby", a collection of similarly-minded organisations campaigning for people affected by issues such as child poverty (e.g. Child Poverty Action Group), homelessness (Shelter), old age (Help the Aged), and so forth.¹⁰⁷

Since the 1970s, sharp distinctions have been drawn by social modelists between groups *for* and groups *of* disabled people. Organisations which were not led by disabled people were considered part of the former and a threat to disabled people's autonomy. The 1980s saw a growth in the number of groups *of* the disabled – often referred to as Disabled People's Organisations (DPOs). Examples include the Union of the Physically Impaired Against Segregation (UPIAS) and the British Council of Organisations of Disabled People (BCODP).¹⁰⁸ They campaigned for such causes as independent living and direct payments so that disabled people could take control of their own finances.¹⁰⁹ The 1970s and 1980s, then, were focused on services for disabled people, whereas by the 1990s the cause had focused more on "rights"

¹⁰⁴ Bagguley, "Collective Action," pp. 194-95; Pete Alcock and Jo Campling, *Understanding poverty* (Basingstoke: Palgrave Macmillan, 2006). For the "Fabian" background, see Keith G. Banting, *Poverty, politics, and policy: Britain in the 1960s* (London: Macmillan, 1979), pp. 4-7.

¹⁰⁵ Tanya Evans, "Stopping the Poor Getting Poorer: The Establishment and Professionalisation of Poverty NGOs, 1945-95," in *NGOs in contemporary Britain: non-state actors in society and politics since 1945*, ed. Matthew Hilton, Nick Crowson, and James McKay (London: Palgrave Macmillan, 2009).

¹⁰⁶ See Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? : unmarried motherhood in twentieth-century England* (Oxford: Oxford University Press, 2012), pp. 124-25.

¹⁰⁷ Paul Whiteley and Steve Winyard, *Pressure for the poor : the poverty lobby and policy making* (London; New York: Methuen, 1987); Evans, "Stopping the Poor Getting Poorer."

¹⁰⁸ Jane Campbell, "'Growing Pains'. Disability Politics - The journey explained and described," in *Disability Studies : Past, Present and Future*, ed. Len Barton and Mike Oliver (Leeds: Disability Press, 1997). At the same time, the paternalistic power of the medical profession was being challenged by other patient groups. Mark A. Peterson, "From Trust to Political Power : Interest Groups, Public Choice, and Health Care," *Journal of Health Politics, Policy and Law* 26, no. 5 (2001): p. 1155.

¹⁰⁹ Frances Hasler, "Direct Payments," in *Disabling barriers - enabling environments*, ed. John Swain, Sally French, and Colin Barnes (London: SAGE, 2004).

as a key battleground.¹¹⁰ Throughout, there has been antipathy and open hostility from the *of* groups towards the *for* groups.¹¹¹ Often referred to as ‘charities’ (although the poverty lobby organisations are sometimes included in this category), they were seen as undemocratic, diverting resources away from truly-representative groups, and helping to maintain a culture which saw disabled people as dependent upon the benevolence of non-disabled people. Further, they were a key part of the medical model which individualised disability rather than focusing on reforming society.¹¹²

DPOs have been referred to as ‘New Social Movements’ (NSMs) or as Lewis has described them in relation to social policy ‘new political constituencies... convened around the formation of identities and solidarities in relation to social differences of gender, race/ethnicity, sexuality and disability’.¹¹³ These were said to have developed from the 1960s as more radical organisations of identity groups outside of the traditional party politics structure which was seen as no longer able to fulfil their needs.¹¹⁴ They were far more willing to challenge the status-quo,¹¹⁵ although in turn this meant that they found it more difficult to become accepted by the government. However, Shakespeare has taken issue with this interpretation, arguing that traditional NSM theory does not explain the particular developments in ‘the disability movement’. Partly this is because disability is not as ‘unitary’ as, say, race or gender because of the myriad impairments which impact upon individuals’ life experiences in different ways. Partly, however, it is because the “newness” of NSMs has been overplayed and the

¹¹⁰ Oliver, "If I had a hammer."

¹¹¹ Fran Branfield, "What Are You Doing Here? 'Non-disabled' people and the disability movement: a response to Robert F. Drake," *Disability & Society* 13, no. 1 (1998).

¹¹² Drake, "Charities, Authority and Disabled People.;" Oliver and Barnes, *Disabled People and Social Policy*, pp. 64-66; Campbell and Oliver, *Disability Politics*, esp. pp. 28-45.

¹¹³ Gail Lewis, "'Difference' and Social Policy," in *Developments in British Social Policy 2*, ed. Nick Ellison and Chris Pierson (Basingstoke: Palgrave Macmillan, 2003), p. 93.

¹¹⁴ See Virginia Berridge and Alex Mold, "Professionalisation, new social movements and voluntary action in the 1960s and 1970s," in *The Ages of Voluntarism : How we got to the Big Society*, ed. Matthew Hilton and James McKay (Oxford: Oxford University Press, 2011); Malcolm J. Todd and Gary Taylor, "Introduction," in *Democracy and Participation : Popular protest and new social movements*, ed. Malcolm J. Todd and Gary Taylor (London: Merlin, 2004), esp. pp. 2-7; Alan Scott, *Ideology and the new social movements* (London; Boston: Unwin Hyman, 1990), esp. pp. 13-35.

¹¹⁵ Richard Heffernan, "Pressure Group Politics," in *Developments in British politics 9*, ed. Richard Heffernan, Philip Cowley, and Colin Hay (Basingstoke: Palgrave Macmillan, 2011), p. 180.

continuities with older forms of self-organisation have been ignored.¹¹⁶ The National League of the Blind and Disabled, for instance, had been established in 1899 and was run by disabled people.¹¹⁷ Moreover, the blurred distinction between a group such as DIG (focused on incomes and considered a *for* group) and UPIAS (focused on rights and considered an *of* group) mean that the dichotomy is problematic for historians of the period. Later work on Embodied Health Movements (EHMs) addresses some of these concerns. Brown et al have defined EHMs as building on 'the embodied experience of people who have [a] disease', and their challenge to 'existing medical/scientific knowledge and practice'. However, this still does not fully describe DPOs, since EHMs also 'involve collaborating with scientists and health professionals in pursuing treatment'.¹¹⁸ Further, DPOs focus more on social oppression upon those with impairments rather than the medical aspects of disease. It is important, therefore, to understand that any overarching categorisation of disability voluntary organisations is problematic, and such terms should be used as guides rather than perfect descriptions of the state of the sector.

As organisations became more politically active from the 1960s, so their role in policy making became more central. As discussed earlier, many commentators see the British welfare state as a pluralist structure, with a number of providers and policy makers from areas outside the traditional civil service or Houses of Parliament. Along with the creation and maintenance of voluntary and commercial groups in welfare provision there has also been a growing place for them in the policy sector. Sometimes referred to as "interest" or "pressure" groups, these organisations seek to influence the direction of existing policies, change attitudes or bring new

¹¹⁶ Tom Shakespeare, "Disabled People's Self-organisation: a new social movement?," *Disability, Handicap & Society* 8, no. 3 (1993). For critique of the moniker "new" see Heffernan, "Pressure Group Politics," p. 180.

¹¹⁷ See, for example, Julie Anderson interviewed about the National League on Peter White and *BBC Radio 4's Disability: A New History*, episode 10 < <http://www.bbc.co.uk/programmes/b021mdwt> > (accessed 11 June 2013).

¹¹⁸ Phil Brown et al., "Embodied health movements: new approaches to social movements in health," *Sociology of Health & Illness* 26, no. 1 (2004): pp. 54-55.

issues to the political agenda.¹¹⁹ They believe that organised bodies have more power to make their views heard.¹²⁰ Grant identifies three main characteristics. First, they are 'organised' entities, with some form of structure, membership and so on. Second, 'their range of concern is narrower than that of political parties' and they will therefore tend to be "single issue" groups, or purport to represent a specific constituency. Third, 'they seek to exert influence of government rather than taking control of, or share in, government themselves'.¹²¹

These attributes help us to understand if not the reality of the power structure in Britain then certainly voluntary organisations' beliefs about it. These coloured their tactics. Over the 1980s and 1990s, a number of political scientists studied how they operated. Their tendency to attempt to influence the government through Parliament and Whitehall showed that they had some faith in the bureaucratic power of the political establishment.¹²² Government as a whole (including the Civil Service) or "Whitehall" was often seen as a key battle ground, as governments were believed to have direct control over policy at the micro and macro levels. Parliament had much less power since most MPs were constrained in what they could say and do by their parties' leadership,¹²³ but could still be a useful institution to target because MPs and Lords may have one day become part of the government and could raise issues in the chamber that would be debated and reported upon.¹²⁴ Later analyses have shown how this faith in "the establishment" has wavered,¹²⁵ but was still an important part of pressure group strategy in the period under discussion. Besides, groups had already begun to use "unofficial" channels to influence policy. The growing exploitation of the mass media also shows that the

¹¹⁹ W. N. Coxall, *Parties and Pressure Groups* (Harlow: Longman, 1981), pp. 84, 100.

¹²⁰ John W. Kingdon, *Agendas, Alternatives and Public Policies*, 2nd ed. (New York: Longman, 1995), p. 53.

¹²¹ Wyn Grant, "The Role and Power of Pressure Groups," in *British Politics in Perspective*, ed. R. L. Borthwick and J. E. Spence (New York: Leicester University Press, 1984), p. 124.

¹²² Rob Baggott, *Pressure Groups Today* (Manchester: Manchester University Press, 1995), p. 135; Heffernan, "Pressure Group Politics," p. 193.

¹²³ Philip Norton, "Introduction: Putting Pressure on Parliaments," in *Parliaments and pressure groups in western Europe*, ed. Philip Norton, *Parliaments in contemporary western Europe* (London: Frank Cass, 1999), p. 7.

¹²⁴ *Ibid.*, pp. 8-10.

¹²⁵ Matthew Hilton et al., *A historical guide to NGOs in Britain : charities, civil society and the voluntary sector since 1945* (Basingstoke: Palgrave Macmillan, 2012), pp. 335-43.

organisations had faith in the idea of “public opinion”.¹²⁶ Pressure groups often tried to influence opinion in order to build more support and create awareness for their cause; if not overall public opinion (in the case of potentially divisive issues such as abortion) then certainly of *informed* opinion which was seen as having an impact on the minds of individuals within government.¹²⁷ In more recent years, groups have been more active in providing detailed evidence for government select committees and inquiries to inform decision makers.¹²⁸ In other situations, groups tried to compensate for their lack of ability to directly influence policy by challenging government in the courts. Test cases which question the legitimacy of government action could force reform.¹²⁹

These activities were not new – the National Council for the Unmarried Mother and Her Child, among others, had been actively lobbying the governments of the late-nineteenth century with information¹³⁰ – however, the increased professionalisation and proliferation of voluntary organisations from the 1960s onwards led to both increased volume of submissions and an increase in government consultations in which groups were invited to participate. By the mid-1980s there was a growing ‘recognition of the importance of the state as a regulator of the pressure group system’.¹³¹ Indeed, there were benefits for both sides. The increase in the number and visibility of organisations was significant;¹³² for Coxall this could be taken as a sign that ‘social needs were not being met by the public authorities and the two major parties’, as the growth of minor parties in the House of Commons and the declining voter turnout appeared to indicate.¹³³ The government began to make greater use of pressure groups for advice and information, acquiescence to policy changes and assistance in the administration of

¹²⁶ Heffernan, "Pressure Group Politics," p. 182.

¹²⁷ Coxall, *Parties and Pressure Groups*, p. 92.

¹²⁸ Philip Norton, "The United Kingdom: Parliament under Pressure," in *Parliaments and pressure groups in western Europe*, ed. Philip Norton, *Parliaments in contemporary western Europe* (London: Frank Cass, 1999), p. 32.

¹²⁹ Heffernan, "Pressure Group Politics," p. 185.

¹³⁰ Thane and Evans, *Sinners? Scroungers? Saints*.

¹³¹ Grant, "The Role and Power of Pressure Groups," p. 125.

¹³² Hilton et al., *A historical guide to NGOs in Britain*, pp. 318-46; Köhler, Zacher, and Partington, *The Evolution of social insurance*, pp. 198-99.

¹³³ Coxall, *Parties and Pressure Groups*, p. 100.

the resulting policies.¹³⁴ MPs and Lords also found the information provided by pressure groups invaluable for understanding political issues which had become so complex that no one member could possibly be well-informed about every issue they were expected to debate.¹³⁵ Similarly, the government could get forewarning of any potential dissent as well as gaining concessions from the major organisations in a particular field. This helped to legitimise their actions.¹³⁶ Essentially, in return for access to the policy making process groups followed certain conditions as set out by the authorities. Those that were respectable and showed 'restraint and moderation' would be allowed "in", whereas those who behaved in unacceptable ways tended to be ignored.¹³⁷ These findings led to an "insider/outsider model" in which the government or establishment acts as a gatekeeper to admit certain organisations into the policy making process or keeps them "out of the loop". This is a useful descriptive device as it allows our understanding of groups to change as they become more or less accepted by institutions over an historical period.¹³⁸ However, such a model relies on an idealised form of consultation in developing legislation and fails to take into account less formal methods of influencing or directing policy.¹³⁹ It is, therefore, more useful as a description of intent and tactics rather than as a status granted by government departments.

Pressure groups have targeted all of these institutions – the media, Government and Parliament – in order to try and affect policy. However, specific groups chose to prioritise one section over another. This is the difference between an "open" strategy or a "focused" strategy.¹⁴⁰ How successful these attempts were is attributable to a number of factors. Some causes may have been seen at a particular point in time as more worthy than others. Influence

¹³⁴ Ibid., p. 86; Heffernan, "Pressure Group Politics."

¹³⁵ Norton, "Introduction: Putting Pressure on Parliaments," pp. 11-12.

¹³⁶ Grant, "The Role and Power of Pressure Groups," p. 126.

¹³⁷ Coxall, *Parties and Pressure Groups*, p. 86. Grant, "The Role and Power of Pressure Groups," pp. 127-29.

¹³⁸ Norton, "Introduction: Putting Pressure on Parliaments," p. 4.

¹³⁹ William A. Maloney, Grant Jordan, and Andrew M. McLaughlin, "Interest Groups and Public Policy : The Insider/Outsider Model Revisited," *Journal of Public Policy* 14, no. 1 (1994).

¹⁴⁰ Whiteley and Winyard, *Pressure for the poor*, pp. 31-34.

could also be affected by the constituency of the group. Heffernan identifies four factors: 'visibility' (how well the group becomes known to people in key positions or in the public consciousness); 'resources' (how well the group can raise funds and manpower to achieve its goals); 'size of membership' (in terms of gross numbers but also the relative number of people affected by the issue who join the group); and 'legitimacy' (how well the group is accepted by people in key positions).¹⁴¹ These issues are important to understanding some of the differences and tensions between voluntary organisations and pressure groups in the disability sector.

Timeframe and key concepts

Having shown the existing literature on the major themes this thesis tackles, I will now explain the approaches I have taken and why these were important areas to study.

First, I have chosen the period 1965 to 1995 as it was a period of significant change for disability politics (see Table 1.1 and Table 1.2). On a practical level, thirty years was a manageable time frame in terms of source collection and analysis within the three years of a PhD study. In terms of landmark events, 1965 saw the formation of the DIG, the first pan-impairment lobby group in the United Kingdom founded and run by disabled people. 1995 witnessed the collapse of Rights Now, an umbrella organisation campaigning for anti-discrimination legislation. This was also the year in which Incapacity Benefit was introduced and the Disability Discrimination Act passed. Importantly, very little historical work has been done on the primary material beyond 1980, allowing fresh insights into the more-recent past. Although this is a project on the British welfare state, it is also a project centred around Whitehall and Westminster. The period of study occurs before Scottish and Welsh devolution, but inevitably there is an English bias. A full investigation of all the areas of policy would have to include the particulars of Scotland and Northern Ireland, as well as the role of local government in the administration of central government policies. References are made

¹⁴¹ Heffernan, "Pressure Group Politics," p. 178.

throughout when regional difficulties became a major topic of conversation. Overall, however, I concentrated on the overarching arguments rather than specific localised details. The subject of the study is the underlying concepts behind policy decisions rather than their implementation; although clearly, policy outcomes affect future policy decisions and will have to be referenced.

Acknowledging the problems in precisely defining “disability”, and the “welfare state”, this thesis analyses the policies that the latter devised for the former. Political scientists and, in more recent years, historians have developed tools for analysing the policy-making process and its impact. According to Walt and Gilson, policy formulation can be thought of in terms of a triangle with the three corners representing ‘context’, ‘content’ and ‘process’. In the centre, ‘actors’, or groups and individuals, have to work within and upon those parameters (see Figure 1.3). As a basic framework it argues that those involved in the policy process are constrained by, influenced by and, in turn, influence the political and cultural context, the content of any policy document or legislation and the processes by which such policy is developed and practised.¹⁴² The actors in this triangle can be said to form a ‘policy network’, in which experts in the field exchange information on potential policy solutions and the relative merits and demerits of each.¹⁴³ This and subsequent chapters will therefore provide the historical context in which decisions were made; outline the content of current and past legislation; provide insight into the discussions and bureaucratic and political processes which created this legislation; and examine the major politicians, political departments and lobbying organisations which took part in this entire process.

¹⁴² Gill Walt and Lucy Gilson, "Reforming the health sector in developing countries : the central role of policy analysis," *Health Policy and Planning* 9, no. 4 (1994).

¹⁴³ Gill Walt, *Health Policy : An Introduction to Process and Power* (London: Zed Books, 1994), p. 182.

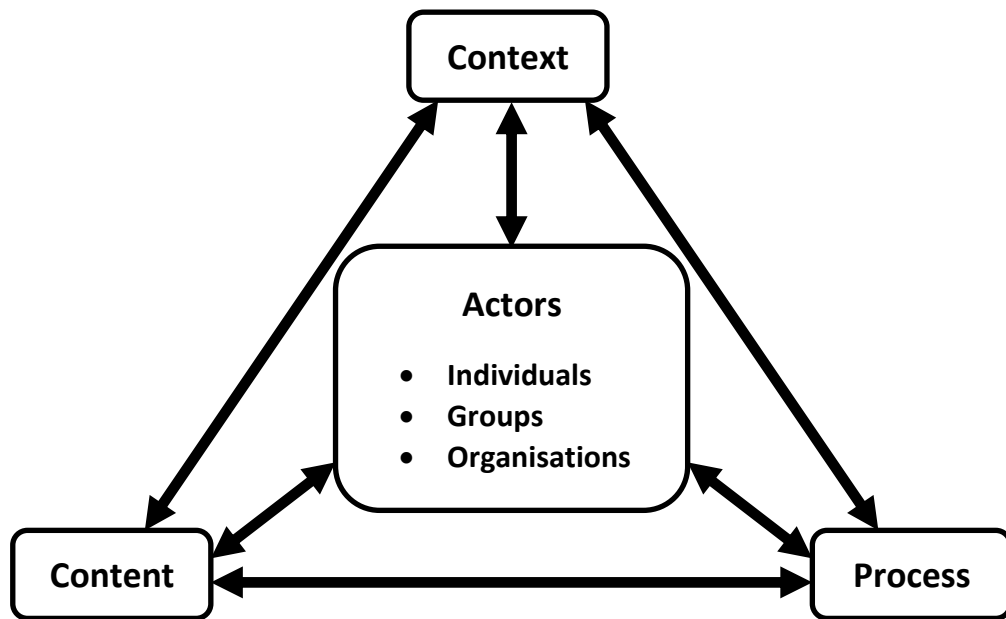
Table 1.1: Selected legislation affecting disabled people (1965-1995)

Chronically Sick and Disabled Persons Act 1970	Originally a Private Member's Bill by Alf Morris, set out for the first time statutory obligations on local authorities to provide services for disabled people.
National Insurance (Old Persons' and Widows' Pensions and Attendance Allowance) Act 1970	Conservative Act borrowing from a failed Labour Bill, which provided the first "extra costs" benefit for the "civilian disabled".
Education (Handicapped Children) Act 1970	Transferred responsibility for educating special needs pupils from the Department of Health and Social Security to the Department of Education and Science.
National Insurance Act 1971	Created Invalidity Benefit, a new national insurance benefit for those claiming sickness benefit long-term.
Social Security Benefits Act 1975	Created a set of new benefits for disabled people, including new allowances for carers, for the extra costs associated with mobility and a non-contributory pension for "housewives".
Social Security Act 1980	Reforms to benefit which restructured means-tested benefit and affected payment rates.
Disabled Persons Act 1981	Originally a Private Member's Bill by Dafydd Wigley, designed to improve access for disabled.
Social Security Act 1986	Reforms to benefit which had a major impact on disabled people. Necessitated the creation of new benefits to cover those who lost entitlement to benefit.
Disabled Persons (Services, Consultation and Representation) Act 1986	Originally a Private Member's Bill by Tom Clarke, designed to allow disabled people to nominate a representative and increase participation of disabled people in decision-making processes.
National Health Service and Community Care Act 1990	Created framework for providing mental health and other care services in the community rather than in institutions.
Disability Living Allowance and Disability Working Allowance Act 1991	Created new benefits for disabled people, including a means-tested earnings addition for disabled people in employment but disadvantaged in the labour market.
Social Security (Incapacity for Work) Act 1993	Replaced Invalidity Benefit with Incapacity Benefit, a new benefit with a form of medical test based on functional impairment rather than a physician's diagnosis.
Disability Discrimination Act 1995	Re-defined disability in law and provided protection for disabled people against unjustifiable discrimination.

Table 1.2: Selected events in disability policy, 1965-1995

1965	Formation of the Disablement Income Group	The first pan-impairment voluntary organisation lobbying for social security reform.
1968	Seebohm Report	Review of personal social services which included blueprints for reform of care and education.
1971	Publication of <i>Handicapped and Impaired in Great Britain</i>	The “Harris Survey”, the first time the government commissioned a report into how many disabled people lived in Britain.
1972	Thalidomide scandal	Led to the creation of a new fund for “congenitally disabled” children and focused public attention on disability-related issues.
1974	Formation of the Disability Alliance	An umbrella lobby group formed in response to perceived failures in DIG’s approach.
1974	Minister for Disabled People	Alf Morris appointed “Minister for the Disabled” by Harold Wilson, the first such post in the world. Led to many reforms and publications from the Labour government.
1975	Publication of <i>Fundamental Principles</i>	Report of a meeting between DA and the Union of the Physically Impaired Against Segregation (UPIAS) which first outlined an embryonic social model approach to disability.
1977	Formation of the Royal Association for Disability and Rehabilitation	Government-sponsored voluntary organisation to represent all classes of disabled people and lobby on a wider remit than incomes policy.
1978	EEC directive on equal treatment (gender)	European regulation that men and women must be treated equally in social security. Led to legal challenges and benefit reform in the 1980s.
1979	Committee on Restrictions Against Disabled People established	Committee created by government to investigate access and anti-discrimination legislation for disabled people. It published its report in 1982.
1981	International Year of Disabled People	United Nations year which led to Disabled Persons Act 1981 and other voluntary action initiatives.
1981	Formation of the British Council of Organisations of Disabled People	National umbrella body of disabled people’s organisations which gained influence as the century went on.
1988	Completion of various reviews of disability benefit	Government survey of disabled people and services provided to them, resulting in many publications and green papers.
1994	Civil Rights (Disabled Persons) Bill controversy	Bill presented to outlaw unjustifiable discrimination against disabled people which was defeated by underhand tactics by the government. Controversy caused political difficulties for the government and led to the 1995 Act (see table 1.1).

Figure 1.3: The Walt-Gilson policy triangle



Source: adapted from Walt and Gilson, “Reforming the Health Sector in Developing Countries : The Central Role of Policy Analysis”, p. 354.

This is useful in identifying the areas that need to be investigated. The “why” of policy formation is more complex. Kingdon has provided a ‘multiple streams’ theory to explain why decisions are made in a particular way at a particular time. He argues that there are three ‘streams’ of policy. These are constantly shifting. Only when all three converge do we get a ‘policy window’; or in other words, the issue is on the political “agenda”. During this window policy *can* (but does not necessarily *have to*) change. The first is the ‘problem stream’. Until something can be seen as a problem it cannot be dealt with. The second is the ‘politics stream’. Until enough people believe the problem to be worth solving or until the benefits of solving the problem outweigh the costs it will not be prioritised. The third is the ‘solution stream’. Until the technological, bureaucratic and political tools exist to solve the problem it cannot be solved.¹⁴⁴ Other explanations for change involve the idea of conflicting forces, internally and externally. Pearson and Prinz have argued that ‘only when policy begins to collapse under the weight of its own contradictions do governments summon up the courage

¹⁴⁴ Kingdon, *Agendas, Alternatives and Public Policies*.

to introduce change'.¹⁴⁵ Billis goes further to suggest that contradictions are not the only requirement. There needs to be a 'less absurd' alternative as well as a 'crisis in the real world of problems'.¹⁴⁶ These would be the 'solution' and 'problem' streams respectively in Kingdon's analysis. If problems are not articulated successfully, there may be a 'policy silence', and hence no opportunity for change.¹⁴⁷ This may be due to the failure of interested parties to successfully convince policy makers, or it may be because existing power structures make it impossible for people to see that there is a problem or that there might be alternatives.¹⁴⁸

Another approach in explaining the options open to policy makers is the theory of 'path dependence'. It argues that an initial policy decision sets the establishment down a particular path that is difficult, though not necessarily impossible, to deviate from. Pierson explains this using the economic concept of 'increasing returns' where when an organisation "invests" in one course of action it gains more from continuing in that direction than by removing its investment and starting down a different path.¹⁴⁹ This investment does not necessarily have to be financial, and can include moral, political or bureaucratic commitments, creating 'momentum' and 'policy feedback'. Change does and can occur at 'branching points' or 'critical junctures' during 'trigger events', and historians should pay attention to these to help explain how, why and when policies made significant shifts.¹⁵⁰ This tendency to be constrained by the past has often been noted with regard to social policy and the welfare state. As Alcock has argued, 'social policies are the product of history, not of logic.'¹⁵¹ Fawcett has used this theory to show how the British pensions system has been trapped in a 'Beveridge Strait-jacket'.

¹⁴⁵ Mark Pearson and Christopher Prinz, "Challenging the disability trap across the OECD," in *Working Futures? Disabled people policy and social inclusion*, ed. Alan Roulstone and Colin Barnes (Bristol: Policy Press, 2005).

¹⁴⁶ David Billis, *Welfare Bureaucracies - Their design and change in response to social problems* (London: Heinemann, 1984), p. 16.

¹⁴⁷ Hugh Bochel, "The Policy Process," in *The Student's Companion to Social Policy*, ed. Pete Alcock, Margaret May, and Sharon Wright (Chichester: Wiley-Blackwell, 2012), p. 197.

¹⁴⁸ Steven Lukes, *Power: a radical view*, 2nd ed. (Basingstoke: Palgrave Macmillan, 2005), pp. 25-28.

¹⁴⁹ Paul Pierson, "Increasing Returns, Path Dependence, and the Study of Politics," *The American Political Science Review* 94, no. 2 (2000).

¹⁵⁰ *Ibid.*: esp. p. 263.

¹⁵¹ Pete Alcock, "Poverty and Social Security," in *British Social Welfare in the Twentieth Century*, ed. Robert M. Page and Richard Silburn (London: Macmillan, 1999), p. 199.

Because the social security authorities were wedded to ideas about the role of national insurance contributions and social assistance, the Labour governments of the 1960s could not radically reform the system before they lost power in the 1970 election.¹⁵² Pierson has also argued that the Thatcher governments were constrained in how much of the welfare state they could roll back because of the electorate's expectations which had been built since 1948.¹⁵³ These elements are clearly present in the period of my study; yet this was also a period of significant reform. Political commitments to disabled people and the way in which disability policy had been practiced limited policy makers; but opportunities for reform arose at various points and were taken by the governments of the day.

By taking a bureaucratic definition of disability, I am specifically interested in the 'distributive dilemma'. This means I do not employ "disability" to describe a group identity or lived experience. Rather, I investigate the bureaucratic category of disability as expressed through government policy and the ways in which this definition was managed. This thesis is not about defining disability "as it essentially was", but to understand what the government *thought* it was.¹⁵⁴ It is a state-centred approach, as has been utilised by Blackie in the context of post-revolutionary disability benefits for veterans in the United States (though unlike Blackie I do not go on to explore the experiences of claimants).¹⁵⁵ Like Berger and Luckman, I argue that societies 'possess objective facticity' and are 'built up by activity that expresses subjective meaning'.¹⁵⁶ Disability is a concept constructed from a number of subjective experiences. The "reality" of "disability" for the government is therefore self generating; but it is a different reality to the "disability" experienced by other constituencies, such as disabled people or the

¹⁵² Helen Fawcett, "The Beveridge Strait-jacket : Policy Formation and the Problem of Poverty in Old Age," *Contemporary British History* 10, no. 1 (1996).

¹⁵³ Pierson, Dismantling the welfare state?

¹⁵⁴ As discussed above, this is the 'statist' approach identified by Gleeson in Gleeson, "Disability Studies," pp. 190-91.

¹⁵⁵ Daniel Blackie. 2010. Disabled Revolutionary War Veterans and the Construction of Disability in the Early United State, c. 1776-1840. Unpublished PhD dissertation, University of Helsinki.

¹⁵⁶ Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (London: Penguin, 1991).

lay public. So, the object of study is not discrimination by the state against those declared medically deviant *per se*. Rather, my subject is the codification of beliefs surrounding a phenomenon referred to by the government or by others as “disability”.

This thesis cannot avoid the problem that by identifying disability policy as an object of study, it will inevitably be making judgements within this established framework. That is to say, I contend that on many levels “government”, “disability” and “policy”, in some form, “existed” during this period. It is clear that the actors and the British “state” (in the loosest form of the word) believed in these concepts and acted within these frameworks. Moreover, it is highly unlikely that policy actors understood their own actions in social modelist terms, and such a totalising view obscures the nuances in different approaches to the perceived problem of disability.¹⁵⁷

My interest in this Stonean definition has inevitably led to a bias towards social security. This is the most visible and high-profile example of how lines are drawn between eligibility and non-eligibility for distributive systems based on need. Other areas of disability policy provide the context for the decisions that were made, but they receive less discussion. A notable exception is the campaign for anti-discrimination legislation which cannot be separated from the political developments within the disability lobby and wider attitudes towards welfare during this period. For some, the study of one country’s social security system is considered passé: partly because transnational studies can provide new theoretical perspectives and partly because social security is just one form of redistributing income and managing poverty.¹⁵⁸ My reasons for choosing this area for study are threefold. First, social security is a site for investigating my wider research question, “how did the government construct disability in the late-twentieth century?” The actions and inactions of government in this policy area will be instructive. Second, disability groups *themselves* chose social security as a major

¹⁵⁷ As shown above, Anderson, Borsay, Hampton and Mantin have come to similar conclusions about the use of the social model as an explanatory model for historical processes.

¹⁵⁸ McKay and Rowlingson, *Social Security in Britain*, p. 22-26.

area of policy. The initial campaigns for disabled people participating fully in society were focused on DIG's National Disability Income. DIG and DA which championed this approach were two of the most high-profile campaigners during this time, and both have a wealth of archival material. This set the framework for post-sixties' disability policy, as the following chapters demonstrate. Third, the response of both Labour and Conservative governments to social issues before 1979 shows us that the provision of cash payments were considered a more effective and just form of welfare provision than services in kind.¹⁵⁹ After 1979, perceived attacks on the welfare state alongside increased expenditure made social security a high-profile area for politicians and campaigners. Taken together, social security policy allows us to see changes in government and voluntary organisation attitudes towards disability policy over the thirty-year period, and draw conclusions about how the government's construction of disability was understood at different times.

In choosing this area of focus, it must be noted that there were benefits which disabled people may have claimed, but not as a direct result of being disabled.¹⁶⁰ For instance, people who may have considered themselves or have been considered by others to be disabled might have claimed unemployment benefit if they had no job.¹⁶¹ This could be because they did not qualify under the existing criteria for disability-related benefits, they chose not to claim or were unaware that they could claim for disability. Others such as housing benefit or council tax benefit were paid to disabled people not because they had a health condition but because their incomes fell below a set minimum. One could argue that their financial circumstances were a result of disability;¹⁶² but this was not the direct reason that these benefits were paid. It is therefore difficult to draw definitive distinctions between "disability benefits" and other

¹⁵⁹ See also Hampton, *Disabled People and the Classic Welfare State*.

¹⁶⁰ Alcock and Campling, *Understanding poverty*, p. 182.

¹⁶¹ TNA: BN 89/140, Study Group on Cash Benefits for the Disabled, CBD8, Strengths and Weaknesses of Existing Cash Benefits, 21-2-1973, para. 25.

¹⁶² Disabled people are more likely to be in low paid employment than their non-disabled counterparts. See C. Grover and L. Piggott, "Disabled people, the reserve army of labour and welfare reform," *Disability & Society* 20, no. 7 (2005). See also Disability Alliance, *Poverty and disability: the case for a comprehensive income scheme for disabled people* (London: Disability Alliance, 1975).

types of social security, as categories of claimants were fluid. The benefits discussed in this study (see table 1.4), therefore, are broadly those which would have been paid to disabled people *because they were disabled* and paid by the National Insurance system, directly by the government as non-contributory benefits, or as social assistance (National Assistance, Supplementary Benefit and Income Support). There are also references to funds which were created specifically for disabled people, or had major implications for disability policy and in turn tell us more about the government's conception of disability.

Having chosen this path, the reader may note a bias towards physical disability. People with cognitive disabilities and mental health issues were always eligible for disability benefits, but initial concerns clearly focused around physical access to work and services. Historically, the treatment of physical and mental disabilities has been different, and those affected by these issues have had different life experiences.¹⁶³ The separation of the two is theoretically complex, and politically sensitive. I discuss all forms of disability in this study, although only as they were framed by the discourse of the day. Thus, while sensory impairments and mental health issues are discussed (and their representative voluntary organisations appear at various points in the text), it is clear that physical impairments and policy actors with physical impairments play a disproportionate role in the story. I contend that this is because these people had disproportionate access to policy communities.

¹⁶³ Simon Millar, "Disability," in *Unequal Britain : Equalities in Britain since 1945*, ed. Pat Thane (London: Continuum, 2010), p. 166.

Table 1.4: Key disability benefits, year of introduction and intended purpose.

<i>Benefit</i>	<i>Started</i>	<i>Target Group</i>	<i>Type</i>	<i>Replaced by</i>
Sickness Benefit (SB)	Pre-1948	People with National Insurance (NI) contribution records who could not work due to illness. A longer-term rate was payable after 6 months.	Earnings replacement	Incapacity Benefit (1995)
Industrial Injuries Benefits (IIB)	Pre-1948	People injured in the workplace.	Compensation	n/a
War Pensions (WP)	Pre-1948	People injured while serving in the armed forces.	Compensation	n/a
National Assistance / Supplementary Benefit	1948 / 1966	All families earning below a subsistence wage. Certain classes of disabled people were entitled to more money than the general population (e.g., blind).	Means tested	Income Support (1988)
Attendance Allowance (AA)	1971	People requiring additional care in their own homes.	Extra costs	Disability Living Allowance (1993)**
Incapacity Benefit (IVB)	1971	General unemployed disabled people with NI contribution record.	Earnings replacement	Incapacity Benefit (1995)
Non-contributory invalidity pension (NCIP)	1975	Disabled people without the necessary NI contributions for Invalidity Benefit.	Means tested, earnings replacement	Severe Disablement Allowance (1984)
Mobility Allowance (MA)	1975	People requiring help with transportation and mobility.	Extra costs	Disability Living Allowance (1993)
Housewives' non-contributory invalidity pension (HNCIP)	1977	Housewives who were unable to perform their 'household duties'.	Means tested, extra costs	Severe Disablement Allowance (1984)

Invalid Care Allowance (ICA)	1977	People who could not work due to caring for a relative.	Extra costs, earnings replacement	n/a
Severe Disablement Allowance (SDA)	1984	<i>[Rationalised NCIP and removed the distinction between NCIP and HNCIP.]</i>	Means tested, earnings replacement	n/a
Income Support	1988	Families earning below a subsistence wage. Replaced many of the discretionary aspects of Supplementary Benefit and included a disability premium for disabled claimants.	Means tested	n/a
Independent Living Fund (ILF)	1988***	Severely disabled people requiring extra financial support to live independently in the community.	Means tested, extra costs	n/a
Disability Living Allowance (DLA)	1993	<i>[Rationalised attendance allowance and mobility allowance into a single benefit.]</i>	Extra costs	n/a
Disability Working Allowance (DWA)	1993	Disabled people with low earnings, designed to encourage them to find work and to help with the additional costs of disability.	Means tested, earnings replacement	n/a
Incapacity Benefit (ICB)	1995	General unemployed disabled and sick people. Replaced invalidity benefit and sickness benefit with a new "fit for work" test.	Earnings replacement	n/a

* - dates after 1995 shown as "n/a".

** - after 1993, payments continued for those over the age of 65. Younger claimants were moved onto Disability Living Allowance.

*** - a new fund was created in 1991.

In turn, this has influenced the linguistic choices I have made. The politics of whether to use the term “disabled people” or “people with disabilities” is an old and familiar topic.¹⁶⁴ I come at this project from the British tradition and am writing about British political groups. I am therefore predisposed to use the “disabled people” construction, which politicises disability and shows that it is something imposed upon people. This tended to be the construction used at the time by the voluntary organisations I have studied, and later adopted by government departments. Similarly, there will be times where medical model and derogatory language (such as “handicap”, “spastics”, “mentally subnormal”) will be used. This is not to condone or reify these concepts, rather to emphasise the linguistic constructions of disability in the past. In other settings, I believe that outmoded concepts – such as “the disabled” or “the sick” – are actually useful tools in understanding the motivations of policy actors. I do not subscribe to the idea that “the disabled” are or should be seen as one homogenous group; but the continued use of the term throughout this period serves to remind us of the concepts underpinning government action and inaction. In short, I do not see myself as “doing” disability studies. My aim is not to emancipate disabled people. As a not-yet-disabled person, I do not believe this is my role.¹⁶⁵ Rather, my focus is on the political and social construction of disability as a bureaucratic category. The language used is a reflection on this category; not the lived experience of disabled people.

I argue that three different approaches to disability have manifested themselves in government policy. These are my own constructions based on political and social historians’ uses of the terms.

¹⁶⁴ For a contemporary example of the debate, see GCIL’s factsheet: Glasgow Centre for Independent Living, The Social Model of Disability and its implications for language use, April 2008 < <http://www.gcil.org.uk/FileAccess.aspx?id=59> > (accessed 5 December 2012).

¹⁶⁵ See the debate in *Disability & Society*. Robert F. Drake, “What Am I Doing Here? ‘Non-disabled’ people and the Disability Movement,” *Disability & Society* 12, no. 4 (1997); Branfield, “What Are You Doing Here? ‘Non-disabled’ people and the disability movement: a response to Robert F. Drake.”; Paul S. Duckett, “What Are You Doing Here? ‘Non disabled’ people and the disability movement: a response to Fran Branfield,” *Disability & Society* 13, no. 4 (1998).

The social-democratic approach. Expressed by the Labour Party in the 1960s and 1970s, this approach to disability drew on social-democratic ideas about equality of opportunity and redistribution of wealth.¹⁶⁶ This has parallels with Esping-Andersen's use of the term, but does not mean that the British welfare state regime under Labour can be categorised as such. Rather, I use the term to describe the nineteenth-century origins of a political strategy that used parliamentary democracy to move towards socialism rather than full-blown Marxist revolution.¹⁶⁷ Lowe has in turn referred to this approach as 'democratic socialism'.¹⁶⁸ In this scheme, disability was recognised along with other aspects of the "rediscovery of poverty" as an area that had been neglected by the Beveridge settlement. Therefore, further resources were provided to disabled people, primarily in the form of cash payments which could be spent on services that disabled people felt they needed. This was provided to British citizens as a right. However, reform was slow and piecemeal as the government had to juggle economic considerations with the competing, and sometimes more-established demands of other well-represented interest groups.

The liberal approach. For the Conservative Party, society had a moral duty to provide aid to the "deserving poor". Lowe has used the term 'reluctant collectivism',¹⁶⁹ and I take the "liberal approach" to invoke similar attitudes to the liberal welfare state regime described by Esping-Andersen. During the 1960s, Conservatives also agreed that disabled people had been neglected, though they argued this was a result of too much money being spent on people who did not need it. As part of a campaign of targeting benefits at the "most in need", disabled people were seen as worthy recipients. Again, the pace of change was slow and the resources made available were minimal. But this was seen as part of older concerns of "less eligibility"

¹⁶⁶ John Callaghan, *The retreat of social democracy* (New York: Manchester University Press, 2000); Mark Olssen, *Liberalism, neoliberalism, social democracy: thin communitarian perspectives on political philosophy and education* (New York: Routledge, 2010); Hartwig Pautz, *Think-tanks, social democracy and social policy* (Basingstoke: Palgrave Macmillan, 2012).

¹⁶⁷ Esping-Andersen, *The three worlds of welfare capitalism*, pp. 10-12.

¹⁶⁸ Lowe, *The Welfare State in Britain since 1945*, pp. 25-29.

¹⁶⁹ *Ibid.*, pp. 23-25.

and social security as poverty relief rather than enabling equal participation in society. Disability benefits were therefore something society would provide, but only if it was believed the state could afford it.

The neo-liberal approach. After the election defeats of 1974, Conservative thinking became more overtly monetarist, and attempts to reduce social security expenditure were prioritised.¹⁷⁰ This borrowed from earlier liberal approaches to moral hazard, the work ethic and benefit dependency. Disabled people were therefore considered to be disadvantaged, but capable of providing for themselves with the right work incentives. Expenditure had to be curbed, while disabled people were encouraged to become self-sufficient. This led the government to accelerate the deinstitutionalisation that had begun in the 1960s, but also involved restrictions to which benefits could be claimed. In the later period, the rising costs of disability benefits jarred with attempts to reduce overall government expenditure, resulting in new definitions of disability to separate those considered capable of some form of work and those deserving of full state support.¹⁷¹

After my research was completed, Jameel Hampton submitted his thesis at the University of Bristol on the welfare state and the 'general classes' of disabled people between 1948 and 1975.¹⁷² This has meant that there is some overlap in the material and events discussed, and some similar conclusions were reached independently. However, it is clear that we have taken very different approaches. Hampton has evaluated the impact of policy on the lived experience of disabled people. Further, he has concentrated more on the Personal Social Services and the role of the media. He has therefore spent more time evaluating the relative "success" of government policy, while ending in 1975 means his thesis has had to engage less with the social model and political friction within the disability movement from the late-seventies onwards. My approach is centred far more on the government rather than wider concepts of

¹⁷⁰ Pierson, Dismantling the welfare state?

¹⁷¹ See especially Chapter 5 and Waddell et al., The scientific and conceptual basis of incapacity benefits.

¹⁷² Hampton, Disabled People and the Classic Welfare State.

the state, and seeks to understand how different definitions of disability which began to circulate from the 1960s were absorbed or rejected. The reader will notice that while some of the events will be familiar, our use of the material is significantly different.

Data collection and analytical techniques

This was a three-year study conducted for a PhD at the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine. It is an historical analysis of government policy in Britain between 1965 and 1995. Primarily it relies on documentary evidence from archival sources and publications from governmental and non-governmental organisations from the period. Some oral history interviews were conducted as part of the research process, but these were not central to the analysis.

I focused on the ways in which the government interpreted and constructed the typology of disability, the aim being to investigate the ‘distinctions used by people in a setting to break up the complexity of reality into distinguishable parts’.¹⁷³ By focusing on the language and definitions created by the government, I aimed to provide insight into the meaning of “disability” as a distinguishable category. New research questions were formed as new information was discovered so that the lines of enquiry could remain open and follow the data available as well as the most conceptually interesting leads. Ultimately, this approach gave me the flexibility to be able to juggle with these concepts and provide them in this final form.

The sheer weight of material on this subject has necessitated selection. Even a full analysis of the few areas Robert Drake describes as ‘vital to participation in society’ – growth (education), movement (transport) and location (accessible housing and public buildings)¹⁷⁴ – would have been impossible in a PhD thesis. Therefore, I have taken what I believe to be events and areas in policy which help illuminate the processes which are of central concern;

¹⁷³ Michael Quinn Patton, *Qualitative Research & Evaluation Methods*, 3rd ed. (London: SAGE, 2002), p. 457.

¹⁷⁴ Robert F. Drake, "Welfare States and Disabled People," in *Handbook of Disability Studies*, ed. Gary L. Albrecht, Katherine D. Seelman, and Michael Bury (London: SAGE, 2001), p. 421. Drake also mentions incomes policy, pp. 419-21.

namely, the ways in which the category of disability was defined and redefined within the British government over the period. As I have discussed, I have also focused on the poverty lobby¹⁷⁵ and the topic of social security to keep a coherent narrative. Groups such as DIG, DA and RADAR were leading figures in this arena, and were pan-impairment. This has meant wider concerns about disability as a whole have been brought out from the specific cases of social security reform.

I set out to make use of oral history evidence to delve deeper into areas untouched by extant written material. One of the advantages of my chosen time frame was that many of the actors were still alive and retired, and therefore free to speak to me more candidly. In particular, I was interested in the emotions from policy actors which may never have been documented on paper, or evidence that may still be restricted in depositories such as the National Archives.¹⁷⁶ Through the research process I found my initial interviews more useful for directing me towards other materials rather than the sole source of information in their own right. In some cases, I have quoted from my interviewees to add more depth or supporting evidence to a particular claim; in general, however, the interviews have become research references. As a result I conducted fewer interviews than originally intended, and using them as central to the argument would add undue weight to the words of a few, selectively chosen actors. This has given me different sources of evidence, but not fewer or less varied. Many of the principal actors have themselves written about their experiences in the media and in other publications.¹⁷⁷ It is also clear that there is far more extant and accessible written material than I had initially supposed. The thesis, I believe, has enough

¹⁷⁵ Whiteley and Winyard, *Pressure for the poor*.

¹⁷⁶ Virginia Berridge, "'Hidden from History'? : Oral History and the History of Health Policy," *Oral History* 38, no. 1 (2010).

¹⁷⁷ For example: Mary Wilkinson, *Defying Disability : The Lives and Legacies of Nine Disabled Leaders* (London: Jessica Kingsley, 2009). contains interviews with Bert Massie (leader of RADAR), Lord Jack Ashley (prominent politician) and Rachel Hurst (leader of BCODP). See also: Jack Ashley, *Acts of defiance* (London: Reinhardt, 1992); Alfred Morris and Arthur Butler, *No feet to drag: report on the disabled* (London: Macmillan, 1972); Campbell and Oliver, *Disability Politics*; and numerous political biographies and autobiographies.

evidence to support its key conclusions, and may in the future be strengthened by further and more in-depth oral history data.

Source materials

The project made use of archival material from four main sources: the National Archives (quoted in footnotes as TNA) in Kew, London; the Peter Townsend Collection (PTC) at the University of Essex, Colchester; the Modern Records Centre (MRC) at the University of Warwick, Coventry; and the files of Disability Rights UK (RADAR).¹⁷⁸ The University of Leeds (LEEDS) has also digitised a number of texts produced by disability organisations, particularly BCODP.¹⁷⁹ Additionally, many governmental and parliamentary publications have provided the “public voice” of the government and the opposition through Hansard, Command Papers, Bills, Acts and House of Commons Papers.¹⁸⁰ Other published materials have also become primary sources in their own right because of when they were published and by whom. *The Times Digital Archive* has been a source of media coverage of the events of the period.

Disability concerned many government departments, and TNA provided files from a wide range including the Home Office, Department of Health and Social Security, the Treasury, the Cabinet Office, the Department of Employment, the Department of Education and Science and the Prime Minister’s Office (and their predecessors and successors). This included research papers, civil service memoranda, policy decisions taken by ministers, correspondence with internal and external bodies, advisory committee minutes, press releases, press cuttings and so forth. PTC contained the correspondence and minutes of DA from their foundation up to 1998, deposited by Professor Peter Townsend, DA’s founder and long-time Chair. The collection also includes publications both from DA and external voluntary organisations such as

¹⁷⁸ RADAR merged with DA and the National Centre for Independent Living in January 2012 to form Disability Rights UK. As the material pertains to RADAR, I have used this acronym to avoid confusion and to distinguish it from DA.

¹⁷⁹ The Leeds Disability Archive, available at < <http://www.leeds.ac.uk/disability-studies/archiveuk/> >

¹⁸⁰ Most of these were available through the House of Commons Parliamentary Papers Online database or via Legislation.gov.uk < <http://www.legislation.gov.uk/> >. Others were accessible via the British Library, Euston.

DIG, BCOOP and many local groups. MRC holds files from DIG from 1965 to 1975 deposited by both Dr Fred Reid (a lecturer at the University of Warwick and DIG member) and the Coventry Branch of DIG on its dissolution in 1975. As well as publications and correspondence, this collection has a wide range of local branch newsletters from across the country. Additionally, files from the British Association of Social Workers contain correspondence with government and other voluntary organisations on the subject of disability. Finally, I am grateful for the opportunity to visit Disability Rights UK and its office in London to study RADAR's newsletters and annual reports. I was also allowed access to their older files, including minutes of the Central Council of the Disabled which were stored offsite. I thank Mary Convill and Marije Davidson in particular for providing me with a workspace and access to the material.

Despite the oral histories being of secondary importance in the analysis, all the interviews were conducted in such a way as to comply with "best practice" and university ethics guidelines. Although a rough interview schedule was developed, I did not stick rigidly to it, preferring to let the conversation develop naturally. This often teases out information which may not be forthcoming from direct questioning,¹⁸¹ though the questions were designed to steer the interviewee to touch on the subjects I had identified as important. The purpose of the interviews was to explore the 'policy community',¹⁸² therefore the questioning had to be focused on common themes to provide relevant and comparable information. Inevitably, this meant I was following leads from one interviewee with the next, or from other primary material that was collected, though I felt this increased my understanding of the subject and made further research easier. Still, as all the interviewees were "elites" in their fields, interviews can often provide "official" narratives rather than their "real" experiences. These can sometimes be amplified by the power relationships between interviewee and

¹⁸¹ Paul Thompson and Robert Perks, *An Introduction to the Use of Oral History in the History of Medicine* (London: The National Life Story Collection, 1993), pp. 14-15.

¹⁸² Berridge, "'Hidden from History'?", p. 91.

interviewer¹⁸³ and a perceived need for confidentiality.¹⁸⁴ All interviews were conducted in a location suitable to the interviewee. Where possible this was in a domestic setting as offices and public places have been found to produce more “official” sounding interviews which reflect more upon events than on personal experiences.¹⁸⁵ This was not always possible, especially with those interviewees who were not yet retired. However, all historical evidence has flaws and is affected by its purpose and its author. “Inconsistencies” or “misremembering” may, therefore, be useful evidence.¹⁸⁶ Following this process made me more confident that the information I was receiving could be treated as reliable and checked against other forms of historical record.

Not all the interviewees have been directly quoted, but all helped me immeasurably by sparking new research questions, directing me to other people and helping track down other historical sources. I wish to take this opportunity to thank (in alphabetical order) Dr Roger Berry, Tom Clarke MP, Agnes Fletcher, Sir Graham Hart, Baroness Masham of Ilton, Sir Bert Massie, the late Lord Tony Newton, Victoria Scott, Susan Scott-Parker, and Lord Dafydd Wigley for their time, help and patience.

Thesis structure

This thesis shows how policy towards disabled people changed in Britain from the 1965 to 1995. By focusing on what services were provided to disabled people, and how eligibility criteria were drafted, it shows how disability was constructed by government. I argue that definitions supplied by voluntary organisations were never fully embraced. However, disabled people were able to claim successfully that the government had a moral, political and legal duty to provide certain services. Different political parties had different ideas about what support should be provided – and, crucially, *why*.

¹⁸³ *Ibid.*: pp. 94-96.

¹⁸⁴ House of Commons Public Administration Select Committee, *Mandarins Unpeeled: Memoirs and Commentary by Former Ministers and Civil Servants* (London: TSO, 2008).

¹⁸⁵ Paul Thompson, *The voice of the past : oral history* (Oxford: Oxford University Press, 1978), p. 153.

¹⁸⁶ Thompson and Perks, *An Introduction to the Use of Oral History in the History of Medicine*, p. 23.

I have structured the following chapters chronologically according to broad times of change. Each begins with an introduction, within which I include “policy context” sections on wider government policy and the state of the economy. This is followed by analysis of the state of the “lobby” during the period. I then explore how policy was formulated and what “government action” was taken. The three approaches outlined above frame these discussions and explain why governments of different parties reached the conclusions that they did.

Chapter 2 examines the period between 1965 and 1972. It asks what tactics the nascent DIG used in its National Disability Income campaign and whether it was able to impact upon government thought. As both Labour and Conservative governments directed resources to planning and implementing new benefits, why were two opposing approaches to disability able to reach a consensus of action? Using the literature on policy formation and Kingdon’s work on agenda setting,¹⁸⁷ I explain how disability came to be an important policy issue during this period and how the Department of Health and Social Security responded.

Chapter 3 covers a dynamic period between 1972 and 1979. The disability lobby began to fragment at this time, and new social definitions of disability were coming to the fore. How did the lobby’s tactics change, and how did the government respond? How did the government utilise voluntary organisations, and what does this say about its underlying approach to disability? I also ask how the decisions taken in the earlier period informed or constrained further developments. Finally, I investigate Stone’s contention that disability schemes tend to broaden as pressure comes to bear on government to relax eligibility criteria through lobbying groups, the courts and political priorities.¹⁸⁸

Chapter 4 analyses the majority of Margaret Thatcher’s time in office, running from 1979 to 1988. Taking Pierson’s thesis that the Conservatives were unable to reform the welfare state or sickness-related benefits significantly,¹⁸⁹ I examine whether the case of disability

¹⁸⁷ Kingdon, *Agendas, Alternatives and Public Policies*.

¹⁸⁸ Stone, *The Disabled State*, pp. 140-92.

¹⁸⁹ Pierson, *Dismantling the welfare state?*, pp. 139-42.

benefits bears this out. While there were no new benefits created for disabled people during this time, none were removed either. What can we learn about the government's concept of disability and attitude towards disability policy from this? If the "Fabian" poverty lobby found it more difficult to influence the government in this period,¹⁹⁰ how did its tactics evolve? Did this pave the way for DPOs to become more influential? And again, did the reforms of the 1970s restrict what policy-makers could accomplish in the 1980s?

To end the thesis, Chapter 5 examines the era of neo-liberal disability policies from 1988 to 1995. How did the significant rise in expenditure on disability-related social security affect government attitudes? Why was reform made towards the end of Conservative rule rather than the beginning? With DPOs and other disability organisations rallying around the cause of Civil Rights Bills in Parliament, what developments can we see in both voluntary groups' tactics and government responses to them? And given their historical antipathy, how strong were these alliances between groups *of* and *for* disabled people?

This thesis goes beyond the highly politicised disability histories of this period to look more closely at the voluntary organisations and government actions which shaped disability policy in the late-twentieth century. Building on histories of pressure groups and welfare policy,¹⁹¹ the specific case of disability shows that there are parallels as well as contradictions to be drawn. By utilising under-used materials from DA and DIG, as well as official papers, this analysis of British disability policy presents an original insight into the way in which disability was seen by government. I show that there have been many "disabilities" depending on the organisations defining the issue. By choosing the approach outlined in this introductory chapter, I argue that totalising narratives of disability history and the oppressive nature of the state fail to show the subtleties in understanding amongst individuals and collectives.

¹⁹⁰ Bagguley, "Collective Action."

¹⁹¹ See particularly Thane and Evans, *Sinners? Scroungers? Saints; Banting, Poverty, politics and policy*; Michael McCarthy, *Campaigning for the Poor: CPAG and the Politics of Welfare* (Beckenham: Croom Helm, 1986); Whiteley and Winyard, *Pressure for the poor*.

Chapter 2 – Establishing disability – 1965 – 1972

Introduction

This chapter shows how disability and the distributive dilemma were reconceived in the political climate of the 1960s. As the rediscovery of poverty uncovered disabled people as at significant risk of poverty, traditional definitions of sickness and disability were shown to be inadequate. This led to a critical juncture in welfare policy which set the framework for disability benefits throughout the twentieth century.

The Disablement Income Group (DIG) was successful in convincing both the Labour and Conservative governments that the cause of “the civilian disabled” was worthy of attention. As a result of its campaigns for a National Disability Income, two new social security benefits were provided – Attendance Allowance (AA) and Invalidity Benefit (IVB). Additionally, the Department of Health and Social Security (DHSS) made efforts to better understand the scale of disability in the country through an official survey, and back-bench pressure led to the passing of the Chronically Sick and Disabled Persons Act 1970. I argue that these policy solutions were acceptable to the three main actors – the Conservative Party, the Labour Party, and DIG. However, the underlying concepts of disability which made these solutions acceptable were rather different. DIG’s Fabian approach to disability was not fully endorsed by either Labour (which favoured a social-democratic approach) or the Conservatives (with a liberal approach). This meant that policy reform was not as radical as DIG had hoped.

In this section, I explain how social security for disabled people was partial. Certain groups were entitled to more support from the state than others as a result of the Beveridge settlement in the forties. I then outline two different approaches to solving the issues arising from this inequality from the Labour and Conservative parties. In the second section I show how DIG quickly and effectively showed the iniquities in the existing system, and drew wider conclusions about the position of disabled people and the services with which they ought to be provided. It adopted an approach to campaigning associated with Fabian “poverty lobby”

groups which also emerged in the mid-sixties.¹ The Group's "insider" tactics allowed it to build contacts with influential individuals, and its cause was seized upon by politicians and ministers from both major parties. This diverted the 'problem' stream by highlighting disability as a political issue, the 'politics' stream by convincing people of its importance, and went some way to influencing the 'solution' stream by redefining disability and offering alternative support schemes.² However, its wider argument that a National Disability Income be provided to all disabled people was rejected as too costly and impractical.

The idea of a true political "consensus" has been challenged by historians.³ As I will show, however, there is a remarkable continuity in the actions taken by both parties. The third and fourth sections explain why this was so. I begin by detailing Labour's responses to the newly-discovered "civilian disabled". New surveys and investigations were started in the 1960s, but few reached legislative conclusions before the 1970 General Election. This was because Labour – and in particular the Secretary of State for Social Services between 1968 and 1970, Richard Crossman – had other priorities and had already committed itself to other areas of social and economic reform. In the following section, I show how the Conservative government re-introduced failed legislation in a modified form creating AA and IVB. This was because the new Secretary of State (Sir Keith Joseph) and the Conservative Party had committed themselves to providing new cash benefits to groups they saw as vulnerable and deserving. Labour's planning provided acceptable tools for achieving this.

Policy context – Social security for disabled people before 1965

By the 1960s, voluntary organisations and the major parties had come to realise that there were flaws in the social security system devised in the 1940s. Disabled people were not

¹ Whiteley and Winyard, *Pressure for the poor*.

² See Kingdon, *Agendas, Alternatives and Public Policies*.

³ Richard Toye, "From 'Consensus' to 'Common Ground': The Rhetoric of the Postwar Settlement and its Collapse," *Journal of Contemporary History* 48, no. 1 (2013).

recognised as a specific category.⁴ Coverage was therefore provided to specific impairment groups, or individuals received support on their qualification for some other form of assistance. Discontent led to a reappraisal of welfare services, and coloured both major parties' attitudes towards social security.

As described in the previous chapter, Tania Burchardt has identified four types of disability benefit in British history:

- compensation benefits;
- earnings-replacement benefits;
- extra-costs benefits;
- and means-tested benefits.⁵

The relative weighting of these in Britain before 1965 explains why DIG began campaigning for disability benefit reform and the choices it made in putting forward its policy solution.

Compensation benefits

Earlier in the century, the state had committed itself to providing compensation pensions for those injured in the armed services (War Pensions) and those injured or diseased as a direct result of their work (Industrial Injuries Benefit). These were justified on the basis that soldiers and industrial workers were putting their health at risk for the good of the nation.⁶ Trade-union lobbying had led to workman's compensation legislation, while the moral case for treating war veterans had been enhanced by the devastation of the First World War.⁷ DIG's campaign literature therefore distinguished between "the civilian disabled" who were not

⁴ As Hampton has shown, there were references to the 'general classes' of disabled people, but this existed alongside categories such as 'blind', industrial injuries, war veterans and so on. See Jameel Hampton, "Discovering Disability: The General Classes of Disabled People and the Classic Welfare State, 1948–1964," *Historian* 75, no. 1 (2013).

⁵ Burchardt, *The Evolution of Disability Benefits*.

⁶ TNA: BN 89/139, *Preference: its philosophy, its practice and its bearing on the study*, CBD22, 12 October 1973, para. 8.

⁷ Bolderson, *Social Security, Disability and Rehabilitation*; Anderson, *War, disability and rehabilitation in Britain*.

entitled to these benefits and those who were. In this thesis, I refer to these compensation benefits as “duty pensions” for similar reasons.

A pension was payable on a ‘percentage of disablement’ basis. A medical examination determined the ‘loss of faculty’ and pensions were paid as a percentage of the full amount. 100% disablement did not necessarily constitute complete incapacity. Further, payment of the pension was not dependent on unemployment or unemployability, meaning one could work and still receive it. These duty pensions paid a significantly higher rate than any other benefit available to disabled people, and included more generous additions. Of particular note in the context of the period covered in this chapter is the constant attendance allowance which was payable to cover the costs of those who required care during the day or night.⁸

Earnings-replacement benefits

Under National Insurance (NI), disabled people were entitled to the general-purpose Sickness Benefit, which paid at a higher rate after twelve months. This required proof of incapacity for work, usually through a doctor’s certificate and an examination by a government-appointed doctor if there was a dispute.⁹ However, this was only available to individuals who had built up insurance contributions, and so was not available to those disabled from childhood or most married women. For this latter group, the additional argument was made that since married women did not work, no earnings were lost if the wife was disabled. Wives were legally considered dependent upon their husbands for their income.¹⁰ For those unable to prove their inability to work on health grounds, standard Unemployment Benefit (UB) was provided at the same weekly rate, but this required the claimant to make themselves available for work. If the

⁸ See the descriptions of the benefits and payment rates in Ministry of Pensions and National Insurance, *Report of the Ministry of Pensions and National Insurance for the year 1963* (Cmnd. 2392, 1964), pp. 3-10, 42-46.

⁹ *Ibid.*, esp. p. 42.

¹⁰ Alan Deacon, "Spending more to achieve less? Social security since 1945," in *British Social Welfare : Past present and future*, ed. David Gladstone (London: UCL Press, 1995), p. 5; McKay and Rowlingson, *Social Security in Britain*, p. 10.

household did not contain someone covered under NI, they had to rely on means-tested benefits.

Extra-costs benefits

Outside the additional constant attendance allowance in the duty pensions, there were no extra-costs benefits available to disabled people as benefits in their own right. Additions were made in all benefit types based on assumed needs of dependent family members. Wives, children and other dependent adults were considered. The lack of provision for the extra costs associated with disability became a key part of the debate in the late 1960s.¹¹

Means-tested benefits

For those without NI contributions, the National Assistance Board (NAB) provided payments. These were designed to be paid at a subsistence level, as per the Beveridge settlement, and only available to those on very low incomes. Other payments were available to those with dependents; for those reliant upon National Assistance long-term; for certain impairments (such as blindness or tuberculosis); and for exceptional needs, such as necessary one-off purchases for the household.¹² The rates of payment were deliberately low to maintain the insurance principle, and would decrease depending on other benefits and assets so that the claimant's total income remained around the subsistence line. Payment was based on the discretion of the NAB, and because of its association with the Poor Law guardians of the pre-Beveridge system there was stigma attached to seeking its help.¹³

At this time, payments to disabled people were made on the basis of their unemployment or their relative poverty. As per the Stonean 'distributive dilemma'¹⁴ and liberal welfare regime,¹⁵ resources were concentrated on those who were either covered by NI or could

¹¹ MRC: MSS 108/3/6, Towards a National Disability Income, DIG Paper #9, December 1968.

¹² See National Assistance Board, Report of the National Assistance Board for the year ended 31st December 1963 (Cmnd. 2386, 1964), esp. pp. 20, 25.

¹³ Lowe, *The Welfare State in Britain since 1945*, p. 61.

¹⁴ Stone, *The Disabled State*.

¹⁵ Esping-Andersen, *The three worlds of welfare capitalism*. Jordan shows that the 'liberal tradition' of welfare requires poverty to be a condition for wealth redistribution. This means that only the "most in

demonstrate financial hardship as a result of a medical condition. There was no grand category of “disabled people”, save for references to the number of ‘sick and disabled’ people claiming National Assistance.¹⁶ Rather, there was a collection of benefits payable to those covered by forms of insurance, compensation legislation or social assistance. It is in this context that Labour, the Conservatives and voluntary organisations became more concerned for the lack of proper provision for disabled people as a whole.

Policy context – Labour’s “social-democratic” approach

I will explain why the Labour and Conservative governments acted as they did towards DIG and the subject of disability by sketching out their broad attitudes to social security policy. As outlined in the previous chapter, I have identified the “social-democratic” approach towards disability as one that sees disabled people as a group unable to participate fully in society. Policies to help such groups were therefore designed to enable individuals to participate, a duty of government towards its disadvantaged citizens.¹⁷ As far as possible, any benefits provided would be “universal” (in the sense that they were not means tested), but some form of selectivity was needed to ensure that costs were kept manageable. The politics and policies of the Labour governments between 1964 and 1970 show how disability could be recognised as a new category; but they also show why concrete policy responses were slow to materialise.

One element of the social-democratic approach is that a balance must be sought between the needs of labour and capital.¹⁸ Thus, while it is important for industry to have access to have a healthy, well-fed and well-educated workforce, it is also necessary to control taxation and expenditure. Very often, therefore, this leads to “prioritisation” of policies, since social democracy (unlike radical Marxism) seeks gradual reform rather than worker revolution.¹⁹ The

need” are ‘targeted’ by welfare systems, and the “not-quite-as-poor” (but still in need) become sidelined. Bill Jordan, *A Theory of Poverty and Social Exclusion* (Cambridge: Polity, 1996), pp. 95-96.

¹⁶ Cmnd. 2386, pp. 15-16.

¹⁷ Callaghan, *The retreat of social democracy*, pp. 1, 18-19; Pautz, *Think-tanks, social democracy and social policy*, p. 43.

¹⁸ Callaghan, *The retreat of social democracy*, pp. 4-5; Pautz, *Think-tanks, social democracy and social policy*, pp. 37-38.

¹⁹ Callaghan, *The retreat of social democracy*, p. 1.

sterling crises between 1964 and 1967 also limited what the government could do. Michael J. Oliver has argued that while this would have troubled any administration, the way Labour responded – by reducing confidence in the currency still further – ‘turned challenge into crisis’.²⁰ Recent analyses have stressed that while the myriad external factors that made effective economic management very difficult, Wilson’s record is not strong in this regard.²¹ Subjects of reform were therefore prioritised within what was seen as affordable. In the social security realm, Labour’s political commitments revolved around pensions, embodied in Richard Crossman’s 1957 document *National Superannuation: Labour’s Policy for Security in Old Age*. The plans did not specifically mention disabled people as a group, though they were designed to provide earnings-related benefits for retirement, unemployment and sickness.²² Crossman continued to make this his priority throughout the sixties, but the government was soon inundated with new demands from a variety of disadvantaged groups. *National Superannuation* had been the result of extensive study alongside a group of academics from the London School of Economics, including Richard Titmuss, Brian Abel-Smith and Peter Townsend. They had been at the forefront of the “rediscovery of poverty”. The publication of Abel-Smith and Townsend’s *The Poor and the Poorest*²³ had led to the creation of the Child Poverty Action Group (CPAG), a lobbying organisation that campaigned for higher household incomes.²⁴ DIG also grew from this tradition.

Another priority was bureaucratic reform. This was seen as necessary to improve the machinery of government so that more fundamental social policies could be efficiently

²⁰ Michael J. Oliver, "The management of sterling 1964-1967," *English Historical Review* 126, no. 520 (2011): p. 589.

²¹ Glen O'Hara, "'Dynamic, Exciting, Thrilling Change': the Wilson Government's Economic Policies, 1964-70," *Contemporary British History* 20, no. 3 (2006): esp. p. 386-96. Lawrence Black, "Revaluing Wilson," *Parliamentary History* 24, no. 3 (2005): esp. p. 379. See also Scott Newton, "The Sterling Devaluation of 1967, the International Economy and Post-War Social Democracy," *English Historical Review* 125, no. 515 (2010). which inspired Oliver's article.

²² The Labour Party, *National Superannuation : Labour's Policy for Security in Old Age* (London: Labour Party, 1957).

²³ Abel-Smith and Townsend, *The Poor and the Poorest*.

²⁴ Rodney Lowe, "The Rediscovery of Poverty and the Creation of the Child Poverty Action Group," *Contemporary Record* 9, no. 3 (1995); McCarthy, *Campaigning for the Poor*; Banting, *Poverty, politics and policy*; Whiteley and Winyard, *Pressure for the poor*.

administered. After the “thirteen wasted years” under Conservative rule, Labour proposed to take a more active role in planning the economy.²⁵ Cronin argues that this captured the mood of the electorate, and was a major factor in Wilson’s victory.²⁶ Wilson had been a civil servant during the war, and believed that the institutions were fundamentally sound, but used too many “Oxbridge classics students” rather than experts in specific fields.²⁷ The Plowden Report published in 1968 recommended a more managerial style of administration. Yet many attempts to do so are seen as failures, built on a ‘naive’ assumption that the economy would continue to grow evenly, and that Westminster was capable of directing it.²⁸ Notably, the Department of Economic Affairs, which was supposed to rival the Treasury in dictating economic policy, was closed in 1969 after a combination of rising unemployment and arguments with the cabinet.²⁹ The Ministry of Social Security (MSS) and Ministry of Health were merged into the single DHSS in 1968, often seen as the result of Crossman’s political ambitions rather than administrative ease.³⁰ Even the commitment to using more experts was half-hearted, with permanent specialist advisors often appointed but never fully integrated into government as the French *cabinet* system had done. Neither traditional nor radical, these changes ensured that the machinery of government became clogged.³¹

Despite these problems, Labour did manage some reforms to social security. The NAB was replaced by the Supplementary Benefits Commission (SBC) in an attempt to make means-

²⁵ This had been a trend across Western Europe, and one that the Conservatives under Heath would also adopt. See Callaghan, *The retreat of social democracy*, p. 15.

²⁶ James E. Cronin, "Labour's "National Plan": Inheritances, Practice, Legacies," *The European Legacy* 6, no. 2 (2002): p. 220-21. See also Ben Pimlott, *Harold Wilson* (London: Harper Collins, 1992), p. 276.

²⁷ Kevin Theakston, "Whitehall Reform," in *The Labour Governments, 1964-1970*, ed. Peter Dorey (London: Routledge, 2006), pp. 147-49; Duncan Tanner, "Richard Crossman, Harold Wilson and devolution, 1966–70: the making of government policy," *Twentieth Century British History* 17, no. 4 (2006): p. 553; Andrew Blick, "Harold Wilson, Labour and the Machinery of Government," *Contemporary British History* 20, no. 3 (2006): pp. 349-50.

²⁸ See Cronin, "Labour's "National Plan"," pp. 220-21. See also Tanner, "Richard Crossman, Harold Wilson and devolution," p. 559.

²⁹ Pimlott, *Harold Wilson*, pp. 276-81, 428-29. John Dearlove and Peter Saunders, *Introduction to British Politics*, 3rd ed. (Cambridge: Polity, 2000), p. 513. Theakston, "Whitehall Reform," p. 153.

³⁰ Rodney Lowe, "The State We Were In," *Twentieth Century British History* 19, no. 2 (2008): pp. 236-37; Peter Hennessy, *Whitehall* (New York: Free Press, 1989), p. 421.

³¹ Blick, "Harold Wilson, Labour and the Machinery of Government," p. 352-54.

tested benefits more efficient. This, it was hoped, would remove the stigma of National Assistance for those who remembered the Poor Law and introduce a more structured and consistent decision-making process for claimants.³² Labour also showed that it could respond to politically sensitive causes as they arose. CPAG, for example, was successful in arguing for reform to family allowances between 1967 to 1969, despite the government not going as far as CPAG had hoped.³³ However, Thornton has claimed that on its boldest promises Wilson's government was a failure. Although there were significant rises in the rates of NI benefits and new supplements for widows, the sick and the unemployed, plans for a more redistributive pension system and a minimum as-of-right 'income guarantee' did not materialise. Crossman's Superannuation plans were not updated to be relevant to the sixties, and the government only began seriously addressing them in 1967, three years after the first election victory.³⁴

It is important to note, therefore, that Labour's social-democratic approach involved the recognition of groups requiring support as citizens – but responses to the demands of these groups were constrained by economic realities and existing policy priorities. This is in contrast to the Conservative "liberal" approach which saw disabled people in the sick role, and as part of the tradition of the deserving poor. However, there are also similarities in terms of policy prioritisation and economic constraints.

Policy context – The Conservatives' "liberal" approach

For the Conservatives, disabled people were permitted to be inactive in the labour market because it was seen as unreasonable for them to be expected to work. As part of the "deserving poor", benefits would be targeted through means testing and other forms of

³² Rodney Lowe, "Welfare Policy in Britain 1943-1970," *Contemporary Record* 4, no. 2 (1990): p. 30; Richard M. Titmuss, "Welfare "Rights", Law and Discretion," *Political Quarterly* 42, no. 2 (1971): esp. pp. 113, 125.

³³ Banting, *Poverty, politics and policy*, esp. pp. 99-108.

³⁴ Clive Ponting, *Breach of Promise - Labour in Power 1964-1970* (London: Hamish Hamilton, 1989), pp. 137-39. Movement was made in this sphere once Crossman was made 'overlord' of health and social security. See also Stephen Thornton, "Towards public-private partnership - Labour and pensions policy," in *The Labour Governments, 1964-70*, ed. Peter Dorey (London: Routledge, 2006), p. 296.

selectivity to ensure that limited resources reached those “most in need” of support.³⁵ By extension, aid would be provided only as far as resources allowed, and any increase in benefits would be limited by a commitment to (relatively) low taxation and other economic priorities.³⁶

Heath is often accused of being elected with a commitment to neo-liberal, right-wing policies, but performed multiple U-turns when the results of those policies were unpopular.³⁷ With an electorate that still saw unemployment as a marker of poor government,³⁸ Heath was particularly embarrassed when unemployment passed the one-million mark. However, had he used the measures of joblessness from the 1980s (which were designed to hide unemployment), the figure would have been closer to 800,000.³⁹ Still, the Heath years have been re-assessed since the early-nineties. Many of the attacks on Heath’s U-turns have come from Thatcherites, who used Heath’s “failure” to justify their own political choices during the 1980s.⁴⁰ As for being committed to right-wing policies in 1970, this downplays Heath’s “One Nation Conservatism” which emphasised the duty of the government towards the most vulnerable, and the dangers of creating a nation with great disparity between the wealthy and the poor.⁴¹ Indeed, the Conservatives had campaigned on the promise to ‘give priority to those most in need’⁴² and between 1970 and 1974, expenditure on welfare services grew

³⁵ Jordan, *A Theory of Poverty and Social Exclusion*.

³⁶ For Conservative attitudes towards the economy and social justice, see Philip Norton and Arthur Aughey, *Conservatives and conservatism* (London: Temple Smith, 1981), pp. 28-32.

³⁷ Michael A. Young, "The One Nation Government," *Contemporary Record* 3, no. 2 (1989): p. 26. Anthony Seldon, "The Heath government in history," in *The Heath Government*, ed. Stuart Ball and Anthony Seldon (London: Longman, 1996), p. 2.

³⁸ Callaghan, *The retreat of social democracy*, p. 10.

³⁹ Edward Heath, *The Course of My Life - My Autobiography* (London: Hodder & Stoughton, 1998), p. 349. The method for calculating unemployment underwent ‘more than thirty’ changes between 1979 and 1991, most significantly in 1982 when the official total was changed from those looking at work at Job Centres to the much lower figure of those receiving unemployment benefit. See Carol Walker, *Managing Poverty: The limits of social assistance* (London: Routledge, 1993), p. 20.

⁴⁰ Seldon, "The Heath government in history," pp. 12-14; Young, "The One Nation Government," p. 26.

⁴¹ Robert Walsh, "The One Nation Group and One Nation Conservatism, 1950-2002," *Contemporary British History* 17, no. 2 (2003). See also Martin Holmes, "The Case Against Revisionism," *Contemporary Record* 3, no. 2 (1989).

⁴² See the 1966 and 1970 manifestos: Iain Dale, ed. *Conservative Party General Election Manifestos 1900-1997* (London: Routledge, 2000), pp. 168-69, 191.

considerably.⁴³ Heath declared himself proud of this record in his autobiography.⁴⁴ For the left, however, targeting and means testing meant that the government was 'hard-hearted and uncaring'.⁴⁵

The Conservatives also tried to improve economic planning so that the state would be more efficient and growth more regular.⁴⁶ For them, however, this was not so that growth could be more equally distributed amongst the population. Rather they believed that as the economy grew, more jobs would be created and more resources would be available to those in dire need.⁴⁷ Heath also wanted to utilise "experts",⁴⁸ and created the Central Policy Review Staff to scrutinise policy above the vested interests of individual departments. This, he hoped, would allow Whitehall to plan its activities with greater foresight.⁴⁹ An old Macmillan tool, the Programme Expenditure Survey Committee, was replaced with Programme Analysis Review (PAR) as an attempt to get departments to show explicitly to the Treasury what resources would be required for a number of years into the future. However, the Treasury hated it, preferring to have direct control of expenditure for itself. In the end, Hennessey writes, 'PAR became slow, top heavy and the victim of the relentless interdepartmental grind'.⁵⁰ Another study of PAR lamented that 'the mechanisms for translating results of analysis into action were sadly lacking'.⁵¹ Combined with the oil crisis and industrial disputes in 1973 and 1974, the government was severely restricted in terms of the resources it could dedicate towards social

⁴³ Rodney Lowe, "The social policy of the Heath government," in *The Heath Government*, ed. Stuart Ball and Anthony Seldon (London: Longman, 1996), p. 191.

⁴⁴ Heath, *The Course of My Life*, p. 451.

⁴⁵ Lowe, "The social policy of the Heath government," p. 191. Peter Townsend also criticised the government's record on disability: *The Social Underdevelopment of Britain 1970-74*, first published in *New Statesman*, 25 February 1974. In Peter Townsend, *Sociology and Social Policy* (London: Allen Lane, 1975), p. 328.

⁴⁶ Theakston, "Whitehall Reform," pp. 155, 66.

⁴⁷ Norton and Aughey, *Conservatives and conservatism*, p. 32.

⁴⁸ Edward Heath and Anthony Barker, "Heath on Whitehall Reform," *Parliamentary Affairs* 31, no. 4 (1978): p. 365; John Campbell, *Edward Heath: a biography* (London: Cape, 1993), pp. 316-20.

⁴⁹ Hennessey, *Whitehall*, p. 221-22; Campbell, *Edward Heath*, pp. 316-20.

⁵⁰ Hennessey, *Whitehall*, pp. 235-36; Campbell, *Edward Heath*, pp. 314-16.

⁵¹ Andrew Gray and Bill Jenkins, "Policy Analysis in British Central Government: The Experience of PAR," *Public Administration* 60, no. 4 (1982): p. 430.

security. As with the Labour governments, this led to prioritisation of policy and new benefits were restricted to keep costs to a minimum.

Despite these major economic problems in the sixties and seventies, followers of both the liberal and social-democratic approaches *were able to see* disability as an area of concern. As I will demonstrate, both parties responded to the growth of DIG and disability issues, and both directed their administrations to seek out information on disability issues and provide concrete legislative proposals. Disabled people – who thanks to DIG’s campaigning had been recognised by 1970 as both disadvantaged and “worthy” recipients of “targeted” support – were in a good position to grab the parties’ attentions. Labour and Conservative politicians believed that the country needed to strengthen the economy and redistribute some of those gains towards disadvantaged people. This guided government constructions of disability. In the social-democratic tradition, disabled people were a group requiring support to help them achieve a more equal standing; in the liberal tradition, disabled people were worthy of receiving support due to their legitimate exclusion from traditional employment.

The Lobby – DIG establishes “the civilian disabled”

DIG’s origins

While the two parties’ attitudes towards social welfare and the economy allowed them to see disability as a problem, voluntary organisations were crucial in bringing the ‘problem stream’⁵² to the government’s attention. The most prominent and successful of these was DIG, and its particular methods of campaigning had a significant impact on how disability was framed and understood by the government. Thus, DIG is significant for two reasons. First, it established disability as an object of policy. By showing how individuals were treated in different ways based on an arbitrary system which prioritised cause of impairment over need, DIG was able to show that “the civilian disabled” were neglected by the welfare state and required support. Second, by using a Fabian insider approach to press its politics on the government and

⁵² Kingdon, *Agendas, Alternatives and Public Policies*.

politicians, it established a framework for the major disability organisations over the late-twentieth century and their relations with Westminster and Whitehall.

DIG is credited as the first organisation formed *by* disabled people to campaign for disabled people *as a class* rather than representing a specific impairment group.⁵³ It was formed by two “housewives”, Megan du Boisson and Berit Thornberry.⁵⁴ This is significant because the married or co-habiting woman was at a significant disadvantage within the social security system. Both were diagnosed with multiple sclerosis and set up DIG to fight for a guaranteed income within the welfare state paid to individuals as their right as a citizen. The overwhelming response to her letter in *The Guardian* in 1965 made Du Boisson realise that there was a need for a pressure group to raise awareness of the difficulties disabled people faced. Along with Thornberry, she set up DIG in Godalming, Surrey, and set about lobbying politicians at the local and national level to secure changes in legislation.⁵⁵ Early patrons included Abel-Smith, Townsend and David Owen,⁵⁶ emphasising the link with the emergent poverty lobby and centre-left politics. Other branches were soon added, and DIG took on a national character with new chapters in the Midlands and the North, and the formation of DIG Scotland. The branches ensured a core membership of people at local level supporting and complementing the lobbying activities of the central command in Westminster. This appears to be in large part attributable to the work of Du Boisson whose energy and contacts made a real impression. It is significant that Du Boisson – usually referred to affectionately as “Megan” – is referenced regularly in Hansard and in the memoirs of those who have written about disability politics in the 1960s.⁵⁷ Thornberry, however, is not, despite evidence that she was campaigning

⁵³ See for example, Campbell and Oliver, *Disability Politics*.

⁵⁴ Berit Thornberry’s name changed twice over this period. At various time she was called Moore, Thornberry and Stuland. Thankfully, Berit is not a common name. For clarity, I refer to her as Thornberry unless quoting directly from a source.

⁵⁵ See also Derek Kinrade, *Alf Morris : people's parliamentarian : scenes from the life of Lord Morris of Manchester* (London: National Information Forum, 2007), pp. 139-44; Evans, "Stopping the Poor Getting Poorer," p. 148; Whiteley and Winyard, *Pressure for the poor*, pp. 43-44.

⁵⁶ Owen would be elected as a Labour MP in 1966, and quickly became a junior minister.

⁵⁷ See especially Kinrade, *Alf Morris*; Jack Ashley, *Journey into silence* (London: Bodley Head, 1973); David Owen, *Time to Declare* (London: Penguin, 1991).

for DIG and multiple sclerosis groups.⁵⁸ Du Boisson comes across in the historical record as a charismatic leader and an inspiration to those around her. An interview with *The Times* in May 1967 shows a woman dedicated to the cause and in command of a 'river of statistics [and] case histories'.⁵⁹ This was important in establishing both the administrative framework for DIG and selling the message. 'Charismatic leaders' can help shape an organisation's identity and dictate its future policy priorities.⁶⁰

The National Disability Income campaign

DIG's main focus was on a "National Disability Income". Initially outlined in a September 1965 memorandum to Douglas Houghton (then "overlord" minister for health and social security),⁶¹ *Structure of a National Disability Income*⁶² was updated in 1968,⁶³ 1972⁶⁴ and 1974.⁶⁵ The central argument, like that of other poverty lobby groups, was that cash payments would allow individuals to tailor the services they required to their particular needs. In the specific case of disability, each individual's impairments and pain affected them differently; therefore, cash was a way of helping individuals take control of their own lives rather than living to the schedule of institutional care or inflexible statutory services. The problem was that access to these types of benefits was not based on need but based on various other factors.

As I have shown, "disability" did not exist as a category within the social security system. Either one was sick, or one was entitled to compensation for injury or disease caused by one's employment. This left a number of disabled people outside the remit of social security. In

⁵⁸ See MRC: MSS 108/3/8, Lyon to Branches, 30 July 1973; Thornberry to Ashley, 29 July 1973. Later she would be involved in the DA hierarchy in her role at the Multiple Sclerosis Action Group: Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*. Kinrade mentions Thornberry in passing, but provides no more information: Kinrade, *Alf Morris*, p. 139.

⁵⁹ *The Times*, 3 May 1967, p. 9.

⁶⁰ Hilton et al., A historical guide to NGOs in Britain, pp. 347-49.

⁶¹ MRC: MSS 108/4/1, The Memorandum and Case Submitted by DIG to The Rt. Honourable Mr. Douglas Houghton, Autumn 1965, reprinted September 1967. "Overlord" is used by Thornton to describe the cabinet minister with responsibility for health and social security before the formal creation of the DHSS in 1968. See Stephen Thornton, "A Case of Confusion and Incoherence: Social Security under Wilson, 1964-70," *Contemporary British History* 20, no. 3 (2006): pp. 454-55.

⁶² MRC: MSS 108/4/1, The Structure of a National Disability Income, reproduced 6 November 1967.

⁶³ MRC: MSS 108/3/6, Towards a National Disability Income, DIG Paper #9, December 1968

⁶⁴ Disablement Income Group, *Creating a national disability income* (London: DIG, 1972).

⁶⁵ MRC: MSS 108/4/2, Realising a National Disability Income, April 1974.

reference to the war pensions, DIG called this group “the civilian disabled”. Jameel Hampton has also referred to a group called ‘the general classes’.⁶⁶ For these people, DIG identified two major costs – loss of earnings power and the extra costs of disablement.⁶⁷ DIG began its campaign by targeting high-profile politicians. This fitted within the tradition of the new poverty lobby campaigners in the 1960s, who targeted Westminster and government departments to effect changes in policy.⁶⁸ In this case, DIG aimed to make politicians aware that the difficulties faced by “the civilian disabled” constituted a problem which the government had to take seriously. In the 1965 memorandum to Houghton, DIG argued that:

Disability should not be regarded as short term sickness indefinitely prolonged, but *as a category of being* for which special provision must be made. DIG’s proposals are designed to alleviate the financial strain imposed by disablement, not to compensate (as does the Industrial Injuries Scheme) for loss of the faculty or enjoyment of life.⁶⁹

Later, in an open letter to Michael Stewart, the new “overlord”, DIG explicitly stated the case:

For the ‘civilian’ disabled DIG asks:

- 1) for recognition of the existence of the category (“perceiving the need”)

- 2) for the formal provision of
 - a. cash benefit appropriate to the category

⁶⁶ Hampton, *Disabled People and the Classic Welfare State*, p. 2. Hampton specifically identifies ‘adult physically disabled persons whose disablement came not as a result of war or industrial injury, excluding blind and deaf people’.

⁶⁷ In Burchardt’s scheme these would represent ‘earnings-replacement’ and ‘extra-costs’ benefits respectively. Burchardt, *The Evolution of Disability Benefits*.

⁶⁸ Whiteley and Winyard, *Pressure for the poor*, pp. 31-34; Hilton et al., *A historical guide to NGOs in Britain*, pp. 330-43.

⁶⁹ Emphasis mine. MRC: MSS 108/4/1, The Structure of a National Disability Income, 6 November 1967. This was a document originally published in March 1967 and based on a memorandum sent to Douglas Houghton in September 1965: see MRC: MSS 108/4/1, The Memorandum and Case Submitted by DIG to The Rt. Honourable Mr. Douglas Houghton, Autumn 1965, reprinted September 1967. Du Boisson repeated the first sentence of the quoted section in *The Times*, 3 May 1967, p. 9, and also wrote, ‘the bed-ridden and paralysed person in need of constant care receives the same as a person with a cold for a week’ in *The Times*, 20 November 1967, p. 25. Following the memorandum, DIG met with Houghton in November 1965. MRC: MSS 108/4/1, Random Notes from DIG, undated but probably late 1966, p. 1.

b. basic services, not permissive but mandatory.⁷⁰

Practical suggestions for how this might work were made in the publication *Why DIG Exists*, printed in December 1968. The ultimate goal was a comprehensive disability income,⁷¹ but in the short-to-medium term it demanded:

i. The constant attendance and exceptionally severe disability allowance [...] available to those injured industrially or in the services, should be made available to all severely disabled people needing them.

ii. Recognition of the needs of the disabled housewife.

iii. Modification of the earnings rule so that the £2.16.0 (1968) [£2.80] allowed for his wife to a disabled man on sickness or unemployment benefit should not be set against any earnings she may make in an attempt to help balance the household budget, at least when her husband has a long-term disability.⁷²

DIG organised rallies to impress its point upon politicians and the wider public. The first was in July 1967 where ‘more than 200... improbable crusaders’ assembled in Trafalgar Square and marched to Downing Street to give a petition on the National Disability Income to the Prime Minister.⁷³ *The Times’s* choice of language betrayed a paternalistic attitude towards disabled people, but it was clear that the cause was gathering momentum. The following year ‘more than 1,000’ disabled people and their allies attended a rally in Trafalgar Square. Judith Hart, the Minister for Social Security, gave a speech in which she described ‘the civilian disabled’ as ‘the forgotten poor’.⁷⁴ Hampton’s study of the media’s reaction to DIG shows that the group also made a concerted and successful effort to ensure disability-related stories were

⁷⁰ MRC: MSS 108/4/1, Memorandum from the Disablement Income Group to the Rt. Hon. Michael Stewart, MP, First Secretary of State, Concerning the Future Development of the Social Services: February 7th 1968, reprinted 7 May 1968, p. 1.

⁷¹ MRC: MSS 108/4/1, The Memorandum and Case Submitted by DIG to The Rt. Honourable Mr. Douglas Houghton, Autumn 1965, reprinted September 1967 and Towards a National Disability Income, DIG Paper #9, December 1968

⁷² MRC: MSS 108/4/1, Why DIG Exists – What DIG Proposes, October 1968.

⁷³ *The Times*, 31 July 1967, p. 1; Owen, *Time to Declare*, p. 76.

⁷⁴ *The Times*, 15 July 1968, p. 1.

covered by the major newspapers and broadcasters.⁷⁵ It was at this time that Jack Ashley (Labour) proposed a Disablement Income Commission Bill, designed to create a statutory body to investigate the needs of disabled people and provide advice to government.⁷⁶ DIG continued to lobby Westminster by sending delegations of disabled people to the Houses of Parliament. The 1969 rally drew 'nearly 500' people according to the Newcastle Branch of DIG, '400' according to Huddersfield, or 'more than 300' according to *The Times*. Figures quoted here and by other DIG branches suggest an actual attendance of between 300 and 400 people.⁷⁷

The Fabian approach

These origins and behaviour show that DIG had what I have termed a Fabian approach⁷⁸ to disability benefits. I use this phrase to highlight the tactics and origins of these poverty lobby groups which emerged in the 1960s. Drawing on the campaigning tradition of, among others, Sidney and Beatrice Webb, these organisations used data and rational argument to push for incremental policy changes and head towards a more egalitarian society.⁷⁹ However, unlike the Labour Party which sought to do this by taking political power,⁸⁰ these Fabian groups influenced governments from outside. The Group sought to appeal to the government through reasoned political debate and a sound evidence base. This would make gradual reform of the system inevitable once the argument had been won.⁸¹ Thus, I employ "Fabian approach" as a short-hand for a campaigning tradition and ideological focus rather than a codified entity. It

⁷⁵ Hampton, *Disabled People and the Classic Welfare State*, pp. 85-89.

⁷⁶ HC Deb 16 July 1968 vol. 768 cc. 1256-9.

⁷⁷ MRC: MSS 108/4/1, Various Branch Newsletters from 1969; *The Times*, 25 June 1969, p. 2. A smaller deputation had been sent to see Richard Crossman in late 1968: *The Times*, 3 December 1968, p. 2; MRC: MSS 108/4/1, DIG West Middlesex Branch Newsletter No. 5., December 1968. Another met with Sir Keith Joseph soon after taking office. *The Times*, 26 November 1970.

⁷⁸ Alcock and Campling use the term 'Fabian arithmetic'. Alcock and Campling, *Understanding poverty*, pp. 192-94. Ken Davis also noted DIG's Fabian roots in an interview in Campbell and Oliver, *Disability Politics*, p. 53.

⁷⁹ See Thane, *Foundations of the Welfare State*, p. 16.

⁸⁰ This is one of the key distinctions between 'pressure groups' and political parties. See Grant, "The Role and Power of Pressure Groups," p. 124.

⁸¹ Banting, *Poverty, politics and policy*, pp. 6-7; Hilton et al., *A historical guide to NGOs in Britain*, pp. 135-38.

also serves to distinguish these organisations from the “traditional charities” and Disabled People’s Organisations (DPOs).

Leading members of the Fabian Society were also involved in these poverty lobby groups. The influence of Peter Townsend is particularly evident. Townsend had helped form CPAG⁸² and was a trustee of DIG when it was first created. In a speech to CPAG members at the 1967 Labour Party Conference he argued that:

the Government should declare that it intends to introduce new pensions for all kinds of disabled persons, including children, according to degree of disability, and without discrimination according to the place or origin of the disability, or as between men and women. It should immediately launch a national study to establish the numbers of disabled in the population, including the mentally handicapped, and appoint an expert committee to work out a modern assessment and review of the social services for the disabled.⁸³

It was as part of what has also been called a ‘corporatist’⁸⁴ tradition that DIG saw disability as a category of need which should be recognised by welfare services and saw social security as a preferable method of providing for its needs. This was based on the idea that disabled people were unable to participate fully in society as a result of their increased risk of poverty; although it also included arguments based on the unequal treatment of different subsections of disabled people within the existing system. Disability was a special case, incurring extra costs beyond those of classically-defined sick or unemployed people.⁸⁵ This Fabian approach saw disability benefits as an entitlement which should be paid based on ‘actual’ rather than ‘deemed’ need.⁸⁶

⁸² See Lowe, "The Rediscovery of Poverty."; Hilton et al., *A historical guide to NGOs in Britain*, pp. 122-25.

⁸³ Townsend, *Sociology and Social Policy*, p. 301.

⁸⁴ Bagguley, "Collective Action."

⁸⁵ 'Using the supplementary benefits line as a measure of poverty is not a sufficient criterion, for this assesses only the *income* and not the expenses incurred.' *The Times*, 20 November 1967, p. 25.

⁸⁶ Bolderson and Mabbett, *Social Policy and Social Security*, pp. 25-26.

DIG quickly established itself as a reliable source of information, giving it some influence over the 'solution stream'.⁸⁷ It became an acceptable, if tenacious, campaign group. Within Westminster, the newly created All-Party Disablement Group (APDG) utilised disability organisations to inform both Houses about the needs of disabled people. The APDG was established by Jack Ashley and John Astor (Conservative) in 1968 in response to the growing interest inside and outside Parliament about disability issues. The Central Council for the Disabled (CCD) provided the secretarial services, a function its successors continue to perform to this day.⁸⁸ When Du Boisson was killed in a car crash on her way to DIG's fifth annual general meeting in 1969, she was succeeded as Honorary Spokesman by Mary Greaves, the head of the CCD's Legal and Parliamentary Committee. This ensured a continuity of pressure in Westminster and Whitehall. Greaves, like her predecessor, was a hard-working, charismatic individual who had the ear of those in important positions. Earlier in 1969 she had been appointed to the Department of Employment's National Advisory Council on the Employment of Disabled Persons (NACEDP) by Barbara Castle.⁸⁹

DIG was also among the organisations which provided assistance to Alf Morris in the drafting of his Chronically Sick and Disabled Persons Bill 1969. Although Morris knew that he wanted to present a Bill to help disabled people, none of the major disability organisations had considered a Private Member's Bill as a solution to the problems they faced. This is intriguing given that most of the progressive legislation that had passed through the House at this time had been introduced as Private Members' Bills: including Acts on the legalisation of homosexuality,⁹⁰ the repeal of the death penalty⁹¹ and abortion.⁹² This may in part reflect

⁸⁷ Kingdon, *Agendas, Alternatives and Public Policies*.

⁸⁸ CCD was later merged into the Royal Association for Disability and Rehabilitation in 1977, and Disability Rights UK in 2012, with the secretarial role being passed on to these successor groups. See also Beth Capper, *A celebration of the work of the All Party Parliamentary Disability Group and its Chair Rt Hon Lord Ashley of Stoke CH: four decades of parliamentary work for disabled people's rights 1968-2008* (London: RADAR, 2008).

⁸⁹ *The Times*, 7 February 1969, p. 8.

⁹⁰ Sexual Offences Act 1967. Introduced by Humphry Berkeley (Conservative) (see second reading debate in HC Deb 11 February 1966 vol. 724 cc. 782-874).

DIG's preoccupation with incomes rather than "rights" in a more general sense. Since such legal reform would require significant sums of money from the Treasury, such a Bill would have been unfeasible as a method of creating a National Disability Income. Regardless, once the Bill was proposed, DIG and others became active in supporting Morris. Mary Greaves and Peter Large – also with CCD's Parliamentary committee, founder of the Association of Disabled Professionals (ADP), and later to be Greaves's successor as leader of DIG⁹³ – are mentioned by name in Alf Morris's biography. So too are James Loring of the Spastics Society and George Lee of MENCAP. Other more traditional charities such as Leonard Cheshire and a medical surgeon were involved in an 'ad hoc committee' to provide Morris with legal and practical advice.⁹⁴ Disability organisations were, therefore, in contact with legislators, parliamentarians and government ministers throughout this period. They were able to press their ideas on those with access to the machinery of government. As the case of Invalidity Benefit and Attendance Allowance shows, the core of DIG's argument was absorbed and concrete changes were made to the social security system.

DIG's particular form of Fabian approach relied on explicit "insider" tactics. It is important not to take the insider/outsider model as a literal description of the policy-making process, as organisations are rarely ever fully accepted or fully ostracised, and their status can fluctuate over time.⁹⁵ I use this phrase to describe the tactic of the Group rather than the end result. DIG specifically targeted high-ranking officials and attempted to form strong relationships with them and work with them to achieve policy change. This is in contrast to an approach which might prioritise highly-critical public campaigns against the government, or which would seek to reform social security through non-governmental channels. The insider Fabian approach

⁹¹ Murder (Abolition of Death Penalty) Act 1965. Introduced by Sydney Silverman (Labour) (see second reading debate in HC Deb 21 December 1964 vol. 704 cc. 870-1010).

⁹² Abortion Act 1967. Introduced by David Steel (Liberal) (see second reading debate in HC Deb 22 July 1966 vol. 732 cc. 1067-165).

⁹³ Derek Kinrade, Sir Peter Large Obituary, *The Independent*, 26 January 2005 < <http://www.independent.co.uk/news/obituaries/sir-peter-large-6153919.html> > (accessed 18 December 2012).

⁹⁴ Kinrade, *Alf Morris*, p. 171. For Morris's account of the events, see Morris and Butler, *No feet to drag*.

⁹⁵ Maloney, Jordan, and McLaughlin, "Interest Groups and Public Policy."

that DIG operated would not be shared by all voluntary organisations throughout the period of this thesis, as I will demonstrate; for now, however, this was the primary strategy of the disability lobby. Through doing so, the government recognised disability as a category of need in welfare, and began to produce policy proposals based on this understanding.

Government action – The Labour governments

DIG successfully promoted the cause of “the civilian disabled”, and both major parties began preparing responses to the public support raised by DIG’s campaigns. In Kingdon’s terms, the ‘problem’ stream had been stimulated,⁹⁶ and disability was seen as an issue worthy of attention. The success of the poverty lobby approach, combined with a political consensus around disability welfare policy at the time, meant that government favoured cash payments over services in kind. Labour failed to legislate major changes to the benefits system in the way DIG had hoped. Partly this was because the government had little data to work on. To remedy this, it commissioned an Office for Population Censuses and Surveys (OPCS) report into the needs and numbers of disabled people living in private households in the United Kingdom. It also began serious inquiry into the likely cost and impact of introducing new benefits in the medium term, with the hope of being able to afford a National Disability Income-type scheme in the distant future.

Richard Crossman

To explain the Labour government’s choices, it is important to understand its approach to disability as well as the motivations of key individuals. There was clear personal support within the party for reforming disability-related benefits. Richard Crossman’s predecessor, Judith Hart, had supported DIG’s cause, speaking at the 1968 rally, and calling for the recognition of “the civilian disabled”.⁹⁷ However, there were tensions within the party with regard to social security policy. Those on the right supported welfare expansion, but felt the only practical way forward was through means-testing and some form of selectivity. Those on the left continued

⁹⁶ Kingdon, *Agendas, Alternatives and Public Policies*.

⁹⁷ *The Times*, 15 July 1968, p. 1.

to adhere to the principle of universalism.⁹⁸ With the merger of the Ministry of Health and MSS slated for 1968, Crossman was put in charge of social security policy. He was clearly more interested in enacting his Superannuation plans rather than dealing with the relatively new claims for a National Disability Income. Yet he was, if we take his comments in the House at face value, ‘deeply moved by the lives and the words’ of the disability campaigners.⁹⁹

Hampton argues that Crossman neglected disability benefits and did not see them as an important issue, but I believe Crossman’s approach was more nuanced than this.¹⁰⁰ He was single-minded over what he saw as priorities, and objected to the time being taken up by Alf Morris’s Chronically Sick and Disabled Persons Bill.¹⁰¹ The lack of movement on the question of poverty over Labour’s six years in power provoked angry reactions from poverty campaigners, notably when CPAG attacked Labour for making the poorest worse off.¹⁰² Crossman lamented:

I had a trying time this afternoon with the Child Poverty Action Group [...] [Peter Townsend] used to be so young and handsome and debonair and now he is a grey, dreary man who kept us arguing about unemployment benefit for too long. I think it did me a great deal of harm. [...] We are in trouble here because the attack is on our most sensitive point, our humanity.¹⁰³

However, he did modify his Bill to accommodate disability. It is significant that the constant attendance allowance and invalidity pension ideas brought into the Bill in 1969 were consistent with his Superannuation plans. The reforms to which he had been committed since 1957 could easily accommodate these new benefits. Indeed, we do not know what would have become of these plans if Labour had won the 1970 election, or had delayed the election until

⁹⁸ See the debate over family allowances and “clawback” in Banting, *Poverty, politics and policy*, pp. 100-05.

⁹⁹ HC Deb 19 January 1970 vol. 794 c. 64.

¹⁰⁰ Hampton, *Disabled People and the Classic Welfare State*, pp. 89-92.

¹⁰¹ Kinrade, *Alf Morris*, pp. 160-64.

¹⁰² At the 1968 DIG Trafalgar Square rally, Peter Townsend was reported as saying the government’s social policies were ‘disastrous’ and that despite a commitment made in 1964 to restructure benefits for disabled people and other disadvantaged groups little had changed in the four years since. *The Times*, 15 July 1968, p. 1. See also Banting, *Poverty, politics and policy*, p. 108.

¹⁰³ Diary entry for 27 January 1970. Richard Crossman, *The Diaries of a Cabinet Minister. Vol.3, Secretary of State for Social Services, 1968-70* (London: Hamilton, 1977), p. 791. See also *The Times*, 28 January 1970, p. 3; *The Times*, 20 April 1970, p. 2. The antipathy would continue after the General Election defeat with a row over Crossman’s new role as editor of *New Statesman*. *The Times*, 4 September 1970.

1971. Labour's manifesto indicated that disability benefits would be introduced,¹⁰⁴ and, as we will see, the government could make use of the published findings of the OPCS survey. Disability had only been a major policy issue for three or four years before his Bill was introduced. I argue, therefore, that while Crossman may well have seen disability as a *lower* priority, it was important enough for him to amend his plans (albeit slightly) and attempt to create new benefits.

In this we see Labour's social-democratic approach. Any new benefits had to be affordable, but the varying claims of different groups were "prioritised" according to what was seen as practical at the time and previous commitments already made. Disability had rapidly risen up Labour's hypothetical to-do list; but it had not been an issue long enough for Labour to have access to the necessary data and planning time to complete legislation before the 1970 election. The significance of the Labour years is therefore the data they were able to provide the incoming Conservative government. I will discuss two such programmes in some depth: the OPCS Survey, which allowed the government to estimate the likely costs of policy proposals; and the planning stages of a "constant attendance allowance" for those requiring care in their own homes.

OPCS Survey

The production of reliable statistics on disability was important for campaigners and government alike. Though the measure used in official surveys is always problematic,¹⁰⁵ recognition that disabled people could be counted and studied was a crucial part of creating disability as an object of policy. DIG saw that disability needed its own welfare category, refashioned from earlier concepts of poverty, compensatory "duty" benefits and specific impairment groups. If disability were accepted as a bureaucratic category, then it could logically extend beyond social security and into other services. Indeed, a memorandum to

¹⁰⁴ Iain Dale, ed. *Labour Party General Election Manifestos 1900-1997* (London: Routledge, 2000), p. 170.

¹⁰⁵ Glenn T. Fujiura and Violet Rutkowski-Kmitta, "Counting Disability," in *Handbook of Disability Studies*, ed. Gary L. Albrecht, Katherine D. Seelman, and Michael Bury (London: SAGE, 2001).

Michael Stewart mentions what would now be called the social services and nursing provision.¹⁰⁶ Its campaigns were therefore focused as much on defining and creating disability as they were on improving access to and the rates of benefits. To achieve any of this, the government needed some idea of how many disabled people were in the country and what their basic needs were. No such attempt had been made to calculate this in the past, and by the late sixties it was clear that the DHSS and other relevant departments needed more information. Registers of disabled people existed in the Department of Employment, but these only reflected the number of disabled people looking for work rather than all disabled people, regardless of employment status. In response to a question from Labour MP William Hamling on 20 December 1965 about the 'estimated cost to the Central Government and to local authorities of maintaining the chronic sick and disabled under the present scheme of social provision', Houghton replied that:

There is no standard definition of the terms "chronic sick" and "disabled", nor do the records and accounts of all the various social services fully distinguish between the many categories which they help.¹⁰⁷

Townsend called for a systematic survey at the 1967 Labour Party Conference.¹⁰⁸ DIG also felt such work was 'urgently necessary'.¹⁰⁹ The Seebohm Report had nominally investigated the needs of elderly, disabled and chronically sick people and the social services provided for them. In reality, however, disability had not become enough of an issue for the committee, and the focus was predominantly on the needs of elderly people. Moreover, the incomes question was not explicitly addressed.¹¹⁰ On 23 October 1967, the government announced 'a study of adults living at home who are substantially and permanently handicapped by

¹⁰⁶ MRC: MSS 108/4/1, Memorandum to Michael Stewart.

¹⁰⁷ HC Deb 20 December 1965 vol. 722 cc. 370-1W.

¹⁰⁸ Townsend, *Sociology and Social Policy*, p. 303.

¹⁰⁹ DIG estimated the number of disabled people at 1.5 million and quoted this in various publications. See especially MRC: MSS 108/4/1, *About DIG*, August 1968, p. 1.

¹¹⁰ Frederick Lord Seebohm, *Report of the Committee on Local Authority and Allied Personal Social Services* (Cmnd. 3703, 1967); Hampton, *Disabled People and the Classic Welfare State*, pp. 109-14.

limitations in their movements' in England and Wales.¹¹¹ DIG and Mary Greaves were consulted and mentioned explicitly for their contributions in the introduction to the published findings.¹¹² The survey had originated as a small study conducted by Bedford College which was 'developing an array of devices for measuring disability'. Two government departments were interested in expanding the scope of the study, according to Moss. The Ministry of Health was concerned with the social and economic problems created by disability, finding out how many people might be considered disabled or in need of support from local authorities, and determining what extra resources may be needed to cover any gap. The MSS needed to know how many disabled people were in need of support for its proposed Attendance Allowance. Later the Ministry of Housing would also declare an interest.¹¹³ It used a medical definition of disability, using the concepts of impairment, disability and handicap, which was subsequently built upon by the WHO.¹¹⁴

The survey took, as far as many campaigners were concerned, too long to set up and too long to publish. Indeed, DIG branch newsletters suggested that this very delay showed institutional discrimination against disabled people.¹¹⁵ Townsend pushed this criticism further by suggesting that those in the professional classes were more interested in their own pay and conditions than the people they were supposed to be helping.¹¹⁶ Du Boisson advised against waiting 'until 1970' for the report to be published and to press ahead immediately with the proposed constant attendance allowance; an action that she claimed had precedent, since no survey was conducted on the needs of industrially disabled people.¹¹⁷ One disabled person wrote to *The Times*:

¹¹¹ HC Deb 23 October 1967 vol. 751 c. 1332.

¹¹² Amelia I. Harris, *Handicapped and impaired in Great Britain* (London: H.M.S.O., 1971).

¹¹³ Louis Moss, *The Government Social Survey, A History* (London: H.M.S.O., 1991), p. 148.

¹¹⁴ Harris, *Handicapped and impaired in Great Britain*, p. 2; World Health Organization, *ICIDH*.

¹¹⁵ 'The disabled were so neglected by society that not even the government knew how many there were': MRC: MSS 108/4/1, DIG Newcastle Branch Newsletter, June/July 1969, p. 3.

¹¹⁶ *The Times*, 29 May 1970, p. 11.

¹¹⁷ *The Times*, 15 January 1969, p. 9. The claim for an early implementation was repeated in *The Times*, 1 February 1969, p. 2.

my probably selfish concern is that this information should be made as soon as possible; and that thereafter, if we are to be helped financially, this help should be forthcoming without waiting for the construction of giant computers. There can't be all that many of us.¹¹⁸

Restlessness amongst campaigners within Parliament manifested in the Chronically Sick and Disabled Persons Act in the final months of the Labour government. This attempted to push through changes before the survey's publication by placing an obligation on Local Authorities (LAs) to provide services for disabled people. As a Private Member's Bill, it never received full government support or the legal apparatus to force LAs to comply. While authorities were given the power to act, there was little compulsion, and the actual quality of services provided around the country varied considerably.¹¹⁹ But the Act's significance lay in the government's support for its passage through Parliament, expressing a moral commitment to services for disabled people. Moreover, its existence gave campaigners within and without Parliament the opportunity to reference the law and use this to compel or shame local and national authorities into action. Private Members Bills are very often used as campaign tools in this way. Many analyses of the Act have concentrated on whether it was "really" effective,¹²⁰ but I argue that this misses the point to a large extent. Its *existence* is more relevant and important than questions of whether or not it was properly enacted. It was highly improbable that such a Bill would even become an Act, let alone get full government backing in the form of financial and legal commitments. It must be seen, along with the survey, as an attempt to articulate an embryonic framework for providing welfare for disabled people. Specifically, it

¹¹⁸ Ralph Arnold of Oxfordshire, *The Times*, 3 February 1969, p. 9.

¹¹⁹ Borsay, *Disability and Social Policy*, pp. 191-95.

¹²⁰ Hampton, *Disabled People and the Classic Welfare State*, pp. 214-21; Eda Topliss and Bryan Gould, *A charter for the disabled* (Oxford: B. Blackwell & M. Robertson, 1981); Borsay, *Disability and Social Policy*, pp. 191-95.

was a campaign tool, which its supporters hoped would be strengthened over time.¹²¹ It did not speed up the publication of the report.

Hampton has argued that the OPCS survey was used as a way of deflecting calls for a rapid introduction of the National Disability Income. He has shown that the government deliberately called for the Harris conclusions to be phrased as speculative rather than definitive, and for the results to be presented in the past tense so that it could claim that the new Attendance Allowance and Chronically Sick and Disabled Persons Act had made a difference.¹²² However, there appears to be little direct assertion from campaigners that the survey was deliberately used as a delaying tactic by either the Labour or Conservative governments, even if they were left frustrated by the long wait. Partly this may be seen as a symptom of DIG's "insider" approach, with the Group reluctant to start a fight with those politicians it aimed to court. Yet it seems that both governments could easily have done nothing at all over this period, waiting for the report before acting. Regardless of whether or not surveys have been used historically to delay financial commitments, governments do require data to effectively direct resources.¹²³ As we will see, the Thatcher government was much more willing to use its OPCS survey in 1986 to delay making commitments to disabled people than either Wilson or Heath were at the beginning of the 1970s. The constant attendance allowance and some form of invalidity pension were planned and then presented to Parliament well before the results of the survey were known or made public. Despite the clear weaknesses of the Chronically Sick and Disabled Persons Bill, this was pushed through both Houses with Labour government support before the dissolution of Parliament. This is incredibly significant, and shows how important disability issues had become. Given the potential cost of the National Disability

¹²¹ Private Members' Bills are often used in this way. See Chapter 5 for the use of Bills in 1981 and 1986, as well as Robert Rogers and Rhodri Walters, *How Parliament works* (New York: Pearson Longman, 2006), pp. 232-34.

¹²² Hampton, *Disabled People and the Classic Welfare State*, p. 166.

¹²³ Walt, *Health Policy*, pp. 178-85; Fujiura and Rutkowski-Kmitta, "Counting Disability."; Peter Townsend, "Reports and Surveys - Politics and the Statistics of Poverty," *Political Quarterly* 43, no. 1 (1972).

Income proposals, I find it difficult to believe that waiting an extra 24 months for the survey results would have made full implementation any more likely or would have softened the demands of DIG and its allies.

The OPCS report shows that disability was taken seriously as a policy area by the government. It had been framed as an issue of need amongst people living with impairments in private households. Yet the time delay both in beginning and publishing its results shows us that disability was not a high priority for the social-democratic Labour government, even if it was a legitimate concern. Still, with data to analyse – a crucial part of the Fabian argument – and a working definition of disability, the government could begin to plan solutions to the problem as presented by DIG. To return to the Kingdon model, the ‘politics’ and ‘problem’ steams had now converged. The debate would now surround which ‘solution’ to choose.

Discussions in Whitehall

This debate at the turn of the decade marks the point when voluntary organisation arguments were used as part of a reconfiguration of disability within government policy. However, the bureaucratic machinery, influenced by policy precedents and wider political concerns and priorities, did not embrace all of DIG’s ideas or solutions.

Even if one believes that the survey was used to delay legislative action, it was not used to delay investigation. The government looked at the possibility of introducing a targeted, low-cost benefit for those with the most severe impairments. The discussions over a civilian attendance allowance from 1967 onwards show that while DIG had clearly convinced the government of the need for action, not all their arguments had been fully accepted. There was ‘no doubt’ in the MSS that ‘the cause of the “civilian” disabled [was] one that [attracted] a great deal of public sympathy’, and that failure to provide more for this group would be politically indefensible. But they immediately rejected proposals for a scheme for civilians on the same basis as the duty pensions. The costs were presumed too high, although as DIG themselves had claimed, it was difficult to know the true implications of their ideas at this time

because there was little extant data upon which to work.¹²⁴ Instead, the government considered providing a form of payment based on the constant attendance allowance. This was considered financially and bureaucratically manageable and in line with the demands of groups such as DIG.¹²⁵ It was also not a new idea; it had been proposed during the committee stage of the Finance (No. 2) Bill by Paul Dean in 1965.¹²⁶ Townsend had argued in his speech at the 1967 Labour Party Conference that, as an interim measure, the government should extend 'constant attendance and hardship allowances from war pensioners and industrial injury pensions to other disabled persons'.¹²⁷

In the duty pensions, constant attendance allowance was paid at a "higher" rate to those who needed constant attention through the day and night; and a "lower" rate for those who only needed attention during the day *or* night. Two higher rates also existed for those in extreme need. This was identified as an area that supporters of DIG had been pressuring parliament, and was a benefit which might be introduced much sooner than a comprehensive income.¹²⁸ M. C. L. Simms, a civil servant with responsibility for social security policy, believed that it would be very difficult to introduce a similar scheme for the general population. He was especially concerned about pensioners.¹²⁹ The problem was 'sheer weight of numbers', as another civil servant, G. D. Caldwell, put it.¹³⁰ This was exacerbated by Simms's and others'

¹²⁴ 'It is when we seek to estimate the extra cost of a system of benefits and services designed to mitigate the expenses of invalidity that the absence of suitable statistics on the need for such benefits make the task impossible.' MRC: MSS 108/3/6, Towards a National Disability Income, DIG Paper #9, December 1968, p. 9.

¹²⁵ TNA: AST 36/1, An Attendance Allowance for Chronically Sick and Disabled People, N Hellon, 17 January 1968, paras. 5-7.

¹²⁶ Paul Dean would later become a minister at the DHSS under Keith Joseph. HC Deb 23 June 1965 vol. 714 cc. 1844-88. His obituary in *The Guardian* described him as 'socially sensitive' and 'the epitome of the gentlemanly old-fashioned Conservative'. *The Guardian*, 2 April 2009 < <http://www.guardian.co.uk/politics/2009/apr/02/obituary-lord-dean-harptree> > (accessed 17 July 2012).

¹²⁷ Townsend, *Sociology and Social Policy*, pp. 301-02. DIG had also made this claim in MRC: MSS 108/4/1, Why DIG Exists – What DIG Proposes, October 1968.

¹²⁸ TNA: AST 36/1, A Special Allowance for Chronically Sick and Disabled People, N. Hellon, 15 September 1967, para. 17.

¹²⁹ TNA: AST 36/1, M. C. L. Simms memo to McGinnis, 25 September 1967.

¹³⁰ TNA: AST 36/1, G. D. Caldwell memo to McGinnis, 22 September 1967.

concerns over the contributory principle.¹³¹ Breaching it, as this allowance sought to do, was a big step that neither of the major parties had fully embraced in the late sixties.¹³² Labour had consistently blocked Conservative backbench Private Members' Bills which sought to impose a non-contributory benefit for pensioners over the age of 80.¹³³ In Simms's memo, the problems associated with this sort of benefit would be not only of the number of potentially worthy claimants, but also difficulties in restricting entry criteria, financing the scheme and in ensuring the gatekeepers had enough control. Perhaps more instructively, the policy divisions in the Ministry were discussing a 'helplessness allowance'¹³⁴ – belying not only the concept of disability in this context, but also driving their logic in determining which classes of disabled individuals should qualify. While Labour politicians may have opposed the means test, the strict medical criteria certainly made this potential benefit highly selective.

The draft internal memo requested by the Minister on the practicalities of the scheme recommended that any allowance should be limited to very severely disabled people, at least initially. It estimated that around 50,000 people would qualify for this, as opposed to 250,000 if the new 'helplessness allowance' allowed claims to both the "higher" and "lower" rates of constant attendance allowance.

One must remember that the extension of an allowance to the substantially disabled [...] would still not bring in a good many of the severely disabled people who attract public sympathy, e.g. people in wheelchairs who nevertheless manage to do a great deal to attend to their personal needs. If there were not to be clear political advantages from starting with the wider group, consideration of practicability would swing the argument in favour of starting with the narrower group.

¹³¹ TNA: AST 36/1, Simms to McGinnis, 25 September 1967.

¹³² Hampton's work in the two parties' archives suggests that breaking the contributory principle was something they were willing to do for special cases, but was still considered a dangerous step due to the number of commitments it could possibly force on the state. Hampton, *Disabled People and the Classic Welfare State*, pp. 89-94.

¹³³ Crossman, *The Diaries of a Cabinet Minister. Vol. 3.*, pp. 359-60. See National Insurance (Further Provisions) Bill 1968 and associated debate: HC Deb 7 February 1969 vol. 777 cc. 739-839.

¹³⁴ TNA: AST 36/1, A Special Allowance for Chronically Sick and Disabled People, N. Hellon, 15 September 1967, para. 15.

With only the higher rate considered, the cost of the benefit would be £8 million, as opposed to £40 million for both.¹³⁵ An import aspect of this, however, is the idea that voters had to see the benefit working. Was the higher rate really that cost efficient? Even if the expenses of administration and benefit payments were ignored:

in terms of social priorities the case for providing large numbers of pensions for relatively slight disablement (the great bulk of industrial and war disablement pensions are for assessments of 30 per cent or less), and which, incidentally, would also be paid to people who work, whatever their earnings, seem [sic] very weak indeed.¹³⁶

Crossman introduced the lower rate of constant attendance allowance for “civilians” in his National Superannuation and Social Insurance Bill 1969. The planning stage for the benefit brings up three main points. First, any new benefits would have to have limited costs. Second, individual claimants would be eligible based on their medical criteria, and ultimately these people would be seen as ‘helpless’ recipients of aid. Third, it was important that the classes of disabled people which ‘attract[ed] public sympathy’ were *seen to be helped*; perhaps as much as actually providing aid on the basis of need. In this we have a complex mix of the three approaches I have outlined. A class of intended beneficiaries had been shown through solid political argument and evidence to be in need of support. Yet the idea of support for people who attracted ‘sympathy’ based on the most severe medical criteria is much more in keeping with older liberal approaches to disability and “the deserving sick”. Furthermore, the rejection of equalisation of benefits by extending Industrial Injuries Benefits to the general population showed that DIG had not successfully convinced the government that such discrimination was completely unacceptable.

¹³⁵ TNA: AST 36/1, Introduction of a ‘Constant Attendance’ type of allowance in the Autumn of 1970 for the ‘Civilian Disabled’ – Legislative and Administrative issues, paras. 23-24. This claim was repeated and attributed to David Ennals in *The Times*, 11 March 1970, p. 4.

¹³⁶ TNA: AST 36/1, An Attendance Allowance for Chronically Sick and Disabled People, N Hellon, 17 January 1968, appendix para. 4.

Government action – Conservative Legislation

The Conservative government took the constant attendance allowance and created through legislation the Attendance Allowance (AA). In addition, it revived Labour's plans for an 'invalidity pension' – effectively a higher-rate and earnings-related Sickness Benefit for long term NI claimants – with a new Invalidity Benefit (IVB). This was done not because of commitment to a specific group through universal benefits, but because disabled people were considered worthy and deserving recipients of aid neglected by the 1948 welfare state. To understand why the Conservatives were so quick to legislate, two major factors need to be considered. First, the party had committed to providing pensions for disabled people, people over the age of 80 who had never had the chance to build up insurance contributions post-1948, and widows whose husbands had not built enough contributions to provide them with a NI pension. All three of these groups could claim Supplementary Benefit, but Conservatives argued they should be provided with a small, as-of-right, non-contributory allowance to remove the stigma of claiming social assistance. Second, the new Secretary of State for Social Services, Sir Keith Joseph, had a personal political commitment to disabled people and to providing targeted benefits for groups considered worthy of state support. Further, the Conservatives were able and willing to build upon the planning instigated by the previous government, making use of the OPCS survey and the plans for the constant attendance allowance.

Sir Keith Joseph

Joseph's personal attitudes towards disability and welfare impacted on policy priorities and choices. He was an enigmatic personality. On the one hand, he was one of the architects of Thatcherism. Yet until 1974 he was considered 'a very rare Tory who had entered politics specifically to try to relieve poverty'.¹³⁷ The Conservative Party as a whole had made commitments to disadvantaged groups, though not through the universalist scheme presented

¹³⁷ Campbell, *Edward Heath*, p. 381.

by Labour and Crossman. It promised to 'improve the benefits payable to those who are seriously ill or disabled, and introduce a constant attendance allowance for the most seriously disabled'.¹³⁸ Selectivity and targeting were key. This was part of a general trend in the Anglo-Saxon countries.¹³⁹ AA certainly fits this model by focusing resources through a 'helplessness allowance' to the "most in need". Yet Joseph has come under attack from both the left and the right of the political spectrum. For the right, his department spent far too much indiscriminately; for the left, the Conservative government was attempting to dismantle the welfare state. Neither interpretation quite works, especially in the case of disability. Social security moved more towards means testing and selectivity, though Joseph did not attack the budgets of the social services anywhere near as hard as the Conservatives of the 1980s would. For Campbell, the main failure of the Heath government in this regard was its failure to take into account the rapid demographic and economic changes that placed greater stress on the welfare state throughout the 1970s.¹⁴⁰ Hence, total expenditure rose while expenditure on individuals became more targeted.

Heath was apparently worried by Joseph's right-wing politics, overlooking him for the Chancellorship on the death of Iain Macleod. Denham and Garnett show that some of his speeches indicated that he may have been a little resentful at being overlooked, but it generally seems that he had no real ambition to run the Treasury.¹⁴¹ Still, his future hard neo-liberalism appears to have been dormant in the early seventies. His biographers paint the picture of a man who had a distaste for high government expenditure, but who believed that economic growth would 'enable the state to protect the "worthy" poor'.¹⁴² Joseph had been a regular attendee at CPAG meetings. Bovis, the company which had made his family's fortune,

¹³⁸ Dale, ed. *Conservative Manifestos*, p. 191.

¹³⁹ Titmuss, "Welfare "Rights", Law and Discretion," pp. 113-16.

¹⁴⁰ Campbell, *Edward Heath*, pp. 382-83.

¹⁴¹ Andrew Denham and Mark Garnett, *Keith Joseph* (Chesham, Bucks: Acumen, 2001), pp. 199-201. See also Morrison Halcrow, *Keith Joseph : a single mind* (London: Macmillan London, 1989), p. 45.

¹⁴² Denham and Garnett, *Keith Joseph*, p. 206. See also Halcrow, *Keith Joseph*, p. 47.

also provided sponsorship to CPAG events.¹⁴³ As we will see in the next chapter, he put pressure on the Treasury to release funds for the expansion of disability benefits. *The Times* wrote that 'the appointment of Sir Keith Joseph as Secretary of State is a recognition that [social security] is an area where compassion alone is not enough, and it is more important that the policy thinking should be thorough than it should be rushed for the sake of political appearances'.¹⁴⁴ As part of the One Nation Group he wrote a section in *Responsible Society* on social policy in which he argued that targeting of benefits was the most efficient and moral way of directing public resources. National Assistance and family allowances could continue to be funded by the tax payer, but, as the economy grew, services such as healthcare and pensions should be provided through insurance.¹⁴⁵ Whilst housing minister in the 1960s under Macmillan he had criticised previous Conservative policies for reducing the availability of housing, contributing towards dependence on the state.¹⁴⁶ This famously led Jim Callaghan to exclaim that Joseph was 'not a socialist yet, but he is coming along'.¹⁴⁷ At the same time, his later pronouncements on the 'cycle of deprivation' caused by 'problem families' showed that he also believed in the "undeserving" poor, ultimately killing any chance he may have had in becoming a future leader of the party.¹⁴⁸

Joseph and the Conservative Party continued Labour policies of prioritising cash over services in kind. The Chronically Sick and Disabled Persons Act was, as Hampton has argued, something of an anomaly in that it called for increases in the availability and provision of services.¹⁴⁹ There are two main reasons for this. First, the Act was brought by a backbench MP, and so did not necessarily reflect the views of the government. Second, Private Members Bills

¹⁴³ Denham and Garnett, *Keith Joseph*, p. 202.

¹⁴⁴ *The Times*, 7 July 1970, p 11.

¹⁴⁵ *The Responsible society*, (London: Conservative Political Centre, 1959). Quoted in Walsh, "The One Nation Group and One Nation Conservatism," pp. 88-89.

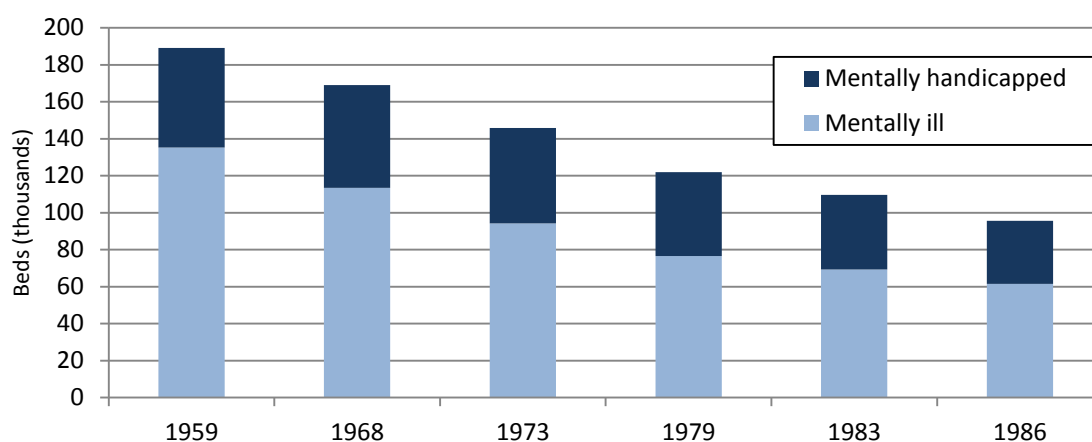
¹⁴⁶ Brian Harrison, "Joseph, Keith Sinjohn, Baron Joseph (1918-1994)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004).

¹⁴⁷ HC Deb 4 December 1963 vol. 685 c. 1268.

¹⁴⁸ Welshman, *Underclass*, pp. 107-26; Bill Jordan, *Poor parents: social policy and the "cycle of deprivation"* (London: Routledge & Kegan Paul, 1974), esp. pp. 1-15.

¹⁴⁹ Hampton, *Disabled People and the Classic Welfare State*, pp. 175-76.

Figure 2.1: Average occupied beds across the year in psychiatric hospitals in England by patients classed as "mentally ill" and "mentally handicapped", 1959 - 1986.



Source: DHSS, *Health and Personal Social Services Statistics for England 1985*, p. 111; Department of Health, *Health and Personal Social Services Statistics*, p. 122. See Appendix note on statistical data.

are almost universally barred from putting financial demands on the exchequer. Any Bill requiring government funds requires a money resolution to be approved by Parliament. As it was, the small level of expenditure the Bill needed was forced through before Parliament dissolved for the 1970 General Election.¹⁵⁰ But this nominal sum did not place great demand on the Treasury, and was part of a public commitment to disabled people rather than a deep-seated ideological one. Services in general were becoming less important to the welfare state as it focused more on providing cash and choice rather than inflexible and expensive statutory provision.

The most explicit example of this was the deinstitutionalisation of various groups, notably disabled children in schools, and "mentally ill" and "mentally handicapped" people from psychiatric hospitals and the old asylums. This process had begun in previous decades, but accelerated during this period.¹⁵¹ As Figure 2.1 demonstrates, Enoch Powell's "water tower" speech had led to a change in policy that saw a reduction in the numbers of patients in

¹⁵⁰ Kinrade, *Alf Morris*, pp. 172-73.

¹⁵¹ Oliver and Barnes, *Disabled People and Social Policy*, pp. 38-42.

residential 'subnormality' and psychiatric hospitals.¹⁵² The case of education, however, is worth covering in a little more detail as it shows another area of legislation which was lost to the 1970 General Election, but revived by the incoming Conservative government. Responsibility for the education of 'the educationally subnormal' in hospital was transferred from the health side of the DHSS to the Department for Education and Science (DES). The 'educationally subnormal' were already the responsibility of DES if they lived at home; but those cared for in institutions were educated by local authorities under the command of the Minister for Health.¹⁵³ The Ministry estimated that this equated to around 30,000 children in 1966.¹⁵⁴ In March of that year a joint circular from the Ministry of Health and DES was sent to local authorities advising them on, and asking them to provide details of, the co-ordination between health, welfare and education services.¹⁵⁵ The Seebohm Report had further recommended that the functions be transferred.¹⁵⁶ By 1968, despite repeated questions in the House of Commons, it was no clearer whether the government intended to actually transfer responsibilities or not. They continued to 'consult' on the matter. In November 1968 it was claimed MENCAP had funds lying idle as they were unsure which Minister was responsible for education.¹⁵⁷ At the end of that month, the Prime Minister finally announced the intention to transfer functions from the now DHSS to DES.¹⁵⁸ Eventually this became law in the Education (Handicapped Children) Act 1970. The main difficulty in producing acceptable legislation quickly was that of staff training. DHSS employees who had been working with severely disabled children would no longer be considered qualified under DES definitions of

¹⁵² See Peter Barham, *Closing the asylum : the mental patient in modern society* (London: Penguin, 1992), esp. pp. 11-28; Andrew T. Scull, *Decarceration : community treatment and the deviant : a radical view* (Englewood Cliffs, N.J.: Prentice-Hall, 1977).

¹⁵³ See William Hamling's motion and debate on transferral of responsibility in HC Deb 18 February 1966 vol. 724 cc. 1707-91.

¹⁵⁴ HC Deb 16 May 1966 vol. 728 cc. 174-5W.

¹⁵⁵ Department of Education and Science and Ministry of Health, *Co-ordination of education, health and welfare services for handicapped children and young people* (London: Department of Education and Science, 1966). See also HC Deb 5 December 1966 vol. 737 cc. 926-7.

¹⁵⁶ Cmnd. 3703, p. 113.

¹⁵⁷ HC Deb 14 November 1968 vol. 773 c. 144W.

¹⁵⁸ HC Deb 26 November 1968 vol. 774 cc. 302-8.

“teachers”.¹⁵⁹

The Act additionally made it illegal to deem a child ‘ineducable’, meaning that all children had a right to some form of education. Introducing the Bill, William van Straubenzee noted:

The Government's reintroduction of the provisions of Clause 1 [of Labour's Education (Miscellaneous Provisions) [H.L] Bill 1970] at the earliest possible moment will, I know, reassure many people who have the interests of mentally handicapped children at heart, and not least their parents and those who have the important duty of teaching them in junior training centres and in hospitals for the mentally handicapped.

[...] We are all agreed that it is right that responsibility for the education of these children should now be taken over by the authorities responsible for general education services [...]. It is good that Parliament should give special attention to the needs of those who are unable to fend effectively for themselves.¹⁶⁰

There was a broad level of consensus, therefore, that disabled people needed to be given greater opportunity for “integration” with general society. Both the liberal and social-democratic approaches agreed on this principle, and were willing to pursue the same policy solutions to their particular understanding of the problem. DIG's role in helping to foster this consensus through increasing the visibility of disability as an issue cannot be dismissed. Disability was made a “worthy” cause for Labour and Conservatives alike. We may not class Joseph as a *neo*-liberal in this period, but he certainly expressed the liberal approach to disability and welfare. He was committed to a paternalistic attitude of providing help for worthy people. Outside the labour market through no fault of their own, resources could be targeted at “the most disabled” without damaging the work ethic or the overall contributory principle reserved for the general population. This liberal approach had a “benign” element to it because Joseph was also committed to expanding welfare provision in appropriate areas. DIG's cause found a receptive audience, but Joseph's interpretation of the issue meant that a National Disability Income was a long way off what the Conservative Party was willing to

¹⁵⁹ TNA: ED 207/52, DES internal memo, January 1969.

¹⁶⁰ HC Deb 13 July 1970 vol. 803 c. 1289

provide in the 1970-74 term. Instead, they created AA and IVB. The way in which they were introduced and the regulations surrounding them show how the government conceived of disability and how it hoped to provide limited help in the short term.

Attendance Allowance

AA was part of the first Bill to receive a second reading in the Heath administration, with Joseph acknowledging:

we would not have been able to come so quickly to the House with legislation had it not been that two-thirds of this Bill is adopted from the legislation which was lost at Dissolution but laid before the House by [Crossman]. [...] This was common ground between the parties, though the credit has to be given to the Labour Party for starting upon legislation.¹⁶¹

AA was initially paid at one rate, available to a claimant if:

- (a) he is so severely disabled physically or mentally that he requires from another person, in connection with his bodily functions, frequent attention throughout the day and prolonged or repeated attention during the night; or
- (b) he is so severely disabled physically or mentally that he requires continual supervision from another person in order to avoid substantial danger to himself or others.¹⁶²

The National Insurance (Old Persons' and Widows' Pensions and Attendance Allowance) Act 1970 also created an Attendance Allowance Board (AAB) which was designed to hear appeals and advise on the benefit's administration.¹⁶³ It included mainly medical professionals, but also involved lay experts, including Mary Greaves. This board had nowhere near the broad scope of that suggested by Jack Ashley's Disablement Income Commission Bill 1968, but it did include the voice of a well-respected disability campaigner. If nothing else, this shows the standing which DIG (or prominent members within DIG) had gained over the previous six years.

¹⁶¹ HC Deb 10 July 1970 vol. 803 cc. 1007, 1012.

¹⁶² TNA: AST 23/39, SBC Memorandum 271, 2 December 1970.

¹⁶³ This was also in Labour's plans: see *The Times*, 7 January 1970, p. 4.

AA was designed as a benefit payable to disabled people to cover the additional costs of disability. Originally planned for April 1972 (the new financial year), it was brought forward to late 1971 as the new government sought to emphasise its commitment to disabled people.¹⁶⁴ Although even by Joseph's own admission it was not enough to purchase full-time care, it did at least acknowledge the extra-costs principle outlined by DIG.¹⁶⁵ This was a critical juncture for social security policy. As the Group later wrote, it was 'a very important breach with tradition' because it was awarded 'on medical grounds, not linked with contributions as insurance benefits are, nor dependent on a means test as supplementary benefit is. Now that this has happened, there seems at least a reasonable hope that it will be extended.'¹⁶⁶

The government was criticised, however, for not introducing both the higher and lower rates of AA at the same time.¹⁶⁷ In its early stages the DHSS had 'already made awards to just over 50,000 people and still [had] something like 40,000 claims to deal with', but, as Joseph argued, 'we have always made it clear that at the outset the scope of the allowance must be limited to the most severely disabled people. We hope to go beyond it [...] but I cannot go further now.'¹⁶⁸ Discrepancies also continued along origin of impairment lines. Jack Ashley argued in the Commons that the AA for "civilians" was £4 in February 1972 compared to the £12 constant attendance allowance available to "non-civilians".¹⁶⁹

¹⁶⁴ See PREM 15/666. Joseph announced the earlier start date in a written answer to a question by Conservative MP John Astor, co-chair of the All Party Group on Disablement: HC Deb 13 January 1971 vol. 809 c. 74W.

¹⁶⁵ 'Clause 4 provides that there will be £4 a week attendance allowance for people who need attention by day and by night or who need continual supervision. Nobody pretends that £4 a week will be enough by itself to secure full-time professional attendance at home, but it will be valuable additional cash resources for households which have to bear this financial burden.' HC Deb 10 July 1970 vol. 803 c. 1013. See also National Insurance (Old Persons' and Widows' Pensions and Attendance Allowance) Act 1970.

¹⁶⁶ MRC: MSS 108/4/2, DIG, Progress, October 1973, p. 7.

¹⁶⁷ The National Council for the Single Woman and Her Dependants argued many elderly people needing help would not qualify. *The Times*, 8 February, 1971, p. 4.

¹⁶⁸ MRC: MSS 108/4/1, Letter from Sir Keith Joseph to Dennis Saunders, Chairman of DIG, 30 December 1971.

¹⁶⁹ HC Deb 21 February 1972 vol. 831 c. 941. In reality, AA paid at £4.80, with the constant attendance allowance of the war and industrial injury pensions being £8. The original plan was to pay a £4 allowance in from April 1972, but the general point about the discrepancy stands. See *The Times*, 11 March, 1971, p. 4 and 1 April 1971, p. 2. See also DIG's calculations show the highest rate of constant attendance

Invalidity Benefit

IVB built upon Crossman's plans to reform Sickness Benefit for the chronically sick. Crossman had included an invalidity pension in his Bill, but in a very different form to both the demands of DIG and the IVB introduced by the Conservative government. Sickness Benefit would remain, but a long-term, earnings-related addition would be created, or 'in effect an invalidity pension, which will continue until pension age and will then be replaced by retirement pension'.¹⁷⁰ This was, then, an extension of the existing system rather than the transferral of Industrial Injury Benefit (IIB) into the civilian domain. It also did not address the issue of the discrepancy between NI and Supplementary Benefit claimants. This was again critical in the 'increasing returns' of policy formation. By deliberately eschewing the Industrial Injury structure and creating smaller benefits in a piecemeal fashion, future reforms would have to build gradually upon this base. IIB was not seriously considered as the template for civilian benefits after this point.

Joseph's IVB was split into two parts: an Invalidity Pension which was initially paid at the same rate as regular Sickness Benefit; and an Invalidity Allowance for those more than five years away from pensionable age.¹⁷¹ Invalidity Allowance was paid at three rates depending on the date of the onset of impairment. The higher rates were paid to people who first claimed at a younger age. The logic was that younger people had less opportunity to build up private insurance, property, investments or savings, and so required more money to maintain a decent standard of living.¹⁷² Under Labour's earnings-related plan, older workers would gain an advantage as they were likely to have more capital and higher wages at the time they "retired". There were also higher rates of additions for dependent children and 'a much

allowance paid £9.00 in early 1972, compared to £5.40 for AA. MRC: MSS 108/4/2, What John and Mary Need and Don't Get, July 1972.

¹⁷⁰ Department of Health and Social Security, National superannuation and social insurance: Proposals for earnings-related social security (Cmnd. 3883, 1968), para. 88.

¹⁷¹ At the time, younger than 60 years old for men, 55 for women. Explained by Joseph in HC Deb 3 May 1971 vol. 816 cc. 1013-15. See also National Insurance Act 1971.

¹⁷² National Insurance Act 1971. See also HC Deb 3 May 1971 vol. 816 cc. 1011-92, esp. cc. 1014-1016.

relaxed earnings rule governing the payment of an increase of benefit for working wives'.¹⁷³ As with Labour, the transferral of IIB to the civilian population had been rejected, but the relative simplicity of the new arrangement allowed Joseph to begin payments in April 1972.

Criticism was levelled at the government for not creating a full earnings-related pension for disabled people,¹⁷⁴ but IVB was, at least, recognition that Sickness Benefit was inadequate for chronic sickness. The Invalidity Allowance also showed that the government understood DIG's arguments about the inequality between those disabled earlier in the life cycle and those nearer to retirement age. Yet even if the principle was sound, disabled people were in many cases no better off. Payment of IVB offset income from Supplementary Benefit. This meant that the poorest claimants were often receiving little or no more money than they had before IVB's introduction.¹⁷⁵ As an extension of Sickness Benefit, it was also effectively an unemployment pension and not, as DIG would have it, unconditional compensation for a reduction in earnings power. 'I will not allow Mr. Crossman, if I can possibly help it, to use the phrase "invalidity pension"' claimed Du Boisson in an interview about Labour's Bill. 'It is in no sense an invalidity pension – it is a premature retirement pension.'¹⁷⁶ Joseph's plans were only slightly different. Although they avoided some of the bias of an earnings-related scheme, the problem remained that this was a benefit only available through NI. Alf Morris invoked the name of DIG when he noted that a large proportion of disabled people who needed IVB were without a contributions record.¹⁷⁷ Moreover, IIB's 100% disablement pension was still much more generous than the civilian equivalent (IVB), coming in at £12.80 per week for 1973/74

¹⁷³ Department of Health and Social Security, *Annual report 1971* (Cmnd. 5019, 1971), p. 104.

¹⁷⁴ Brian O'Malley invoked this argument, attributing it to DIG. HC Deb 28 November 1972 vol. 847 cc. 267-268. DIG were campaigning for a scheme similar to IIB to be extended to the disabled population in general. MRC: MSS 108/4/2, *Realising a National Disability Income*, April 1974, p. 6. DIG's "Campaign B" for 1972 was to press for an allowance for loss of earnings. MRC: MSS 108/4/1, DIG additional Bulletin Number 5, sent to all branch committee members of DIG, January 1972

¹⁷⁵ See the debate on the Chronically Sick and Disabled Persons Act, esp. HC Deb 21 February 1972 vol. 831 cc. 942-43, 1010, 1023. See also MRC: MSS 108/4/1, DIG Bulletin Number Four, November 1971, p. 2.

¹⁷⁶ *The Times*, 1 February 1969. See also Jack Ashley's reservations at the second reading of the National Superannuation and Social Insurance Bill, HC Deb 19 January 1970 vol. 794 cc. 144-146.

¹⁷⁷ HC Deb 3 May 1971 vol. 816 c. 1077.

versus £9.35 for Invalidity Pension and the highest rate of Invalidity Allowance.¹⁷⁸ However, Ashley did concede that while the National Insurance Act 1971 did not go as far as he would like, it was 'nevertheless welcome because it shows that the Government now see the chronically sick as a category requiring action'.¹⁷⁹ In acknowledging this, pressure built for expansion of system throughout the 1970s, whilst simultaneously making it difficult for future governments to scale back eligibility.

Conclusions

This period is key to understanding the direction of disability policy over the rest of the century. The problem of "the civilian disabled" was established, and the political will was stimulated. As we have already seen, the solutions chosen were broadly the same. By defining disability in this way and creating piecemeal benefits, the government began its bureaucratic investment in a particular form of disability. The increasing returns that stemmed from this critical juncture¹⁸⁰ put economic, political and bureaucratic pressures on the government to expand or contract provision within the DIG framework of "the civilian disabled"

DIG was central to identifying and publicising this cause. The issue, however, was that the political wills of the two main parties came from ideologically different places. Labour asked "how can we provide coverage to a disadvantaged group within the existing machinery of the social security system?"; the Conservatives asked "how can we protect the most vulnerable by targeting resources?" AA and IVB certainly targeted the "deserving poor", those who through no fault of their own could not work or had additional costs which caused them financial hardship. This selective approach was consistent with Conservative values, and with Heath's analysis that Joseph felt that expenditure 'properly targeted' was a 'good thing'. But it was also consistent with the Titmussite approach to poverty and the idea that the state should help all of its citizens to participate in society. With the relatively small cost and the fact that existing

¹⁷⁸ J. H. Ingram, ed. *Annual Abstract of Statistics 1979* (London: H.M.S.O,1979).

¹⁷⁹ HC Deb 3 May 1971 vol. 816 c. 1048.

¹⁸⁰ Pierson, "Increasing Returns."

benefits could be quickly adapted to provide additional resources, AA and IVB (in some form) were also acceptable to the Labour government.

For DIG, the problem was that the overall argument – that all disabled people be provided with services based on their actual rather than deemed needs – was not accepted. The sheer cost of a National Disability Income was untenable for both parties. Their Fabian approach rejected policy prioritisation, but voluntary organisations have the luxury of not being constrained by promises to other groups or the need to balance a budget. DIG's goal focused solely on the isolated case of disabled people. Knock-on effects (such as the destruction of the insurance principle or the need to restructure all social security schemes) were of concern only insofar as the Group needed to temper its demands to ensure its proposals remained rational and in some way appealing to government. In spite of all this, the contributory principle was weakened through the introduction of AA and new benefits for widows and the over eighties. The fundamentals of DIG's argument – that there was a group called "the civilian disabled" and that they were somehow unfairly disadvantaged – were accepted. Furthermore, the government and both major parties had committed themselves to providing more help along these lines in the future. As we will see in the next chapter, AA was extended, and over the early seventies the DHSS created plans for new payments to meet the needs of carers, congenitally disabled children, housewives, uninsured disabled people and the extra costs associated with mobility. The ultimate argument was yet to be won, but DIG succeeded in setting in motion the machinery for expanding welfare provision to all disabled people.

The OPCS survey, planning for new benefits and other policy decisions over the late sixties show that disability as a welfare category largely concerned impaired people living in poverty in private households. It remained a loose category comprised of different forms of impairment and their social consequences. Industrial injuries and war pensions remained separate from new attempts to cater for "the civilian disabled". They therefore remained separate from other groups. Mental health and cognitive impairment also remained sidelined,

implicitly included in plans for non-institutionalised disabled people but rarely having their specific needs articulated in the incomes debates. Further, by concentrating on incomes and framing the debate in the same terms as the poverty lobby, attention was focused primarily on unemployed disabled people. The National Disability Income campaign had mentioned payments to cover partial incapacity, but the medically-selective benefits created over 1970 and 1971 in effect targeted unemployed and severely impaired individuals. For the government and campaigners, it is clear that disability encompassed all these different aspects, but in reality the poverty of physically disabled people gained the most attention.

In short, the politics stream had been stimulated, and a mutually agreeable solution was found. The problem stream, however, was understood in different ways by DIG, Labour and the Conservatives. The solution created a new patchwork of benefits which, as the next chapter shows, were built upon by successive governments. The definitions and approaches to disability in the 1960s were the foundation for the benefits system for disabled people throughout the period covered in this thesis.

Chapter 3 – Liberal/Social-Democratic consensus – 1972 – 1979

Introduction

Despite the financial crisis in the British welfare state over the 1970s, bureaucratic momentum was clearly pushing expansion of disability benefits to new groups. After the Disablement Income Group (DIG) had succeeded in securing legislative change, both parties committed themselves to further reforms. In particular, they focused on benefits for housewives and non-contributory benefits. For the Conservative government, these were acceptable as part of a targeted approach to a needy group. In 1972, Attendance Allowance (AA) was made available at both a lower and higher rate in response to agitation from DIG and a desire on the part of Heath and Joseph to extend coverage. When Labour took office in 1974, they could build on the planning work initiated by Joseph at the Department of Health and Social Security (DHSS). More importantly, disability was one of the policy priorities of Barbara Castle in a way it had not been for Crossman. This ensured that four new benefits were created in the Social Security Benefits Act 1975: Non-contributory Invalidity Pension (NCIP); Housewives' Non-contributory Invalidity Pension (HNCIP); Invalid Care Allowance (ICA); and Mobility Allowance (MA). The legal processes for this were not smooth, however. The liberal approach of the Conservatives was shown through their response to the thalidomide scandal in which preferential benefits were made available to affected children through a mix of voluntary, private and state finance. Similarly, the social-democratic approach from Labour did not produce a National Disability Income, but added to a patch-work of benefits with varying degrees of coverage. Disability remained a policy priority for both parties before the "classic welfare state"¹ came to an end with the financial crisis and International Monetary Fund (IMF) loan from 1976 onwards.²

Crucially during this time, DIG's insider Fabian approach to disability came under attack. New voluntary organisations, frustrated at the slow progress of reform, challenged DIG's status as the pre-eminent disability lobby group. In particular, Disabled People's Organisations

¹ Anne Digby, *British welfare policy : workhouse to workfare* (London: Faber, 1989).

² Lowe, *The Welfare State in Britain since 1945*, p. 6.

(DPOs) advocated a new approach to disability which focused on oppression rather than incomes. The most famous example of this during the seventies was the Union of the Physically Impaired Against Segregation (UPIAS). While they made little direct impact on central government in the 1970s, their document *Fundamental Principles* lay the foundations for the social model of disability. As concerns spread beyond the incomes question, the Labour government also encouraged the formation of the Royal Association for Disability and Rehabilitation (RADAR) to represent disabled people on a range of issues. These developments in the lobby had a profound effect on the way that governments interacted with voluntary organisations and policy decisions that were taken. At the same time, DIG and the Fabian approach as a whole achieved its biggest “successes” during this period, successfully manipulating the 1975 Act to include extra provisions than those initially presented to Parliament. This would set the tone for the policy developments of the 1980s.

This chapter deals with the developments in the lobby alongside developments in policy. The first section outlines how and why disabled people and campaigners became disillusioned with DIG. Partly this must be explained in relation to thalidomide. Frustration at the slow pace of reform led to the creation of the Disability Alliance (DA), a more radical Fabian group headed by Peter Townsend. At the same time, Paul Hunt and other disabled people became increasingly alienated with what was seen as an “undemocratic” DIG hierarchy. Fearing that poverty was seen as the only issue of relevance in disability politics, UPIAS advocated a disabled-led approach which regarded poverty as a symptom of wider oppression against disabled people. DIG remained an influential “brand”, led by experts such as Peter Large; but its days of claiming to be the only group representing the needs of disabled people were over. This gives new insights into the disability lobby, and leads to questions about whether conventional categories such as ‘New Social Movements’ or ‘Embodied Health Movements’ provide useful analytical tools in this context.

The second section looks at the first Minister for Disabled People, Alf Morris. The post was significant because it gave disability a formal place within the bureaucracy at the DHSS. During his tenure, Morris initiated a number of inter-departmental committees to investigate the needs and desires of disabled people, seeking practical solutions which might be made into policy. It is also important with relation to the disability lobby. Morris had deep links with leading campaigners, giving a direct connection between figures such as Large and the government. Further, at his suggestion and with DHSS funding the Central Council for the Disabled (CCD) and British Council for the Rehabilitation of the Disabled (REHAB) were merged to form RADAR, creating a large and powerful group with a wider remit than DIG or DA. This shows how disability had become a serious concern for the government, but the bureaucratic reforms reflected its conception of disability and the role it envisaged for voluntary organisations in disability policy. Further, it showed 'increasing returns', as the creation of the minister was prompted by and in turn fuelled reforms to policy.

In the third section I examine the details of the new benefits. I start with the planning stages initiated by Joseph, and then explain how Castle was able to build upon them. Of particular importance are the payments to women and MA. The former showed that while married disabled women were recognised and some of the gender inequalities of the Beveridge system were being addressed, the creation of the 'household duties test' was highly controversial and problematic. The latter provides an example of how the government sought to move away from the direct service provision to cash payments which could be spent at the claimant's discretion.

The terms of the IMF loan forced the government to reduce public expenditure over the final years of the decade. As the full implication for these new benefits became apparent, attempts were made to restrict access by narrowing eligibility criteria. The final section explores these issues, with particular reference to Stone's thesis that, once created, disability schemes open themselves up to inevitable expansion.

Policy context – The fiscal crisis of the welfare state

Both parties were severely constrained by economic problems over the 1970s. For Heath, the 1973 oil crisis coupled with mass strike action forced the government to perform a number of U-turns. When Heath called a General Election in February 1974 to determine ‘who governs Britain?’, he was narrowly defeated, leading to a minority Labour government.³ This became a slim majority in the second 1974 election in October. Labour was then hit by further financial crises, leading to a \$4 billion loan from the IMF in 1976. One of the conditions was that the United Kingdom dramatically reduce public expenditure, meaning that, in effect, no expansion of social security would be possible (or desirable) during Callaghan’s time as Prime Minister. This is seen by many historians to mark the end of the “classic” welfare state.⁴ With no new money and a need to prioritise relations with trade unions, the Labour government was unable and unwilling to move towards a National Disability Income after passing the Social Security Benefits Act 1975.

The traditional historiography has painted the later 1970s as a period of stagnation. There was far less optimism surrounding Labour’s re-election in 1974 than ten years prior. According to Pimlott, ‘in 1964 the manifesto had been the product of thirteen years’ re-assessment. In 1974 it was, at best, a shopping list, at worst a collection of slogans. The Labour Party in Opposition had been too pre-occupied with its factional quarrel to develop a new set of ideas that carried conviction.’ The left has criticised the governments for the amount of cuts they made and for being ‘unsocialist’, but these have been seen by others as necessary to control inflation and maintain living standards.⁵ On the social security front, Toynbee and Walker argue that ‘it is hard to discern a Castle legacy’,⁶ though she was removed from her post once

³ Dearlove and Saunders, *Introduction to British Politics*, p. 219. See also the February 1974 manifesto, Dale, ed. *Conservative Manifestos*, pp. 199-225.

⁴ Lowe, *The Welfare State in Britain since 1945*; Digby, *British welfare policy*.

⁵ Martin Holmes, *The Labour Government, 1974-79, Political Aims and Economic Reality* (London: Macmillan, 1985), pp. 171-74.

⁶ Polly Toynbee and David Walker, "Social policy and inequality," in *New Labour, Old Labour - The Wilson and Callaghan Governments, 1974-79*, ed. Anthony Seldon and Kevin Hickson (London: Routledge, 2004), p. 112.

Callaghan entered Number 10. The case of disability benefit reform, in addition to the State Earnings-Related Pension Scheme, would appear to show some sort of legacy,⁷ even if these were versions of benefits which had been in the planning stages before Labour returned to office. Castle's autobiography suggests that her priorities were first pensions and then disability-related benefits.⁸

A lack of a 'legacy' may have been due to a lack of co-ordination. The Policy Unit was more concerned with poverty within families. Charges on school meals and the declining value of child benefits meant that families were becoming worse off than when Labour was elected. Unlike Castle, Number 10 and the Trades Union Congress prioritised gross pay levels rather than targeting resources at households most in need.⁹ Even so, the Finer Committee's recommendations on support for one-parent families were rejected as too expensive, despite heavy campaigning from other sections of the poverty lobby, notably the National Council for the Unmarried Mother and her Child.¹⁰ Still, Castle was able to gain support for her priorities because the Treasury was, before the IMF loan at least, much weaker than in 1964-1970.¹¹ Similarly, Ziegler argues that the Treasury was pushing for cuts during Wilson's second term, which the Prime Minister resisted.¹² Castle had the manoeuvrability to push her own agenda under Wilson, and she was considered to be a strong-willed left winger within the cabinet. David Ennals replaced her when Callaghan took office, a Callaghan loyalist but not as powerful

⁷ Castle certainly thought so in her autobiography. Barbara Castle, *Fighting All the Way* (London: Pan Books, 1994), pp. 468-69.

⁸ *Ibid.*, p. 468.

⁹ Bernard Donoghue, *Prime Minister : the conduct of policy under Harold Wilson and James Callaghan* (London: Cape, 1987), pp. 115-16. Donoghue was convinced that Castle's priorities 'lay elsewhere'. For the debate on whether to improve wages or payments to families, see Jackie Goode et al., *Purse or wallet? : gender inequalities and income distribution within families on benefits* (London: Policy Studies Institute, 1998).

¹⁰ Thane and Evans, *Sinners? Scroungers? Saints?*, pp. 162-64. Morris Finer, Report of the Committee on One-parent Families. Volume 1 (Cmnd. 5629, 1974).

¹¹ Diary entry for 23 January 1975. Barbara Castle, *The Castle diaries, 1974-76* (London: Weidenfeld and Nicolson, 1980), p. 292.

¹² In an interview about his biography of Wilson in Anthony Seldon, "Anatomising Wilson : Philip Ziegler," *Contemporary Record* 7, no. 2 (1993).

or influential. The reasons given for this switch were Castle's age, a need to shake up the cabinet and the antipathy between her and Callaghan.¹³

Economically the period was difficult for Labour. One Marxist commentator in the aftermath of their election defeat argued that they had performed 'a minor miracle' by getting trades unions to agree to wage restraint and to tolerate a high level of unemployment. Cuts were sold to the public as necessary in the short term to avoid more swingeing cuts in the future.¹⁴ The Social Contract attempted this through restraining wage increases and therefore controlling inflation.¹⁵ Yet by 1979 the infamous "Winter of Discontent" effectively brought down the government.¹⁶ A series of labour disputes culminated in a vote of no confidence in March 1979.¹⁷ Hay has questioned the economic reality behind the political contemporary and historical interpretations of the winter of 1978/79 but acknowledges that the government made the crisis worse by openly speculating about the need to declare a state of emergency. This put off international investors and stunted growth. He also questions why Callaghan did not call an election in summer 1978 when most commentators expected and when his record on the economy up to that point had been relatively good.¹⁸

These economic constraints cannot be ignored. They explain how and why a piecemeal system of disability benefits endured even though both the liberal and social democratic approaches had pushed for social security responses to the newly discovered problems of disabled people. And yet it is a testament to how high a political priority disability had become that the system continued to expand, at least up until the Social Security Benefits Act 1975. This chapter deals with the developments up to and including the implementation of that Act,

¹³ Kenneth O. Morgan, *Callaghan : a life* (Oxford: Oxford University Press, 1997), pp. 478-90; Donoughue, *Prime Minister*, p. 114; James Callaghan, *Time and Chance* (London: Collins, 1987), p. 402.

¹⁴ David Coates, *Labour in Power? A study of the Labour Government 1974-1979* (London: Longman, 1980), pp. 25-26.

¹⁵ Colin Hay, "Chronicles of a Death Foretold: the Winter of Discontent and Construction of Crisis of British Keynesianism," *Parliamentary Affairs* 63, no. 3 (2010): pp. 450-53.

¹⁶ John Shepherd, "Labour Wasn't Working," *History Today* 59, no. 1 (2009).

¹⁷ The government lost by one vote, 311 to 310. HC Deb 28 March 1979 vol. 965 cc. 461-590.

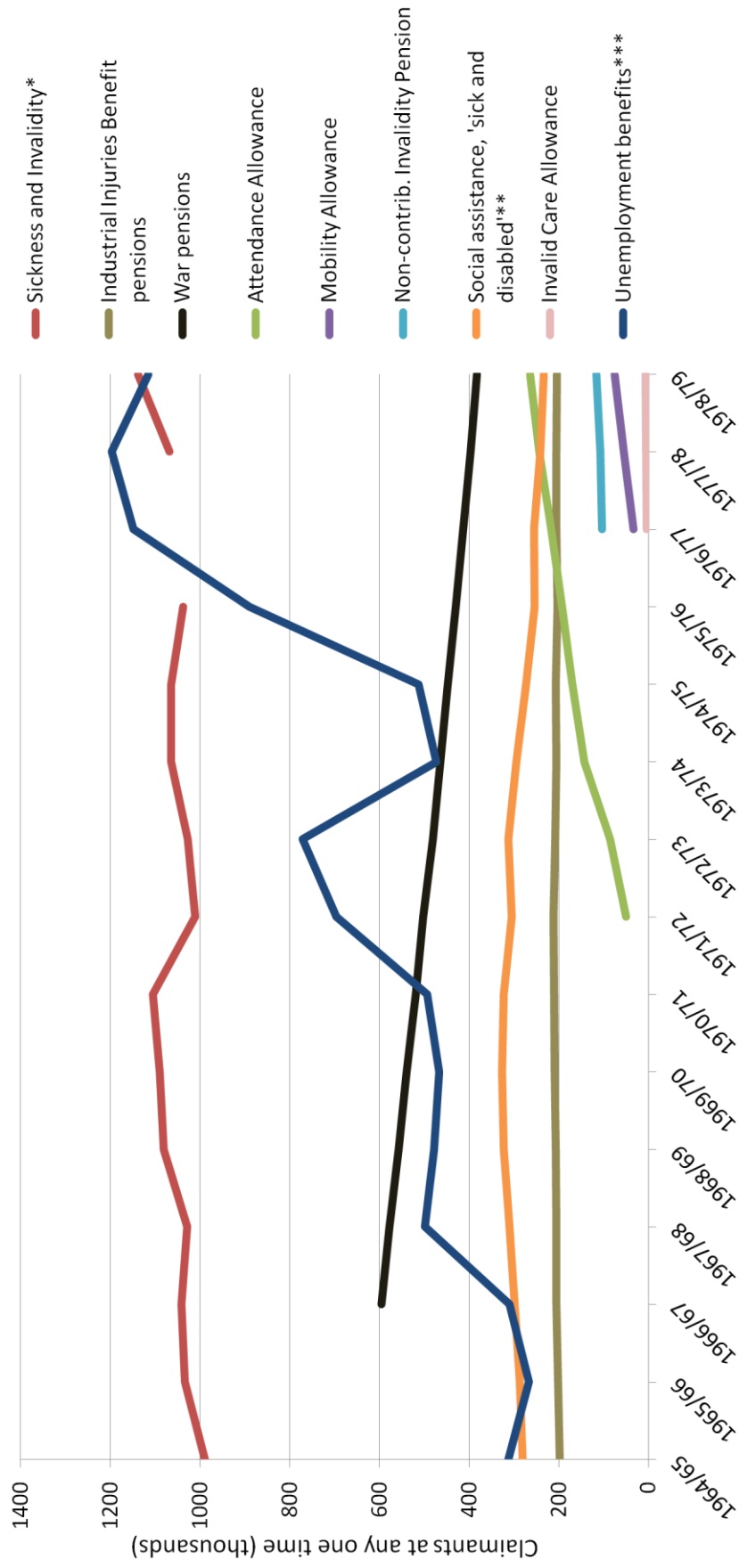
¹⁸ Hay, "Chronicles of a Death Foretold."; Colin Hay, "The Winter of Discontent Thirty Years On," *Political Quarterly* 80, no. 4 (2009).

before showing how the Labour government sought to restrict access to existing benefits after 1977.

Policy context – The rising cost of disability benefits

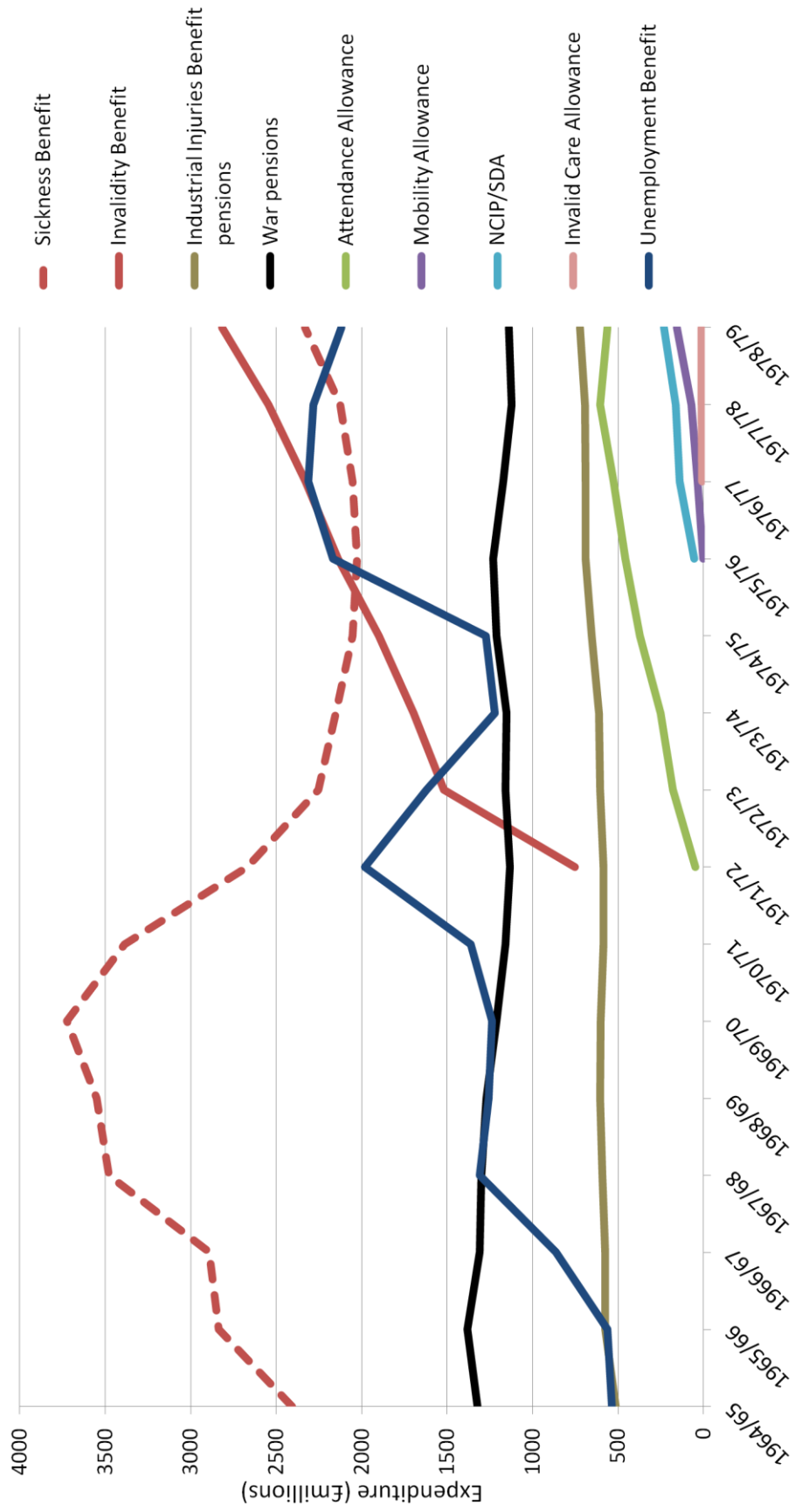
The 1970s saw a rise in claims to and in the cost of disability-related benefits (Figures 3.1 and 3.2). Partly this was a result of creating new schemes. Benefits such as AA and Invalidity Benefit (IVB) which had started at the beginning of the decade were far more widely claimed by the end. The claimant rate of Sickness Benefit and IVB grew at a slower and less even rate than AA and MA. This was due to long-term claimants moving from Sickness Benefit to IVB. Expenditure on Industrial Injuries Benefit (IIB) remained relatively static, while war pensions declined. However, while disabled people became less reliant on means-tested benefit, expenditure for the population as a whole rose during the Heath administration after declining in the early period, and then increased more markedly in the 1974-79 Labour governments. This reflects an increased use of means testing, as well as the rising level of unemployment during successive financial crises. For social security as a whole, rising costs, even when inflation-adjusted, can be to some extent attributed to the more generous weekly rates of benefit caused by new uprating rules in the 1970s (see Figure 4.5). This is important to stress because the government continued to look for new areas of expansion in disability benefits despite both the rising relative cost and the economic difficulties of the period.

Figure 3.1: Claims to unemployment and selected disability-related benefits, 1964/65 to 1978/79.



Source: See appendix note on statistical data. * - Claimants to Sickness and Invalidation Benefits quoted as a single figure. ** - Social assistance includes National Assistance and Supplementary Benefit. Claimants shown for the category 'sick and disabled'. *** - Total claimants for Unemployment Benefit and social assistance claimants classed as 'unemployed' and not drawing another out-of-work benefit.

Figure 3.2: Expenditure on selected benefits, 1964/65 to 1978/79 at 2000/01 prices.



Source: See appendix note on statistical data.

The Lobby – Disillusionment with DIG

Having successfully achieved its basic goals – recognition for the civilian disabled and the creation of new benefits – DIG began to waver. The branch structure which had provided a solid base for campaigning and finance for the Westminster political lobbyists was starting to demand more from the organisation. From one angle, campaigners were concerned that DIG had become too obliging to the government, and that “insider” tactics were not securing reform quickly enough. From another, members questioned whether DIG was democratic enough to represent the wishes of disabled people on the national stage. These forces would eventually rip DIG apart by 1976. Peter Large and other experts continued to lobby under the DIG “brand” which had built such a glowing reputation in official circles; but they were often members of other organisations with more members and financial clout.¹⁹ This had implications for the direction of the Fabian approach to disability and the ways in which the lobby interacted with the government, especially post-1979.

DIG’s position in the early 1970s

The real strength of DIG in the 1960s was that it was able to claim credibly that it was *the* lobby group representing disabled people,²⁰ though it would be wrong to say that it was the only lobbying organisation. The Spastics Society, for instance, had a history of contact with central government,²¹ and it was common for other charities to provide advice and put pressure on Westminster and local authorities.²² This tended to be so that they could ensure services were available for their target groups rather than for general concepts of the position of disabled people in society. Thane and Evans’s study on the National Council for the

¹⁹ Large himself could be said to represent DIG, the Association of Disabled Professionals, the Joint Committee on Mobility for Disabled People and/or RADAR.

²⁰ A perception DIG pushed for their own ends. One poster from the early 1970s (undated) said of the traditional charities, ‘they all do a grand job, **but only one group exists to get a fair deal for ALL disabled people**’. Emphasis original. MRC: MSS 108/4/1.

²¹ For example, see TNA: AST 36/117, a series of correspondence between the National Assistance Board and the Spastics Society over benefits for claimants considered “spastics” between April 1962 and September 1966.

²² As an example, see the Spastic Society’s, MENCAP’s and MIND’s contributions to Second report from the Select Committee on the parliamentary commissioner for administration together with the proceedings of the committee relating to the report and minutes of evidence ((513), 1970), esp. p. 79.

Unmarried Mother and her Child suggests that the traditional charities increased their political activity as a result of the successes of newer lobbying organisations such as DIG.²³ The only other significant pan-impairment group with a tradition of campaigning was CCD, which was the original secretariat to the All Party Disablement Group.²⁴ However, key members of that organisation included Mary Greaves and Peter Large. Effectively, the two most prominent DIG representatives in Westminster were also two of the most prominent CCD representatives. DIG is mentioned in Hansard far more often than CCD. To all intents and purposes, I argue, DIG *was* the pan-impairment lobby; in branding and in personnel. This position was bolstered by its ability to speak directly to and influence decisions in other organisations.

Large had taken over as Honorary Spokesman of DIG in the New Year of 1973 after Greaves's retirement. He was a qualified civil engineer in the oil industry but had contracted polio on a business trip to Indonesia. He founded the Association of Disabled Professionals (ADP) in 1971 with administrative and financial support from REHAB,²⁵ and became chair of the government's Silver Jubilee Committee on Improving Access for Disabled People (SJC) and Committee on Restrictions Against Disabled People (CORAD).²⁶ Both of these committees (but particularly the latter) stressed the need for anti-discrimination legislation and provided a wealth of evidence on the physical and cultural barriers facing disabled people. His appointment marked a change in the Group's structure. Rather than leading as a charismatic champion in the way Du Boisson and Greaves had done, the major roles within DIG were split. Betty Veal became Chairman, speaking publicly about various campaigns and corresponding with branch members. Large focused on his role as Parliamentary Secretary, lobbying from

²³ Thane and Evans, *Sinners? Scroungers? Saints?*, pp. 124-25.

²⁴ CCD's Parliamentary Committee minutes show extended contact with parliamentarians, especially, obviously, with the APDG. RADAR: B041559 CCD/RADAR Minute Book 1970-80. See also Greaves's short biography in MRC: MSS 108/4/2, DIG Annual Report 1969, pp. 2-3.

²⁵ Kinrade, Sir Peter Large Obituary; PREM 15/1211, Briefing for DIG meeting, 24 November 1972.

²⁶ Peter Large, 'Can disabled people go where you go?' : report by the Silver Jubilee Committee on Improving Access for Disabled People (London: H.M.S.O., 1979); Committee on Restrictions Against Disabled People, Report by the Committee on Restrictions Against Disabled People (London: H.M.S.O., 1982).

inside Whitehall and Westminster, writing informed letters to the major broadsheet newspapers, and leaving the wider campaign to others.

This approach was not universally welcomed. The thalidomide scandal rocked the political establishment and disability lobby and appeared to undermine the National Disability Income. This created internal disagreements within DIG, eventually leading to two “splinters”. The first was led by Peter Townsend, advocating a more radical campaign approach, whilst continuing the Fabian focus on cash benefits and academic research. The second, often credited to Paul Hunt, led to disabled people forming their own democratic organisations which focused on structural inequalities in society rather than purely economic considerations. The result was the creation of DA and UPIAS, both of which I discuss in more detail at the end of this section.

Thalidomide

For DIG’s opponents, the Group’s handling of the thalidomide scandal showed some of the limits of the Fabian approach, or at least a Fabian approach coupled with such dedication to “insider” tactics. The scandal showed that DIG had not successfully argued that payments to disabled people should be based on need rather than insurance, compensation or sympathy. It is an example of how Heath and Joseph’s liberal approach to disability allowed them to find millions of pounds for ‘congenitally handicapped’ children, yet would not extend disability coverage to other sections of the “civilian disabled”.

In the late fifties, around 500 children developed birth defects as a result of their mothers taking the drug Distival, a form of thalidomide.²⁷ A campaign by the *Sunday Times* and MPs such as Jack Ashley provoked anger in Britain at the way that Distillers, the drug’s manufacturers and distributors, refused to pay substantial damages. The link between thalidomide and foetal injury had been established in 1961, but it was not until the mid-1970s

²⁷ It is difficult to know with certainty how many injuries were caused directly by the mother taking the drug. The Thalidomide Trust, set up to administer funds provided from the government and Distillers (and its successor companies) has to date accepted claims from 515 people. See The Thalidomide Trust, The Story of the Trust, undated < <http://www.thalidomidetrust.org/history> > (accessed 18 February 2013).

that the behaviour of Distillers came under great scrutiny. A long-running court case was being waged between the families and the company. The families were forbidden from talking to the press, and MPs were forbidden from discussing a case in Parliament that was *sub judice*. The *Sunday Times* published details about the plight of thalidomide-affected children to bring attention to the case as far as it could without being in contempt of court. Ashley negotiated with the Speaker the best way to bring up a debate about the topic using parliamentary privilege, but without contravening parliamentary rules.²⁸

The principle that Distillers should compensate these families was widely accepted. However, as many pointed out there were people with impairments that affected their lives just as badly as the thalidomide “victims” who had nobody to sue. Would the government provide equal payments to those who were not thalidomide-affected? During the debate, Joseph announced that £3 million would be allocated to a fund to be made available to families with ‘very severe congenital disability’. This applied to all children disabled at birth, regardless of cause. As help for the parents who ‘need more help in shouldering the various burdens which caring for these children entails’, Joseph stressed that ‘it is not intended that this money should be by way of compensation for being disabled, but rather that it should serve to complement the services already being provided by statutory and voluntary bodies to help the families concerned’.²⁹

More money was later made available to the fund, and Distillers provided cash specifically for the thalidomide affected children through the Thalidomide Trust. Betty Veal welcomed these developments, but remained cautious:

Welcome as they may be for the few who will benefit, the measures recently announced for thalidomide children and congenitally disabled children highlight the anomalies of the current provisions and unfortunately heighten the sense of injustice harboured by disabled people with equal or more severe disabilities. This feeling of injustice will remain so

²⁸ Ashley, *Acts of defiance*, pp. 186-207. Kinrade, *Alf Morris*, pp. 207-18. The *Sunday Times*, *Suffer the children : the story of thalidomide* (New York: Viking Press, 1979). HC Deb 29 November 1972 vol. 847 cc. 432-510.

²⁹ HC Deb 29 November 1972 vol. 847 c. 446.

long as the help offered to disabled people depends not on the financial effects of their disabilities imposed on them and their families but on whether they were fortunate enough to sue for compensation.³⁰

Veal also asked in a letter to *The Guardian* for 'a coherent policy that is both fair and generous... introduced with the speed which is clearly possible'.³¹ In a more strident tone: 'of course we want the Thalidomide children to be helped, but I am infuriated at the way the rest of the disabled are fobbed off. We are always told it is a matter of priorities, yet the Government can find sums of money for other groups just like that.'³² Townsend believed the government had deliberately ignored the chance to create a more comprehensive 'equitable statutory system of allowances, grants and services for another 300,000 or 400,000 children handicapped as a result of chronic disease or accidents at home or on the roads'.³³ Even Ashley felt uneasy about the reaction to his campaign by critics.

Throughout the whole thalidomide controversy I've been at pains to emphasise that I'm concerned with all sections of disabled people. But, of course, the media was only concerned with the drama. The non dramatic problems have been neglected [handwritten: by the media] and so have my comments about them. [...] It galls me to have the usual letters from people saying why are you only interested in thalidomide!³⁴

Not everyone was as dismissive as Townsend and DIG. Some accepted the premise that the new benefits of the early 1970s, including the Fund, were the beginning of a longer process. James Loring, The Director of the Spastics Society, was uncomfortable with hard-line criticism. 'I have spoken to [Joseph]', he wrote to Townsend, 'and it is quite plain to me that he doesn't regard the £3m. as a sop, but rather as an attempt to reach those [...] who do not benefit in an important way from existing legislation'.³⁵ The momentum behind expansion appeared to be growing. Heath wrote in response to Townsend criticisms that 'the Government is very far

³⁰ MRC: MSS 108/3/8, DIG Press Release, 28 October 1974, p. 1.

³¹ MRC: MSS 108/3/8, DIG to The Guardian, 23 October 1974.

³² *The Times*, 6 November 1974, p. 14.

³³ The Social Underdevelopment of Britain 1970-74, 25 February 1974. In Townsend, *Sociology and Social Policy*, p. 329.

³⁴ PTC: 75.01, Jack Ashley MP to Peter Townsend cc The Disability Alliance, 27 October 1974.

³⁵ PTC: 75.01, James Loring to Peter Townsend, 15 March 1973.

from satisfied. A great deal remains to be done, and the public awareness of the needs of the handicapped is developing constantly.³⁶ CCD was also impressed that the fund would pay on the basis of the effect of disability rather than on medical cause.³⁷ As DIG wrote in a critique of a speech given by Joseph to their AGM, ‘the Minister’s speech is rather one of “jam tomorrow, but never jam to-day”’, but ‘it is perhaps only fair to add that there was still less jam yesterday’.³⁸

The use of a “fund” rather than a statutory state benefit paid directly to affected families was an interesting development. Not solely Victorian charity, yet not Beveridge-style welfare, this concept would become relevant again in the 1980s with the Independent Living Fund. A fund has limited resources, and so must decide who will receive aid by a combination of discretion, prioritisation and a first-come-first-served policy. For the thalidomide-affected children, this was not overly complicated. Later, direct compensation from Distillers would be provided. For the general population, however, eligibility criteria were not under the auspices of law and statutory regulation, but the discretion of trustees working within guidelines. This form of aid owed much to the pre-1948 Poor Law Guardians,³⁹ although for a more specific, and presumably “benevolent” purpose for “deserving” individuals. Even so, the question remains as to whether this can be considered part of a hybrid welfare system working towards a National Disability Income; or whether it remained very separate from the Fabian campaign being waged by DIG and the piecemeal growth of state benefits that would be added to by Labour.

Hampton has argued that DIG’s inability to use thalidomide to secure greater social security expansion was an opportunity lost. His research had led him to conclude that DIG did not want to “rock the boat” and risk its privileged position within Whitehall and the then-ruling

³⁶ PTC: 75.01, Edward Heath to Peter Townsend, 16 April 1973, p. 2.

³⁷ RADAR: B041559 CCD Legal and Parliamentary Committee meeting, 16 January 1973.

³⁸ MRC: MSS 108/4/2, DIG, Progress, October 1973, p. 7.

³⁹ See Borsay, *Disability and Social Policy*, pp. 150-55.

Conservative party.⁴⁰ There is some merit to this explanation. The documents he cites clearly show that Heath was worried that DIG would use the scandal to press for more wide-reaching reform, but when the government met with DIG in late 1972, they only mentioned it in passing towards the end of the meeting.⁴¹ However, I argue that there was a deeper philosophical problem for DIG regarding thalidomide. Greater funding for congenitally disabled children⁴² was fundamentally incompatible with a campaign built on the premise that all disabled people should be supported based on their needs, not the cause of their impairment. That it was possible for the government to respond to the very public crisis of thalidomide but not “the civilian disabled” as a whole gives further evidence to the claim that disabled people were part of the liberal concept of the “deserving poor”. Some were considered as more deserving than others. This liberal approach was in some ways beneficial as it could unlock resources from the government; however, it also meant that the arguments for a comprehensive disability income for all disabled people as a right of citizenship were not fully accepted. Whether because of the “public sympathy” argument that we saw in the debates over AA in the 1960s, or because of adherence to the principle of tort law and compensation, the thalidomide children were provided with more generous benefits than other sections of the disabled population. Even if this is seen as yet another piecemeal benefit on the road to a National Disability Income, it was (in DIG’s conception of disability) the “right” movement for the “wrong” reasons.

DIG in decline

Whether DIG’s handling of the crisis was a “success” or a “failure”, members were becoming uneasy. By failing to criticise the government seriously during the height of the scandal or

⁴⁰ Jameel Hampton, “Disability and Social Policy: The Experience of the British Welfare State”, lecture delivered at the Johnson-Shoyama Graduate School of Public Policy. Uploaded 9 February 2012 < <http://www.youtube.com/watch?v=WWESNVzJdO8> > (accessed 19 December 2012). See also Hampton, *Disabled People and the Classic Welfare State*.

⁴¹ See TNA: PREM 15/1099, Brief for the Prime Minister on the Thalidomide Children, undated but attached to memorandum from Graham Hart to FERB, 27 October 1972; and PREM 15/1211, Mary Greaves and Peter Large’s meeting with Heath and Joseph, 28 November 1972. *Hamilton references PREM 15/1211 as PREM 15/666, but follow-up research at TNA shows this is an error.*

⁴² Even though the government had made some concession by widening the scheme to ‘congenitally disabled children’ rather than solely the victims of medical or pharmaceutical malpractice.

pressing more stridently for the National Disability Income at a time when the public's attention was on disability issues, questions were raised about the Group's tactics. Even before this, there were concerns about DIG's future. In 1970 some felt that a new constitution was necessary for an organisation that had outgrown its status as a 'small South-East pressure group'. The sentiment was that the branches needed voting rights which 'in some way... reflected their numerical strength'.⁴³ At the 1971 AGM members queried 'how far DIG should move away from its original "mainstream" policy' and whether it should tackle 'welfare, employment, etc'.⁴⁴ One resolution passed at the 1973 AGM proclaimed:

That this AGM, disappointed by the frequent failure of DIG spokesmen during recent months to comment positively on issues of concern to DIG when they have been the subject of discussion in the press or other media, urges that on each and every occasion when comment from DIG might further the aims of DIG, such comment shall be made irrespective of whether it might be critical of the Government of the day or one or other of the parliamentary parties. This Conference is of the opinion that DIG must engage in more spectacular activities in order to gain more widespread public support, and calls upon the Executive and Management Committees to take steps to arrange such activities.⁴⁵

Mari Lynn was perhaps the most vocal critic. Originally from the Newcastle Branch, she was Branches Secretary in DIG's National Executive Committee (NEC).⁴⁶ In 1975 she resigned over concerns that DIG at the centre was failing. Having seemingly achieved, on a basic level, the core aims of the group, where would DIG go next? Did the NEC even know?

D.I.G. has come to the crossroads. After nine years of active campaigning the principle of the non-contributory invalidity pension, which will include disabled housewives, has been accepted as well as some of the expenses of disabled living e.g. the attendance allowance (in operation), the invalid carers allowance and the mobility allowance (yet to commence). Details including dates are not yet satisfactory. Future struggles will be to win in greater degree the rights

⁴³ The group was estimated at around 6,000 members. MRC: MSS 108/4/1, Coventry Branch Newsletter, July 1970.

⁴⁴ MRC: MSS 108/4/1, Coventry Branch Minutes, 12 May 1971.

⁴⁵ MRC: MSS 108/4/1. Report on the 1973 AGM in DIG Bulletin. Undated and un-numbered, but based on the usual schedule of bulletins and its content almost certainly No. 3, October 1973.

⁴⁶ Lynn had published the early Newcastle Branch newsletters, and had attended Parliamentary debates with Du Boisson in the 1960s. See esp. MRC: MSS 108/3/8, Newcastle Branch Newsletter, August 1968.

which are now widely acknowledged by MPs and to point out the anomalies that exist and will continue to exist in spite of the new benefits.⁴⁷

She argued for greater cooperation with other disability groups so that the wider needs of disabled people could be met. This could be done through the branch structure. The main issue, however, was:

that, apart from the excellent negotiations carried out by Peter Large and Stewart Lyon⁴⁸ with the Ministries and Parliament, DIG at the centre has been drifting, while other bodies have come into existence to try to broaden the base of activity for improvement in the plight of disabled people. One of these is the Disability Alliance which appears to be intent on saying in a more aggressive and noisy way what DIG has been pressing for quietly and effectively for the last 9 years. They are not set up to further the state of knowledge of disability problems and rely heavily on DIG's past work.⁴⁹

This final sentence was not entirely fair on the Alliance, as I will discuss shortly. Yet the general feeling was that big personalities were pushing DIG's aims strongly and effectively in Westminster while the organisation as a whole was not looking after its members. The split between an increasingly out of touch NEC and the branches was given as a reason for the formation of UPIAS.⁵⁰ Lynn was not responsible for the formation of either group, but she clearly expressed a sentiment that was held by many of DIG's branch members.⁵¹

The future for the Fabian approach

It should be noted, however, that the mid-1970s saw the Fabian approach's biggest successes. The campaigns which culminated in the 1975 Social Security Benefits Act brought a number of reforms that DIG had been created to promote. For those committed to the Fabian approach, therefore, the answer was not to jettison rational campaigning but to create a more strident and unified lobby. This would draw on the expertise, funding and visibility of all organisations

⁴⁷ MRC: MSS 108/3/8, Mari Lynn, Presented to the NEC for Discussion, March 1975. The details of these benefits are explained in Section III.

⁴⁸ DIG's Branches' Secretary.

⁴⁹ MRC: MSS 108/3/8, Mari Lynn, Presented to the NEC for Discussion, March 1975.

⁵⁰ Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*, p. 5.

⁵¹ See Vic Finkelstein's criticisms of DIG in Campbell and Oliver, *Disability Politics*, pp. 53-55.

involved in disability issues rather than just DIG.⁵² To this end, DA was formed by Peter Townsend and fellow academic Alan Walker in an attempt to put forward the case for comprehensive disability benefits more forcefully. This Alliance would continue the tradition of using evidence and political argument to try and effect government policy changes, but did so from a more critical position than DIG. It began as a jointly signed letter to Heath in 1973,⁵³ before becoming a formal entity in 1974. The central steering group was populated with officials from its member organisations. In time it employed a full-time co-ordinator and, later, researchers.⁵⁴ The development of research was, however, a slow process as the group grew in membership and financial power, hence Lynn's impression in 1975 that DA was not created to 'further the state of knowledge of disability problems'.

Initially, the links between the two organisations suggested DA might be a "spin off" rather than a rival. Members of the steering committee included Fred Reid, Betty Veal, and Berit Thornberry. The Spastics Society provided office space, strengthening the link between the older, service-based organisations and the newer, Fabian groups.⁵⁵ Townsend claimed that he hoped a new umbrella organisation of all groups, including DIG, would give the National Disability Income campaign unity and 'fresh authority'.⁵⁶ While clearly building on DIG's past work, Townsend was himself the pre-eminent expert on poverty.⁵⁷

DIG and DA broadly agreed on the need for a full income for disabled people. However, there were subtle differences in emphasis. DIG's 1974 policy document recommended the extension of the industrial injuries scheme to cover "civilians" and better accommodate the

⁵² See discussions over "size" and "resources" of voluntary organisations in Baggott, *Pressure Groups Today*, pp. 77-83. Heffernan, "Pressure Group Politics," p. 178.

⁵³ *The Times*, 30 March 1973, p. 5.

⁵⁴ See also the entry for DA in Hilton et al., *A historical guide to NGOs in Britain*, pp. 132-35.

⁵⁵ See the papers of the Disability Alliance in PTC.

⁵⁶ Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*, p. 6.

⁵⁷ Abel-Smith and Townsend, *The Poor and the Poorest*; Howard Glennerster, "Townsend, Peter Brereton (1928-2009), sociologist and campaigner against poverty," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2013).

needs of people with mental and degenerative conditions.⁵⁸ DA's preferred system involved an allowance (paid on the basis of percentage of disablement), a pension (to cover lost earnings) and additional payments for specific extra costs as they arose, such as payments to carers.⁵⁹ At a DIG meeting at which these ideas were aired, the DHSS observers noted that while DIG's suggestions were a logical extension of existing schemes, Townsend's was 'so eclectic as to be almost absurd'. On the other hand, they did acknowledge that by separating everyday life from employment as the basis of payment, Townsend's scheme was 'significant' and worth investigating.⁶⁰ The important common idea to both was "percentage of disablement". Rather than providing benefits only to "the most disabled", the poverty lobby argued that the medical tests in the duty pensions – which measured a claimant's disability in percentage terms – could be used to provide a fraction of a full disability income. This would allow people who could only work part-time to live comfortably, as well as ensuring payments were based on need rather than broad and inflexible categories of eligibility.⁶¹ This system would not be seriously considered by the governments of the 1970s, but with Severe Disablement Allowance (Chapter 4) the use of a "percentage" would become controversial.

However, DIG's membership of the Alliance was a thorny subject from the start, and soon the relationship broke down. At a DA meeting, Veal stated:

We hope the Alliance will complement our work, not duplicate it. We must at all costs avoid giving politicians the opportunity of playing for time, of telling the Alliance to wait while it considers DIG's proposals and vice-versa.

I am, as you will understand, jealous for DIG and what it had achieved, so you will not mind me pointing out that one of the reasons why the Alliance has got off the ground comparatively quickly is because of the hard work we have

⁵⁸ MRC: MSS 108/4/1, DIG, *Realising a National Disability Income*, 1974, para. 9-10.

⁵⁹ Disability Alliance, *Poverty and disability*, pp. 11-16.

⁶⁰ TNA: BN 89/139, CBD 23, *The DIG Debate*, 15 October 1973, pp. 1-3.

⁶¹ Again, the concept of 'actual' versus 'deemed' need. Bolderson and Mabbett, *Social Policy and Social Security*, pp. 25-26.

put in over the last nine years, and also we have educated public opinion and Members of Parliament.⁶²

DA sent a letter to Wilson in 1974. DIG signed but with a caveat:

The Disablement Income Group heartily endorses the sentiments expressed in the above letter but wishes to point out that the proposals do not accord in all details with D.I.G.'s policy statement as expressed in "Realising a National Disability Income".⁶³

After much debate with DA and within the DIG NEC, Veal eventually had to declare that DIG was withdrawing from the Alliance in March 1976.⁶⁴

DA's style was certainly more combative than DIG's, drawing more on a tight group of academic research guided by an informed steering committee of its members. This difference was noted by Whiteley and Winyard also. DIG had developed a reputation among civil servants as 'an extremely eminent and sensible organisation'.⁶⁵ DA was not considered as "accepted" by the establishment according to the authors' group typology.⁶⁶ Deliberately eschewing a branch structure,⁶⁷ it allowed its constituent organisations to concentrate on the needs of their members. Many DA members were therefore single-impairment organisations coming together for incomes campaigns.⁶⁸ These groups, and the prominent figures within them, ensured that disabled people were involved in the running of DA, although they shared that platform with non-disabled experts and charities. Instead, the Alliance was a publishing arm and a "think tank", guided by the sort of campaigning for which Townsend had become famous. As DIG declined in importance, DA became the pre-eminent group on the issue of disability incomes. The Fabian approach on this topic, therefore, became less "insider", though

⁶² MRC: MSS 108/4/1, Statement made by the Chairman [of DIG] at DA meeting, January 25th [1975].

⁶³ PTC: 75.01, Disability Alliance to Prime Minister Wilson, 6 November 1974.

⁶⁴ PTC: 75.03, Veal to Townsend and all members of DA, 17 March 1976.

⁶⁵ Whiteley and Winyard, *Pressure for the poor*, p. 130.

⁶⁶ *Ibid.*, pp. 18-19.

⁶⁷ Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*, p. 7.

⁶⁸ Members of the steering group included representatives from the Spastics Society, MIND, the Multiple Sclerosis Action Group, the National Federation of the Blind, the Royal National Institute for the Blind and MENCAP. PTC: 77.01, Minutes of the Meeting on January 25th, 1975.

still committed to rational argument, collection of evidence, and attempts to communicate with government to secure policy change.

The coming of the oppression approach

From branch members, many of whom were disabled people, a more democratic answer was needed to solve DIG's perceived failings. Campbell and Oliver have offered the distinction between the 'incomes and oppression approaches to disability' to distinguish DPOs from DA and DIG.⁶⁹ This reflects the wider concerns of these groups, as well as the focus on 'democratic' structures which were seen as the only way to represent the voices and aspirations of disabled people.⁷⁰ In this thesis, the term refers to those groups founded and run by disabled people who campaigned on a wider platform than simply incomes. Unlike the Fabian groups, they did not attempt 'insider' tactics, though they did gather information to support their arguments for more radical reforms to politics and society. These traits are evident in the organisations inspired by Paul Hunt.

Hunt had been involved with DIG, though he was critical of both the Group's and Townsend's approach to incomes, believing their methods of assessment put a 'premium on dependence' rather than actively encouraging independence.⁷¹ Frustrated, he wrote to *The Guardian* and other newspapers asking whether other disabled people felt the same discrimination he experienced.⁷² From the respondents, he formed UPIAS. The Union argued that DIG's branches had simply been used to prop up the campaigning of an out-of-touch central command.⁷³ It drew on left-wing campaigning traditions, particularly the emancipation movements for women and black people in America. Along with Vic Finkelstein, a disabled activist who had been jailed in South Africa for anti-Apartheid protests, and others, UPIAS

⁶⁹ Campbell and Oliver, *Disability Politics*, p. 55.

⁷⁰ See discussions on "representation" and "accountability" in Baggott, *Pressure Groups Today*, pp. 65-71; Hilton et al., *A historical guide to NGOs in Britain*, pp. 354-55.

⁷¹ TNA: BN 89/139, CBD 23, The DIG Debate, 15 October 1973, p. 3.

⁷² LEEDS: Paul Hunt letter to *The Guardian*, 20 September 1972; Paul Hunt, Letter, *Magic Carpet* (Winter 1973) Vol. XXV, No. 1, p. 36.

⁷³ Ken and Maggie Davis described the membership as 'little more than fundraising fodder for this elite group of well-versed parliamentary lobbyists'. Quoted in Campbell and Oliver, *Disability Politics*, p. 63.

attacked DIG for concentrating on poverty at the expense of the real injustice – discrimination against disabled people.⁷⁴

UPIAS made little direct impact in policy circles. It is not mentioned in Hansard, nor does it appear in government correspondence. However, it represents a marked change in the composition of disability organisations. To many, it represented the beginning of the disabled people's movement, a critical shift away from the traditional charities and the "expert" groups of the poverty lobby.⁷⁵ The blueprint proliferated, leading to the creation of the British Council of Organisations of Disabled People (BCODP) in 1981. This, like DA, was an umbrella body representing the wishes of its constituent members. UPIAS were founder members, and remained active until 1990.⁷⁶ Contact with government was through the BCODP, of which key UPIAS members and social model academics such as Vic Finkelstein and Mike Oliver were also senior figures. It would concentrate on issues such as information dissemination and independent living, as well as general rights-based discourse and later anti-discrimination legislation.

This new approach challenges some of the histories of voluntarism and political campaigning. It is important to stress that DPOs came into being at least in part *from* DIG and *because of* DIG and its perceived failures. Oliver has argued that DPOs constitute a New Social Movement (NSM),⁷⁷ but this is problematic as an overarching explanation for DPO activity. Shakespeare contends that the literature on NSMs does not adequately explain the difference between 'indigenous or representative' disability groups. DIG, for example, was not a DPO; yet social movement theory might see them both as such, given that it was founded and largely

⁷⁴ Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*. For Finkelstein's activity in South Africa, see *The Times*, 21 March 1966, p. 8. See also Mike Oliver, Vic Finkelstein obituary in *The Guardian*, 22 November 2011 < <http://www.guardian.co.uk/society/2011/dec/22/vic-finkelstein> > (accessed 26 March 2013).

⁷⁵ This analysis is particularly stressed by the authors and interviewees in Campbell and Oliver, *Disability Politics*.

⁷⁶ LEEDS: Koichiro Tanaka, trans. Yuki Kosuge, "The Roots of the Social Model: A Life History of Paul Hunt", p. 7 < <http://www.leeds.ac.uk/disability-studies/archiveuk/Tankana/Life%20history%20of%20Paul%20Hunt1.pdf> > (accessed 18 December 2012).

⁷⁷ Campbell and Oliver, *Disability Politics*, pp. 167-80; Mike Oliver, "The Disability Movement is a New Social Movement!," *Community Development Journal* 32, no. 3 (1997).

run by disabled people.⁷⁸ Embodied Health Movement is also a problematic category as defined by Brown et al, as the focus on medical care and the idea of members as “patients” does not sit well with the social model base of DPOs such as UPIAS and BCODP.⁷⁹ There was a cultural change which began in the 1970s and is explored in the following chapter with reference to campaigning in the 1980s. The emergence of DPOs suggests that disability politics is an area where analytical categories used in other sectors are difficult to apply. Disability organisations have historically been run by or for disabled people; have focused on social security, health care, service provision, rehabilitation and/or civil rights; and have ranged from small associations to multi-million pound institutions. All of these traits have a tendency to overlap, causing difficulties for those attempting to apply a single label. I can offer no scheme to solve this issue, other than to reiterate that my own descriptions of ‘Fabian’ and ‘oppression’ approaches to disability should also be taken as broad indicators of activity rather than hard ideologies.

An example of the tension – Fundamental Principles

The difference these groups made was the insistence on self-determination for disabled people. Out of this grew the social model of disability. The idea that the expectations of disabled people were relative to the expectations of wider society was not new. DIG argued in 1968 that:

“Integration” of the disabled into the community, the disabled population’s growing self confidence and the development of egalitarian ideals means that this minority will increasingly look to the cultural norms of the wider society for its frame of reference, and this will rightly demand a higher standard of living.⁸⁰

The idea that not only was disability *relative* to society but *caused* by society was, however, novel. The Fabian tradition had defined poverty as relative to the standards of the average household, and showed how structural inequalities in society contributed to this. The social

⁷⁸ Shakespeare, "A new social movement?"

⁷⁹ Brown et al., "Embodied health movements."

⁸⁰ MSS 108/4/1, DIG response to Seebohm, November 1968, p. 3.

model took this further by arguing all social inequality justified by impairment was created by society. It drew its inspiration from arguments over the relationship between “sex” and “gender” in feminist literature.⁸¹ This radical approach caused tension with the more-established groups. Partly this was ideological, and partly because of the members of these organisations. Disabled people were often driven to DPOs because of their dissatisfaction with the way they had been treated by supposed “experts”. The dispute over *Fundamental Principles* shows this tension very clearly.

UPIAS stated that:

Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people.⁸²

This was the result of a meeting between DA and UPIAS to discuss the future of the disability movement, and can be seen as an attack on DIG and the way the poverty lobby had hitherto campaigned on disabled people’s behalf. The correspondence between the Alliance and the Union suggests that Townsend was broadly supportive of the efforts of disabled people to run their own organisations.⁸³ It was also widely accepted that disability was a social rather than medical issue. The problem was that, as the letters indicate, Townsend did not fully appreciate what UPIAS was or why the group found its method of attack so important. By the same token, it seems that UPIAS was making little effort to fully engage with DA and its work. It presented a clearly formulated policy proposal to DA without making it explicit that this was their intention. This took DA by surprise and meant that Townsend was responding to UPIAS’s critique of him and his work on the hoof.⁸⁴ UPIAS refused to allow DA to retract or amend any

⁸¹ See discussions of the origins of social model thought in Chapter 1.

⁸² Union of the Physically Impaired Against Segregation and The Disability Alliance, *Fundamental Principles*, p. 4.

⁸³ PTC: 75.02-04, Various correspondence between Peter Townsend and Paul Hunt over 1975 and 1976.

⁸⁴ PTC: 75.04, Irene Loach to Hunt, 23 September 1976.

of their statements.⁸⁵ Further, both groups had agreed to publicise and make available the proceedings of the meeting in print and on audio cassette, which the Union took as an agreement by DA to prioritise the meeting in terms of manpower and financial resources. By the end of the process, DA was clearly exasperated, with Irene Loach (DA's organiser) sending a firm rebuke to Hunt:

If our correspondence has [...] not been up to the standard of your meticulously drafted letters, I do apologise. However, I am very busy in struggling for the rights of other equally disabled people who are less articulate than yourselves, and who might therefore justify greater support and a greater proportion of my time when they ask for help and guidance.⁸⁶

Fred Reid of the National Federation of the Blind agreed that Hunt's criticisms meant DA had to look at its own democratic structures. Still, he took the pragmatic view that:

I think what underlines Paul's thinking is a strong element of disabled sectarianism. I profoundly agree that the disabled need an organisation, such as the Union, which they control. This is the only authentic voice they can have. [...] But I think it quite unrealistic to imagine that such organisations can operate entirely in isolation from bodies such as the charities and hybrids such as DIG in situations where they control funds and have special relations with government and Parliament. The same point applies to experts.⁸⁷

By using the DA archives to illuminate this debate, I suggest that we must question some of the motives behind UPIAS's decision to meet with DA. The traditional narrative, mainly told by people involved in DPOs during the late twentieth century, has been that the document was the result of disabled people struggling to be heard and taking control of the narrative of disability away from non-disabled people.⁸⁸ This is certainly a major factor, and the document has undoubted historical importance; but the meeting that spawned it appears to have been manufactured to catch DA out and promote the *Principles* at the expense of the "traditional" expert groups. UPIAS made little attempt to fully engage DA with the purpose of the meeting,

⁸⁵ PTC: 75.03, Hunt to Townsend, 3 April 1976.

⁸⁶ PTC: 75.04, Irene Loach to Hunt, 23 September 1976.

⁸⁷ PTC: 75.02, Fred Reid to Townsend, 23 June 1975.

⁸⁸ Oliver and Barnes, *Disabled People and Social Policy*, pp. 78-83.

and when DA was inevitably unprepared it made great capital out of the impression that the expert groups clearly did not understand or represent disabled people. This was an important campaign tool for UPIAS, and aided the development of the disabled people's movement in the UK. It is also understandable, born, no doubt, out of years of frustration from being excluded from the leadership of the disability lobby, as well as the dangers of being forced to 'conform' to expert views on the nature of the problems faced by disabled people.⁸⁹ Yet it also sparked internal reflections in DA's senior members. Whatever the political rights or wrongs of following an incomes approach using non-disabled experts, DA was not ignorant of the philosophical problems of its position. This would be crucial in understanding how and why the groups were able to work alongside each other in loose alliances during the 1980s and 1990s on specific projects. At their heart, both approaches sought to change societal and political attitudes towards disability to allow disabled people to participate more fully in society. It was not that DPOs were deliberately isolationist – hence the organisation of the meeting in the first place⁹⁰ – but they remained wary of the power and influence of the expert groups who sought to work with government rather than campaigning for a wider restructuring of society. Only disabled-led organisations could ever achieve "legitimacy" in the eyes of DPOs.

To conclude this section, it is important to note that during the mid-1970s, DIG's insider Fabian approach was challenged by more-critical Fabian campaigners and DPOs following an oppression approach. The thalidomide scandal showed that the liberal Conservative attitudes to disability had not fully embraced DIG's ideas. DIG's unwillingness to attack the government fully, coupled with frustration that the NEC was not responsive or democratically responsible to its branch members led to its decline. It would go into further decline after the 1974 General Election, as Hampton has also shown. However, it did not disappear. The reputation DIG and its senior members had developed allowed it to remain as a well-respected voice in

⁸⁹ Ibid.

⁹⁰ PTC: 75.02, Hunt to Townsend, 28 July 1975.

Westminster and Whitehall even if it could not be said to be representative of the lobby or disabled people as a whole.⁹¹

Government action – The Minister

DIG's campaigns in earlier years had clearly influenced the 'politics' and 'problem' streams.⁹² From this 'critical juncture', momentum led to Wilson appointing Alf Morris as Minister for Disabled People on his return to power in 1974. The post is important because it represents changes in the bureaucratic management of disability, placed a prominent disability campaigner in a position of power, and led to key developments in the voluntary sector and in government policy. This was related to social-democratic attempts to cater for specific groups and Wilson's reform of the machinery of Whitehall. His position in the social security side of the DHSS suggested that disability had become associated with the income campaign. However, when it was first suggested in the early 1970s, a DIG newsletter proclaimed:

SPECIAL MINISTER? NO, THANKS

[Mary Greaves] voiced her disapproval for the idea of a special Minister for the Disabled. There was a danger, she felt, that such a department would become isolated. Getting Alfred Morris's 'Chronically Sick and Disabled Persons Bill' through the Commons recently had involved nine different Ministers without any particular difficulty. In any case, the disabled were people and should not be pigeon-holed in the same way as sport, productivity, transport, defence and so on.

Disabled people needed the services of just as many departments of Government as able-bodied people and should be kept in touch with them all.⁹³

This was backed up by a letter to Wilson, then leader of the opposition. The 1971 AGM had agreed unanimously that a Minister for the Disabled 'would prove a disservice to the disabled

⁹¹ Chapter 5 shows how DIG was central in the administration of the Independent Living Fund, for example. See also the high esteem DIG was held in during the 1980s in Whiteley and Winyard, *Pressure for the poor*.

⁹² Kingdon, *Agendas, Alternatives and Public Policies*.

⁹³ Report on a speech by Mary Greaves. MRC: MSS 108/4/1, West Middlesex Branch Newsletter, May 1970. Morris himself apparently had concerns that he might get isolated in one department. See Kinrade, *Alf Morris*, p. 220.

population’ because ‘the interests of disabled people are not fundamentally different from those of the able-bodied population’. DIG feared ‘segregation’, a ‘ghetto’ and lamented that it was ‘highly improbable that he or she would be a cabinet minister’. It preferred to maintain ‘the freedom to approach the minister concerned direct, rather than rely upon an additional barrier between ourselves and the responsible minister’.⁹⁴ Wilson replied that he was ‘in general agreement with [DIG’s] approach’ and that the matter was under review.⁹⁵

By 1974, however, it appears Wilson had changed his mind, and decided to follow through with the plan. Sir George Young (Conservative), echoed many of DIG’s concerns at DA’s 1976 AGM. He argued that the reality of the Minister was similar to DIG’s prediction. Morris was not there for ‘entirely benevolent reasons’ and he was ‘a bit of a sop... his existence had in some ways made it more difficult to extract information from other ministers’. Young was reported as saying:

Whilst before his existence questions relating to disability could be submitted to a whole variety of Ministers, they are now channelled directly to Mr. Morris, and seldom get beyond him. He had become the focal point for discontent for MPs on matters relating to the disabled, and yet he was not given the power to implement action, or to force Government departments to fall in line with new or existing policies. Furthermore, although he had powers within the DHSS, he is less influential in other Government departments, and is therefore unable to follow up the implementations of legislation in other departments. Sir George concluded that what is therefore needed is a “policy for disabled people, rather than a Minister for them”.⁹⁶

A post in the DHSS

Despite the opposition, Morris’s appointment led to some significant achievements, not only in the field of social security but also in interdepartmental communication. During his time in office, the DHSS provided four new social security benefits, the Motability Scheme and established CORAD. Files from the National Archives show an increased level of

⁹⁴ MSS 108/4/1, Letter from Mary Greaves to Harold Wilson, 7 November 1972, reproduced as an appendix to DIG Monthly Bulletin Number Thirteen, November 1972.

⁹⁵ MSS 108/4/1, Letter from Wilson to Greaves, 14 November 1972, reproduced as an appendix to DIG Monthly Bulletin Number Thirteen, November 1972.

⁹⁶ MRC: MSS/378/BASW/4/584, DA Report of the AGM, December 1976.

communication between departments as a direct result of Morris's work. His appointment is significant because it shows an official commitment to the category of "disability" within Whitehall, and in turn led directly to further reform.

The site of the minister is particularly interesting. Morris was placed in the social security "half" of the DHSS. His direct superior was the Secretary of State for Social Services, and he shared rank with the under-secretaries of health and social security.⁹⁷ This gave him some power, although as Greaves correctly predicted it did not give him cabinet status. However, he was able to run sub-committees in the Cabinet Office on issues to do with general inter-departmental government policy on disability.⁹⁸ At his behest, an Interdepartmental Group of Officials (Disability) (INDEGOD) was created to share information across government and to address policy issues.⁹⁹ It also ensured a point of contact for voluntary organisations. Both DIG and DA corresponded extensively with Morris over the late 1970s,¹⁰⁰ and it was through him that Peter Large was appointed chair of the Silver Jubilee Committee and CORAD.¹⁰¹

Morris's location confirms that the official response to disability was cash benefits rather than services in kind. There was no necessity for him to be stationed in Social Security. One long-running government body was the National Advisory Council on the Employment of the Disabled (on which Mary Greaves had sat). This was based in the Department of Employment (and the Manpower Services Commission).¹⁰² Rehabilitation was part of Employment. Long-stay hospital and psychiatric care was under the auspices of the health side of DHSS; as was the artificial limbs service and the renting out of invalid carriages. Further, it was not unheard of to create ministers without portfolio, though these were usually reserved for cabinet ministers. For Morris to be based in Social Security shows that by 1974 disability was seen as

⁹⁷ See *Civil Service Year Book 1975* (London: H.M.S.O., 1975), cc. 391-392.

⁹⁸ See for example TNA: CAB 134/3845; CAB 134/4036; CAB 134/4235.

⁹⁹ This discussed the issues arising from the Sunningdale Conference (see below). TNA: MH 154/848.

¹⁰⁰ DIG's files end in 1975, but we have evidence of contact through pronouncements in Hansard and copies of letters forwarded to DA. See in particular DA's correspondence for 1974-79, PTC: 75.02-12.

¹⁰¹ Kinrade, *Alf Morris*, pp. 252-53.

¹⁰² See the files of NACEDP, TNA: LAB 20/1110-1128.

largely an issue about poverty and incomes, or at the very least that this was the first “natural” port of call. This is unsurprising given the success of DIG and attempts to reform benefits and social services; but we must be aware that this is a relatively new phenomenon. In the forties, disability was the domain of the Department of Employment through the Disabled Persons (Employment) 1944 Act. Many other services were dispensed through the Ministry of Health. Now social security was taking over. This emphasises that cash rather than services in kind were seen as the priority in welfare for disabled people. The minister remains in this department, through its various incarnations, to this day.¹⁰³

Morris was an obvious candidate given his background and campaigning on disability issues. His work, largely off his own initiative, with the Chronically Sick and Disabled Persons Act had cemented his reputation with disabled people. However, he was not alone. Jack Ashley was appointed as Barbara Castle’s Parliamentary Private Secretary.¹⁰⁴ In this role he pushed for and gained a new institute for research into deafness.¹⁰⁵ This was a concerted effort by the Labour administration to give disability a place within the bureaucracy, both formally through the creation of a new post and in terms of the personnel appointed to ministerial rank. Castle’s successor, David Ennals, had been wounded in the forces and claimed a War Pension himself. He had also been the chair of MENCAP.¹⁰⁶ It meant that the voices within government pushing the case for how disability policy ought to be formulated came from the DIG campaigning tradition.

Creating RADAR – the Fabian approach evolved

For the poverty lobby, one of the most significant acts during Morris’s tenure was the creation of RADAR. The group, like DIG, pursued an “insider” campaign to effect policy change, also

¹⁰³ After the DHSS split in 1988, the Minister with responsibility for disabled people went to the Department of Social Security (DSS). Later this would merge with employment to form the Department of Work and Pensions (DWP) where the minister now resides.

¹⁰⁴ Civil Service Year Book 1975, cc. 391-392.

¹⁰⁵ Kinrade, *Alf Morris*, p. 233.

¹⁰⁶ Howard Glennerster, "Ennals, David Hedley, Baron Ennals (1922-1995)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004). Kinrade, *Alf Morris*, p. 232.

using the Fabian approach of trying to win the political argument with evidence and reason. Unlike DIG and DA it did not focus specifically on poverty, broadening out to wider concerns such as participation in society and access to services. It was far from an oppression approach group, however, drawing on a tradition of working alongside disabled people rather than being run by them. Through significant investment via the DHSS, RADAR was actively consulted by government on disability issues and given specific grants for research or to provide services, most famously the RADAR public toilet key.¹⁰⁷

Morris had become concerned that the DHSS had no central group with which to communicate. DIG and DA were well-respected, as were their senior members. However, their concentration on poverty meant that other issues could be sidelined. DIG was also in terminal decline at the branch level, meaning that its claims to represent disabled people through its size of membership were unsustainable. A general organisation, he felt, was needed.¹⁰⁸ The answer lay in two existing groups. CCD, as mentioned earlier, had a history of lobbying government, but despite having existed since the 1910s they had not been as effective as DIG. CCD had disabled members – notably Greaves and Large – but it was not a disabled-led organisation by any means. Its earlier name of the Campaign for the Care of Crippled Children is instructive as to its traditional philanthropic background. The other organisation was REHAB. This was constituted of medical professionals and those concerned with rehabilitation for the purposes of allowing disabled people to lead a more “normal” life. It was a group rooted in the medical model. Both organisations were in financial trouble by the mid-1970s. The DHSS saw potential in a merger and offered a grant to help the new organisation establish itself. This totalled £175,000, with a further £28,910 made available for specific projects.¹⁰⁹ RADAR would give the Department a first port of call for disability issues, and give disabled people a “voice” which had regular access to ministers and the government. Plans of this kind were discussed

¹⁰⁷ The scheme is still running today. See RADAR, The National Key Scheme < <http://www.radar.org.uk/people-living-with-health-conditions-disability/the-national-key-scheme/>> (accessed 15 March 2013).

¹⁰⁸ Kinrade, *Alf Morris*, pp. 230-32.

¹⁰⁹ RADAR: RADAR’s First Annual Report, 1977/8, p. 10.

following the Sunningdale Seminar which was organised by the DHSS to bring together voluntary organisations and the Department. They argued that 'government should seek to encourage rationalisation of voluntary bodies' activities as suitable occasions arise' through merging some of the smaller groups into larger, easier-to-consult bodies. This should not be forced, but should the 'opportunity' arise to encourage mergers, the DHSS should seek to do so.¹¹⁰ Creating RADAR was as a result of the government's conception of disability and signalled further investment in institutions which could aid the management of this bureaucratic category. It is yet another example of momentum guiding policy down the path started in the mid-sixties.

Proof of the government's commitment to RADAR can be seen through the 'Royal' prefix. Initially created as the *British Association (BADAR)*, Morris and Michael Foot were able to push through the necessary application to use the title 'Royal' based on the age and prestige of the two organisations.¹¹¹ Some years earlier, REHAB had attempted to become 'Royal' through the Home Office and had been unsuccessful on the grounds that it could not 'be regarded as pre-eminent or outstanding in comparison with other bodies in the field of voluntary work for the disabled'.¹¹² RADAR would go on to work more closely within Whitehall than previous poverty lobby groups had done.¹¹³ DIG became members of RADAR, emphasising the link with this tradition, and the historical links between CCD and DIG members.¹¹⁴ This position from within government rather than solely lobbying from outside gave the lobby greater contact with key officials. However, as we will see, from the 1979 General Election onwards, the influence of the lobby over government policy, including that of RADAR, declined. More critically, BCODP would actively campaign against RADAR, claiming that it was undemocratic and took valuable

¹¹⁰ TNA: CAB 134/4036, INDEGOD The Feasibility and Desirability of Proposals Arising from Sunningdale Seminar, attached to memo from Alf Morris to Cabinet sub-committee, 25 November 1976.

¹¹¹ Kinrade, *Alf Morris*, p. 230-32.

¹¹² TNA: HO 290/106, NC to Home Secretary, 6 May 1969.

¹¹³ Whiteley and Winyard, *Pressure for the poor*, p. 129.

¹¹⁴ RADAR: Annual Report, 1976/77, p. 3. Greaves and Morris are listed as individual members, with Large a Vice-Chairman on the Executive Committee. *Ibid.*, pp. 7-8.

resources away from other groups which genuinely represented disabled people and their interests. This was seen as ‘positively dangerous’.¹¹⁵ It is particularly important when explaining the campaigns for anti-discrimination legislation in Chapter 5.

If the social-democratic approach to poverty and inequality is to establish categories of need and redirect resources towards those categories, the Labour government clearly made a commitment to this. Disability for the “civilian” as well as “non-civilian” disabled was catered for both within the government (through a formal ministerial post) and in the non-statutory field (though providing the infrastructure to create RADAR). These developments built on research exercises such as the Office of Population Censuses and Surveys (OPCS) survey to further define disability and cement it as a permanent area of policy within the government. A series of initiatives, then, had been built as a result of bureaucratic momentum pushing policy in this direction. As we will see in the reform of social security, there were limits to what the government felt it could afford; but through these actions a network of voluntary organisations, sympathetic ministers and departmental officials created the category of disability and a semi-official line of communication between Whitehall and the “constituency” of disabled people.

Government action – The new benefits

I now turn to specific legislative change during the period by focusing on the Social Security Benefits Act 1975. The new benefits it created provided coverage in a number of areas that DIG had campaigned for since its inception; housewives, carers, the extra costs of disability and loss of earnings for all disabled people. Policy proposals therefore built on the definitions of disability within the welfare state that had been established by 1971 – primarily that it was an issue requiring cash payments to cover the costs associated with impairment and the loss of earnings power. The question was how coverage could be extended to those with other costs and with incomplete insurance records. The Fabian incremental approach continued to matter,

¹¹⁵ For example, see Campbell and Oliver, *Disability Politics*, pp. 192-94.

and DIG and its allies remained influential. The Labour government had a Secretary of State for Social Services committed to reform and prioritised disability benefits. It was also able to build upon planning work initiated by Joseph. The result was that once again the social-democratic and liberal approaches were broadly agreed on action that needed to be taken, even if their reasons for doing so differed. The economic situation, however, meant that reform was limited, piecemeal and did not bring about the National Disability Income. Thus, while DIG was largely successful over a period of ten years in manipulating the 'problem' and 'politics streams' and creating far greater coverage for "the civilian disabled", it failed to change fundamentally the approaches of the two major parties or achieve equal benefits paid to all disabled people on the basis of need.

The new benefits were Non-Contributory Invalidity Pension (NCIP); Housewives' Non-contributory Invalidity Pension (HNCIP); Invalid Care Allowance (ICA); and Mobility Allowance (MA). This section of the chapter is broken into three main parts to show the significance of these benefits. The first shows how the Conservative government planned for a non-contributory benefit which would eventually become NCIP. Outside pressure put legal obligations on government to produce detailed plans for the future of disability benefits, helped along by a generally receptive Secretary of State in Sir Keith Joseph. The second looks at benefits for married women, specifically ICA and HNCIP. These were also forced through by extra-governmental forces, but were again tolerated because they allowed Barbara Castle to seek concessions from the Treasury for benefits she had always wanted to introduce. The third part considers MA and Motability, a scheme designed to provide adapted vehicles for disabled people. It is an explicit example of how the government sought to use cash payments as a way of giving individuals choice over the services they consumed, as well as a way in which the government could rid itself of the obligation to provide certain services that were considered arcane and impractical. As a collection, they show that both the liberal and social-democratic

approaches resulted in legislative change; but coverage was far from total, and discrimination based on gender, insurance and cause of impairment remained ingrained in the system.

Planning a non-contributory pension

The creation of a contributory benefit for disabled people out of work (IVB) led to the logical conclusion that a non-contributory alternative was also required. It was envisaged that this would cover not only uninsured men, but married women as well. The resultant NCIP was another example of the consensus between the two main parties; the proposals had been presented by the DHSS under Joseph and were continued by Castle. Joseph had declared in a speech to DIG at their AGM that he was 'seriously considering the introduction of a disability pension'.¹¹⁶ However, to say that the government as a whole was in support of these proposals would be inaccurate. Prolonged discussions took place between senior civil servants in the Treasury and DHSS over the practicality and political expediency of introducing new cash benefits for disabled people.

In May 1973 Sir Keith wrote to Tony Barber, the Chancellor of the Exchequer, warning that pressure for some sort of disability benefit would increase. Joseph was under the impression that DIG and the lobby were becoming more agitated. Although DIG had 'hitherto been thoroughly responsible on all this' Joseph 'had a very uncomfortable time' at the AGM and expected 'to be strongly challenged on the whole issue on "Panorama" on 14 May'.¹¹⁷ There had been 'a great deal of acrimony' in the room, necessitating a policy meeting some weeks later.¹¹⁸ The release of DIG's *Strategy for a National Disability Income* a year earlier had made significant waves within the DHSS and made Joseph realise that some sort of provision would have to be provided to avoid political discomfort in the future.¹¹⁹ The pre-cursor to DA had also

¹¹⁶ An account of the speech is given in DIG's journal under the title "Jam To-morrow". MRC: MSS 108/4/2, DIG, Progress, October 1973, pp. 5-7. See also pronouncements on the subject in *The Times*, 25 June 1971, p. 15.

¹¹⁷ Panorama was (and, at the time of writing, is) a well-respected current affairs programme on BBC1. TNA: T 227/4045, Sir Keith Joseph letter to Anthony Barber, 11 May 1973.

¹¹⁸ TNA: BN 89/139, CBD 23 The DIG Debate, 15 October 1973, para. 1.

¹¹⁹ PIN 35/370, C. M. Regan, "Strategy for a National Disability Income" – DIG Paper, 6 March 1972.

written to the Prime Minister directly detailing its concerns.¹²⁰ While recognising the ‘severe public expenditure constraints’ which limited the amount of cash available, he nevertheless stressed that an official response or Green Paper on the subject was probably necessary. ‘At this stage [...] I do not want to do more than sound a warning note’, the Secretary of State concluded: ‘but I have no doubt that this problem is one which is becoming very urgent, and will need a response from us before too long’.¹²¹

The bureaucratic momentum behind disability benefit expansion and the successful campaigning by the Fabian groups meant that planning for new benefits continued despite Treasury opposition. The Conservatives, and especially Joseph, were keen to plan for future benefits to extend coverage so that “worthy” categories of disabled people could receive as-of-right benefits.¹²² They considered a non-contributory benefit (with some coverage for housewives included) as well as debating further expansion of AA and a benefit for carers.¹²³ In 1972, Baroness Sharp was asked to begin a study on the mobility needs of disabled people and the future of the invalid vehicle scheme.¹²⁴ These proposals received greater attention after the Social Security Bill 1972 was hijacked. An amendment had been tabled in the House of Lords by Baroness Seear, compelling the Secretary of State to publish ‘a report on what amendments are needed in the law relating to social security to meet the special needs of chronically sick and disabled persons (including categories of such persons not at present entitled to benefit hereunder)’ by the end of April 1974.¹²⁵ This amendment had been sponsored by DIG.¹²⁶ Graham Hart at the DHSS wrote to the Treasury recommending that the clause be amended to give the government more time. Outright rejection would lead to

¹²⁰ *Times*, 30 March 1973, p. 5. Heath’s reply is in PTC: 75.01, Edward Heath to Peter Townsend, 16 April 1973.

¹²¹ TNA: T 227/4045, Sir Keith Joseph letter to Anthony Barber, 11 May 1973.

¹²² See the discussions on potential future schemes in PIN 35/369, Background papers concerning proposed benefit for disabled housewives, 1971-1972.

¹²³ PIN 35/369, DHSS, Developments in Cash Provision for Disability, July 1972.

¹²⁴ See Evelyn Adelaide Sharp, *Mobility of physically disabled people* (London: H.M.S.O., 1974).

¹²⁵ HL Deb 12 June 1973 vol. 343 c. 670.

¹²⁶ MRC: MSS 108/4/2, DIG, Progress, October 1973, p. 10.

political difficulties and accusations of negligence towards disabled people; trying to remove it in the Commons was risky, since the government could be left with an embarrassing political situation *and* the need to produce a report in too short a time span.¹²⁷ The amendment was made to give the government until October 1974 to publish.¹²⁸ Yet the DHSS persisted with its plans for a non-contributory allowance. The Treasury was obviously frustrated at the Department's behaviour, believing that Joseph had the perfect opportunity to delay action. Instead:

Neither Sir Keith nor his officials have attempted to elaborate the argument that political considerations make an interim gesture essential. The argument appears to have no foundation, as the statutory commitment to report by October 1974 puts Ministers in a strong position to resist pressure for premature, ill-thought out concessions.

There is, moreover, the danger that the concessions which Sir Keith now proposes will be criticised as a presentational device, lacking substance, as very few of the congenitally disabled will be made independent of supplementary benefit.¹²⁹

The problem was not just the immediate cost of implementing the benefit. While clearly hoping the report could be a delaying tactic, there were good reasons for waiting until more data was available before committing the government to extra expenditure. This was more than a small breach of the contributory principle which was generally accepted in the case of AA.

The proposals, if implemented, would involve the implicit concession of the principle that cash benefits for the disabled should be paid universally regardless of financial need. The proposals are, in fact, totally unrelated to any coherent attempt to analyse the objectives aimed at, the merits of the various arguments for the support of particular categories of the disabled, or the nature of the measures (in kind as well as cash) appropriate to provide

¹²⁷ TNA: T 277/4045, recommendations of DHSS B Division, 18 June 1973, attached to Graham Hart to D.J. Howard, 25 June 1973.

¹²⁸ TNA: T 277/4045, J.E. Easton to D.J. Howard, 3 July 1973. See also Social Security Act 1973, c. 36. The report was published by the Labour government (three months ahead of schedule) as: Department of Health and Social Security, *Social Security Act 1973. Social security provision for chronically sick and disabled people* ((276), 1974).

¹²⁹ TNA: T 277/4045, M.F.H. Stuart to P.R. Baldwin, internal Treasury memo, 19 September 1973.

support in those cases which are thought to have special merit. In short, the whole approach amounts to the negation of PAR [Programme Analysis and Review], and must seriously prejudice the possibility of a rationally based outcome from the general review.¹³⁰

This is an important issue, because it relates to Stone's conclusion that disability programmes necessarily grow over time.¹³¹ The Treasury resisted NCIP not so much for the financial and political obligations it might create in the present, but for the way in which it might open the government up to unaffordable commitments in the future. However the category of need called "disability" was defined, it had to be tight so that expenditure did not get out of control. One way of effectively "means-testing" and "targeting" the benefit was that the proposed payment counted against Supplementary Benefit. However, this was only indirect targeting, and in time could lead to greater expenditure. 'The concession of the principle that the disabled should all invariably be supported without test of means will lead to pressure for the new benefit to be raised until it eventually dispenses with the need for [Supplementary Benefit].' In the long term, this would mean raising the level of benefit well above contributory retirement pension. 'The ultimate financial repercussions are therefore potentially catastrophic.'¹³² Disability, therefore, remained linked to the restrictive definition of poverty in the minds of the Treasury out of financial necessity. In this liberal approach, new benefits were not designed to ensure greater participation in society; rather they were to ensure only that the basic costs of living could be covered for those most in need.

Such investment by the Department in planning these benefits and commissioning reports into disability meant that the incoming Labour government could take a "path of least resistance" by building upon Conservative plans rather than creating its own. This was another example of increasing returns in an era of consensus of action between the two main parties.

¹³⁰ TNA: T 277/4045, Public Expenditure to 1977-78: Chief Secretary's meeting with Sir Keith Joseph: Social Security', notes and commentary written by M.F.H. Stuart, 19 September 1973, para. 11.

¹³¹ Stone, *The Disabled State*, pp. 140-92.

¹³² TNA: T 277/4045, Public Expenditure to 1977-78: Chief Secretary's meeting with Sir Keith Joseph, para. 12.

Despite the consequences of the February 1974 General Election – both the change in Prime Minister and the fact that the new Government had no majority in the Commons – the Labour Party continued to pursue a non-contributory pension for ‘congenitally disabled’ adults and for ‘housewives’.¹³³ This was part of their manifesto commitment, and in line with their social-democratic approach to promoting the equality of disadvantaged groups.¹³⁴ It was also (amongst other proposals) recommended by the report initiated by the Social Security Act 1973, which argued for:

First, better provision for the severely disabled must come before further provision for the less severely disabled.

Second, benefits for those who cannot work should take priority over further provision for those who can, as the loss of the ability to earn is stark, overwhelming and readily identifiable.

Third, those of working age who would be at work but for long-standing incapacity should have the right to a benefit without test of means.

Fourth, those who relieve the social services and sacrifice work opportunities to look after people at home who are severely disabled people should be provided with a benefit as of right. Neither the stated purpose of attendance allowance nor the evidence on how it is spent make it right to regard it as a maintenance benefit to be paid over to a full-time attendant who has no benefit or pension.¹³⁵

The Treasury remained concerned that the precedents set by a non-contributory benefit would lead to unbearable pressure from outside government to increase the value of the payments. The stress remained on an evidence-based approach to the matter – or at the very least, the Treasury could use a lack of an evidence-based approach to try and block spending proposals. When the DHSS asked to be absolved from the obligation of producing a

¹³³ PIN 35/526, Castle, Cabinet Social Security Committee, A New Scheme of Help for the Disabled, June 1974, esp. para. 5.

¹³⁴ Dale, ed. *Labour Manifestos*, pp. 170-71, 187-88.

¹³⁵ Department of Health and Social Security, Social security provision for chronically sick and disabled people, para. 54, p. 18.

Programme Analysis Review (PAR) report on cash benefits for disabled people,¹³⁶ the Treasury refused. It was worried that, in effect, DIG was directing the course of government policy, noting that:

what you are proposing would represent an inefficient expenditure of resources in relation to the resulting social gain. But still more important, without a sound analytical base for the policy measures adopted, the pressures for much bigger concession – groups with analogous claims for consideration of special treatment – will be stimulated while the defences against them will have been weakened. *The effect would be in practice to hand over to outside pressure groups the determination of the relative social priorities at stake.* [Emphasis mine]¹³⁷

The Treasury had been under the impression that other benefits had been of higher priority than disability. Replying to this letter, J.A. Atkinson remarked that ‘quite inadvertently... we may have misled you about where cash provision for disablement ranks in my Secretary of State’s [Barbara Castle] order of priorities’. It would be impossible to produce a PAR report in time to send the NCIP proposals to the Social Services Committee at the ‘beginning of next month’.¹³⁸

Thus, both Castle and Joseph pushed in similar directions. The Social Security Act report re-emphasised the incremental approach, and gave both the liberal and social-democratic approaches the licence to introduce piecemeal changes targeted initially at those “most in need”. As I will now demonstrate, both parties had proposed non-contributory benefits for men and married women and some form of expansion to extra-costs provision. Castle was able to legislate for these benefits because she was able to build on the work started by Joseph, and was willing and able to force the Treasury to acquiesce. The following sections focus specifically on the debates over benefits for married women and the reform to invalid vehicles which eventually led to Mobility Allowance and Motability.

¹³⁶ PIN 35/526, J. A. Atkinson to P. R. Baldwin, 30 May 1974.

¹³⁷ TNA: T 277/4045, P.R. Baldwin to J.A. Atkinson, 17 June 1974, para. 4.

¹³⁸ TNA: T 277/4045, J.A. Atkinson to P.R. Baldwin, 19 June 1974.

Benefits for housewives and women

Building on plans started by the Conservative administration, Castle sought to extend coverage to women, traditionally a neglected part of the welfare state¹³⁹ and one of the key target groups from Du Boisson's earliest campaigns. Although often dismissive of 'feminism', Castle had built a reputation for raising issues that affected women and may have been ignored by an all-male government (for instance, her support for equal pay and sex equality legislation).¹⁴⁰ The needs of carers and housewives fit into this category. ICA was technically available to both men and women, but it was envisaged that the main beneficiaries would be daughters who remained at home (rather than seeking employment or marriage) in order to care for an elderly relative. More radical was HNCIP which provided a benefit to disabled married and co-habiting women who were unable to perform their 'household duties'. There were clear shortcomings in these benefits, but they did at least acknowledge both the needs and entitlements of women to social security. They reflected the fact that the social-democratic Labour government had identified both women *and* disabled people as target groups for support, and had prioritised legislative reform. However, it also showed the limits on how much the government was willing to spend, and to how wide it was willing to draw the eligibility criteria. It still remained conscious of the insurance principle and the need to balance the budget.

ICA was initially dismissed by the Treasury, but Castle was able to push it through in a restricted form. The Treasury argued that it would not be enough to encourage relatives to stay at home, and since it would also be linked to the AA administrative machinery the cared for (rather than the carer) would receive the allowance.¹⁴¹ J.A. Atkinson at the DHSS responded that:

¹³⁹ Lewis, "Introduction," pp. 3-8.

¹⁴⁰ Anne Perkins, *Red queen : the authorized biography of Barbara Castle* (London: Macmillan, 2003), esp. pp. 334-35; Lisa Martineau, *Politics and power : Barbara Castle : a biography* (London: Andre Deutsch, 2000).

¹⁴¹ TNA: T 277/4045, P.R. Baldwin to J.A. Atkinson, 17 June 1974, paras. 10-11.

you are right in assuming we do not regard the case for an invalid care allowance as turning on the extent to which it provides an incentive to people to give up work to care for an elderly relative. Rather, the case rests on the widely held belief that the community should recognise the work (and sacrifice) involved by some form of non-means-tested payment.¹⁴²

The word 'sacrifice' arguably shows a paternalistic attitude towards carers much like 'burden' was employed for the parents of thalidomide affected children, but the principle that there were extra costs involved in disability which impacted upon the entire household was accepted. The government felt that social security was one way of dealing with this issue. However, when the benefit was brought in, take-up was very low. This was partly because married and co-habiting women were still unable to claim due to the principle that they should be maintained by their husband's income.¹⁴³ This would become a major issue in the 1980s and is explored in the next chapter. Of more importance at this juncture is HNCIP.

Married women were finally accepted as deserving of benefit in their own right when HNCIP was introduced in 1977. HNCIP was an extension of NCIP. However, because it covered the additional costs associated with an inability to perform 'household duties' (as the regulations phrased it), it was technically an extra-costs rather than an income-replacement benefit. Earlier in the decade, the DHSS had noted that a benefit for housewives was morally justifiable, but that it could possibly be out of tune with the electorate. Putting a financial value on housework was considered problematic, especially for traditionalists.¹⁴⁴ The Treasury was more hostile to the idea, but Castle continued to push for the funds to be made available. This would suggest that HNCIP was a central part of government policy, or at least the policy of the social security arm of government and/or the Labour Party. It is a little puzzling, then, to find that HNCIP was *not* a key section of a government bill introduced with a fanfare during a

¹⁴² TNA: T 277/4045, J.A. Atkinson to P.R. Baldwin, 19 June 1974.

¹⁴³ 4,488 allowances were current at the end of 1976, and only 6,349 at the end of 1979. Take up would increase dramatically once married women were allowed to claim (see Chapter 4). See Appendix note on statistical data.

¹⁴⁴ PIN 35/369, C. M. Regan to Errington, 12 July 1972.

second reading announcement in the House of Commons. The clause to create the benefit was introduced at the committee stage of the Bill by a backbench MP working with DIG. Castle, in the second reading of the Bill, promised that a housewives' benefit (along with a mobility allowance) would be the subject of legislation that she 'hope[d]' would be introduced 'in this Session of Parliament'.¹⁴⁵ The amendments forced the government to act sooner.

DIG's tactics had moved on from simply trying to inform official opinion to formulating policy options in law. The 'solution stream' could be manipulated directly if an ally at committee stage was willing and able to force a poverty lobby drafted amendment into a government Bill. I argue this was mainly because of the influence of Peter Large and the restructuring of DIG's central command following Mary Greaves's resignation in 1972. His more focused legal approach had allowed the organisation to concentrate on focused lobbying at the micro level while the other DIG officers took care of the national campaign. It is noticeable how the internal bulletins changed from one-woman newsletters under Greaves to multi-page reports from the various senior officers.¹⁴⁶ This "open" campaign approach is the one identified by Whiteley and Winyard in their summary of DIG in the late-eighties.¹⁴⁷ Large is quoted as saying that his preferred method of achieving change was to talk privately with civil servants.¹⁴⁸

Large related DIG's role in amending the Bill in his report to DIG's NEC. All MPs were sent a copy of *Realising a National Disability Income*¹⁴⁹ before the Second Reading of the Bill on 21 November 1974. In Standing Committee B, DIG sponsored five amendments, one of which was to include housewives in NCIP. 'This was debated on 17 and 19 December and was carried by 9 votes to 8 on 19 December.' At the Commons report stage, two amendments were made to

¹⁴⁵ HC Deb 21 November 1974 vol. 881 c. 1555.

¹⁴⁶ MRC: MSS 108/4/1. See Mary Greaves' final Bulletin (No. 5) compared to "The Bulletin" (including colour-coded reports from the Social Worker and Branches Secretary, a Fund Raising report and a report from headquarters) in early 1973.

¹⁴⁷ Whiteley and Winyard, *Pressure for the poor*, pp. 18-19, 31-34.

¹⁴⁸ *Ibid.*, p. 32.

¹⁴⁹ MRC: MSS 108/4/1, DIG, *Realising a National Disability Income*, 1974.

this clause, but the substance of DIG's provisions remained. In the Lords, DIG and their parliamentary allies were worried that the government wanted to delete 'our New Clause' but in the event they did not.¹⁵⁰ The written record appears to back up his claims. The minutes from the committee show that Lewis Carter-Jones, a supporter of DIG, tabled amendments to include housewives, and that it passed a division by 9 votes to 8. It was opposed by the Minister of State, Brian O'Malley, but supported by Carter-Jones (Labour), Lynda Chalker and Sir George Young (both Conservative), all of whom had links to DIG and the APDG.¹⁵¹ Moreover, Large's claim that DIG were given 'full credit' is sustained by Morris's praise for Large, Veal and Lyon in Hansard.¹⁵²

Even more emphatically, Kenneth Clarke praised the 'ingenuity' of:

Mr. Peter Large and Mr. Stuart Lyon, of [DIG]. [...] They provided the drafting for extremely carefully chosen amendments which my hon. Friends, assisted by [Carter-Jones] and [John Dunlop, Vanguard Progressive Unionist], were able to carry against the Government votes in Committee.¹⁵³

Veal congratulated the troops in a letter sent to all DIG branches:

The credit for this can, I think, be shared by Stewart Lyon and Peter Large and by you, the Branches. Judging from the press cuttings I am receiving, and the reports that some of you send me, branches have made a very effective job of their lobbying. You have helped to influence Back Bench opinion; and in doing this you have made a real contribution to our success.¹⁵⁴

It is made plain from the Treasury correspondence that Castle and the DHSS intended to introduce a benefit for housewives at some point in the short-to-mid-term. It means that Baldwin's statement, that the DHSS might 'hand over to outside pressure groups the determination of the relative social priorities at stake', takes on a new significance. Some have argued that poverty lobby groups became allies of certain government departments in the

¹⁵⁰ MRC: MSS 108/3/8, Report to NEC for 2 April 1975 – Political Affairs – Peter Large

¹⁵¹ Standing Committee B. Minutes of proceedings on the Social Security Benefits Bill ((137), 1974), pp. 8-10.

¹⁵² HC Deb 29 January 1975 vol. 885 c. 559.

¹⁵³ HC Deb 29 January 1975 vol. 885 c. 423.

¹⁵⁴ MRC: MSS 108/3/8, Betty Veal to the Branches, January 1975.

battle against the Treasury.¹⁵⁵ An interesting question, therefore, is did DIG force the DHSS into concrete action, or did the DHSS use DIG's intervention as an opportunity to force changes past the Treasury? If it were the latter, why did O'Malley vote against the amendment? If it were the former, why did the government not remove the amendment when it had chance in the various stages between Standing Committee and Royal Assent? DIG, clearly, felt that this was a real possibility:

This success [at committee stage] is very heartening but it must be stressed that the Bill has several stages to go through before it receives the Royal Assent. Nobody must assume that the disabled housewives' allowance is certain. We do not know what the Government intends to do about its defeat in committee; all we know is that it has several opportunities to reverse the DIG amendment and once again exclude disabled married women. We can congratulate ourselves on our influence and expertise and we can very gratefully thank our MP friends on Standing Committee B, but none of us can relax.¹⁵⁶

Castle's diaries show that she saw the backbench intervention as an opportunity. Yet she also felt that she needed to make sure that any "victory" of this kind did not damage her or her department's future claims to additional resources; or her government's ability to run the country.

I am delighted with the backbench revolt which has forced the Treasury to concede that disabled housewives shall get the full rate of the non-contributory invalidity benefit. But I again backed Denis [Healey, the Chancellor] strongly in his proposal that we should resist George Cunningham's amendment on the rapid phasing out of the earnings rule. My motives were double-edged. Partly I thought it would count unto me for righteousness and do something for my greedy image in Cabinet. But I was also acutely conscious that we were in danger of entering the stage we had got into in 1968-69, when our authority as a government was totally undermined by a succession of backbench revolts. It is intolerable that a small number of our own people should be able to hold the Government to ransom for their own

¹⁵⁵ Whiteley and Winyard, *Pressure for the poor*, p. 8; Morris and Butler, *No feet to drag*, pp. 29-30; J. J. Richardson and A. G. Jordan, *Governing under pressure : the policy process in a post-parliamentary democracy* (Oxford: Robertson, 1979), p. 25.

¹⁵⁶ MRC: MSS 108/3/8, Large to DIG Branches, January 1975. Veal told the branches they needed to work hard to make the amendments 'stick'. MRC: MSS 108/3/8, Veal to DIG Branches, January 1975. DA also wrote to the APDG to discuss how they might stop the amendments being overturned. PTC: 75.02, Ann Shearer to Ashley, 18 January 1975.

pet priorities without having to take account of the whole public expenditure picture as cabinet has to do.¹⁵⁷

She also argued that the revolt did not speed up the introduction of the allowance ('we cannot operationally introduce it before 1977 anyway') but it did guarantee that the rate of payment would be the same in HNCIP as it was for NCIP. She had accepted the lower rate in the bill 'as otherwise I should not have got it included at all, but it is immensely embarrassing in International Women's Year!'¹⁵⁸

To claim HNCIP, five qualification criteria were noted in the DHSS's information leaflet. First, the claimant had to be 'married' or 'living with a man as his wife'. Second, the claimant must have been '*continuously* incapable of [her] normal household duties for at least 28 weeks; and *continuously* incapable of paid work for at least 28 weeks'. Third, she must be between 16 and 60 years of age before she started claiming, and not in full-time education (if under the age of 19). Fourth, she must be a UK resident. Fifth, the rate of HNCIP would be reduced based on other benefits received by either the wife or the husband.¹⁵⁹ Qualification was therefore still dependent on factors other than the woman's needs – it was directly related to her husband's status. It was a benefit for the extra costs associated with being unable to do "normal" housework (however defined) rather than a benefit to a disabled person based on her needs and circumstances. Further, it was a medical decision based on centrally defined criteria, not the individual circumstances of the claimant. Plans for a 'social' definition of need were rejected during Joseph's time. A system involving individual assessments by social workers was considered costly, an impossible imposition on social workers' time, and would lead to wildly inconsistent decisions from one case to another; or 'injustices' as the DHSS termed it.¹⁶⁰

¹⁵⁷ Diary entry for 28 January 1975. Castle, *The Castle diaries, 1974-76*, pp. 296-97.

¹⁵⁸ 1975 was the United Nations' International Women's Year. Diary entry for 23 January 1975. *Ibid.*, p. 291.

¹⁵⁹ Emphases original. PTC: 78.19, DHSS, Leaflet NI 214, NCIP for Married Women, June 1977, pp. 1-2.

¹⁶⁰ PIN 35/369, Developments in Cash Provision for Disability, July 1972, para. 32; Joan D. Cooper to C. M. Regan, 24 August 1972.

HNCIP was created at a time when sex discrimination was an important political topic.¹⁶¹ Combined with the prominence of disability and a sympathetic female Secretary of State, the social-democratic approach provided coverage to this sub-group of disabled people. However, the benefit remained restrictive and discriminatory against women because it continued to be tied to her husband's economic status. Neither an extra-costs benefit for the needs of disabled women, nor truly an income-replacement benefit for women unable to work, it showed that the government's commitment to a gradually-evolving patchwork of benefits would continue to discriminate against certain disadvantaged groups. Further, the terms of the duties' test effectively targeted the benefit on medical grounds to the "most disabled" wives. Being a disabled woman was still not considered grounds in itself for extra financial support, and poverty remained a key eligibility criteria as a way of saving money. Economic and political priorities meant that Labour did not go as far as the National Disability Income campaign had asked for.

Mobility Allowance and Motability

The final "new" benefit during this period to be discussed is Mobility Allowance (MA). It came from two traditions. The first was as an extra-costs allowance on the same basis as AA. The second was the old "invalid tricycles" scheme. This shows how the social-democratic approach had identified disabled people as a group with needs that were not met. However, due to a lack of resources, the Labour government also targeted the new benefit in such a way as to exclude a number of disabled people through restrictive medical criteria, whilst trying to create a cost-neutral scheme to provide transport for disabled people. This hybrid of traditional benefits and a not-for-profit company exemplified the approach from both liberal and social-democratic governments that cash would give individuals choice over the services they used.

¹⁶¹ For example, the Sex Discrimination Act was also passed through Parliament in 1975.

Mobility Allowance (MA)

The way that MA got onto the statute books is worth investigating as it shows how the Labour Governments from 1974 had difficult financial choices to make. Some form of cash benefit for those with restricted mobility was proposed as a replacement for the Invalid Vehicle Scheme and as a way of extending the principle of AA to other areas of need.¹⁶² This reflected both the bureaucratic momentum and increasing returns of earlier years and the more immediate ‘crisis’¹⁶³ of needing to save money on invalid trikes. The resultant benefits became “targeted” just as the liberal Conservative approach had focused on groups of desert and need. For Labour, selectivity was achieved through stricter medical criteria. We have seen how this worked with HNCIP, and MA was little different. This self-referential statement by Jack Ashley in the debate over MA begins to show these choices.

It so happens that when the present Government came into office they were faced with a clear choice, given the very difficult economic circumstances, of either helping all disabled people or, alternatively, helping those who were faced with the problem of mobility. What the Government did, in my view, was to help the immobilised people much more than they helped the other groups of disabled people. The various other categories of disabled people—the blind, the deaf, spastics, vaccine-damaged children and so on—did not get a great deal from the present Government, or indeed from any Government, in terms of direct assistance.¹⁶⁴

Again, we see an attempt to focus on those “most in need”; although the reasoning is not quite framed in the same way. For Ashley, at this point Castle’s Private Parliamentary Secretary, it seems that ‘the immobilised people’ were a sub-category of disabled people, and their immobility put them in a different category of deemed need. Morally, and practically, this was desirable for the DHSS. Castle wrote to Townsend:

I do not think that the necessity of “picking and choosing”, that is of establishing criteria for eligibility and applying

¹⁶² For the Invalid Vehicle Scheme see the following section on Motability. Recommendations for a cash allowance and reform of the scheme are seen in Sharp, *Mobility of physically disabled people*; Department of Health and Social Security, *Social Security Provision for Chronically Sick and Disabled People*.

¹⁶³ Billis, *Welfare Bureaucracies*.

¹⁶⁴ HC Deb 11 June 1975 vol. 893 c. 484.

those criteria, can be avoided. [...] I think that it is not unreasonable to single out those unable to walk as opposed to the very much wider and more diverse group which has difficulty in using public transport or difficulty in walking.¹⁶⁵

However, the category was subtly different than simply “the immobile”; not only were limits placed on the ability end – i.e. those with “too much” ability to walk were excluded – there were limits where someone was considered too disabled to benefit. To quote Castle again:

As Alf Morris said in the debate,¹⁶⁶ there really is no point in paying a mobility allowance to those who cannot be moved; or to those in a coma or so very severely mentally disordered that they have no idea what is happening to them. There is no question of excluding locomotor-disabled people who are also blind: they may not be able to see where they are, but they can certainly appreciate mobility.

And to further ensure benefit was properly targeted:

We have made it clear from the outset that taxing the mobility allowance is a means of ensuring that limited resources are so directed that those most in need benefit most.¹⁶⁷

A DHSS leaflet from 1977 outlined the qualifying conditions for the benefit. A claimant had to satisfy the Department:

- that he is suffering from physical disablement such that he is unable to walk or virtually unable to do so; *and*
- that the inability or virtual inability to walk is likely to persist for at least 12 months; *and*
- that during most of the period covered by the award his condition will be such as to permit him from time to time to benefit from the opportunities for mobility provided by the allowance.¹⁶⁸

¹⁶⁵ PTC: 75.02, Castle to Townsend, 18 June 1975, p. 1.

¹⁶⁶ HC Deb 11 June 1975 vol. 893 cc. 462-504.

¹⁶⁷ PTC: 75.02, Castle to Townsend, 19 June 1975, p. 2. The argument was that MA would otherwise benefit the middle classes who had additional income to put towards a car or other transportation aid.

¹⁶⁸ PTC: 78.19, DHSS, Leaflet NI 213, Mobility allowance – Notes for medical practitioners, July 1977, p. 1. See also PTC: 78.18, DHSS, Leaflet NI 211B, Mobility allowance, September 1975, p. 1.

DA had been critical of the government's proposals, arguing for much wider eligibility criteria; as had DIG, which continued to press for the National Disability Income.¹⁶⁹ The main problem was the restriction due to age. MA was to be made available only to those over 5 years old and below pensionable age (60 for women, 65 for men).¹⁷⁰ It was also clearly an extra-costs benefit for physical barriers and discriminated 'against the mentally handicapped'.¹⁷¹ Far more people qualified for the new MA when it was introduced in 1975 than had qualified for the old vehicle scheme; but some who had expected to benefit from these changes were actually left out, or even believed that their situation was worse. In 1976 Morris felt that this was 'the most sensitive issue confronting the Government in relation to the disabled'.¹⁷²

As part of the planning, a working party was created, headed by George Wilson (then of CCD and DA, later of RADAR) and with Peter Large as a member.¹⁷³ This would suggest a desire to widen the debate and include the views of a range of actors. However, the Labour Government used a technical device to push through MA without the possibility of amendments. By framing it as a financial resolution, they had no obligation to present the Bill to either house, precluding the possibility of voluntary organisations or concerned parliamentarians pushing through changes.¹⁷⁴ Castle's diaries suggest that this was a tactic

¹⁶⁹ A letter from Peter Large on DIG headed paper shows that DIG were broadly in agreement with Townsend's proposals. PTC: 75.02, Large to Townsend, 21 June 1975.

¹⁷⁰ MRC: MSS 378/BASW/2/120, DHSS Leaflet NI211 Mobility Allowance. Criticism came from DA: See PTC: 75.02, Castle to Townsend, 19 June 1975; DIG: see PTC: 75.02, Large to Townsend, 21 June 1975; and the British Association of Social Workers: MRC: MSS 378/BASW/2/120, David Holroyd to Chris Andrews, 20 October 1975. The University of York's Social Policy Unit produced a document for the DHSS to argue that MA should also be paid to children over the age of two. PTC 78.20, The Case for Lowering the Qualifying Age for the Mobility Allowance.

¹⁷¹ DA quoted in *The Times*, 11 June 1975, p. 8.

¹⁷² TNA: CAB 134/4036, Cabinet Home and Social Affairs Committee, Sub-Committee on the Disabled, Minutes of a meeting held 16 December 1976, p. 1.

¹⁷³ *The Times*, 4 May 1975, p. 3. Wilson left DA when CCD ceased to exist and withdrew from the Alliance.

¹⁷⁴ See HC Deb 11 June 1975 vol. 893 cc. 425-36. Norman Fowler: 'I am sure that the Minister will accept that this is a restrictive money resolution. The House should be clear about its effect. Once it is passed, we shall be unable to question further the amount of the allowance—namely, £5—or the groups to which it applies. In other words, we shall be unable to extend it and to increase it (c. 425).' Also *The Times*, 12 June 1975, p. 7.

designed not to keep voluntary organisations and opposition amendments out as such, but rather to placate an increasingly irritable Treasury and cabinet.¹⁷⁵ Still, the government made clear in an internal memo that MA was quite clearly a ‘compromise’ to try and provide money to those who needed it without dramatically increasing expenditure. Because it was obviously a compromise, the inevitable question was whether this was ‘the first step, with more to come’; or ‘all that could be afforded for the foreseeable future’. The DHSS was adamant that MA be presented as the latter.¹⁷⁶

Motability

MA served a secondary purpose. In 1977, the creation of Motability would allow claimants to exchange their MA for payment towards a modified car. It supports Hampton’s conclusion that cash had eclipsed services in kind as the main form of welfare provision; but the use of private investment, voluntary organisations and state funding shows that a hybrid form of cash welfare was being developed during this time. Unlike the thalidomide fund which provided cash to “worthy” families with disabled children, however, it was framed in terms of consumer choice and providing better access to society for disabled people.

Motability came about as the government no longer wished to provide “invalid tricycles” or “trikes” to disabled people. These were single-seat, three-wheeled vehicles given to disabled people to increase their mobility. They were provided to disabled people through the Ministry of Pensions after the Second World War. Oswald Denly, a disability campaigner who had introduced Peter Large to CCD,¹⁷⁷ rode one across the Alps in the 1940s for charity.¹⁷⁸ Disability campaigners – particularly from the Disabled Drivers’ Action Group (DDAG) – claimed they were dangerous. By the 1970s the “Noddy Car”’s bodywork was made of fibreglass and

¹⁷⁵ Diary entry for 11 June 1975, Castle, *The Castle diaries, 1974-76*, p. 416. For concerns over her demands for money re: disability benefits and the reputation she felt she was getting in cabinet, see pp. 60, 142, 169, 291.

¹⁷⁶ PREM 16/276, Memorandum C 74(97), John Hunt to the Prime Minister, 4 September 1974.

¹⁷⁷ Kinrade, Sir Peter Large Obituary.

¹⁷⁸ Emma Tracey, “Why do so many disabled people embark on dangerous feats?,” *BBC News Magazine*, 22 August 2011 < <http://www.bbc.co.uk/news/magazine-14612850> > (accessed 3 May 2013).

had a propensity to overturn or crumple with minimal contact. In order to show their dissatisfaction, a delegation including the racing driver Graham Hill went to Parliament and got Prime Minister Ted Heath to drive one.¹⁷⁹ They also believed that the trikes were insulting as they only had one seat. Why could disabled people not carry a passenger? Were they not supposed to have friends or family? And what of those disabled people who could not drive but would equally benefit from increased mobility? Politically and financially, the provision of trikes had become a problem for the government. In the 1970s, the DHSS investigated ways of relieving themselves of the burden. This had begun with the commissioning of the Sharp Report in 1972.¹⁸⁰

First, it is worth briefly noting how the DHSS had acquired this obligation. Since the First World War, Britain had provided appliances for war disabled people through the Ministry of Pensions. The Ministry of Health contracted out the provision of aids (such a wheelchairs, vehicles and artificial limbs) for non-veterans to the Ministry of Pensions. By the 1950s, the size of the Ministry had diminished greatly. Many of the veterans from the 1914 War were now deceased, and the 1939 War had caused far fewer casualties.¹⁸¹ The Ministry's main function – providing War Pensions – was absorbed by the Ministry of National Insurance, creating the Ministry of Pensions and National Insurance (MPNI). The provision of aids and the few remaining veterans' hospitals were transferred fully to the Ministry of Health.¹⁸² When the MPNI (or MSS as it was called by then) merged with Health in 1968, the DHSS had effectively assumed all of the Ministry of Pensions' old responsibilities. In 1974, the government published the Sharp report.¹⁸³ In light of this and after consultation with disability groups, the DHSS recommended that the trike be replaced by a four-wheeled, regular car or a cash

¹⁷⁹ TNA: PREM 15/2212.

¹⁸⁰ Sharp, *Mobility of physically disabled people*.

¹⁸¹ As Figure 3.1 shows, this was also true of the 1960s. Claims to war pensions were steadily declining over this period.

¹⁸² *The Ministry of Pensions. Proposed transfer of functions* (Cmd. 8842, 1952). HC Deb 30 June 1953 vol. 517 cc. 267-355.

¹⁸³ Sharp, *Mobility of physically disabled people*. It was debated by MPs: HC Deb 1 May 1974 vol. 872 cc. 1232-85.

benefit.¹⁸⁴ This helped to placate groups such as CCD who were concerned that Sharp's report concentrated far too much on vehicles which only benefited a small proportion of the total disabled population.¹⁸⁵ In another compromise, those who had a trike and wished to keep it would be allowed to do so; though this decision was reconsidered in 1983 when it became clear that there were too few trike owners left (or soon would be) for the servicing of the vehicles and administration of the scheme to remain financially practical.¹⁸⁶ While proposing these reforms, Castle recalls a meeting with Harold Wilson in August 1974:

I say desperately that I am perfectly prepared to get the Government out of the car-providing business, despite the political difficulties, *provided* I have the political quid pro quo of a mobility allowance for all disabled persons with the same medical entitlement. This would scotch the Tories, who wouldn't dare to attack our failure to give cars to disabled drivers knowing that we had extended the mobility allowance to disabled people who can't drive. The cost of giving *them* cars as well would be prohibitive. I could see that officials were impressed. [...] Though the cost would be over £20 million, we should be out of the car business for ever and the long-term implications would be clear and containable.¹⁸⁷

However, while MA dealt with the cash side of the equation, the DHSS still had an obligation to provide cars. Peter Macbryan, who had led DDAG's delegation to Heath, explained that as a result the Invalid Tricycle Action Group (ITAG) had been established to campaign for new, roadworthy vehicles.¹⁸⁸ The solution was an organisation called Motability. Those eligible for MA could choose to use their allowance to lease an adapted vehicle. Motability received some funding from the DHSS, although the Secretary of State was clear in insisting that its policy was independent of government. RADAR and its Chair, George Wilson,

¹⁸⁴ TNA: PREM 16/278, Recommendations by DHSS attached to letter from Barbara Castle (Secretary of State for Social Services) to Dennis Healey (Chancellor of the Exchequer), 4 September 1974, p. 5.

¹⁸⁵ RADAR: B041559, CCD Parliamentary and Legal Committee minutes, 7 May 1974, para. 74.22.

¹⁸⁶ Trike users were therefore given the opportunity to purchase the vehicles from the Department. TNA: BN 59/125, Briefing note by J. Harley, 10 April 1984.

¹⁸⁷ Emphasis original. Castle, *The Castle diaries, 1974-76*, p. 169.

¹⁸⁸ PTC: 75.02, Peter MacBryan to Townsend, 12 October 1975.

worked with the organisation to determine its aims and priorities,¹⁸⁹ and Joe Hennesy, Chair of the Disabled Drivers Association (DDA), was a governor.¹⁹⁰ The bulk of initial funding came through negotiations with the clearing banks, particularly Barclays, by Lord Goodman and Jeffrey Sterling. They were able to secure favourable interest rates for the scheme, although because the level of MA was not high enough and there were legal problems in paying the allowance monthly directly to the company, disabled people still needed to contribute towards some of the cost of the vehicle and the necessary adaptations.¹⁹¹ While clearly keeping costs down for the government, it drew criticism from some groups, particularly DDA.¹⁹²

In some ways the Motability scheme acknowledged the “social” aspects of disability, specifically the disabling barriers of the built environment. The government could provide a choice of services to combat this through either a cash benefit or a suitable motor vehicle. It was part of a general trend of “accessibility” in Government policy and research. SJC was at this time investigating disabled people’s physical and social access to buildings, entertainment and services.¹⁹³ The Chronically Sick and Disabled Persons (Amendment) Act 1976 put a duty on new places of employment to provide parking facilities for disabled people. As more disabled people demanded to be part of the community, the physical barriers to participation were becoming more obvious. As Sir Bert Massie recalls, the trikes were dangerous, but they were also a PR coup. The fibreglass bodywork acted like a modern day “crumple zone” before the concept had been invented. The pictures of destroyed vehicles were spectacular, but in many cases the driver came out unscathed. For him, the key issue was that the vehicles should allow a passenger so that disabled drivers could participate in society like any other driver.¹⁹⁴

¹⁸⁹ TNA: BN 59/74, B. G. James to Beard, 20 December 1977; HC Deb 6 December 1977 vol. 940 cc. 1124-39.

¹⁹⁰ TNA: BN 59/75, DDA Press Release, 15 June 1978.

¹⁹¹ See the files from the first two years of Motability, TNA: BN 59/74 and BN 59/75. See also HC Deb 6 December 1977 vol. 940 cc. 1124-39; Kinrade, *Alf Morris*, pp. 241-43.

¹⁹² TNA: BN 59/75, DDA Press Release, 15 June 1978.

¹⁹³ See Committee on Restrictions Against Disabled People, *Report*; Large, ‘*Can disabled people go where you go?*’

¹⁹⁴ Sir Bert Massie interview.

MA and Motability were at once a need to rationalise and update a service which had outgrown its original purpose and to ensure that costs did not spiral out of control. It must be seen as part of a longer trend of de-institutionalisation which continued well beyond the creation of Motability and included reforms in education and care in the community. Rather, MA and Motability represent the bureaucratic momentum behind providing more for disabled people in an economic climate which required restraint. Voluntary sector organisations were able to manipulate the 'politics' stream by drawing attention to the dangers of the trikes, it appears that the 'problem' was understood by government as one of cost. Despite the rhetoric, MA and AA together still did not cover a range of other "extra costs" associated with disability. This was particularly true for those with cognitive impairments. The 'distributive dilemma' was how to create categories of 'deemed need' which were administratively practical and which had enough overlap with the actual needs of individual disabled people.

Government action – Expanding and restricting access

The new benefits showed that disability was constructed in broadly the same terms as it had been in the late 1960s. The Conservative and Labour governments planned to build upon the framework established by AA and IVB in the early Heath years. This was partly an attempt to ensure that disability benefits did not grow too far in terms of coverage and expense too soon. However, as Stone has argued, disability schemes have a tendency to expand once precedents have been set. The 1970s saw the biggest growth in new benefits, but they also saw attempts to restrict access so that narrow interpretations of eligibility remained in place. This accelerated after the financial crisis. Wilson made way for Callaghan, and Castle was replaced with David Ennals. The government began to look for ways of curbing the amount spent on social security. In order to understand the government's construction of disability, I present two examples. These illustrate the wider concerns of government officials in trying to keep costs down, whilst showing the pressures for expansion from concerned politicians and campaigning organisations. One concerns the use of kidney dialysis and eligibility for AA. It

shows how changing attitudes caused the eligibility criteria to expand. The other examines the interpretation of the “household duties” requirements in HNCIP. In this case, regulations were more tightly enforced to restrict access to the benefit. These examples show that while the government broadly accepted the moral entitlement of certain groups to state aid, its legal definitions were not necessarily in line with popular conceptions of disability. Individual case histories and examples continued to highlight the gap between the ‘deemed need’ of broad categories of entitlement, and the actual needs of disabled people. Further, benefits had to be targeted by both liberal and social-democratic governments in order to balance the social security budget. While the DIG argument that all disabled people should be covered was publicly and morally accepted, practically the government felt it had an immediate duty only to “the most disabled”.

Expanding Categories – Dialysis and Attendance Allowance

Deborah Stone covers the reasons for the expansion of incapacity benefits in detail in *The Disabled State*.¹⁹⁵ As states create benefit systems for one worthy group, political pressure and legal precedent begin to open the floodgates for other worthy groups who may not have been intended recipients. Regulations have unintended loopholes; and, by the same token, bar intended recipients from the schemes. Doctors also push at the edges of the framework, bringing more people into the system under the existing regulations who were perhaps not originally supposed to. We can see examples of expansion and the government’s attempts to smother it throughout the 1970s.

AA was intended to help cover the costs of a carer, or the generally higher costs of living associated with this need. High profile campaigns, most notably the Jimmy Martin case, failed to secure expansion of the AA scheme.¹⁹⁶ Hampton has noted that DIG was not able to use the

¹⁹⁵ Stone dedicates two chapters to this in Stone, *The Disabled State*, pp. 140-92.

¹⁹⁶ Jimmy Martin was a child with no legs and only one arm. Because he did not require constant attention during the night once he was put to bed, he was not considered eligible for the higher rate. See *The Times*, 1 March 1972, p. 2; 15 March, p. 4; 20 March, p. 4; 6 July, p. 4; 18 October, p. 4; 15 December, p. 4; 16 December, p. 2.

story to further expand the system because it did not lead to a rash of cases being brought to the public attention, but it did at least keep disability issues in the newspapers for a while.¹⁹⁷ This public debate did not lead to expansion of AA, but the more technical details of kidney dialysis did lead to changes in the regulations. Dialysis patients had additional costs, not just for the treatment itself but for the maintenance of the machine. They clearly needed a great deal of “attendance”. The problem was that dialysis was not usually a daily treatment; it may be three or four times a week, but this was not considered a daily need and therefore made such claimants ineligible for AA.¹⁹⁸ These dialysis patients were *morally* intended to receive the benefit – or at least their moral case had been articulated successfully – but they were *legally* excluded. After some lobbying in Parliament and a decision by the National Insurance Chief Commissioner, the regulations were relaxed to cover this group in late 1973.¹⁹⁹

Four years later, the regulations were tightened again. The Labour government explained that

The Attendance Allowance Board, as an independent statutory authority, has to decide whether the disabled person satisfies the medical requirements laid down in the Social Security Act 1975 which, broadly speaking, relates to the amount of attention and supervision the person requires. Last year the Board, noting the ever shortening periods of dialysis, considered that the amount of attention and supervision required by many dialysis patients did not measure up to the requirements in the Act, and have given decisions in individual cases which reflect their interpretation of the statute.²⁰⁰

Such was the backlash against the cut in benefit that Sir George Young introduced a Ten Minute Rule Bill to overturn it, supported by MPs including Lynda Chalker, Tony Newton and Dr Gerard Vaughan.²⁰¹ This was rejected, but the government performed a *volte face* in the next Parliamentary session by once again relaxing the criteria. Patrick Jenkin, opposition spokesman and soon-to-be Secretary of State for Social Services, spoke about the controversy

¹⁹⁷ Hampton, *Disabled People and the Classic Welfare State*, pp. 189-91.

¹⁹⁸ HC Deb 4 December 1973 vol. 865 cc. 1079-81.

¹⁹⁹ HC Deb 14 December 1973 vol. 866 c. 222W. MRC: MSS 108/4/2, *DIG*, Progress, May 1974, p. 9

²⁰⁰ HC Deb 26 January 1978 vol. 942 c. 718W.

²⁰¹ The Bill was entitled *Social Security (Kidney Patients) Bill 1978*, although it was never printed. See also HC Deb 15 February 1978 vol. 944 c. 449.

and claimed that government had delayed helping disabled people for the sake of party politics.

The disallowance of attendance allowance for kidney patients who now need to dialyse only twice a week instead of three times has given rise to a great deal of acrimony and anguish. It is bad enough to be a patient who has to have dialysis two or three times a week. The person who is dialysing at home knows that he requires substantial support. This was an unkind cut indeed.

The Government are open to some criticism for having failed to deal with this matter sooner. I have studied letters to disabled persons from [Morris], and I am unimpressed by the arguments why the Department could not accept the [Social Security (Kidney Patients)] Bill [...]. The Government admit that the Bill could have been amended in the Lords to enable it to do everything that was required. The Government could have provided a money resolution as they did with the Chronically Sick and Disabled Persons Act 1969 [sic]. If that had happened, the payments could now be being made. One gets the impression that Ministers are so determined that this will be their legislation—legislation introduced by a Labour Government—so that they will be given the credit for it that they are prepared to deprive kidney patients of benefits which they could now have enjoyed for many months.²⁰²

This is just one payment to one group of people in one social security scheme, but the story is instructive.²⁰³ Since its introduction in 1971, Governments of both major parties had to concede that a particular category of citizen was worthy of AA. First the rules were relaxed from 'daily' to 'three times a week'; and then from 'three' to 'two'. Groups on the border outside the system showed that they were as morally entitled to support as those on the border *inside* the system. In both 1973 and 1978, those on the outside prevailed.

Restricting categories – HNCIP

While it may have become slightly easier for dialysis patients to receive AA, eligibility criteria for HNCIP were severely restricted. When it was introduced in 1977, the claimant had to prove that she was:

²⁰² HC Deb 21 November 1978 vol. 958 c. 1125.

²⁰³ Other examples exist. For instance, AA was extended to cover children in foster care in 1977. *The Times*, 22 March 1977, pp. 5, 8.

incapable of doing by [her]self (even with the use of any aids or appliances which [she] may have) all or most of the duties in [her] home which would generally fall to the housewife; for example, cooking, cleaning, shopping, washing and ironing, etc. If [she was] actually doing some of these duties but only with great difficulty, much pain or extreme slowness, [she] MAY still be eligible for HNCIP.²⁰⁴

Such a benefit relies on a concept of the “normal” woman and the “normal” duties she would be expected to perform. Access was controlled via a household duties test. DA’s full-time Organiser administered a sub-group called the Equal Rights for Disabled Women Campaign (ERDWC) to lobby government to remove the tests which were seen as discriminatory.²⁰⁵ For HNCIP, a woman had to prove she was *both* incapable of work *and* incapable of performing her ‘household duties’.²⁰⁶ DA sought to have the regulations clarified, and so supported one woman’s case as it went to tribunal.²⁰⁷ They argued that the test should look at the limitations of the claimant, and not simply assert that if she was capable of some household duties then she was ineligible. The tribunal agreed with the claimant, finding that ‘substantial’ should not refer to what a woman *could* do, but what she could *not* do. This caused a significant problem for the government.

By excluding consideration of what a woman could do in her home, this represented, in practical terms, a substantial easing of the household duties test by requiring a much lower degree of disablement than had originally been intended. In other words, the decision showed that legislation had not correctly identified those for whom the benefit was intended.

The result could have been a doubling or tripling of the initial budget calculation for the benefit.²⁰⁸

The tribunal’s conclusions were published 8 September 1978. Four days later, new regulations which formally asserted the narrowest interpretation of eligibility were imposed,

²⁰⁴ PTC: 78.19, DHSS leaflet NI 214, July 1974, p. 2.

²⁰⁵ DA met with Morris in June 1978 to discuss the issue. *The Times*, 19 July 1978, p. 2.

²⁰⁶ See the previous chapter; also *The Times*, 4 July 1978, p. 2.

²⁰⁷ PTC: 77.02, Minutes of DA’s Steering Committee, 18 October 1978.

²⁰⁸ TNA: PIN 35/495, B1, Reference of the HNCIP question to NIAC, pp. 6-8.

without reference to National Insurance Advisory Committee (NIAC).²⁰⁹ The ERDWC began a campaign to have the new regulations removed, and believed it was close to securing a U-turn. However, at the last moment Ennals decided to refer the matter to NIAC, thereby ensuring that there would be a delay in any final decision, keeping the regulations in the interim.²¹⁰ A significant number of voluntary organisations were invited to submit evidence, including MIND, ERDWC, DIG, DA and CPAG.²¹¹ ERDWC accused DIG of providing the government with a ‘face saving exit’ when Peter Large advised Alf Morris to refer the issue to NIAC.²¹² Large replied that DIG had nowhere near enough influence to ‘stop 635 Members of Parliament in their tracks’ and that ERDWC’s victory was not as inevitable as they had hoped.²¹³ Jo Richardson MP felt otherwise, claiming that Parliament was about to vote on a prayer with 150 signatures calling for a change in the regulations.²¹⁴ It is not entirely clear whether ERDWC would have got their way without Large’s letter. The correspondence may well have simply given the government some backing for a decision they had already taken. As Large argued, better that the debate continue in NIAC than the whole matter be rejected entirely. Giving the Government the option to delay their decision may just have kept the end goal of more lenient criteria alive.²¹⁵

Through “consultation” and imposition of strict interpretation of guidelines, the government was able to restrict access to benefit. This inevitably excluded a number of “disabled housewives” whom ERDWC felt were entitled but the government did not. The household duties test, alongside other insurance and earnings-related criteria, created a legal category of “the disabled housewife” which was very different from the category as

²⁰⁹ PTC: 77.02, Minutes of DA’s Steering Committee, 18 October 1978.

²¹⁰ David Ennals the Minister: ‘On reflection, it would have been wiser if we had decided to refer the matter to NIAC in September rather than now’. HC Deb 5 December 1978 vol. 959 c. 1208.

²¹¹ These submissions are stored in TNA: PIN 35/495, A, Written evidence on HNCIP. ERDWC’s submission is also in PTC: 78.20.

²¹² PTC: 77.11, Irene Loach, ERDWC to Peter Large, DIG, 7 December 1978.

²¹³ PTC: 77.11, Large to Loach, 24 December 1978.

²¹⁴ PTC: 77.12, Jo Richardson MP to Large, 31 December 1978.

²¹⁵ PTC: 77.11, Large to Loach, 24 December 1978.

understood by the voluntary organisations. It is clear that the initial plan had been to only pay to those who were 'substantially' impaired and by focusing on proving what the claimant was capable of doing. Providing there was a certain degree of capacity, the claimant was not incapacitated. It is also clear that the principle of the family unit – with a male breadwinner – was more important than the provision of an extra costs allowance for married women. Yet there was an obvious flaw in the way the test was administered and the DHSS's concept of the allowance. Since married women were not supposed to be earning money, HNCIP should be seen as an extra costs benefit. In fact, the DHSS did not see it as an extra costs allowance at all; as the housewives' equivalent of NCIP, it was actually a means-tested form of income maintenance.²¹⁶ The household duties test remained inadequate for this reason, and it would become important in the 1980s when HNCIP was replaced with the Severe Disablement Allowance. More crucially, ways of proving "incapacity" and the arguments surrounding are central when we come to the introduction of Incapacity Benefit in 1995.

Conclusions

The events in this chapter constitute the period of greatest activity within the government for planning and producing new legislation in the social security field for disabled people. New benefits built on a framework expressed by DIG and codified in law through the work of the Labour and Conservative governments over the ten years since the Group's formation. Disability was a category of need for people who were denied full access to society (in the social-democratic approach) or required help to alleviate their poverty (in the liberal approach). Economic and political restrictions meant that, in effect, support was targeted at the "most in need". These were claimants with a) the most severe impairments and b) the least income. This conception of disability as a welfare category meant that new schemes were targeted primarily at unemployed disabled people. This legacy would continue throughout the twentieth century.

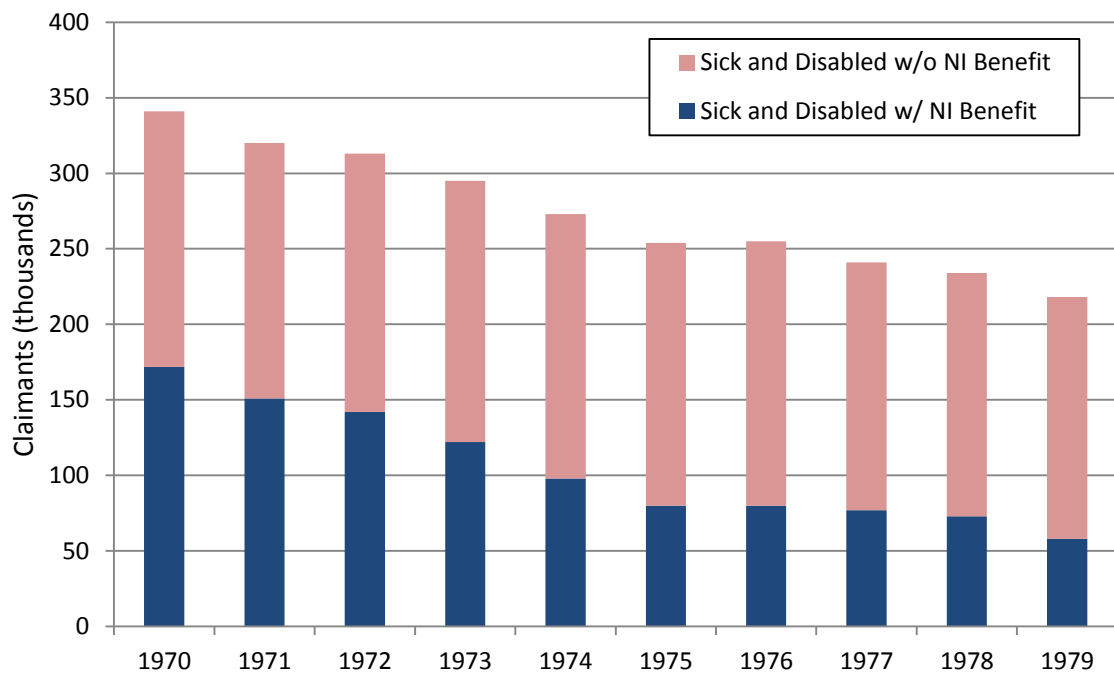
²¹⁶ A joint meeting between several disability organisations debated these principles in 1977 when the benefit was introduced. PTC: 77.02, "Notes on the meeting held 23rd November 1977 on the HNCIP".

The striking feature of the developments up to 1979, however, was the consensus in action between the various governments. All claimed that small changes in the present would be built upon to construct a full disability income in the future.²¹⁷ All believed that disabled people should be entitled to benefit as a right rather than being reliant upon means-tested Supplementary Benefit. Statistical data suggest that these attempts worked (Figure 3.3), as the number of Supplementary Benefit claimants classed as ‘sick and disabled’, especially those claiming other NI benefits, declined significantly. Although DIG and the DHSS had very different approaches, there appears to be a consistent thread in DHSS thought. At the very least, the new minister upon arrival did not reverse the work already done by the Department. Both Joseph and Castle built on existing research, informed as it was by DIG,²¹⁸ and continued to push reform at inter-departmental level. The continuity from Joseph to Castle can be explained in a similar way to that between Crossman and Joseph. Indeed, the consensus was greater for two main reasons: first, Castle and Joseph had stronger political commitments to disabled people than Crossman; and second, the DHSS had years of data and internal planning to call upon by the mid-seventies. In 1975, it was still the case that the liberal and social democratic approaches saw new disability benefits as an adequate solution to the “problem” of disabled people’s poverty. In Castle’s case, the gender issue further ensured HNCIP made it onto the statute books .

²¹⁷ Crossman said of his White Paper (and subsequent Bill) ‘it does not altogether deal with the problem of disability — and I frankly admit this — it is a notable advance in an area where, for a long time before this Government came into office, there was no advance’. HC Deb 24 July 1969 vol. 787 c. 2158. Under Joseph, the department stressed that the National Insurance Bill 1972 was ‘not the last word’ on the subject of a comprehensive income. HC Deb 14 November 1972 vol. 846 c. 195. For the following Government, Wilson claimed ‘the progress we have made in this is substantial and has won widespread approval — which is not to deny the case for travelling further in the same direction’. PTC: 75.01, Wilson to Townsend, 18 November 1974, p. 2.

²¹⁸ In the review of cash benefits for disabled people, the DHSS shows how it uses DIG investigations as data to inform its decision making. TNA BN 89/139, CBD26, Extra Expenses, 21 December 1973, Appendix 1, para. 7.

Figure 3.3: Supplementary Benefit claimants classified as 'sick and disabled' with and without payments from other National Insurance Benefits, 1970 - 1979.



Source: See Appendix note on statistical data.

One could argue that the piecemeal approach was a ‘sop’,²¹⁹ a way of saving money while making concessions to a group which attracted ‘public sympathy’. That would not fully explain the amount of effort the Department made to plan and enact the benefits, let alone extract the cash from the Treasury. There were genuine logistical and financial reasons for limiting access. Given that the conclusions of the Finer report were rejected, with no declaration of any prospect of them being met in the future,²²⁰ the consistent promises of evolution are significant. We can see it in all three Secretaries of State from 1968 to 1975. Crossman explained regarding an expanded version of the proposed attendance allowance:

I cannot go further [...]. The attendance allowance is a new principle and needs a great deal of careful consideration. I am not going to rush it, because we are introducing a brand new principle into National Insurance. We are giving a small

²¹⁹ PTC: 75.01, James Loring to Peter Townsend, 15 March 1973.

²²⁰ Thane and Evans, *Sinners? Scroungers? Saints?*

amount of it here. I think we would be wise to wait and do it all together in the big new Bill.²²¹

Joseph, in reply to a question about when a benefit for disabled housewives would be introduced, argued:

I think it is common ground that this is a group for which the Government would like, when we find the right way and have the resources, to do something, but I must warn the hon. Gentleman and the House that there is no proposal in sight which will satisfactorily meet the difficulties of the moment.²²²

And Castle:

This is the package of compassion [the Social Security Benefits Bill 1974] which we confidently put to the House. [...] We would all like to be able to do even more. But what we have proved in the Bill is that at a time of acute economic stringency the Government will not sacrifice the neediest in our society. I suggest that we should not belittle what these improvements will mean to those who receive them.²²³

Again, both the liberal and social democratic approaches accommodated this rhetoric and course of action. For Joseph, expansion of disability benefits was reasonable and morally justified, but only insofar as it did not overburden the state. For Castle and Crossman, expansion was a goal in itself to protect disadvantaged groups, but there was an economic imperative to ensure expansion did not happen too quickly. The political and economic context of the 1970s ensured continuity of action if not thought.

For the voluntary organisations, the DIG's legacy is important. Its campaigns were the foundation of the DHSS's understanding of disability issues. As the Department itself noted:

A leading article in 'The Spectator' was able to say that "of all the pressure groups which harry government – especially the social welfare pressure groups – none is more mature, more influential, more considered in its actions than the Disablement Income Group". *Whether this is true or not,*

²²¹ HC Deb 24 July 1969 vol. 787 c. 2158.

²²² HC Deb 14 November 1972 vol. 846 c. 196.

²²³ HC Deb 21 November 1974 vol. 881 c. 1558.

this kind of belief has given DIG both authority and charisma.²²⁴

By the end of the decade, however, the virtual monopoly DIG had over the disability incomes issue was broken. The splits in DIG from the middle of the decade produced new approaches to disability – a more radical Fabian approach in DA and an oppression approach in UPIAS. Pressure continued on government, and many of the leading campaigners were still highly respected. But with the coming of RADAR, the decline in DIG's branch membership and the emergence of DPOs, the disability lobby had a greater plurality of voices than before 1974. This would become an important issue in the 1980s as government became less open to direct contact with lobbying groups and as the social security budget began to be squeezed further.

With the fiscal crisis, the lobby faced with new challenges. I have shown how HNCIP was heavily restricted, and it is clear even during the passage of the Social Security Benefits Act 1975 that Labour was keen on targeting support at the individuals considered in most need at the lowest cost. As the following chapter shows, the system of benefits and services for disabled people which had developed since 1965 came under attack after 1979. Yet because disability had been so firmly established as both an area of policy and a subject of public concern, the government was not able or willing to attack it head-on. While Labour's defeat would signal the end of the social-democratic approach to disability, it would not be for many years that the liberal approach would be rejected.

²²⁴ Emphasis mine. TNA: BN 89/140, Study Group on Cash Benefits for the Disabled, CBD2, The Disablement Income Group, 15 December 1972, paras. 1, 11. For how seriously DIG's opinion was taken, see also PIN 35/370, C. M. Regan, "Strategy for a National Disability Income" – DIG Paper, 6 March 1972; PREM 15/1211, DIG meeting with Heath and Joseph, 28 November 1972.

Chapter 4 – Liberal disability versus Neo-Liberal Welfare – 1979 – 1988

Introduction

The election of Margaret Thatcher is commonly seen as a watershed moment for social security policy and the welfare state in general. Regardless of the spending cuts introduced by the Callaghan government, it is clear that Thatcher's administrations stuck to a determined policy of reducing government expenditure even in the face of rising unemployment and negative public opinion.¹ I argue that the fate of disability benefits during this period was as a result of the "liberal" conception of disability which was expressed by Joseph in the early 1970s. Since disabled people were "deserving" of state welfare, they were not targeted specifically by welfare reforms aimed to reduce expenditure and discourage "welfare dependency". However, there were clear tensions between the liberal approach to disability and the general neo-liberal approach to welfare.

I argue that disability was largely "neglected" as the government could not square its liberal concerns for disabled people and its neo-liberal drive to cut costs. This is not to say that disabled people were not adversely affected by wider changes to the social security system, nor that there were no reforms in disability policy. The eighties are significant for improvements in access to independent living, changes to the planning laws to improve access for disabled people to new buildings and two Private Members' Bills which nominally provided improved rights to services. With regard to benefits, however, there were no fundamental changes of the type seen during the 1970s. The few reforms that we can see were either "collateral damage" as the DHSS attempted to reduce general welfare expenditure, or enforced changes to regulations following successful court cases. Rather, I argue that the

¹ This is the traditional narrative of the late 1970s and early 1980s. For example, Michael Sullivan, *The Development of the British Welfare State* (Hemel Hempstead: Prentice Hall, 1996), pp. 232-37; Eric Midwinter, *The Development of Social Welfare in Britain* (Milton Keynes: Open University Press, 1994), pp. 139-41; Glennerster, *British Social Policy*, pp. 168-72; Howard Glennerster et al., *One hundred years of poverty and policy* (York: Joseph Rowntree Foundation, 2004), pp. 93-94.

Conservatives refrained from large-scale reform because disabled people were considered “deserving”, and because being seen to attack disabled people would have been electorally damaging. This has been noted by Pierson as the ‘fairness issue’ which neo-liberal governments on both sides of the Atlantic had to acknowledge when trying to cut valued welfare services.² The trend of disability policy over the previous fifteen years had made the political costs of exit much larger than any potential financial savings.

This chapter begins with the 1979 election, and runs to the introduction of Income Support in April 1988. In the same year, the Office of Population Censuses and Surveys (OPCS) published a new survey on the numbers and needs of disabled people, a Social Security Advisory Committee report on disability benefits policy was released, and the Department of Health and Social Security (DHSS) was broken up into the Department of Social Security (DSS) and the Department of Health. The chapter is split into four main sections. The first outlines the political changes during the 1980s and the first two Thatcher governments’ attitudes towards social security and the welfare state. The second highlights some of the key debates within the disability lobby. The government was far less open to pressure from poverty lobby organisations, and the Disablement Income Group (DIG) no longer had senior personnel with direct, permanent contact with ministers. The British Council of Organisations of Disabled People (BCODP) was formed in 1981, and the importance of Disabled People’s Organisations (DPOs) increased. The Disability Alliance’s (DA) archives show how this was a difficult time for the lobby as a whole, and it was forced to defend what had been won during the seventies rather than press for further reforms and the National Disability Income. Still, Dafydd Wigley and Tom Clarke, backbench opposition MPs, were able to get Bills through Parliament which gave extra rights to disabled people with regard to accessing services. Like the Chronically Sick and Disabled Persons Act, however, they were rarely enforced, and many clauses were never implemented.

² Pierson, *Dismantling the welfare state?*, p. 6.

The last two sections show how disability benefits were affected by the government's welfare policies. First I analyse how disability benefits were protected from the brunt of the attack on expenditure. Disability was seen as a category of genuine need and disabled people, especially *severely* disabled people, seen as worthy claimants. However, disabled people were undoubtedly affected by wider reforms. I take three main areas of policy to show this – fraud, National Insurance cuts and the Fowler Reviews. The Thatcher government apparently showed little desire to completely remove the system which had been created during the 1970s, but it was keen to limit the amount it spent on those categories of need.

The following section explains the areas of reform which did affect disabled people and were designed to change the way in which benefits were paid. These fall under two categories. The first was the replacement of Supplementary Benefits with Income Support. The government removed the discretionary parts of Supplementary Benefit, replacing them with a set of entitlements to support based on various categories of need. Discretion had been a key part of the system, allowing it to adapt to the specific needs of individuals, and therefore many disabled people lost out. This sets the scene for the following chapter and discussions on Disability Living Allowance and the Independent Living Fund. The second part of this section focuses on changes that were enforced by the European Council. Invalid Care Allowance (ICA) and Housewives' Non-contributory Invalidity Pension (HNCIP) were found to be in breach of European regulations on gender. As a result, access to ICA was extended, but the housewives' benefit was repackaged as Severe Disablement Allowance (SDA). The new entry criteria were seen as restrictive, meaning many people lost their entitlement to benefit.

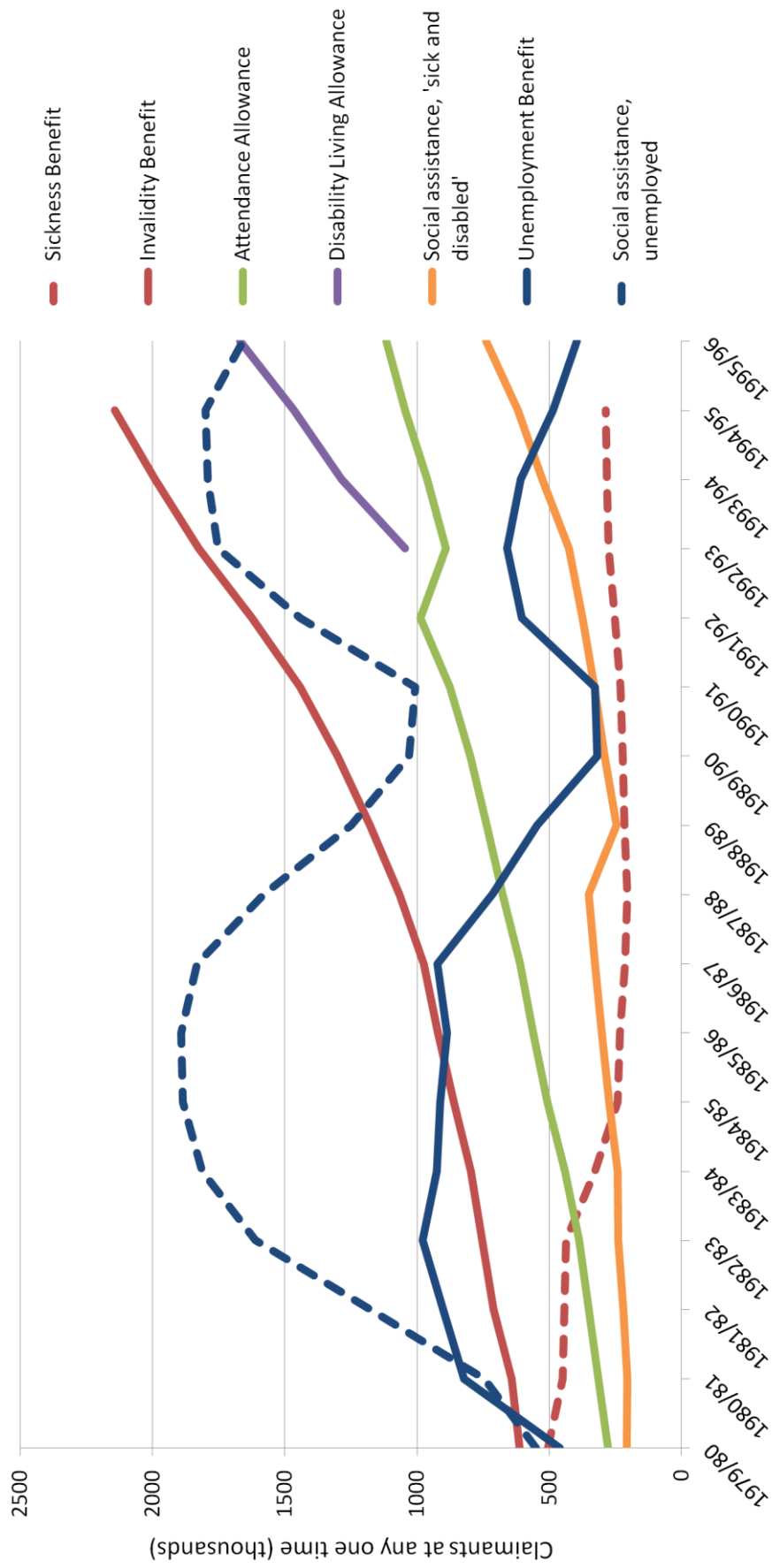
Policy context – Claimant and expenditure trends

Reforms to disability benefits cannot be explained without reference to the general attitude of the Thatcher governments towards social security. As I have already contended, disability was not directly attacked; but because disabled people were at greater risk of poverty and were therefore more likely to be in receipt of benefit, wider cuts to the social security budget

affected disabled people by reducing their incomes from other sources. More importantly, disability benefits may have escaped the worst of the cuts, but the real value of weekly payment rates declined over the period.

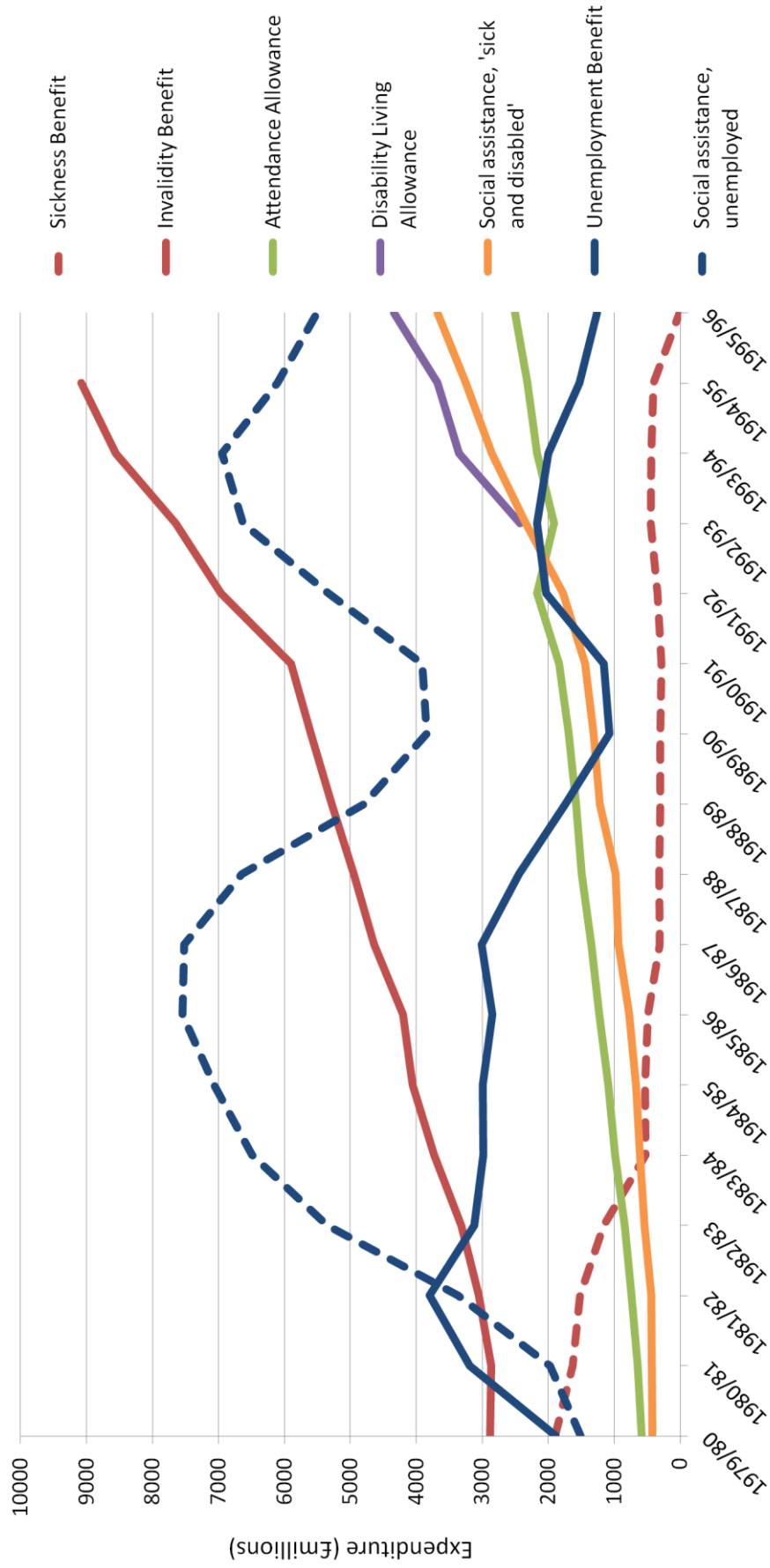
The Conservative period as a whole was one of increasing expenditure despite attempts to curb social security spending. Figure 4.1 shows the claimant figures for the major benefits. The largest increase in the early 1980s came from the rise in unemployment, both in contributory Unemployment Benefit (UB) and non-contributory social assistance (at this time, Supplementary Benefit). Concurrently, Invalidity Benefit (IVB) claims continued to grow, so much so that by the time unemployment was back under control IVB had become the largest single out-of-work benefit. The relationship between IVB and UB is explained more fully in Chapter 5, but here it is important to note that during the first two Thatcher terms unemployment was a bigger financial headache than IVB, even though the costs of IVB were steadily mounting. The extra-costs benefits also continued to expand, with Attendance Allowance (AA) and its successor, Disability Living Allowance (see Chapter 5), rising steadily. The dip and subsequent rise in the number of social assistance claims from 'sick and disabled people' is attributable to reforms made to Supplementary Benefit in 1986 and implemented in 1988 (as discussed in this chapter). Expenditure trends (Figure 4.2) unsurprisingly follow claimant numbers. Worth noting, however, is the acceleration in the cost of IVB in the early 1990s. This is because of the combination of an increased number of claims and a rise in the real value of the benefit after years of devaluation in the late eighties (see Figure 4.5).

Figure 4.1: Claimants of selected social security benefits, 1979/80 to 1995/96.



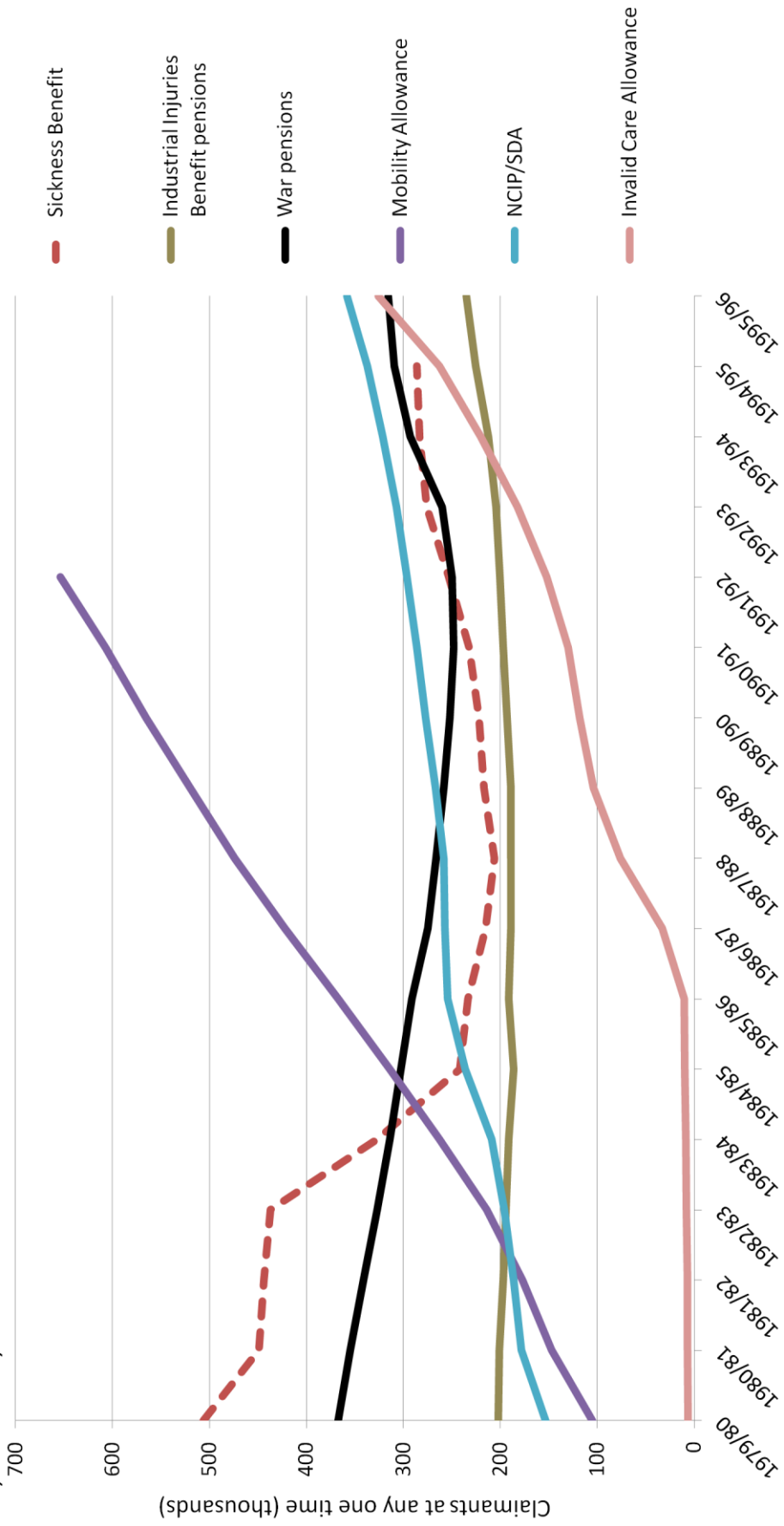
Source: See appendix note on statistical data. Social assistance includes Supplementary Benefit and Income Support. All 'sick and disabled' claimants are counted, but 'unemployed' refers only to those not claiming other out-of-work benefits.

Figure 4.2: Expenditure on selected social security benefits, 1979/80 to 1995/96 at 2000/01 prices.



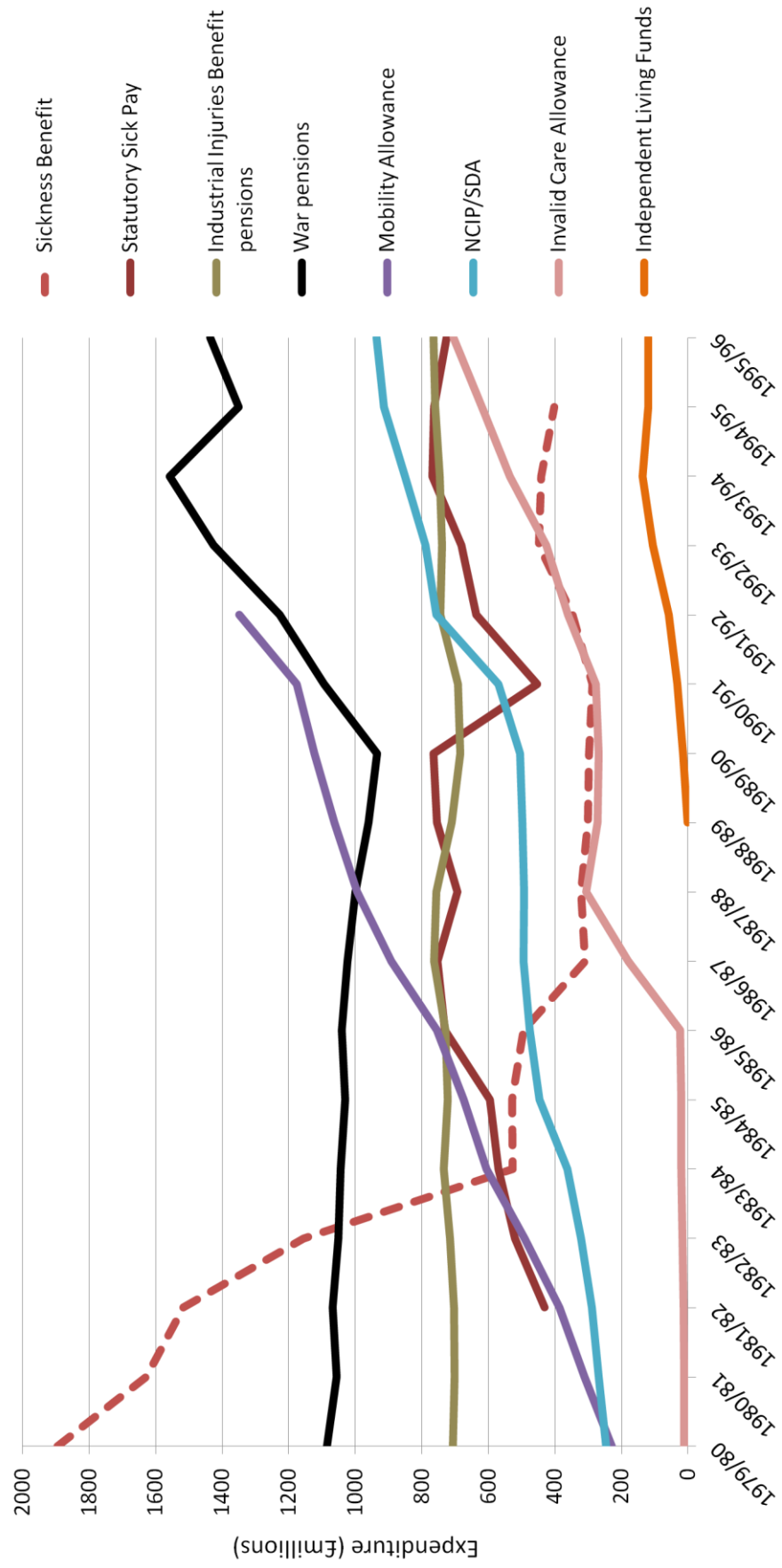
Source: See appendix note on statistical data. Social assistance includes Supplementary Benefit and Income Support. All 'sick and disabled' claimants are counted, but 'unemployed' refers only to those not claiming other out-of-work benefits.

Figure 4.3: Claimants of selected disability-related benefits with under 700,000 recipients at any one time, 1979/80 to 1995/96.



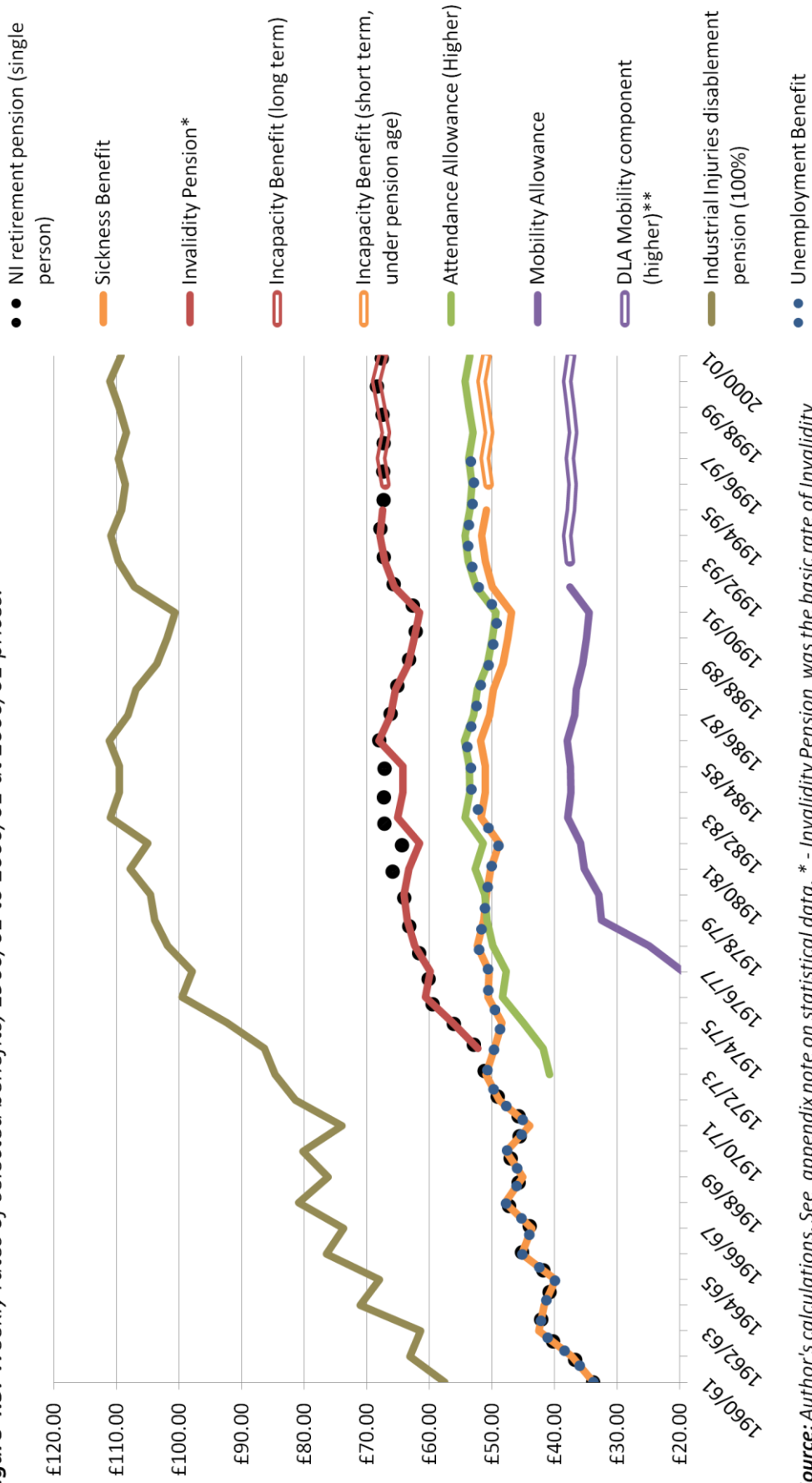
Source: See appendix note on statistical data.

Figure 4.4: Expenditure on selected social security benefits costing under £2 billion per annum, 1979/80 to 1995/96 at 2000/01 prices.



Source: See appendix note on statistical data.

Figure 4.5: Weekly rates of selected benefits, 1960/61 to 2000/01 at 2000/01 prices.



Source: Author's calculations. See appendix note on statistical data. * - Invalidity Pension was the basic rate of Invalidity Benefit. ** - Disability Living Allowance replaced Mobility Allowance in 1992/93.

For the lesser-claimed schemes (Figures 4.3 and 4.4), we also see growth in extra costs benefits, particularly in Mobility Allowance (MA). Sickness Benefit appears in all four Figures to provide a comparable scale, but it also highlights that as this traditional benefit declined in importance, new, more focused payments took its place. Statutory Sick Pay was the obvious replacement, and continued to grow until reform in the early 1990s. Non-contributory Invalidity Pension (NCIP) and ICA saw significant growth as well, especially after the government was forced to relax eligibility criteria for married women as a result of rulings by the European Council (see this chapter). The compensation benefits, or “duty pensions” saw very little growth, with IIB remaining static and war pensions declining steadily as the veterans of the two world wars passed away. This was bucked only by the effects of the Gulf War.

This would appear to suggest that the Conservative government was either not serious about welfare retrenchment, or that it had failed spectacularly. However, overall expenditure did begin to fall in the years preceding the 1990s recession as unemployment was brought under control.³ Furthermore, while total expenditure and the number of claimants continued to rise, the real value of social security for claimants declined. Figure 4.5 shows the trend in the values of some of the major benefits. The “saw-tooth” pattern in the 1960s was as a result of benefits being updated once every two years. During the 1970s, partly in response to inflation, benefits were updated according to average earnings and rising prices. As we can see, all benefits remained relatively static over the first years of the 1980s, before losing value between 1985/86 and the end of the decade. These recovered in the early Major years, before levelling out over the rest of his premiership and the New Labour administration. The “attack” on the welfare state, therefore, provided a mixed and complicated picture. On the one hand, the government was politically committed to reducing expenditure and welfare dependence.

³ See Appendix II, Table II.4.

On the other, state expenditure on social security continued to grow both in real cash terms and as a percentage of Britain's Gross Domestic Product.⁴

Policy context – General social security changes

It has only been in more recent analyses of Thatcher's overall social security policy that the question of disability has been explicitly tackled.⁵ However, from the general picture, we can pick out five clear themes, each of which impacted upon disabled people:⁶

- **Many benefits lost their real value.** Benefits had hitherto been updated to the higher of either prices or the average earnings of the country. The Conservatives broke the link with earnings early on, and for certain benefits (such as child support) they significantly devalued them by years of below-inflation rises or price freezes (see figure 4.5).⁷
- **Insurance benefits were scaled back.** Earnings-related additions to long term benefits such as Sickness Benefit were removed. Qualification rules for Unemployment Benefit were also changed. Sickness Benefit then effectively became privatised through Statutory Sick Pay, where employers became responsible for covering absence. Initially this was part-funded by the state, but this support was eventually scrapped. Maternity and death grants were also abolished.⁸

⁴ Ibid.

⁵ See for instance, see Martin Evans and Lewis Williams, *A Generation of Change, a Lifetime of Difference? British social policy since 1979* (Bristol: Policy Press, 2009); Marilyn Howard, "Cutting social security," in *Britain divided: The growth of social exclusion in the 1980s and 1990s*, ed. Alan Walker and Carol Walker (London: Child Poverty Action Group, 1997). A notable exception is Kay Andrews and John Jacobs, *Punishing the Poor - Poverty under Thatcher* (London: Macmillan, 1990) which used publications from DIG, RADAR and DA to show the reaction of specialist groups to Thatcherite policies. However, it contains a number of inaccuracies (e.g., claiming MA and AA were means-tested, p. 96) and CPAG was explicitly mentioned in the preface as having helped with the book's research.

⁶ The following bullet points draw on those made in Michael Hill, *The Welfare State in Britain - A Political History since 1945* (Aldershot: Edward Elgar, 1993), pp. 127-28.

⁷ Glennerster, *British Social Policy*, p. 182; Evans and Williams, *A Generation of Change, a Lifetime of Difference?*, p. 129; Timothy Raison, *Tories and the Welfare State - A History of Conservative Social Policy since the Second World War* (London: Macmillan, 1990), p. 108.

⁸ Glennerster et al., *One hundred years of poverty and policy*, p. 105; Alcock, "Poverty and Social Security," p. 211. Concerns were raised over benefits for war widows, war pensioners and IVB

- **Supplementary Benefit was reformed.** The Supplementary Benefits system was rationalised and based on entitlements rather than discretionary rules. The amounts given tapered off quickly as earnings rose. Special addition grants were abolished and the system was replaced by Income Support, the Social Fund and the Independent Living Fund (see the next chapter).⁹
- **Entitlement was cut to certain groups.** 16 and 17 year olds were excluded from claiming benefit, as were married women in work and prematurely retired people with access to private pensions.¹⁰
- **The “undeserving” were encouraged to be more “responsible”.** More rigorous controls were put in place for those on employment-related benefits who were not “actively seeking work”. Child Support attempted to force absent fathers to pay for the upkeep of their children. There was also a crackdown on “fraud” and a general culture of what has been dubbed “scroungerphobia”.¹¹

This was all done to “target” benefits at those who were seen to need and deserve them most. Like the Heath government, the Thatcher administration believed that selectivity within the benefit system would direct scarce resources where they were most needed.¹² Critics claimed that the desire to return to nineteenth-century liberalism also included a desire to

recipients. For example, see articles in *The Times* 13 February 1980, p. 4, 27 November 1982, p. 2, 8 June 1985, p. 4, and 8 November 1985, p. 2.

⁹ Philip Brown and Richard Sparks, *Beyond Thatcherism - Social policy, politics and society* (Milton Keynes: Open University Press, 1989), pp. 185-86; Hill, *The Welfare State in Britain*, p. 69; Chris Grover, "Loaning Supplementary Benefit and the Introduction of the Social Fund," *Social Policy & Administration* 42, no. 5 (2008); Department of Health and Social Security, *Reform of the supplementary benefits scheme* (Cmnd. 7773, 1979); Chris Grover, *The social fund 20 years on : historical and policy aspects of loaning social security* (Farnham: Ashgate, 2011).

¹⁰ Hill, *The Welfare State in Britain*, p. 4; Howard, "Cutting social security," pp. 85-87.

¹¹ Sullivan, *The Development of the British Welfare State*, p. 233; Hill, *The Welfare State in Britain*, p. 5; Howard, "Cutting social security," p. 89.

¹² Various. See Glennerster, *British Social Policy*, p. 183; Midwinter, *The Development of Social Welfare in Britain*, p. 150; Brendan Evans, *Thatcherism and British Politics 1975-1999* (Stroud: Sutton, 1999), p. 109; Norman Fowler, *Ministers Decide, A Personal Memoir of the Thatcher Years* (London: Chapman, 1991), p. 209; Ian Gilmour, *Dancing With Dogma* (London: Pocket Books, 1992), p. 154; Andrews and Jacobs, *Punishing the Poor*, p. xviii.

return to the New Poor Law.¹³ The government was accused of increasing poverty, and this became a difficult political argument for both sides. Conservatives were able to argue that relative definitions of poverty, usually based on a percentage of mean earnings, or the Supplementary Benefit rate, were meaningless because increases in the standard of living or of benefit rates would automatically create more poverty. The increase in poverty caused embarrassment for the government, but the argument appeared logical to enough of the electorate for it not to produce an electoral crisis.¹⁴

The Conservatives began with two Social Security Bills in the 1979/80 Parliamentary Session.¹⁵ The first primarily re-organised Supplementary Benefit and changed the uprating rules,¹⁶ while the second removed earnings related supplements and sought to achieve substantial cost saving.¹⁷ Both were highly controversial. Stanley Orme, a Labour spokesperson on health and social security, spoke about a 'battle in committee rooms' over the provisions in the Bills.¹⁸ The second Bill was passed with a guillotine motion. As part of these changes, the Supplementary Benefits Commission (SBC) and National Insurance Advisory Committee (NIAC) were dissolved and replaced with a Social Security Advisory Committee (SSAC). Jeff Rooker proclaimed that disability rights were 'under attack' and that 'the consequences of an undebated Bill could be grave'.¹⁹ Furthermore, the logic of squeezing social security expenditure appeared to be in conflict with the government's overall vision for British society. One commentator observed that:

¹³ For example, Frank Field saw changes to UB as akin to the reinstatement of the Poor Law, a theme that would run throughout the period. *The Times*, 21 April 1981, p. 4. See also Fowler, *Ministers Decide*, p. 221.

¹⁴ Bolderson and Mabbett, *Social Policy and Social Security*, pp. 100-01; Walker, *Managing Poverty*, p. 3. HC Deb 1 July 1986 vol. 100 c. 819. *The Times*, 10 June 1987, p. 6; 15 November 1988, p. 14; 1 June 1989, p. 2.

¹⁵ These were called the Social Security Bill 1979 and the Social Security (No. 2) Bill 1980. For clarity, I will refer to these as either the first or second Bills. The Social Security Act 1980 was a single Act, i.e. the second bill amended the first.

¹⁶ HC Deb 20 November 1979 vol. 976 cc. 897-1021.

¹⁷ HC Deb 15 April 1980 vol. 982 cc. 1033-151

¹⁸ *The Times*, 19 March 1980, p. 12.

¹⁹ PTC: 77.03, DA AGM Report, February 1980. Rooker spoke at the AGM in a speech entitled 'Disability Rights Under Attack'.

the combination of tax cuts, increased charges and reduced public services is largely hitting two sets of people whom Conservative philosophy holds dear: families and those low-paid earners whose work incentives should be kept as sparkling bright as a houseproud doorstep.²⁰

“Small government” affected more than simply benefit and tax rates. Cuts were made to departmental intelligence gathering services. Sir Derek Rayner, CEO of Marks and Spencer, was brought in to review the government’s statistical services.²¹ It attempted to reduce wastage by only collecting data that was essential and leaving other statistical gathering to outside pressure groups, think tanks and academic institutions. It would further take advantages of improved computation technologies. In the report, the DHSS was to have its statistics manpower and budget cut by 38%, saving £2.13 million a year. The OPCS was set to lose 28% of its manpower, saving £3.3 million.²² Rayner was also drafted in to review the way in which the administration of various departments could be made more efficient. For example, could the payment of benefits through bank accounts reduce man-hours and costs?²³ Alf Morris was particularly critical of these proposals, claiming that without the statistical services the changes made to social security for disabled people during the 1970s would not have been possible.²⁴ Morris believed that the reviews ‘looked at administrative costs but ignore[d] the value of information’ and its ability to help ministers make informed judgements.²⁵ This can be seen as part of the wider trend towards using policy information from professional, private “think tanks” rather than internal Whitehall or quango bodies. The SBC had developed a reputation for challenging government under the direction of Titmuss and Donnison, but the SSAC was far less able or willing to do so.²⁶ This affected the ability of the poverty lobby groups to exert influence as they no longer had allies in government or the traditional channels of raising

²⁰ Richard Bourne, *The Times*, 19 March 1980, p. 12.

²¹ Gareth Shaw, "Rayner, Derek George, Baron Rayner (1926-1998)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004).

²² Government statistical services (Cmnd. 8236, 1980), p. 8.

²³ Norman Warner, "Raynerism in Practice: Anatomy of a Rayner Scrutiny," *Public Administration* 62(1984).

²⁴ See *The Times*, 21 April 1981, p. 4; 2 July 1981, p. 3.

²⁵ HC Deb 2 July 1981 vol. 7 c. 1127.

²⁶ Walker, *Managing Poverty*, p. 7; Whiteley and Winyard, *Pressure for the poor*, p. 127.

issues in Whitehall.²⁷ The better-funded think tanks, with more connections to those in positions of power, began to wield more influence in policy circles.

This is crucial to understanding how and why the tactics of voluntary organisations changed during this period. Access to those in power was restricted, and government was less minded to accept the advice or evidence presented by disability organisations. Cuts to the social security budget meant that rather than campaigning for extension of the benefits system, groups were forced to defend rights already won. New forms of campaigning and new causes were therefore championed as the lobby attempted to secure policy change to improve the services available for disabled people.

The lobby – Disunity and Disillusionment

The disability lobby underwent significant change during the 1980s as DPOs grew in number, membership and influence. Tensions within the lobby were stoked further. The Union of the Physically Impaired Against Segregation's (UPIAS) distrust of DA and other poverty lobby organisations extended beyond the publication of *Fundamental Principles*. While the Fabian groups continued to campaign as experts on social security policy, DPOs fought a wider battle for disabled people to take control of their own lives. This is significant as it explains how the voices which reached government were of a very different type to those in the previous decades. Moreover, it shows how the government was presented with more wide-ranging concerns than simply the National Disability Income.

Disillusionment with the insider Fabian approach

As voluntary organisations found it increasingly difficult to influence government policy directly, the oppression approach gained support. In the previous chapter I discussed the foundation of UPIAS and alluded to the creation of BCODP in 1981. It was during the eighties that DPOs would become more prominent, and the oppression approach to disability would begin to be more widely recognised. Partly we can explain this as the perception that the

²⁷ Bagguley, "Collective Action."

major lobbying organisations like DIG were “undemocratic”. I argue that while these were contributing factors, there is another more practical consideration. The traditional poverty lobby was clearly unable to gain further concessions from a government that was no longer open to direct communication. Bagguley has looked at the novelty of self-advocacy groups in the wider context of social security claimant’s organisations, and concludes that one of the reasons for their rise has been the break down in corporatist politics from the 1980s from which the poverty lobby drew most of its influence.²⁸ The Thatcher governments were far less open to “consultation” with such groups.²⁹ DPO causes, however, were more amenable to political change. Issues such as “deinstitutionalisation” were in line with neo-liberal politics and ideas about self-reliance and self-responsibility. Although it had begun in the 1960s, deinstitutionalisation accelerated under Thatcher. Figure 2.1 shows that the numbers of patients in psychiatric hospitals had been decreasing both before and during this period. In the 1980s we see the first British independent living project in Hampshire;³⁰ reforms in education to nominally reduce the numbers of children sent to special schools;³¹ further commitments to care in the community over the use of psychiatric hospitals;³² and amendments to the planning laws so that new buildings had to be built with the access requirements of disabled people in mind.³³ Beyond the philosophy, there were also pragmatic concerns. Segregated employment was seen as discriminatory, and the Conservative government reformed Remploy; however, cost and efficiency were seen as more important than imposing regulation on open industry. Remploy underwent significant rationalisation after 1983 to ensure it no longer took more

²⁸ Ibid.

²⁹ Rob Baggott and Victoria McGregor-Riley, "Renewed Consultation or Continued Exclusion? Organised Interests and the Major Governments," in *The Major Premiership*, ed. Peter Dorey (Basingstoke: Palgrave, 1999).

³⁰ Project 81, *Project 81 - One Step On* (Petersfield, Hants.: HCIL Papers, 2009).

³¹ Education Act 1981. See also Department of Education and Science, *Special needs in education* (Cmnd. 7996, 1980).

³² See Alan Roulstone and Simon Prideaux, *Understanding disability policy* (Bristol: Policy Press, 2012), pp. 14-15; Eda Topliss, *Social responses to handicap* (London; New York: Longman, 1982), esp. p. 104.

³³ "The Building Regulations 1985. Approved document M, Access for disabled people," (1987).

money in government grants than the cost of its wage bill.³⁴ It succeeded. Yet despite claims to IVB (the main out-of-work benefit for disabled people) increasing dramatically over this period, the number of disabled employees at Remploy remained static at around 9,000.³⁵

The record confirms that BCODP was never as well-connected in Westminster as DA, DIG or the Royal Association for Disability and Rehabilitation (RADAR), but in part this did not matter. Its purpose was to wrest control of the disability movement away from non-disabled experts and paternalists. Indeed, Rachel Hurst argues that she lost her role as Chair of BCODP in 1987 partly because of her desire to work more closely with the traditional charities and central government.³⁶ Further, projects such as independent living usually relied on local campaigning and organisation with local authorities rather than lobbying Westminster. The relationship between the DPOs and the other campaigning organisations is an important part of the last fifteen years of the period covered in this thesis, especially when we look at the events surrounding anti-discrimination legislation. Despite the reluctance of certain factions within the organisation to co-operate with those whom they saw as oppressive, BCODP was not without influence – they helped draft Tom Clarke’s Private Members Bill (which became an act) in 1985/86.³⁷ Whether directly because of the work of BCODP or a growing general acceptance of many of the arguments against segregation and dependency, government policy did make further movements towards deinstitutionalisation over the period.

Fabian groups also adapted their tactics as their inability to influence government became apparent. DA considered severing all ties with a government they believed had no intention of working with disability organisations and was bent solely on the destruction of the welfare state.³⁸ It became clear that the poverty lobby would have to defend against cuts to provision rather than proactively seek expansion of coverage to other groups in need. These discussions

³⁴ National Audit Office, Department of Employment and Manpower Services Commission: employment assistance to disabled adults (HC 367, 1986).

³⁵ See Remploy’s annual reports in TNA: BM 7.

³⁶ Wilkinson, *Defying Disability*, pp. 69-70.

³⁷ *Ibid.*, p. 68. Interview with Tom Clarke MP.

³⁸ PTC: 77.05, Policy Proposals for Steering Committee Meeting, 18 July 1983.

are dealt with in more detail later in this chapter. What is important to note is that the climate for voluntary organisations advocating political change was very different to what it had been in the sixties and seventies. The government was no longer committed to corporatist negotiation with interest groups, nor did it accept the core arguments about structural inequalities causing poverty. At the same time, it did encourage submissions to various government enquiries and committees. DIG, DA, RADAR and other poverty lobby groups regularly produced material for these, and SSAC files show that their responses were debated and analysed.³⁹ This indirect influence was nowhere near as effective as direct contact had been. A good example of this change in climate is the way in which the Committee on Restrictions Against Disabled People (CORAD) was treated and its final report was received.

CORAD and anti-discrimination legislation

CORAD was formed in 1979 to follow the Silver Jubilee Committee (SJC). The latter had investigated the issue of disabled people's access to services and wider society, and had argued that, while outside its terms of reference, Anti-discrimination Legislation (ADL) would be an important tool in ensuring disabled people were not physically or bureaucratically segregated.⁴⁰ CORAD was designed to investigate the merits of such legislation and make a recommendation to government. Peter Large (DIG) was appointed chair, with Colin Low (DA) and George Wilson (RADAR) also members, ensuring close links with the disability lobby.⁴¹ Within months, Callaghan had lost the General Election, and Thatcher appointed Reg Prentice as minister for disabled people and social security. At the time, the government was committed to reducing the number of "quasi autonomous non-governmental organisations" (quangos), and CORAD was listed as one of those likely to be cut. Closing down CORAD was seen as politically dangerous, since it could be used to argue that the Conservatives did not

³⁹ A common presentational device was to produce a list of core arguments with the names of the organisations which had pressed the point in an adjacent column. These were then debated at SSAC meetings. See TNA: BN 69, SSAC memoranda 75/81, 13/82, 42/82 and *passim*.

⁴⁰ Large, Can disabled people go where you go?

⁴¹ Committee on Restrictions Against Disabled People, *Report*.

care about disabled people; yet the constitution of the Committee effectively ensured that it would recommend ADL once it was published. Prentice wrote to Large saying that CORAD would be spared, albeit with reduced resources.⁴² When it finally published its recommendations in 1982,⁴³ they were rejected. Jack Ashley immediately introduced a Bill to the House of Commons, though this failed to make significant progress.⁴⁴

The role of ADL would become more significant in the 1990s, when the oppression approach groups had more confidence and a wider network of support. It is significant here, however, because it indicates that there was a push to put into law the rights of disabled people to have control over their own lives. Two Private Members' Bills over this period succeeded in becoming Acts. Both received input from voluntary organisations, and both struggled to gain genuine governmental support for full implementation. As with the decision not to scrap CORAD, I argue that this shows that disability was a sensitive political issue, and one about which the Conservative government could not be seen to be callous. A combination of "philanthropic" or "liberal" Conservative backbenchers and dedicated campaigners from the social-democratic parties ensured that the Bills became law. Even if they were not fully implemented, they gave campaigners ammunition inside and outside Parliament to attack the government on their perceived lack of support for disabled people.

The first was the Disabled Persons Act 1981, introduced by Dafydd Wigley (Plaid Cymru) in the International Year of Disabled People. This was a United Nations event designed to highlight the needs and aspirations of disabled people around the globe. Wigley and his colleagues successfully argued that it would be an embarrassment for a country as prosperous as the United Kingdom not to do something for disabled people, and with government support the Act was rushed through before parliament dissolved for the summer recess in 1981. Yet the Bill had initially been rejected by the government, only being revived when it became

⁴² TNA: MH 154/1234, Prentice to Large, 20 July 1979; Large to Prentice, 28 July 1979.

⁴³ Committee on Restrictions Against Disabled People, *Report*.

⁴⁴ Campbell and Oliver, *Disability Politics*, pp. 15-16. See Disablement (Prohibition of Unjustifiable Discrimination) Bill 1982.

politically sensitive. After a well-supported Early Day Motion showed that over 300 MPs were in support of the Bill, a second Bill was introduced with government backing and was passed as the 1981 Act.⁴⁵ The Bill's passage through Parliament was remarkably smooth. There was no debate at second reading and none in the third before it went onto the Lords.⁴⁶ However, as one commentator put it, the Act had not only had its teeth removed 'but its gums as well'.⁴⁷ It was a modest Act, putting a duty on highway authorities and those applying for planning permission to consider the needs of disabled people. Despite its limitations, it had shown that the government felt politically obliged to do *something* for disabled people in the International Year. This should not be taken as a given; that disability and disabled people had become a sensitive topic shows that attitudes towards disabled people had changed significantly since the early sixties.

The second piece of legislation was the Disabled Persons (Services, Consultation and Representation) Act 1986. Tom Clarke's (Labour) Bill was resisted through Parliament.⁴⁸ Designed to guarantee disabled people's access to services and a say in how those services were run, the load put on Local Authorities (LAs) if the Bill was fully implemented would have been much higher than the government was willing to countenance.⁴⁹ Clarke succeeded with significant help from his campaign team. He drew on the expertise of Wigley and his experience of getting his Bill through the house, as well as drafting advice from MIND, MENCAP, RADAR, BCODP and others. This was significant for two reasons. First, it showed that

⁴⁵ Interview with Lord Dafydd Wigley. Early Day Motion 150, 1981 read: 'That this House, mindful of the recommendations of the Silver Jubilee Committee which called for legislative action by the Government to help safeguard the provision of suitable means of access for disabled persons to buildings used by the public, and in view of the fact that 1981 is the International Year for Disabled People, calls on the Government to facilitate legislative steps that will accomplish this objective.' The number of signatories was quoted as 324. Francis Pym, Leader of the House, then announced that the government would work with Wigley on a new Bill. HC Deb 5 March 1981 vol. 1000 c. 422.

⁴⁶ Disabled Persons (No. 2) Bill 1981. Second Reading: HC Deb 19 March 1981 vol. 1 c. 441. Third Reading: HC Deb 1 May 1981 vol. 3 c. 1074.

⁴⁷ An article in *Sunday Times*, quoted in Kinrade, *Alf Morris*, p. 279.

⁴⁸ The British Association of Social Workers kept the minutes of the campaign committee for the 1986 Act, deposited in MRC: MSS 378/BASW/4/29 and MSS 378/BASW/4/30.

⁴⁹ For example, see HC Deb 26 November 1986 vol. 106 c. 289W; HC Deb 10 March 1987 vol. 112 c. 157W; HC Deb 19 July 1988 vol. 137 cc. 592-3W; and *passim*.

a variety of different types of disability organisation could have an input into a piece of legislation, and that they had developed to such a “professional” state that they could do so competently.⁵⁰ Alf Morris’s 1969 Bill had to be written from scratch because no disability group had even considered that a Private Member’s Bill was a legitimate way to encourage policy change; by 1986, most credible organisations had ready-made proposals which Clarke and his Parliamentary allies could use and adapt.⁵¹ Second, the clauses which allowed a disabled person to nominate a representative to deal with LAs and government on their behalf gave much more freedom for those with mental impairments to access services. Clarke’s personal commitment to mental health and cognitive impairment causes ensured that disability was no longer being seen as simply loco-motive impairment.

Although the Bill was passed, many of the key clauses which would have put specific responsibilities on local authorities to provide services for disabled people were never fully enforced. The government’s official line was that while the spirit of the Act was clearly desirable, the resources were not available for its full implementation. Frustrated, a campaign group housed at RADAR asked: ‘The Disabled Persons Act received the Royal Assent on 8th July 1986. Seventeen months later... where is it?’ Called Act Now, it included ‘35’ voluntary organisations in 1987.⁵² The clauses have still never been enforced. This is not really the point of these two Acts, however. Private Members’ Bills are rarely fully implemented, and have very limited scope on any issue which requires public expenditure. Their real strength lies in their campaign potential. Even if a Bill does not become an Act it can be used to raise an issue in Parliament and force public debate; then if it does become an Act, failure to implement can be used to submit questions to ministers in Parliament. Their answers are on record, and these

⁵⁰ Many voluntary organisations during this period became more professional, with full-time staff, office space, and a rational, business-like approach to fundraising. See Hilton et al., *A historical guide to NGOs in Britain*, pp. 349-54; Berridge and Mold, "Professionalisation, new social movements and voluntary action in the 1960s and 1970s."; Evans, "Stopping the Poor Getting Poorer."

⁵¹ Interviews with Tom Clarke and Lord Dafydd Wigley. See also campaign literature and minutes from Act Now in MRC: MSS 378/BASW/4/30.

⁵² Ellipsis original. MRC: MSS 378/BASW/4/30, Campaign News from the ACT NOW Steering Committee. Undated, but given the slogan almost certainly published August 1987.

can be used to shame or encourage the government to do more on a given issue.⁵³ The amount of questions asked on the 1986 Act, for instance, meant that the Thatcher and Major governments consistently had to justify their policies towards disabled people. Campaigners were able to use these answers as part of their lobbying.

To conclude this section, then, we must understand two main developments. First, the traditional “insider” Fabian approach was no longer an option, or at the very least it could not be used as a tactic in isolation. This led to and coincided with greater professionalisation amongst the major organisations, allowing concerted campaigns over the 1981 and 1986 Acts. Second, with the poverty lobby approach shown to be ineffective, campaigns began to focus on wider disability issues such as independent living and deinstitutionalisation. This was a more comfortable fit with the oppression approach rather than the Fabian incomes approach. Further, the Thatcher government appeared more sympathetic to these policies than on the incomes question, meaning the DPOs could be more effective. In the next chapter, it will become clear that these arguments about independence and desegregation became increasingly popular with the government, albeit with unintended consequences for disability organisations. While the oppression group may have manipulated the ‘politics’ stream successfully to get accelerated deinstitutionalisation on the agenda, the government’s main concern was limiting cost (as shown through the opposition to the 1986 Act) rather than promoting structural equality. Meanwhile, the poverty lobby groups were forced to fight a defensive battle to protect the social security coverage which had been established in the previous decade. It is this campaign which I will now cover in greater detail.

Government action – Collateral Damage

Fred Reid of DA was somewhat prescient with his assessment of Margaret Thatcher’s election:

Now of one thing we can be quite sure – she will not single out the disabled in anyway [sic] that people can readily see

⁵³ Interview with Dr Roger Berry. Rogers and Walters, *How Parliament works*, pp. 225-34; Hilton et al., *A historical guide to NGOs in Britain*, p. 332; Whiteley and Winyard, *Pressure for the poor*, pp. 96-98.

for expenditure reductions. Social security benefits can easily be manipulated to appear virtually intact.⁵⁴

I argue that – for the first two terms at least – the Thatcher government did not single out disability, concentrating more on unemployment and other sections of “the poor”. The ‘fairness issue’⁵⁵ meant that the political costs of radical reform to disability-related benefits far outweighed any financial savings. Thus, the government was constrained in what it could do due to a new ‘Beveridge strait-jacket’⁵⁶ as created by DIG and exacerbated by policy developments over the 1970s.

This section takes three elements of the Conservative’s social security policy and shows that while the party may not have attacked disability benefits directly, a number of their policies did impact upon disabled claimants. The first is the question of fraud and abuse. While the Thatcher government was not the only one to be concerned with the issue, various attempts to reduce fraud during the eighties impacted upon disabled people. At the same time, disability was not the prime cause of concern. Indeed, in some areas, controls over medical certification were relaxed for administrative simplicity. I argue that the government’s “liberal” conception of disability meant that disabled people were not targeted as aggressively by anti-abuse rhetoric as other claimant groups. Second, cuts to National Insurance (NI) benefits had an impact on all claimant groups. Again, however, disability benefits received different treatment to other areas of welfare. Industrial Injuries Benefit (IIB) and IVB were cut, but the basic entitlements for unemployed and injured workers under NI remained intact. These policies show that while disability was not completely sheltered by cost-cutting measures, there was no desire to remove the basic protection for disabled people which had developed since the Second World War. Third, I show how disability was deliberately excluded from the Fowler Reviews on social security. Research into policy alternatives for disabled people was conducted throughout the eighties, yet for political reasons radical reform was

⁵⁴ PTC 75.12, Fred Reid to Townsend, 20 September 1979.

⁵⁵ Pierson, *Dismantling the welfare state?*, p. 6.

⁵⁶ Fawcett, "The Beveridge Strait-jacket."

never chosen. All of these attempts to exclude disability from the general drive to reduce expenditure – or, at the very least, to shield disabled people from the brunt of the cuts – betrays a “liberal” conception of disability. I do not claim that disabled people were not seriously adversely affected by these policy decisions (as I will show in more detail later). The rhetoric, however, shows how disabled people firmly remained the “deserving” poor.

Fraud and Abuse

Concern about fraud and abuse was not new or unique to the 1980s but as unemployment grew rapidly, social security costs brought about a reassessment of government expenditure (see Figures 4.1 and 4.2). Fraud was highlighted as being a major drain on resources, though even the government admitted it accounted for only a small proportion of the total benefit bill.⁵⁷ Verity Archer has written about a similar contemporaneous development in Australia fuelled by the dominant neo-liberal rhetoric which had spread from the United States.⁵⁸ This had not always been the case. In 1965, the National Assistance Board (NAB) had decided not to advertise their anti-abuse measures; even though they believed this would deter would-be fraudsters, their main concern was over the low take up of National Assistance by the elderly. Thus, the greater concern was underpayment to vulnerable people rather than the risks of overpayment to select individuals.⁵⁹ Even in 1980, the DHSS did not press for convictions where it would go against their ‘social responsibilities towards the sick, the old, the mentally handicapped, etc. [...] where the offence is trivial or where there are humanitarian considerations’.⁶⁰ Voluntary organisations would continue to insist that low-take up was a much larger problem than that of fraud.⁶¹ It was also clear that while historically there have

⁵⁷ It was felt that ‘the most common social security fraud brought to prosecution [was] not disclosing earnings while drawing benefit’. See Pat Healy’s (Social Services Correspondent) articles in *The Times*, 27 February 1980, p. 14; *The Times*, 13 March 1980, p. 6.

⁵⁸ Verity Archer, “Dole Bludgers, Tax Payers and the New Right: Constructing Discourses of Welfare in 1970s Australia,” *Labour History*, no. 96 (2009).

⁵⁹ TNA: AST 12/75, NAB Minutes 232M, 23 February 1966.

⁶⁰ TNA: BN 69/14, SSAC Memo 17/80, para. 6.

⁶¹ For example, see a letter by Frank Field MP to *The Times*, 6 March 1980, p. 17. The DHSS’s own figures later showed take-up of Supplementary Benefit in 1983 to be only 76% of all those eligible (including 30,000 disabled people). *The Times*, 31 October 1986, p. 3.

been fears about malingering and the “wrong” people receiving aid, the government was confident that medical testing would root out most fraudulent individuals in the case of disability.⁶² Indeed, doubts must be raised as to whether the attack on fraud was ever more than a public relations exercise. Despite hiring more staff to prevent the problem, in 1985 the Public Accounts Committee found that the DHSS still had no reliable way of estimating the true scale of fraud within the system.⁶³ Moreover, if pure economic considerations were the driving force, why was tax evasion not targeted more severely?⁶⁴ Many at the time publicly argued that the campaign would have a detrimental effect on benefit take-up, while implying that this was at least part of the government’s strategy.⁶⁵ For those who continued to claim, and in keeping with the liberal approach, the sick – who, it was believed, could be reasonably easily identified through the medical profession – continued to be viewed as deserving of state support.

Reg Prentice announced new anti-fraud measures through a written reply to a parliamentary question from John Major:

Efforts to control fraud and abuse have been inadequate for several years. [...] The main problems are people who work but purport to be unemployed, people who avoid taking work or mis-state their assets, income or family circumstances, and people who evade their responsibilities for maintaining their wives and children.⁶⁶

⁶² The Fisher Report had reached this conclusion. H. Fisher, *Report of the Committee on Abuse of Social Security Benefits* (Cmnd. 5228, 1972).. For concerns over how to determine “genuine” claims, see Stone, *The Disabled State*, esp. pp. 15-20; Stone, “Physicians as Gatekeepers.”; Bolderson and Mabbett, *Social Policy and Social Security*, p. 15.

⁶³ Department of Health and Social Security and Department of Employment, Thirtieth report from the Committee of Public Accounts. Session 1984-85. Unemployment Benefit Service. Prevention and detection of evasion of national insurance contributions and of fraud and abuse relating to benefits paid by DHSS (HC 434, 1985), p. xv.

⁶⁴ Sullivan, *The Development of the British Welfare State*, p. 233; Dee Cook, *Rich law, poor law : differential response to tax and supplementary benefit fraud* (Milton Keynes: Open University Press, 1989).

⁶⁵ Frank Field MP letter to *The Times*, 6 March 1980, p. 17; Pat Healy, *The Times*, 27 February 1980, p. 14; CPAG quote in *The Times*, 14 February 1980, p. 2. Field referred to what Prentice had said when he was a Labour MP about Conservative fraud measures when he claimed that campaigns against scroungers did little more than increase the stigma for genuine claimants. HC Deb 26 April 1971 vol. 816 cc. 89-90.

⁶⁶ HC Deb 13 February 1980 vol. 978 cc. 710-1W

Further:

Where existing rules have been found over time to lead to abuse and to people becoming eligible for benefits in circumstances that the House never intended, we are taking steps to tighten up the rules. Into this category fall [...] unemployment, sickness and other short-term benefits.⁶⁷

Disability was not explicitly mentioned, which is part of a historical trend. The Fisher Report (1972) had found that there was 'less danger of wrongful claims by the long term sick than those who are sick for shorter periods'.⁶⁸ Disability was considered long-term, and therefore not lumped in with Prentice's pronouncements on 'unemployment, sickness and other short-term benefits'. This not to say that disability was left untouched by the anti-fraud campaigns. DA was concerned that the campaign could reduce take up.⁶⁹ Nor does it mean that disabled claimants have never en-masse been suspected of malingering. "Proving" disability and gatekeeping procedures have been a key feature of welfare provision from the earliest poverty relief policies.⁷⁰ However, I argue that disability was not explicitly targeted during the first two Thatcher terms because disabled people were part of the "deserving poor". For instance, when announcing reduced payments for board and lodgings through the supplementary benefit system, the government specifically excluded 'the chronically sick and disabled'.⁷¹ The New Right's policies of selectivity within the benefits system combined with a moral campaign against certain behaviours put disability in a *relatively* advantageous position compared to other poverty groups.

Debates within the DHSS at this time are important because they show how fraud was dealt with on a practical and administrative level. The word most commonly used was "abuse". This was a useful term because it did not automatically assume criminal intent by the claimant. Abuse could mean that a genuinely injured person was receiving a benefit, but was perhaps

⁶⁷ Peter Jenkin presenting the Social Security (No 2) Bill 1980. HC Deb 15 April 1980 vol. 982 c. 1034.

⁶⁸ Cmnd. 5228, p. 65.

⁶⁹ PTC: 77.03, Steering Committee Minutes, 29 January 1980.

⁷⁰ Stone, *The Disabled State*; Stone, "Physicians as Gatekeepers."

⁷¹ HC Deb 21 March 1985 vol. 75 c. 1004.

not using that money in an appropriate manner; or perhaps the individual *could* work if forced, but had become reliant upon the state handout. This has also been framed by neo-classical economists as 'moral hazard'. Individuals are assumed to take what is on offer rather than what they genuinely need.⁷² Abuse could therefore be applied as a concept to justify tightening eligibility criteria without accusing large sections of the population of criminal behaviour. Guidance was given to DHSS staff on how to detect fraud; but although the amount of cases coming to court had been steadily increasing, the SSAC reiterated that small-time offenders would not be prosecuted if their 'youth, age or physical or mental health' made such action inappropriate. The Department was proud that its selectivity had kept conviction rates at around 98%.⁷³ By tackling the problem throughout the whole social security system the government hoped to achieve a saving of £53 million.⁷⁴

Even more useful was the way that these concepts could be turned on staff. Employees at the SBC could be blamed for being too lenient and developing a culture of abuse. The SBC believed that anti-fraud measures would be compromised because 'staff normally saw their primary responsibility as the payment of benefit, not the prevention of fraud'.⁷⁵ As we will see, this was one of the reasons for removing discretion from the Supplementary Benefits scheme. Discretion leads not only to inconsistent decisions, it allows sentimentality to extract more cash from the system.⁷⁶ Doctors were also subject to this scrutiny. This will become most relevant with regard to Incapacity Benefit in the next chapter, but it is worth saying that the role of the doctor as gatekeeper to the social security system⁷⁷ was already being questioned. The Ogglesby Report, a review of the procedures for claiming MA and AA, argued that doctors

⁷² Norman Barry, "Neoclassicism, the New Right and British Social Welfare," in *British Social Welfare in the Twentieth Century*, ed. Robert M. Page and Richard Silburn (London: Macmillan, 1999), p. 63.

⁷³ TNA: BN 69/14, SSAC Memo 17/80, 1980, para. 6. See also the public instruction from Reg Prentice that anti-fraud officers should not insult 'honest' claimants: *The Times*, 24 March 1980, p. 4.

⁷⁴ TNA: AST 23/16, SBC Minutes M142, 27 March 1980.

⁷⁵ TNA: AST 23/16, SBC Minutes M141, 28 February 1980.

⁷⁶ Grover, *The social fund 20 years on*, p. 128; Grover, "Loaning Supplementary Benefit and the Introduction of the Social Fund."

⁷⁷ Stone, "Physicians as Gatekeepers."

should probably be involved in certificating individual's mobility and attendance needs. The DHSS must be careful: 'a GP may tend to be partial when reporting his own patients'. Still, when an adjudicator doubted the genuineness of a claim they could telephone the claimant's GP for 'inside information'.⁷⁸ DA noted in their review of the control procedures for IVB that:

The medical profession has an important role in the assessment of capacity for work. Doctors are asked not just to make medical judgements but also to express an opinion on capacity for work. This pre-supposes a knowledge of working conditions and of the physical demands made by work. Most doctors are unenthusiastic about this role. [...] Their concern is with the medical welfare of patients rather than the rules and regulation relating to a claim for benefit.⁷⁹

It was clear that there was a difference between disability and incapacity, yet for the purposes of determining benefit eligibility the social security system was happy to conflate the two. Medical proof of certain diagnoses was "proof" of eligibility for IVB. In the 1990s the equivalency of "the sick role" and "disability" would be challenged; but for now, the system was not substantially reformed.

In some respects, however, rules on proof of medical incapacity were relaxed. For spells of sickness under seven days in length, the government proposed to allow workers to "self-certificate". Doctors had pointed out that it was a waste of time for people to come to them for certificates for short bouts of sickness since:

many of them are given to people who have recovered from illness and simply want a note for their employer or DHSS. Others visit their doctors with common colds, flu, backache etc, when rest is the only treatment necessary. In addition, diagnosis is often very uncertain in the early stages of illness.⁸⁰

Business groups were less enthusiastic. One law firm felt it would increase the 'loss of working days due to alleged sickness'. The Confederation of British Industry noted there was a

⁷⁸ TNA: BN 69/31, P. R. Oglesby, SSAC Memo 78/83 Annex – 'Review of Attendance Allowance and Mobility Allowance Procedures, and of Medical Adjudication', paras. 48-49.

⁷⁹ Disability Alliance E.R.A., *Invalid Procedures? A Study of the Control System for Invalidity Benefit* (London: Disability Alliance E.R.A, 1983), p. 10.

⁸⁰ TNA: BN 69/19, SSAC 7/82, 'Social Security (Medical Evidence, Claims and Payments) Amendment Regulations 1982, p. 1.

divided opinion amongst its members, with many expressing ‘apprehension’. Ferris, Craig & Moore, a firm of surveyors, argued that ‘the only persons who will benefit [...] are the malingerers and [GPs]. Employers will be receiving a lower return from staff and good members of staff may be denied the making-up of salary in the event of genuine illness.’⁸¹ Despite these concerns, the regulations were passed, suggesting that the government was more concerned with administrative ease and lower GP workloads than it was with a potential malingering crisis. The reservations from business about productivity and cost also suggest that the perception of malingering as a wide-spread problem (or potential problem) was very different from the government’s. Without a full-scale study into the attitudes of various groups, I can only speculate as to why this might be the case; however, I would argue that it is interesting that the bodies with access to and experience with a large amount of data on the issue of health-related benefits were far less critical of this proposal than organisations with, presumably, little more than anecdotal experience on the matter. This is not to cast a moral judgement on these businesses, or to declare them “wrong” – rather it is to draw attention to the fact that different organisations understood the socially constructed phenomenon of “malingering” in different ways. The same can also be said of “disability”.

Throughout, these debates on abuse of disability benefits were based on technicalities and borderline cases. Many cases were publicised where disabled people were denied these benefits, but the issue was not whether or not they were “really” disabled or sick, rather whether or not they were entitled to the benefit as the rules stood.⁸² There is little evidence that the social security authorities suspected that masses of people were faking their illnesses

⁸¹ Other interested parties submitted their views to SSAC and can be found in TNA: BN 69/19, SSAC 13/82 Annexe A, ‘Representations on the Draft Social Security (Medical Evidence, Claims and Payments) Amendment Regulations 1982.

⁸² See the debates over whether deaf-blind people should be entitled to Mobility Allowance and whether autistic children should be eligible for Attendance Allowance. In both cases, Alf Morris used parliamentary questions to seek clarifications from the secretary of state. In both cases, the question was passed on to an independent adjudicator. Autism: HC Deb 9 March 1981 vol. 1000 c. 249W. Deaf-blind: HC Deb 19 July 1982 vol. 28 cc. 50-1W; HC Deb 29 July 1982 vol. 28 c. 670W; *The Times*, 15 July 1982, p. 3, 20 July 1982, p. 2.

to avoid work (for Invalidity or Supplementary Benefit) or to claim additions (for Mobility and Attendance Allowances). This is in stark contrast to the campaigns against the unemployed.⁸³ Claimants to disability benefits needed to be kept under surveillance through medical reports and, if suspicion was raised, home visits. There was, however, more confidence that this objective measure of eligibility was easier to police. Moreover, to be ill was not to be morally inferior. “The sick” were, in the liberal approach, worthy of support. On the other hand, the unemployed, or the single mother of an illegitimate child,⁸⁴ were not.

National Insurance Benefit Cuts

Cuts to general NI benefits affected disabled people claiming IVB or the duty pensions. DA discussed a paper they had written in 1983 called *Hard Times: The Tories and Disability* in which they outlined their opposition to government policy. Although they felt that ‘for pragmatic reasons – electoral popularity – they have not, as yet, mounted an obvious full frontal attack on the existing system’, it was clear that the changes that had been and would be made ‘add up to very bad news, particularly for the majority of people with disabilities’.⁸⁵ I argue, however, that these benefits declined in value because all NI benefits were cut. They were not attacked *specifically because they were disability benefits*, nor was there any great desire to do away with entitlements to support entirely. The increasing returns and bureaucratic momentum from previous governments not only made large-scale reform of disability benefits costly in financial and administrative terms; but any attempts to take entitlements away from a long-neglected group which had only recently been recognised would have carried great electoral risks.⁸⁶ Cuts came through general reductions in rates and modifications to the eligibility criteria.

⁸³ Walker, *Managing Poverty*, pp. 36-39.

⁸⁴ Thane and Evans, *Sinners? Scroungers? Saints?*, p. 169, 87.

⁸⁵ PTC: 77.06, *Hard Times: The Tories and Disability*, attached to document Policy Proposals for Steering Committee Meeting 18 July 1983.

⁸⁶ Pierson, *Dismantling the welfare state?*

Disability benefits were therefore not uniquely affected, but they were treated differently in some ways. Both NI income replacement benefits –IVB and Sickness Benefit – were cut. Sickness Benefit was effectively replaced by Statutory Sick Pay.⁸⁷ Employers took responsibility for the payment and administration of short-term sickness benefits by covering the first eight weeks of incapacity in return for rebates on NI payments.⁸⁸ It is important to note here that the government felt that short-term sickness and injury was a matter for employers. Administratively and financially it made more sense for them to pass the burden to the employers who could more effectively monitor for absenteeism and reimburse their workers through existing wage-payment procedures.⁸⁹ Sick people with jobs could provide for themselves through co-operation with their employer. Those without work and adequate insurance contributions were still entitled to Supplementary Benefit until their period of incapacity became long enough to qualify for one of the other disability-related benefits.

While Sickness Benefit was being phased out, the value of IVB was being cut (as demonstrated by the dip below the rate in retirement pensions in Figure 4.5). It seemed that the removal of the earnings link for long-term benefits would affect ‘pensioners, widows and war disabled people’.⁹⁰ Looking deeper, DA was concerned that ‘it is very hard for anyone to calculate with accuracy the cumulative effects of the various hidden “clawbacks”⁹¹ and obvious cuts that have been made’.⁹² The real value of IVB decreased by five per cent. This was portrayed as a temporary measure until it would be taxable in 1983, at which point its real

⁸⁷ Social Security and Housing Benefits Act 1982, Part 1.

⁸⁸ Shamin Baloo, Ian McMaster, and Kathy Sutton, *Statutory Sick Pay - The failure of privatisation in social security* (London: Disability Alliance Education and Research Association, 1986), p. 8.

⁸⁹ See Glennerster, *British Social Policy*, pp. 181-82; Evans and Williams, *A Generation of Change, a Lifetime of Difference?*, p. 129; Earl A. Reitan, *The Thatcher Revolution - Margaret Thatcher, John Major, Tony Blair, and the Transformation of Modern Britain, 1979-2001* (Lanham, MD: Rowman & Littlefield, 2003), p. 31.

⁹⁰ *The Times*, 13 February 1980, p. 4 reporting Labour’s opposition to the first Social Security Bill 1980. The clause that enacted this change passed through the Standing Committee by just one vote (9-8), after attempts by Labour to amend the Bill to retain the earnings link. *Standing Committee E. Minutes of proceedings on the Social Security Bill* (HC 483, 1980), pp. 12-15.

⁹¹ “Clawback” was the process of maintaining NI benefits but taxing them so that effectively payments to the better off were of lower cost to the Exchequer.

⁹² PTC: 77.06, *Hard Times*.

value would be restored. The argument was that long-term benefits should be taxable – retirement pensions were, so invalidity pensions should be too – but in the meantime the value of the benefit had to be reduced to make up for the lost tax revenue.⁹³ This was, for disability campaigners, cruel and absurd. The lowest earners paid no tax on IVB since their incomes were below the taxation threshold.⁹⁴ According to a reply to Alf Morris, this applied to 400,000 IVB recipients in 1980.⁹⁵ When the link with pensions finally was restored in 1985, it appeared to be a ‘generous’ addition to the benefit. However, it was brought about because the government realised that taxing IVB was ‘operationally impossible’. The lost income over the preceding years was not to be compensated, and the benefit was effectively “cut” further from its 1980 rate by changes to the earnings-related addition rules.⁹⁶

IIB received more attention and underwent more significant changes. A White Paper was published on reforming the scheme in 1981⁹⁷ as a response to the Pearson review on compensation for personal injuries.⁹⁸ The Conservative government removed IIB in its previous form, keeping the disablement benefit (the part which compensated for injury on a percentage basis), but removing the basic-rate IIB which was effectively a higher-rate version of Invalidity Pension.⁹⁹ Other changes were made, such as removing disablement benefit for those judged to be less than 10% disabled. This was combined with a revised scale of awards (where 20%

⁹³ HC Deb 29 April 1980 vol. 983 cc. 1130-4.

⁹⁴ Alf Morris wrote an editorial on the subject in *The Times*, 11 June 1980, p. 18. This was to coincide with the debate he led in the House of Commons the following day: HC Deb 12 June 1980 vol. 986 cc. 820-82. See also John Dare, letter to *The Times*, 10 April 1980, p. 15; PTC: 77.06, *Hard Times*.

⁹⁵ HC Deb 15 April 1980 vol. 982 cc. 603-5W. Total claimants for IVB and SB at the time numbered around 1.2 million according to Geoff Dennis, ed. *Annual Abstract of Statistics 1989, No. 125* (London: H.M.S.O, 1989), p. 54. See also Morris’s editorial, *The Times*, 11 June 1980, p. 18.

⁹⁶ Social Security Act 1985. Analysis and quotations from *The Times*, 23 November 1985. DA campaigned against the proposals. See PTC: 77.07, DA Annual Report, 1984; PTC: 77.08, Townsend’s Chairperson’s Report in AGM Minutes, 5 July 1985, p. 1.

⁹⁷ Department of Health and Social Security, Social Security Act 1975. Reform of the industrial injuries scheme (Cmnd. 8402, 1981).

⁹⁸ Royal Commission on Civil Liability Compensation for Personal Injury, *Royal Commission on Civil Liability and Compensation for Personal Injury Vol.1* (Cmnd. 7054-I, 1978). For estimates of savings and outline of changes, see pp. 26-29. See also *The Times*, 21 February 1980, p. 3.

⁹⁹ Invalidity Pension was the basic rate which was topped up with Invalidity Allowance to make IVB. See chapter 2. See also Social Security and Housing Benefits Act 1982 c. 39; Andrews and Jacobs, *Punishing the Poor*, pp. 8, 102.

disablement only secured a 15% pay out of the full pension) to save in the region of £33 million. In total, the 1981 white paper predicted savings of £54 million. As Norman Fowler wrote in the foreword:

The times we live in mean that we cannot improve benefits without, at the same time, producing matching savings in other parts of the scheme. But this approach will use our resources more sensibly and make further progress in simplifying the social security scheme.¹⁰⁰

The arguments from voluntary organisations were helpful to the government in this regard. Since the pressure groups had protested against the preferential rates in the duty pensions, there was a logical claim that IIB could be reduced to bring it into line with civilian benefits. The document quotes the DA's objections to IIB preference as justification for its plans, although it conceded that the ultimate goal of the poverty lobby was to remove the differential all together and provide benefits on the basis of need. The Trades Union Congress and Industrial Injuries Advisory Council both pressed the case for retaining the difference as a premium for workers 'acting under orders and also because their employment is necessary to maintain and increase the wealth of the community'.¹⁰¹ Another consultation paper on IIB was circulated in late 1985, separate from the wider consideration of disability and the Fowler reviews on general social security. Tony Newton, the Minister for Social Security and the Disabled, wrote in the introduction that the government felt this was a 'sensible further step towards a more coherent system' for disabled people. It was seen as part of earlier packages such as the introduction of SDA (on which more later).¹⁰² It proposed to further restrict payments, this time removing payments for those assessed as below 15% disabled. Constant attendance allowance was also to be rationalised and brought into line with civilian AA.¹⁰³ This was, in effect, an extension of work already done. The precedent of the Social Security Act

¹⁰⁰ Cmnd. 8402, p. iii.

¹⁰¹ *Ibid.*, p. 2.

¹⁰² TNA: BN 69/39, SSAC 5/86, DHSS, Industrial Injuries Scheme Consultation Paper, December 1985, p. 1.

¹⁰³ *Ibid.*, pp. 12-13. See also Social Security Act 1986, Schedule 3; Department of Health and Social Security, *Reform of social security. Programme for action* (Cmnd. 9691, 1985), p. 47.

1982 allowed the government to once again restrict qualification requirements at the edges of the scheme and re-distribute money within it.

We see here liberal approaches to disability conflicting with neo-liberal approaches to welfare in general. The government was constrained in the policy choices it could make by potentially damaging electoral effects of being seen to be “cruel” to disabled people. At the same time, the increasingly complex tangle of social security benefits made individual changes difficult due to the impact upon other schemes. IIB preference could not be removed entirely. The absurdity of it was not so profound as to cause a crisis.¹⁰⁴ Instead, the costs of exit from the policy paths created in the 1970s were too great at this time to allow radical reform.¹⁰⁵ By this, I argue that the electoral and administrative investment in the idea of disability benefits and the way they were constructed at this time was as (if not more) important as the raw economic costs of changing the system. More fundamental changes would only be possible once there was the political will and the economic and administrative data to provide clear policy alternatives to the government. As the next section demonstrates, however, disability benefits were deliberately excluded from general plans to overhaul social security.

Fowler Reforms

The tension between neo-liberal desire to reform the benefits system and liberal attitudes towards “the disabled” went unresolved over Thatcher’s first two governments. As the Conservatives looked to redraw eligibility for other forms of benefit, disability was specifically left out of the Fowler Reviews. Instead, a separate investigation into disability was commissioned after Fowler had reached his conclusions. Significantly, however, the question of disability benefit had been asked, and tentative answers drafted, throughout the decade. Despite a lack of concrete action in reforming the system, the government’s various advisory committees continued to investigate alternative schemes. Disability largely escaped the major

¹⁰⁴ Billis, *Welfare Bureaucracies*, p. 16.

¹⁰⁵ See Pierson, "Increasing Returns."; Alcock, "Poverty and Social Security," p. 199; Fawcett, "The Beveridge Strait-jacket."

reforms in the Social Security Act 1986; but it did not fully escape government attention. I argue that there were two main reasons for inaction. First, as we have seen elsewhere, disability was still seen as a worthy area of state support. And second, disability was clearly a hugely complicated and potentially expensive area to reform in a way which would not damage the government's chances of re-election. As with the previous section, the potential cost to the government was just too high.

Part of the rhetoric of the Reviews was to rationalise a system of benefits which had clearly become complicated and difficult to administer for both claimants and government since the 1940s. As Alcock has argued, social policies are 'the product of history, not of logic'.¹⁰⁶ In this sense, disability was no different. In 1981, SSAC reported:

The overriding criticism of existing benefits [for disabled people] is that they are too low to fulfil their purpose. Another general criticism is the patchwork nature of the system. As public and political awareness of the problems caused by disablement grew, benefits were introduced piecemeal when resources permitted. [...]. Each [...] has different qualifying conditions and different rules for receipt, and caters for a different aspect of disablement. Critics argue that there has been no rationale behind creation of the present structure [...] and this has resulted in the present system being anomalous, confusing and failing to meet the extra costs disablement brings.¹⁰⁷

Yet a comprehensive review of disability benefits was not conducted until *after* the initial reviews for other aspects of the social security system.¹⁰⁸ In the meantime, SSAC advised that since the government had committed itself to a disability income it needed to first conduct a survey to find out the number of disabled people and their need; then it would need to decide if the resources were available for a full-scale restructuring of the system or whether

¹⁰⁶ Alcock, "Poverty and Social Security," p. 199.

¹⁰⁷ TNA: BN 69/15, SSAC 21/81, 'Benefits for Disabled People', paras. 3-4.

¹⁰⁸ The exception to this was the previously-mentioned investigation into IIB, Cmnd. 8402. SSAC's priorities for 1981 were to report on 'financial support for families, benefits for people unemployed long term and benefits for disabled people', but this amounted to little more than small recommendations, mainly over the "invalidity trap". See also TNA: BN 69/18, SSAC 65/81 ANNEXE, Draft letter to Patrick Jenkin, pp. 1-3.

piecemeal development was ‘the only practical way forward’.¹⁰⁹ The two bodies set up for this task were the OPCS survey and the SSAC Disability Working Group (DWG), both of which published their findings in 1988.¹¹⁰

Basic reviews of the “state of play” with regard to disability benefits were conducted by the nascent SSAC. Consideration of these questions was necessitated by promises made in the Conservatives’ 1979 manifesto.

Much has been done in recent years to help the disabled, but there is still a long way to go. Our aim is to provide a coherent system of cash benefits to meet the costs of disability, so that more disabled people can support themselves and live normal lives. We shall work towards this as swiftly as the strength of the economy allows.¹¹¹

Disability organisations took this as a specific commitment to reform benefits, although they knew that it was unlikely that this Conservative party was ideologically committed to improving support.¹¹² DA accused the government of dragging its feet over its manifesto promises, arguing that disabled people were already taking the brunt of the cuts through other reductions in expenditure.¹¹³ For the International Year of Disabled People (1981), DA produced a booklet called *The Government’s Record on Behalf of People with Disabilities*. It contained an introduction by Peter Townsend and essays from Lynda Chalker (Conservative) and Jeff Rooker (Labour).

Chalker was a junior member of the government and an attendee of All-Party Disablement Group meetings before starting her role at the DHSS. She defended the Government’s record with a cricket analogy: ‘the Government is scoring by singles. We would like to score

¹⁰⁹ TNA: BN 69/15, SSAC 21/81, ‘Benefits for Disabled People’, para. 15. Fowler had agreed, as seen in Cmnd. 9691, pp. 46-47.

¹¹⁰ Jean Martin, Howard Meltzer, and David Elliot, *The prevalence of disability among adults* (London: H.M.S.O., 1988); Social Security Advisory Committee, *Benefits for disabled people : a strategy for change* (London: H.M.S.O., 1988).

¹¹¹ Dale, ed. *Conservative Manifestos*, p. 280.

¹¹² PTC: 75.12 contains a number of letters between Townsend and others on the subject of the new government, the 1979 budget, manifesto commitments and what they meant for disabled people. See especially Townsend to Patrick Jenkin, 7 June 1979 and Fred Reid to Townsend, 20 September 1979.

¹¹³ PTC: 75.12, Townsend letter to Reg Prentice, 30 July 1979. Townsend writes that DA considered a disability income as ‘a specific priority’ from the manifesto. ‘We would be grateful to know whether we were wrong.’ See also *The Times*, 10 December 1979, p. 2.

boundaries, but we must recognise that the circumstances are not yet right.’¹¹⁴ Rooker was more strident.

It will now have dawned on people that the sufferers are to be the old, disabled and chronic sick. Are these the scroungers the Tory party talk about? Of course not. But they are the ones to bear the brunt of the cuts. It is not as though it has happened by accident. The former Minister for the Disabled, Reg Prentice, was on record as saying that the disabled are pleased to share in the cuts. People who lobbied the Minister last year on behalf of the disabled were described as “phonies”.¹¹⁵

Attempts to amend the first Social Security Bill 1979 to include a disability income within the Supplementary Benefits system were rejected.¹¹⁶ However, it was clear that the policy recommendations of the poverty lobby were being considered.¹¹⁷ A SSAC memo from 1981 outlines the costs of some of the changes which had been suggested. For example, extending Mobility Allowance to the over 65s was estimated to cost around £350 million; removing the ‘household duties’ restriction on HNCIP would cost £220m.¹¹⁸ In both the first and second reports, therefore, SSAC did not recommend the immediate introduction of a comprehensive disablement allowance. Although a partial incapacity benefit was considered, this and the comprehensive income were rejected on grounds of practicality and cost.¹¹⁹

It was not until 1984 that the government took SSAC’s advice and properly investigated disability benefits. This was a necessary part of the review procedure, as the Harris survey was

¹¹⁴ Disability Alliance, *The Government's Record on Behalf of People with Disabilities* (London: Disability Alliance, 1981), p. 6. Chalker would go on to explain the difficulties of the economic situation and argue that the government was committed to ensuring that the poorest were protected – hence reforms to the Supplementary Benefits system. *Ibid.*, pp. 6-9.

¹¹⁵ *Ibid.*, p. 13. Rooker’s essay was entitled “The End of the Welfare State”. Prentice had lost credibility with voluntary organisations after his announcement in 1979. See *The Times*, 10 December, 1979, p. 2.

¹¹⁶ DIG and RADAR were given specific credit for the amendments by Morris and Carter-Jones. The set of amendments was rejected by 294 votes to 254. HC Deb 19 March 1980 vol. 981 cc. 490-514.

¹¹⁷ DA and DIG’s subtly different comprehensive income schemes were outlined in a SSAC memo, alongside a Multiple Sclerosis Society proposal for a partial incapacity benefit, a blind lobby proposal for a blindness allowance and continued pressure from drivers’ associations for better vehicles through the *Motability* scheme. TNA: BN 69/17, SSAC 59/81, ‘Summary of Policy Objectives from Pressure Groups Representing Disabled People’.

¹¹⁸ TNA BN 69/17, SSAC 58/81, ‘Cost of Changes to Existing Benefits for Disabled People’.

¹¹⁹ TNA: BN 69/45, DWG 1/86, Introductory Paper, July 1986, p. 1. For an report on partial incapacity, see SSAC 61/82, Benefit for the Disabled Worker, July 1982.

by then fifteen years old.¹²⁰ It investigated not only the prevalence of disability but also the financial impact of disability on disabled people.¹²¹ It was due to publish in 1988, and therefore DWG began a two-year investigation in 1986.¹²² It recommended four guiding principles for policy makers:

(i) the social security system should provide an adequate basic income for all disabled people who cannot support themselves fully, with parity of income between all groups;

(ii) there should be help towards the extra costs which people incur because of their disabilities, assessed in relation to their particular disabilities;

(iii) the benefit structure should provide incentives for disabled people to achieve independence through employment;

(iv) benefit entitlement rules should be readily understandable, disabled people should have ready access to social security offices and should be able to obtain help with a minimum of delay and inconvenience.¹²³

Publication of the results of the survey was delayed. Many campaigners believed this to be a deliberate attempt by the government to withhold information.¹²⁴ The debate was more heated than had been the case over the Harris OPCS survey in the late 1960s. Linda Lennard of DA wrote to Nicholas Scott (the Minister for Disabled People):

[DA believes] that the proposed publication of the disability survey in September, in a manner apparently designed to stifle public debate, is demeaning to millions of people with disabilities. We would urge you most strongly to make these

¹²⁰ Cmnd. 9691, p. 46.

¹²¹ Martin, Meltzer, and Elliot, *The prevalence of disability among adults*; Jean Martin and Amanda White, *The financial circumstances of disabled adults living in private households* (London: H.M.S.O., 1988). See also TNA: BN 69/35, SSAC 77/84 Annexe A, Letter from SSAC's Jill Moore to DHSS's M.E.H. Platt; TNA: BN 69/52, DWG 22/87, OPCS Surveys of Disabled People. For criticisms of the process, see: Pauline Thompson, Judith Buckle, and Margaret Lavery, *Not the OPCS Survey: Being disabled costs more than they said* (London: Disablement Income Group, 1988); Paul Abberley, "Counting Us Out: a discussion of the OPCS disability surveys," *Disability, Handicap & Society* 7, no. 2 (1992).

¹²² See the files of the DWG: TNA: BN 69/45, BN 69/52, BN 69/58. By March 1986, SSAC had declared 'In recent discussions on the Committee's future work programme it was decided that benefits for disabled people should top the list of priorities. TNA: BN 69/39, SSAC 17/86, Benefits for Disabled People, March 1986, p. 1.

¹²³ Social Security Advisory Committee, *Benefits for disabled people*, p. 60.

¹²⁴ See Alf Morris's editorial in *The Times*, 2 August 1988, p. 10; Peter Mitchell letter in *The Times*, 20 August 1988; *The Times*, 3 October 1988, p. 17.

survey results available immediately, so that they can be fully discussed before Parliament goes into recess.¹²⁵

However, in some circumstances it appears that speed was considered damaging. Reforms to other sections of the social security system, for instance, were made without recourse to a full survey. A number of organisations wrote to *The Times*.

The Government has justified its refusal to provide figures to illustrate the likely impact of its proposals on the grounds that the debate should, at this stage, centre on structures. While deploring the absence of figures, we also wish to make clear our serious reservations about the Government's chosen structures.

We do not believe that a 15-week consultation period, over the summer, to be followed swiftly by legislation, can provide adequate time for the public debate that such a shift in welfare provision merits. Indeed, it is our view that the implications for the future of our society are sufficiently serious to warrant placing the whole question before the electorate at the next election.¹²⁶

While surveys can be used as delaying tactics for a government hoping to postpone a decision, I do not believe this was entirely the case with disability benefit reform. The cynical view would be to say that disability benefits were so politically sensitive that the government could not attack them head on. Thatcher was known for her pragmatism. Although areas such as social care were opened up to market competition, she avoided radical privatisation of health and education as it was considered too electorally risky.¹²⁷ Yet there were also genuine reasons to wait. There were little fresh data on the numbers of disabled people in the country, and disability benefits were a complex and costly area of policy. To reform quickly could have disproportionately affected disabled people, or opened the government up to unsustainable expenditure increases. It was clear, however, that the government was far more concerned with the latter than the former. Both of these interpretations add weight to the argument that

¹²⁵ PTC: 76.07, Lennard to Scott, 28 June 1988.

¹²⁶ Letter signed by Ruth Lister (director, CPAG), David Hobman (director, Age Concern), Carol C. Smart (director, National Council for One Parent Families), George Wilson (director, RADAR), Sheila McKenchnie (director, Shelter), E. John Mayo (director, Help the Aged), Ruth Evans (co-ordinator, Maternity Alliance) and Tim Cook (director, Family Service Units) in *The Times*, 25 June 1985, p. 15.

¹²⁷ Glennerster, "Crisis, Retrenchment, and the Impact of Neo-liberalism."

the “liberal” concept of disability remained in place. Without proper planning, the resultant legislation could have opened the government up to massive increases in expenditure, and/or would end up excluding “worthy” claimants from the support they needed. These were at once unacceptable to neo-liberal and liberal tendencies in the government. At the very least, the government feared reprisals if it were seen to be attacking disabled people; if not, it genuinely wanted to ensure that it did not allow the “deserving poor” to be excluded from the new, more rational system. Fred Reid’s prediction was broadly correct. Instead, disabled people were disadvantaged as a result of a package of changes that disadvantaged “the poor” rather than being specifically focused on “the disabled”.

Government action – Active Reform

There were areas, however, where benefits for disabled people underwent significant reform. For women, access to certain benefits was improved as the result of judgements in the European Court. HNCIP was abolished along with the household duties test, and married women became entitled to ICA. For those reliant on means-tested benefit, eligibility for support became more complicated. “Discretionary” payments, which had often been used to tailor support to claimants’ individual needs, were scrapped. They were replaced by “entitlements” via a disability premium, which provided payments on top of the basic rate of support but with no relation to the actual needs of the individual. These reforms show concerns for “the sick” and welfare retrenchment were clashing. The government did not want to increase its expenditure on housewives and carers, but even though the moral case had been made for their inclusion in the social security system, it was only when forced by European law that it finally acted. Further, while attempting to rationalise and simplify payments to the uninsured poor, the government realised that disabled people would be adversely affected. Unable to allow this “deserving” group to go without support, policy was modified in an unsatisfactory way to try and satisfy the competing ideals of protection for disabled people and reducing expenditure.

Income Support and Disability Additions

Supplementary Benefit reform shows that disability was not the prime target for government during the early Thatcher years. Income Support, which replaced Supplementary Benefit in 1988 as a result of the Social Security Act 1986, was the Conservative government's attempt to rationalise means-tested social assistance and, in turn, cut costs and promote independence. The nature of these reforms shows that the side effects of policies aimed at reducing benefit expenditure had a direct impact on disabled people. I argue that disabled people were a subsection of "the poor"; negative impacts upon disabled people were concerning for the liberal tendencies of the Conservative government, and steps were taken to correct some of the unintended consequences. However, these remedies could not interfere with the overarching neo-liberal goal of reducing benefit expenditure. Their "desert" was trumped by economics.

The purpose of Supplementary Benefits reform was to simplify the system so that claimants had more rights and fewer allowances based on discretion. The logic suggested that this would also make the system more reliable. This was broadly done in two stages: the first in the Social Security Act 1980 and the second in the Social Security Act 1986.¹²⁸ Initial changes to means-tested benefit were made within the context of the review established by the Labour government.¹²⁹ The poverty lobby had provided evidence to this review, but DA was specifically critical of the SBC and what appeared to be a 'block' on disability. Despite repeated attempts to work with the SBC to reform provisions for disabled people, DA saw little progress. Hence Townsend wrote to David Donnison, the Chair of the SBC:

This letter gives notice of the end of gentlemanly endeavours to persuade the Commission and its officers with sweet reason. We propose now to harangue the organisation at every opportunity and to make public the reasons for our profound dissatisfaction with its policies. [...] We will oppose root and branch the possible abandonment of [Exceptional Circumstances Addition] and [Exceptional Needs Payments] because at least they amount to a fitful and indirect recognition of disablement.

¹²⁸ See also Andrews and Jacobs, *Punishing the Poor*, pp. 6-8, 108; Glennerster, *British Social Policy*, pp. 185-86; Hill, *The Welfare State in Britain*, pp. 127-28.

¹²⁹ Department of Health and Social Security, *Social assistance : a review of the supplementary benefits scheme in Great Britain* (London: H.M.S.O., 1978).

We want a more consistent recognition of disablement in the structure of payments.¹³⁰

DA criticised the 1980 Act, but the system before the changes was clearly detrimental too. DA described the poverty trap caused for a disabled child on her 16th birthday. The ‘choice’ was to claim NCIP or Supplementary Benefit. The former paid £14.00 a week, the latter £12.95, with the possibility of additions for diet, heating or special needs. However, once she turned 18 and became eligible for the long-term rate, Supplementary Benefit rose to £20.65. The choice therefore, was a complicated calculation of whether it was better to lose money in the short term or in the long term – and this was dependent upon a very specialised knowledge of the benefits system which few would have had without help from organisation such as DA or the Citizen’s Advice Bureau. For the very poor, this was not a ‘choice’ but ‘in fact more of a problem’. Similarly, the long-term rate of Supplementary Benefit was *higher* than the NI benefit, IVB.¹³¹ SSAC acknowledged this, explaining that the way to avoid such anomalies was to make it so that claimants on IVB for one year effectively qualified as long-term Supplementary Benefit claimants. However, this would likely affect 70,000 claimants, cost £15 million a year and ‘involve about 250 staff in the first year and about 150 in subsequent years. In the [DHSS]’s view, the high benefit and staff costs militate against early introduction of the change.’¹³² A disablement working group¹³³ investigated the disincentives to work such as the low level of ‘therapeutic earnings’ alongside other ‘invalidity trap’ arguments, but SSAC concluded that ‘there is already a wide range of provisions for the disabled in the supplementary benefits scheme. The Working Group may like to consider [...] bearing in mind

¹³⁰ Emphasis original. PTC: 75.12, Peter Townsend to David Donnison, 26 February 1979.

¹³¹ PTC: 75.13, DA, ‘Social Security Bill 1980, Legislative changes necessary to protect people with disabilities’, p. 2. Attached to a generic, unaddressed letter dated 12 February 1980.

¹³² TNA: BN 69/17, SSAC 45/81, “The Invalidity Trap”, p. 1.

¹³³ *Not* the main DWG of 1986-88 which is discussed in this chapter. This was a smaller group investigating the current provisions for disabled people once the Conservative Party took office.

financial and staffing consequences, whether to recommend [...] that any further extensions are necessary or desirable.¹³⁴

The reasons for this complexity were historical. The purpose of National Assistance in the Beveridge scheme was to act as a safety net for those who fell through the holes of the NI system. Thus, discretion was a central part of the process. Officials could ascertain the real needs of the claimant, provide support during times of crisis and, because only a few people would be claiming from the NAB, the system would be able to cope. However, successive governments had become reliant on means-tested benefits as they allowed selectivity or “targeting”. It was a useful way of keeping expenditure low and ensuring benefit only went to target groups.¹³⁵ The rhetoric up to this point had always been that there would be a move towards universal provision. 1986, according to Nicholas Timmins, marked

the end of a postwar consensus to which every government until this one has paid at least lip-service. No longer does this government pretend to want to make a significant move away from means-tested benefits to ones given universally and as of right. [...] Its slogan – concentrating help where it is most needed – means in the long run more, not less, means-testing.¹³⁶

“Simplification”¹³⁷ became necessary because the SBC was overloaded with hundreds of thousands more claims than it was ever designed to process. Administrative costs were prohibitive. However, by replacing discretionary awards, adaptable to individual circumstances, with “premiums” and “entitlements” at flat rates for certain categories of claimant, the government could cause more problems than it solved. ‘Although it is better to have genuine rights to benefits rather than discretion, nevertheless inadequate rights without

¹³⁴ TNA BN 69/18, SSAC 73/81, ‘Help for Disabled People on Supplementary Benefit’, para. 6, p. 3.

¹³⁵ See Walker, *Managing Poverty*, p. 8; Lowe, *The Welfare State in Britain since 1945*, pp. 158-60.

¹³⁶ Nicholas Timmins editorial on the then Social Security Bill 1986 ‘Where Fowler is off target’ in *The Times*, 17 January 1986, p. 12.

¹³⁷ This phrase was repeatedly used by Patrick Jenkin in the debate over the 1979 Social Security Bill. See HC Deb 20 November 1979 vol. 976 cc. 897-1021.

discretion could make the claimant much worse off.¹³⁸ The challenge was to create categories of need within the means-tested system so that certain groups in poverty had an automatic right to support.

Certain health-related categories already existed within the National Assistance/Supplementary Benefit scheme, but these were also problematic. Two such groups were “the blind” and “the tuberculous”.¹³⁹ Tuberculosis was removed in the 1960s, but the special blind scale remained. This was reviewed in the investigation on Supplementary Benefits in the 1970s, and was retained despite the fact that ‘the review paper came to the conclusion that the blind seldom had special needs beyond those of other disabled groups and that the preferential scale was anomalous’. Politically, it was difficult to remove ‘except as part of a wider change’ as it could be seen as an attack on a vulnerable group. Therefore while the scale was removed, a blind addition remained as part of the normal scale rate for Supplementary Benefit even after the 1980 Act.¹⁴⁰ Organisations for and of blind people were also campaigning at this time for a blindness allowance to cover the extra costs associated with visual impairment along similar lines to MA and AA. They argued that while there was tax relief for blind workers and Supplementary Benefit additions, those who did not qualify for either received no extra-costs payments unless they could demonstrate acute need for MA or AA.¹⁴¹ DA broadly supported these aims, with the caveat that they were not supporting discrimination for or against one particular impairment group. They were supporting a more comprehensive benefits system, in which a blind allowance could play an important part.¹⁴² The idea of awarding supplementary payments to particular categories of people was therefore nothing new, nor contradictory to the demands of disability organisations.

¹³⁸ PTC: 77.03, Ruth Lister, director of CPAG, speech to DA’s AGM, February 1980, ‘The Social Security Bill: What Price Simplification?’. See Deacon’s criticism of the 1980 Act. Deacon, “Spending more to achieve less?,” p. 85.

¹³⁹ See Cmnd. 2386.

¹⁴⁰ Department of Health and Social Security, *Social assistance*, paras. 5.46, 5.47. TNA: BN 69/21, SSAC 37/82, Supplementary Benefits Scheme: Additions for Blind People, May 1982.

¹⁴¹ The campaign involving RNIB, NLBD and NFB was reported in *The Times*, 20 August 1980, p. 3.

¹⁴² PTC: 77.03, Steering Committee minutes, 11 September 1980.

In the 1986 reforms, disabled people were to be covered in the new Income Support system through the disability premium because disability was a category of deemed need. However, such reform was only possible because the government acknowledged that

it was clear from discussions in Committee and on Report and from quarters outside the House that the general statement of intent about our aim to find a new solution to the problem of those severely disabled people had fallen short of satisfying those who rightly and properly represent the interests of that group.¹⁴³

Minister for Disabled People, John Major, responded to criticism of the premium by stating that 'the Government policy remains to direct more resources to disabled people'.¹⁴⁴ The government went on to reject a House of Commons Select Committee report urging a rethink on the premium.¹⁴⁵ However, as the next chapter shows, it was forced to provide additional help through the Independent Living Fund as Income Support proved to be inadequate. Throughout this reforming process the reality of the reform programme did not meet the rhetoric. DA gave written evidence to SSAC on the implementation of the new SBC rules in 1981:

The new legal basis of entitlement was supposed to have ensured the "simplification" of the scheme; to have made it easy to understand and easier to administer. So that even though cuts would be made, claimants, at the very least, could be confident that they would and could gain their full legal entitlement. Our experience suggests that even this minimum requirement is not yet fulfilled.¹⁴⁶

Tony Aston of the Royal National Institute for the Blind (RNIB) argued that the disability premium in 1986 was 'no victory for disabled people' as 'fewer people will receive the

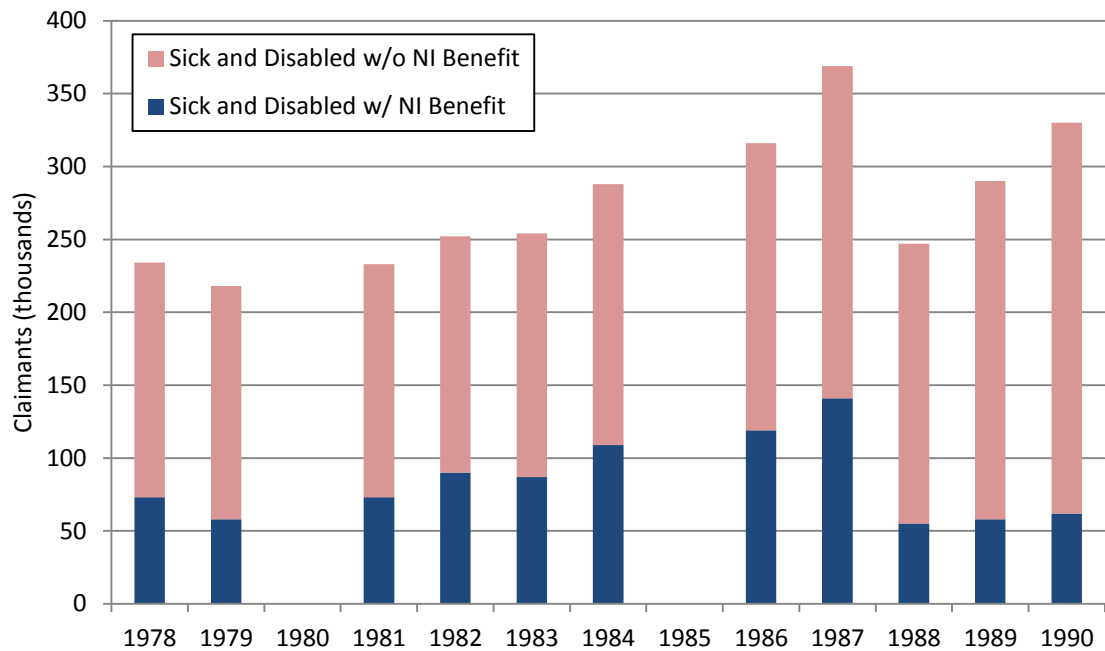
¹⁴³ Tony Newton during consideration of Lords amendments to the Social Security Bill. See HC Deb 23 July 1986 vol. 102 cc. 396-410, esp. c. 399.

¹⁴⁴ John Major letter to *The Times*, 7 January 1987, p. 11.

¹⁴⁵ Third special report from the Social Services Committee. Session 1985-86. Reform of social security. Observations by the government on the first report from the committee, session 1985-86 (HC 490, 1985), p. v.

¹⁴⁶ DA's written evidence on the supplementary benefits scheme, September 1981. TNA: BN 69/18, SSAC 75/81, The Supplementary Benefits Scheme, ANNEXE, p. 67.

Figure 4.6: Claims to Supplementary Benefit and Income Support by claimants classed as 'sick and disabled', 1978 to 1990.



Source: See Appendix note on statistical data. Breakdown of claimants not available for 1980 or 1985, but total 'sick and disabled' claimants were 216,000 and 263,000 respectively.

payment than the Government originally estimated and many disabled people will be left out'.¹⁴⁷

Perhaps more pertinently, the tactic of treating social security as one mass of claimants and expenditure failed to take into account the real lives of the people who depended upon the support offered by means-tested benefits. Thus, apologies for small reductions in income or promises that some new people would be brought into the scheme were considered insulting.

We believe that any loss of income for those living on the margins of poverty is totally unacceptable. Talk of "rough justice" or of "losers and gainers" at this lowest level of subsistence simply must not be allowed by the Government to form part of the agenda, especially for those with additional expenses for maintenance arising out of their disability who would have no alternative source of support.¹⁴⁸

¹⁴⁷ Tony Aston writing to *The Times*, 30 December 1986, p. 13.

¹⁴⁸ DA's written evidence on the supplementary benefits scheme, September 1981. TNA: BN 69/18, SSAC 75/81, The Supplementary Benefits Scheme, ANNEXE, p. 67.

In any event, a combination of reductions in the rates and entitlement to NI benefits, coupled with the introduction of Income Support saw a reversal in the trend noted in the previous chapter (Figure 3.3). The number of sick and disabled people on social assistance rose over the 1980s. The increase in claimants with NI benefits indicates that the rate of these benefit payments was no longer sufficient in itself to move households above the Supplementary Benefit subsistence line. Although there was a clear drop in claimants in 1988 when Income Support was introduced, the number of claimants was back above 1986 levels by 1990. The majority of this increase came from those not claiming to National Insurance benefits (Figure 4.6). The consequences of this are discussed in more detail in the section on the Independent Living Fund in the following chapter.

The problem was that disability is a social construct. Whether or not a person is disabled or not is subjective. The government believed that it could objectively determine categories of need and desert, and failed. The gap between actual need and presumed need in disability benefits is notoriously difficult to bridge.¹⁴⁹ Discretion was removed for short-term reductions in expenditure, but the side-effect of “entitlements” was that many new sub-categories of need proliferated. As we saw with AA and MA in the 1970s, this caused further administrative headaches as the system was forced to allow more and more exceptions to tightly defined qualification rules.¹⁵⁰ Thus, despite new social definitions of disability emanating from voluntary organisations, disability firmly remained a medico-legal category of eligibility for state aid.

Europe and Housewives

Member States shall take the measures necessary to ensure that any laws, regulations and administrative provisions contrary to the principle of equal treatment are abolished.¹⁵¹

¹⁴⁹ Bolderson and Mabbett, *Social Policy and Social Security*, pp. 15, 26-27.

¹⁵⁰ See also Stone, *The Disabled State*, esp. 169-92.

¹⁵¹ Article 5 of European Council, Council Directive 79/7/EEC, 19 December 1978. Published by DWP at < <http://www.dwp.gov.uk/docs/a9-6551.pdf> > (accessed 24 August 2012).

The European Council directive on equal treatment of men and women within the social security system had an impact on two key disability benefits which explicitly discriminated against women.¹⁵² From the early DIG campaigns, the position of the wife within social security had been a major concern. HNCIP and ICA addressed some of these issues by acknowledging the role of the carer and the needs of disabled married women. Yet the eligibility criteria for both benefits in May 1979 were restrictive. Married women were denied access to ICA on the grounds that they should be maintained by and were financially dependent upon their husbands, despite the increased numbers of working married women. For HNCIP, a restrictive 'household duties' test remained in place, despite the recommendations of NIAC which were explored in the previous chapter. This shows how disability remained a legal category and part of a complex hierarchy of other legal and political sub-categories. Liberal approaches to disability, which acknowledged the moral desert of disabled women, competed with socially conservative views of "the family" and neo-liberal concerns with restricting expenditure. Further, the breakdown in direct contact between the poverty lobby and the government forced disability organisations to influence policy through other channels. The use of the courts is an example of such a change in emphasis.

Severe Disablement Allowance

Having accepted that women were entitled to some form of benefit in the 1970s, pressure grew for the more overtly discriminatory aspects of HNCIP to be removed. Pressure from voluntary organisations, the European Communities (via the European Council) and claimants

¹⁵² The European Council was established in as a decision making body for the European Communities (the European Economic Community, the European Coal and Steel Community and the European Atomic Energy Community). Eventually these institutions merged with the ratification of the 1992 Maastricht Treaty. Informal Council meetings were held from 1961, but only became regular occurrences after 1974. Summits involved leaders of the member states, giving direct input from governments as opposed to the more bureaucrat-led workings of the Communities themselves. Rulings included directives on race and gender equality in employment law and social security, as well as the admittance of new members and regulatory rulings on the environment, intellectual property and pharmaceuticals. As a member, the United Kingdom was legally bound by these decisions. The interchange in contemporary and historical sources between the usage of the terms European Communities, European Council and European Economic Community reflects the bureaucratic overlap between the various institutions, and the source of Britain's obligations towards Council decisions.

resulted in HNCIP reform. In this case, however, rather than increasing returns leading to expansion of the benefit, regulations were loosened in some areas and tightened in others, creating “winners” and “losers” and keeping growth in expenditure reasonably static.

The arguments against the duties test were articulated in the previous chapter, but it is important to note that these discussions did not cease with the referral of the matter to NIAC. The Committee published its findings in 1980. It noted the high level of agreement between voluntary organisations and the quality of evidence submitted. Further, while the abolition of the test was outside the terms of reference of NIAC, it felt compelled to report that the majority of organisations were demanding just such an outcome.¹⁵³ It concluded:

There is no doubt that much of the strong feeling expressed against the household duties test arises from the fact that it applies only to married women (or cohabiting women) and thus it is seen as discriminatory. The Department have explained [...] that they have been advised that neither the Sex Discrimination Act 1975 nor the EEC [European Economic Community] Directive [...] apply in this field. Nevertheless we feel that, when considering the question, we cannot ignore changing attitudes to the role of women and the growing demands in all spheres for greater equality between the sexes. It seems to us possible that a test which applies only to married women will begin to seem increasingly inappropriate.¹⁵⁴

There was a moral or political imperative to recognise this discrimination, even if the law was not thought to be binding. Regardless, the government had still not abolished the tests in 1982. A joint campaign on gender discrimination in disability benefits was launched by DA, DIG, RADAR, MENCAP and others, which included a ‘week of parliamentary activity’ from 12 July 1982 to mark the second anniversary of NIAC’s report.¹⁵⁵ The government was investigating the issues,¹⁵⁶ and published a review on 1 December 1983 recommending that

¹⁵³ National Insurance Advisory Committee, Report of the National Insurance Advisory Committee on a question relating to the household duties test for non-contributory invalidity pension for married women (Cmnd. 7955, 1980), p. 7.

¹⁵⁴ *Ibid.*, p. 20.

¹⁵⁵ PTC: 77.05. See various DA minutes for 1982 and DA Annual Report 1982.

¹⁵⁶ HC Deb 13 July 1982 vol. 27 cc. 840-1.

HNCIP and NCIP should be scrapped and replaced with a new benefit (later called SDA)

payable:

- to those already incapable of work by the age of 20, on a simple test of that incapacity;
- to those becoming incapable of work after that age, if they are also 80 per cent. or more disabled by reference to the measure of loss of faculty successfully used in the industrial injuries and war pensions schemes;
- to all existing recipients of non-contributory invalidity pension, including married women who have satisfied the household duties test.¹⁵⁷

The Bill to achieve this was presented to the House of Commons the very next day. The government maintained that they had not been compelled to change the law because of the European regulations, but Labour MPs during the second reading of the Bill were incredulous. Brynmor John claimed that ‘the only conclusion that we can reach is that the Bill represents the weakest and cheapest scheme that will formally comply with the appropriate European directive.’¹⁵⁸

An internal report recommended the creation of SDA as far back as April 1982. This was sent to SSAC members for consideration, but only in the ‘strictest confidence’ as ministers were yet to reach a conclusion on how to act.¹⁵⁹ Without access to the internal files from 1984 I cannot be sure that this decision was deliberately avoided until the DHSS felt it could no longer justify delay. However, it appears probable that the government knew what its realistic alternatives were to HNCIP but were unwilling to open themselves up to a new, revised scheme that might cost more money in the long run. Hugh Rossi, the minister for disabled people, had declared in July 1982 that the review was almost complete and that ‘we intend to

¹⁵⁷ HC Deb 1 December 1983 vol. 49 c. 604W. See Department of Health and Social Security, *Review of the household duties test* (London: H.M.S.O., 1983).

¹⁵⁸ HC Deb 20 December 1983 vol. 51 c. 339.

¹⁵⁹ TNA: BN 69/21, SSAC 36/82, HNCIP and the Household Duties Test, May 1982, p. 1.

publish the results of the review and then to invite consultation'.¹⁶⁰ The narrative that has survived, certainly, is that HNCIP was defeated by a combination of campaigning and the EC.¹⁶¹

The new regulations were opposed by the Fabian groups because they introduced a 'new form of discrimination' with claimants having 'to meet two tests to qualify for SDA'.¹⁶² Incapacity for work was a difficult measure in itself, but the use of a 'percentage' of disability was particularly problematic. Both government and various voluntary organisations admired the medical tests used in the duty pensions and their ability to determine the degree to which someone was impaired, but it was rejected as a model for a generalised disability pension in the 1970s. The "percentage of disablement" method of assessment was *not* a test of employability within IIB and war pensions; it was used to determine the level of benefit payable. A person with a degree of disablement (and therefore a degree of payment) could still have a full or part time job. Here, 80% disablement was used as an arbitrary – and, according to DA, 'harsh' – level at which a person without NI contributions was considered incapable of work.¹⁶³ Conflating high levels of impairment with incapacity would become a major issue with Incapacity Benefit. Here it was obvious that the government used medical criteria to target benefit spending; but rather than focusing on the "most in need", it equated "the most impaired" with "the most in need" regardless of other individual circumstances.

Concerns were raised in the SSAC about the use of the tests. Adrian Stokes, who was also a committee member at RADAR and had been a member of CORAD,¹⁶⁴ welcomed the end of the household duties test, but worried about the 'absolute cut-off for disabled people whose disability was assessed at less than 80% loss of faculty'. He made the argument that IIB was

¹⁶⁰ HC Deb 13 July 1982 vol. 27 cc. 840-1.

¹⁶¹ Jane Millar, "Women, poverty and social security," in *Women and Social Policy - An introduction*, ed. Christine Hallett (Hemel Hempstead: Prentice Hall, 1996), p. 59.

¹⁶² PTC: 77.07, AGM Minutes, 30 March 1984.

¹⁶³ DA produced a detailed history and critique of NCIP, HNCIP and SDA in Disability Alliance, *Severe Disablement Allowance - 'Hard to claim, impossible to live on'* (London: Disability Alliance, 1988), esp. pp. 4-8.

¹⁶⁴ Committee on Restrictions Against Disabled People, *Report*, p. ii.

paid in grades depending on the percentage of disablement.¹⁶⁵ There was a general concern from members of the Committee that the method of assessment would make it difficult for claimants to understand ‘the basis of the decision which governed their entitlement to benefit’.¹⁶⁶ Overall, however, they appeared to be in favour. Stokes felt that voluntary organisations were being counter-productive in opposing the measures since they not only removed the despised household duties test, but also provided more money than might have been expected in the economic and political climate.¹⁶⁷ In a draft letter to Ministers, produced as a result of a meeting with DA, they delivered a qualified endorsement:

We are aware that there has been a long experience of the use of this test for industrial injuries and war pensions purposes, and if it can be successfully applied to the kind of civilian disablements most likely to be encountered in NCIP/HNCIP, we would regard SDA and the loss of faculty test as a potentially important building block in the development of a comprehensive benefit system. As you know, in our Second Report we proposed a loss of faculty assessment ourselves as the basis of one of our two suggestions for a partial incapacity benefit.

However, representations have been made to us that a loss of faculty test is not, in fact, an appropriate basis for a maintenance benefit such as SDA is intended to be, because there is no necessary correlation between loss of faculty, as measured in the industrial injuries scheme, and loss of function or ability to work.¹⁶⁸

¹⁶⁵ TNA: BN 69/7, SSAC Minutes 2/84, 15 February 1984, para. 9.

¹⁶⁶ TNA: BN 69/7. SSAC Minutes 1/84, para. 5.6.

¹⁶⁷ TNA: BN 69/7, SSAC Minutes 2/84, 15 February 1984, para. 9.

¹⁶⁸ TNA: BN 69/32, SSAC Memo 8/84, Draft Letter to Ministers on Severe Disablement Allowance, February 1984, paras. 3-4. See also the distinction between “incapacity” and “disability” made by Evans and Williams, *A Generation of Change, a Lifetime of Difference?*, p. 143.

Table 4.7 – Claimants incapacitated for NCIP and SDA by year (in thousands)

	1980	1982	1983	1984	1985	1988	1991
Males (NCIP/SDA)	63	75	79	85	100	103	116
Females (NCIP/SDA)	68	68	74	81	152	160	178
HNCIP	45	49	49	52			
<i>Female total</i>	<i>113</i>	<i>117</i>	<i>123</i>	<i>133</i>	<i>152</i>	<i>160</i>	<i>178</i>
<i>Grand Total</i>	<i>176</i>	<i>192</i>	<i>202</i>	<i>218</i>	<i>252</i>	<i>263</i>	<i>294</i>

Sources: Figures taken from DHSS, *Social Security Statistics 1981*, p. 49; 1983, p. 51; 1984, p. 51; 1986, pp. 60-61; and DSS, *Social Security Statistics 1989*, p. 73; 1992, p. 185. See appendix note on statistical data.

The opposition identified “winners” and “losers”. Although more people were expected to be brought into the purview of a non-contributory benefit for disabled people, Alf Morris believed that, despite Fowler’s claims that 20,000 people would be newly entitled to the benefit, 16,000 would cease to be. Fowler did not deny that there would be losers, but failed to confirm the exact figures.¹⁶⁹ The SSAC was under the impression that the proposals would cost more money as more people would be brought into the scheme – such as blind people and some severely disabled housewives – but that there would also be people who were disabled according to the household duties test, yet not according to the 80% disablement criterion.¹⁷⁰ The figures from Table 4.7 suggest that the changes made little immediate impact on the number of women claiming non-contributory benefit. However, the growth rate decreased considerably between 1985 and 1988, before recovering again up to 1991. We also cannot tell from these figures how many women lost their entitlement, nor how many previously-ineligible women were able to claim.

DA produced a book on SDA criticising the allowance. Its primary objections were that:

- SDA still paid at a lower rate than IVB, and hence was discriminatory;

¹⁶⁹ HC Deb 20 December 1983 vol. 51 cc. 301-02

¹⁷⁰ TNA: BN 69/6, SSAC Minutes 11/83, 14 December 1983, para. 7.

- the 80% test was still discriminatory against married women, as many would not qualify under these criteria and were still more likely to be excluded from IVB because of the contributory principle and female working patterns;
- SDA discriminated against those whose onset of disability occurred after the age of 20;
- SDA as a name was ‘found to be alienating and confusing’ – MIND was quoted as saying that ‘many people would not consider themselves to be “severely disabled” [...] and yet they may find it difficult to sustain any form of employment. The very name [...] is detrimental to the claimant’s self-esteem and motivation for recovery’;
- the word ‘Allowance’ made it seem like MA or AA (extra costs benefits) whereas it was actually an income replacement benefit and an alternative to IVB (as was explicit in the previous name).¹⁷¹

SDA is important in the context of what preceded and what would follow it. It apparently made men and women equal in NCIP, yet it continued to be paid at a lower rate than IVB; a NI benefit and therefore unavailable to a lot of women. This had been one of the more compelling arguments for introducing HNCIP in the 1970s. It eliminated the household duties test, but replaced it with what was seen as an even more restrictive form of medical assessment. Moreover, it explicitly argued for aid to be targeted at the “most needy”. It is ironic that a change designed to remove one form of discrimination enhanced another. The European Council was therefore able to enforce policy change, aided by campaign groups and a lingering sense that the ‘absurd’¹⁷² HNCIP system was in dire need of reform. However, the government was able to secure reform in such a way as to minimise the real electoral and

¹⁷¹ Disability Alliance, *Severe Disablement Allowance*, pp. 7-8.

¹⁷² Billis, *Welfare Bureaucracies*.

financial risks of destroying the benefit all together, or replacing it with something more universally available.

Invalid Care Allowance

On the other hand, ICA saw a massive expansion in coverage as the government was unable to restructure it in such a way as to deny access. It is an example of the increasing returns that had been building since the 1960s. With carers recognised as a legitimate category within the welfare state, and with the principle that married women should not be discriminated against accepted, the government was no longer able to resist the moral and legal pressures to ease restrictions.

NIAC proposed in 1980 that ICA be extended to non-relatives,¹⁷³ although SSAC maintained that married women should not receive it. This was because the benefit was 'intended to replace in part the earnings from employment of those potential breadwinners who forgo earnings in order to care for a severely disabled person and for whom in general earnings would provide their only source of income'. Housewives were not 'breadwinners'.¹⁷⁴ However, in one of the last issues to be referred to NIAC before it was dissolved, the Committee made it clear that this was an issue that needed to be considered. Much like the HNCIP question, NIAC went out of its way to make recommendations which fell outside of their remit, such was the strength of evidence and feeling provided by the consultation process.

We realise that when the benefit was introduced resources were limited. However, although we accept what the [DHSS] say [about the cost implications] we think that the point should be made that in some cases at least it may be less expensive for disabled people to be cared for in their own homes than in hospital or in Local Authority accommodation. There may therefore be an economic argument for paying ICA to married women. [...] In comparison with the number of persons claiming or receiving other social security benefits, the number likely to qualify for ICA will be small because the benefit is payable

¹⁷³ National Insurance Advisory Committee, Report of the National Insurance Advisory Committee on the question of extension of title to invalid care allowance to non-relatives (Cmnd. 7905, 1980).

¹⁷⁴ TNA: BN 69/15, SSAC 12/81, 'Proposals for amending regulations to extend ICA to non-relatives'. See also this justification in Department of Health and Social Security, *Social Security Provision for Chronically Sick and Disabled People*, pp. 19-20.

only to someone caring for a severely disabled person receiving an attendance allowance or some similar payment.¹⁷⁵

The government did not act on the recommendation immediately, but in 1981 did agree to extend ICA to non-relatives. Certain groups remained ineligible, including children under the age of 16 and married women.¹⁷⁶ On one level, at least, the needs of disabled people and the needs of their carers were acknowledged. This also accepted that disabled people were not solely the responsibility of either their direct family or institutions.

Many questions were asked on the subject throughout the early 1980s. Ministers referred to the high costs of implementation, and that the resources simply were not there. Rossi's reply to John Hannam – 'this allowance is one of a number of competing priorities in the disablement field which the Government will wish to consider as new resources become available' – is typical.¹⁷⁷ The belief was also that the European directive did not cover ICA, and so there was no obligation to legislate.¹⁷⁸ The decision to extend ICA further, however, was taken out of the government's hands due to a judgement by the European Court. A campaign was created by voluntary organisations to bring a test case against the government so that married women could become eligible for ICA.¹⁷⁹ Jacqueline Drake was chosen, a 42-year-old married woman who had given up work to look after her elderly mother. Her husband, Clive, had a full-time job. This disqualified the family from the benefit, since married women were not allowed to claim under existing rules.¹⁸⁰ A tribunal found in favour of Drake on 1 March 1985. Campaigners advised married women to begin claiming ICA immediately so that (if the

¹⁷⁵ Cmnd. 7905, para. 23.

¹⁷⁶ HC Deb 6 May 1981 vol. 4 cc. 78-9W.

¹⁷⁷ HC Deb 1 June 1981 vol. 5 c. 255W. See also HC Deb 21 December 1982 vol. 34 c. 484W; HL Deb 12 July 1983 vol. 443 cc. 767-69; HC Deb 5 March 1984 vol. 55 c. 454W.

¹⁷⁸ HC Deb 5 March 1984 vol. 55 c. 454W; *The Times*, 12 October 1985, p. 19.

¹⁷⁹ PTC 77.08, AGM minutes, 5 July 1985, p. 2. Groups involved included DA, CPAG and the Spastics Society. *The Times*, 12 October 1985, p. 19.

¹⁸⁰ *The Times*, 9 January 1986, p. 2; 23 April 1986, p. 3. 'There was considerable media interest in the case, including an item on BBC 9 O'Clock News' according to DA. PTC: 77.09, Office Report, 29 January 1986.

action was successful) payments would be backdated to the original date of the claim.¹⁸¹ The government appealed, so the case went to the European Court. The Court found that the refusal to pay married women was in breach of the equal opportunities regulations, and the DHSS was forced to change entitlement rules. It announced that payments would be backdated to December 1984 providing claims were received before the end of 1986.¹⁸²

As with the introduction of ICA by Castle, the arguments about cost-efficiency remained central. Sir David Price (Conservative) asked, following the announcement that the benefit would be extended:

As one who has campaigned for years for the extension of [ICA] to married women, I congratulate my right hon. Friend and thank him and the Government, and I extend my thanks to that least thanked of all Departments, the Treasury. [...] May I put it to the Treasury that it has set an example today from which I hope it has learnt that by looking not for narrow accounting but for total national cost benefit it may do a great deal more to help the carers in the future and that it may earn for itself, as well as for my right hon. Friend some Brownie points?¹⁸³

Despite the potential savings, there had been consistent opposition to ICA for married women. An attempt was made to modify the first Social Security Bill 1980 in the Lords, but this was rejected. The government argued that a married or cohabitating woman was maintained by and dependent upon her husband, and even if her husband were disabled he would be receiving benefits for the family. This was also consistent with the arguments made by the Labour government when they introduced the benefit.¹⁸⁴ Figure 4.8 shows just why the government had resisted for so long. The number of claims to ICA increased dramatically from 1986 onwards. Similarly, expenditure rose from £13 million in 1985/86 to £104 million in

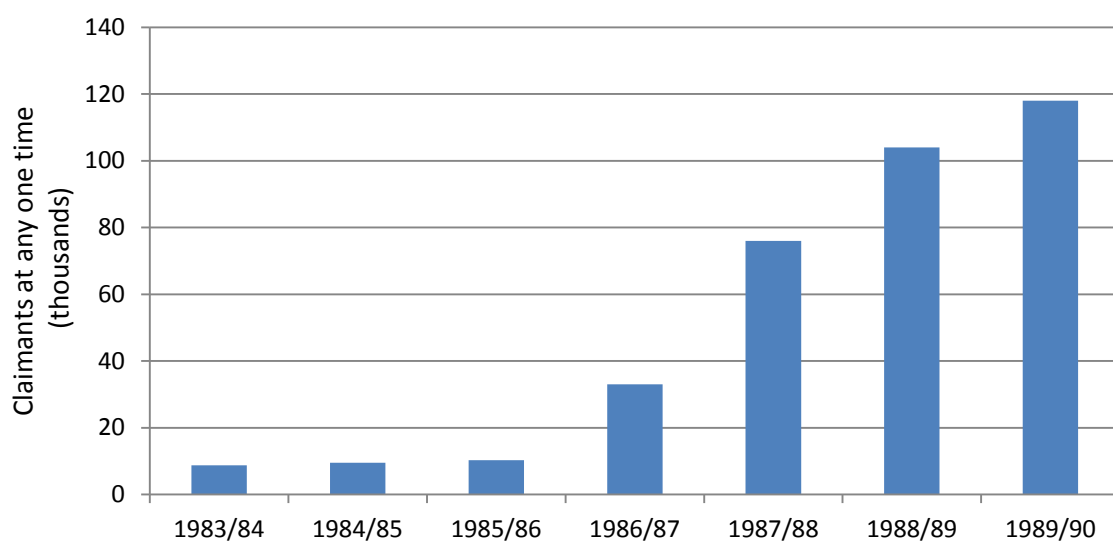
¹⁸¹ PTC 77.08, Steering Committee minutes, 7 March 1985 and 77.08, Office Report, 14 June 1985, p. 2. The tribunal decision was also reported in *The Times*, 2 March 1985.

¹⁸² HC Deb 23 June 1986 vol. 100 cc. 21-6; PTC: 77.09, Office Report, 11 September 1986, p. 2.

¹⁸³ HC Deb 23 June 1986 vol. 100 cc. 22-3.

¹⁸⁴ HL Deb 6 May 1980 vol. 408 cc. 1553-59. For the Labour government's reasoning see Alf Morris's reply to Hugh Dykes – 'invalid care allowance is a non-contributory maintenance benefit for men and single women of working age who are *potential breadwinners* and who stay at home to look after a severely disabled relative receiving attendance allowance [emphasis mine]'. HC Deb 22 November 1977 vol. 939 c. 663W. See also HC Deb 4 November 1975 vol. 899 c. 97W; Department of Health and Social Security, *Social Security Provision for Chronically Sick and Disabled People*.

Figure 4.8: Claims to Invalid Care Allowance, 1983/84 to 1989/90.



Source: See Appendix note on statistical data.

1986/87.¹⁸⁵ Despite being a relatively small proportion of the disability benefits budget this represented a major increase in expenditure at a time when the government was seeking to reduce the amount spent on social security.

Even though the government was advised on numerous occasions that married women were morally entitled to coverage, reform was resisted as long as possible in order to stop disability being a financial burden on the Treasury. There was little doubt in the medical status of these impaired women or their dependents, but in bureaucratic terms the government preferred not to class them as disabled – at least for the purposes of social security. This status brought into question other more important Beveridge concepts such as the nuclear family, male bread winner and the insurance principle. However, voluntary organisations were able to use previous declarations and new laws to enforce policy change on the government and expand the definition of disability in these areas. In the case of HNCIP, new regulations were drafted to limit the government’s exposure to new claims. With ICA, the floodgates were opened, albeit to a benefit which cost significantly less.

¹⁸⁵ Geoff Dennis, ed. *Annual Abstract of Statistics 1994, No. 130* (London: H.M.S.O,1994), p. 46.

Conclusions

As the political and economic landscape changed from the 1970s, so too did the tactics of those campaigning for the welfare of disabled people. New organisations were formed and gained popularity as the traditional groups could no longer secure major reforms. Oppression approach groups such as BCODP opened debates about independent living and anti-discrimination legislation, while the Fabian organisations learnt to be more critical of government, using court cases and the media to try to defend the gains that had been made in the previous decade. The result was a growing emphasis on the rights of individuals to support and to be treated equally under the law. This would reach a head with the campaigns for the Civil Rights (Disabled Persons) Bills in the 1990s.

Despite the neo-liberal rhetoric of decreasing expenditure, the government clearly considered disability to be an important part of the welfare state. It did not attack disability benefits and services head-on, even if other reforms and restrictions in public expenditure had an adverse effect on service users. Whether this was because it genuinely felt that disabled people were “deserving” of support, or whether it believed that it was too risky electorally, I argue that the disability lobby had successfully established disability as a policy area which governments were forced to consider. DA used its expertise in the social security field to resist and publicise changes to complicated sets of regulations. This only serves to highlight how the benefits system had become opaque for most claimants, and Fabian organisations were forced into a defensive stance rather than pressing for greater expansion.

Still, the government would have found it difficult to attack disability benefits even if it had wanted to. The piecemeal system which had been cobbled together caused problems for both sides of the debate. For the disability lobby, it meant that the right to a National Disability Income had never been truly accepted, giving the Thatcher governments no obligation to expand coverage to all. For the government, the costs of exit – that is to say, the political and financial costs of fundamentally overhauling the existing disability system and starting from

scratch – were far too great.¹⁸⁶ This is an important point given how much expenditure had increased by over the 1970s and 1980s (see Figures 4.2 and 3.2). Despite reforms and decreasing weekly rates of benefit, the number of claimants (and therefore the overall costs) of social security continued to rise. To really attempt to bring down the costs of disability benefits whilst improving efficiency, the government would have to wait until the OPCS and internal DHSS surveys were completed. Reform would have to both save money and not be seen to be cruel to disabled people.

¹⁸⁶ See Pierson, "Increasing Returns."; Alcock, "Poverty and Social Security," p. 199; Fawcett, "The Beveridge Strait-jacket."

Chapter 5 – Neo-liberal reform – 1988 – 1995

Introduction

The rising costs of disability-related benefits meant that the government felt more drastic action was necessary to curb expenditure. Relative to unemployment, outlay on disability was now too large to ignore. The distributive dilemma became the subject of greater scrutiny, resulting in new conceptions of which groups were expected to work. This was problematic in an era of (relative) high economic inactivity. At the same time, the increasing returns of the piecemeal system which had grown in the 1970s and been largely maintained in the 1980s had severely restricted the possibilities for reform without significant administrative, financial and political investment. In this chapter, I argue that neo-liberal cost-saving policies became less electorally risky and less ‘absurd’ than the status quo.

After 1988, the Conservatives had data and the political confidence to act on welfare reform. During this period, they used the oppression approach’s arguments to further individualise disability rather than accepting structural explanations of poverty and discrimination. As the disability lobby pushed for Civil Rights Bills in Parliament and the rights of disabled people to work, the government turned this into an *expectation* that disabled people work if any form of employment was considered possible. Using Waddell and Aylward’s explanation of Incapacity Benefit,¹ I argue that the neo-liberal approach asserted its dominance by splitting sickness from disability. Sick people, totally unable to work, could still receive liberal charity; disabled people, however, were capable of some form of work and must be expected to do so, no matter how difficult that might be.

This was not asserted immediately after the second the Office of Population Censuses and Surveys (OPCS) survey was published. Benefit reforms were initially limited to providing a safety net for those most adversely affected by the introduction of Income Support. Only under the Major government were significant steps taken to reform disability benefits. In 1993

¹ Waddell et al., The scientific and conceptual basis of incapacity benefits.

there was a slight restructuring and rationalisation of Attendance Allowance (AA) and Mobility Allowance (MA) to create a single benefit, Disability Living Allowance (DLA). Hailed as a radical innovation and part of a far-reaching commitment to “care in the community”, in reality DLA was little more than a bureaucratic simplification for the Department of Social Security (DSS) and for claimants. More significant reforms were made under the right-wing Secretary of State Peter Lilley who created a new test for “incapacity for work” and replaced Invalidity Benefit (IVB) with Incapacity Benefit (ICB) in 1995. The tests were designed to be more “objective” by measuring “functional limitations” rather than relying on a “sick note”. Yet they worked on the basis of a hypothetical typical work environment, continued to rely on individual medical rather than socially dependent definitions of disability and, in the final analysis, were designed more to cut costs than genuinely meet the needs of disabled people.

At the same time, the oppression approach to disability – with disability seen as a socially constructed phenomenon, and individual control seen as a political priority – had gained significant support. The Royal Association for Disability and Rehabilitation (RADAR) had a disabled person as director, and more traditional charities had begun to reform their management structures to be more democratically accountable to their members. The campaign group Voluntary Organisations for Anti-discrimination Legislation (VOADL), later called Rights Now, brought various types of organisation together to campaign in unison for legal protections for disabled people. The government was embarrassed when it attempted to block the Civil Rights (Disabled Persons) 1993 Bill, eventually resulting in the government-sponsored Disability Discrimination Act 1995. These two developments, neo-liberal benefit reform and the pursuit of individual rights, must be seen as part of the same change in approach to disability in British politics. Concurrently, the Fabian approach to the incomes question had not entirely disappeared. The Disablement Income Group (DIG) worked alongside the government to create the Independent Living Fund (ILF), and the umbrella group the Disability Benefits Consortium (DBC) challenged the government on its reforms over the 1990s.

This chapter is split into four main parts. The introduction provides some of the historical context about the late-Thatcher and Major years. The second section explains the alliances formed by voluntary organisations in the period, using the case of the Civil Rights (Disabled Persons) Bill 1993 as an example of how they operated. Voluntary action had come a long way since the mid-sixties, but the unity between the different types of group was fragile. Before the end of 1995, the lobby would be once again split along “insider/outsider” lines, raising the question: is it better to gain limited reforms and push for gradual policy change; or continue to reject flawed policies in the hope of more radical reform in the future?

The third and fourth sections analyse the debates the poverty lobby had with the government over welfare reform. The third investigates the ILF, Disability Working Allowance (DWA) and DLA. All were designed to help disabled people to live within the community. Contemporary developments in care in the community policy fit these rhetoric. However, cost reduction was also an important motivation. In the case of the ILF, discretionary grants were limited to the most severe cases rather than being available to all on the basis of need. When the fund became too popular, it was re-constituted to be even more selective. DWA was never given enough funding or wide enough entry criteria to meet the needs of many disabled people. DLA was effectively a re-packaged version of pre-existing benefits.

The fourth section deals specifically with ICB and the All Work Test (AWT), the new medical assessment. Based on a biopsychosocial model of disability, it assessed an individual’s functional limitations rather than declaring an individual unfit for work on the basis of his/her disease or injury. It borrowed oppression approach ideas which the lobby had tried to push through in the Civil Rights Bills: such as the right for disabled people to work; the rejection of disability being defined by medical diagnosis; and the need to assess all aspects of an individual’s health and their relationship with the “real world”. However, it was used in such a way as to try and restrict access to benefit and compel those on the margins of disability to work, regardless of the difficulties they faced in the open labour market. Far from being

“objective”, the test assumed subjective concepts such as “the workplace”, “employability” and “normal” levels of functioning were natural and unproblematic.

Policy context – John Major’s government and expenditure trends

Although Margaret Thatcher remained in power until 1990, the majority of the extensive reforms to disability benefits in this period were completed under John Major. Hywel Williams, a critic of Major wrote that Anglo-Saxon conservatives had never won the argument over welfare and poverty, but were seen as the only viable options for maintaining economic stability. Once the opposition began to accept monetarist politics the Tories lost their electoral advantage.² It is clearly a work filled with anger at the post-Thatcher Conservative Party, with sleaze allegations and economic mismanagement (such as Black Wednesday) highlighted as proof of Major’s incompetence. Others have made similar, if less loaded, observations. In the social security sphere, for instance, Peter Lilley was appointed as minister at the DSS. Lilley was a notorious right-winger,³ and his appointment has been seen as part of a compromise as Major tried to hold his cabinet together.⁴ In this analysis, Major bought off the right of the party who were opposed to the Maastricht Treaty by letting them reform social security, the highest spending ministry.⁵ Others feel that reform under Major was essentially ‘Thatcherite’ but with a ‘softening’ of approach.⁶ Similarly, Major extended policies which had been started in the eighties. Benefit reform for disabled people had been outlined in 1988, as discussed in the previous chapter.⁷ The implementation of “Care in the Community” – the closing down of

² Hywel Williams, *Guilty Men - Conservative Decline and Fall 1992-1997* (London: Aurum Press, 1998), pp. 7-14.

³ McKay and Rowlingson, *Social Security in Britain*, p. 69.

⁴ One article claimed that the Prime Minister had ‘put the Tory right in almost sole command of the welfare state’. *The Times*, 21 July 1994, p. 2.

⁵ Glennerster, *British Social Policy*, p. 212.

⁶ Evans and Williams, *A Generation of Change, a Lifetime of Difference?*, pp. 24-26. See also Michael Hill, “Rolling Back the (Welfare) State: the Major Governments and Social Security Reform,” in *The Major Premiership*, ed. Peter Dorey (Basingstoke: Palgrave, 1999).

⁷ Social Security Advisory Committee, *Benefits for disabled people*; The Department of Social Security, *The way ahead. Benefits for disabled people* (Cm 917, 1990).

the old mental hospitals and the desegregation of people with cognitive impairments and mental health issues – was accelerated.⁸

Lilley, along with Michael Portillo, began a renewed attack on single mothers and unemployment benefit was replaced with Jobseekers' Allowance including a 'genuinely seeking work test' which had not been seen since the 1930s.⁹ A renewed anti-fraud campaign also began in 1995.¹⁰ The Major years could in this sense be seen as the last attempts of the New Right to impose their will on the social security system and the welfare state in general. Although they had a slim majority in the 1992 General Election, it was clear even to the Conservative Party that they stood no chance of winning in 1997.¹¹ On the other hand expenditure on social security continued to rise through the 1990s as it had done through much of the 1980s under Thatcher. To the right, this is seen as proof that those who claimed the Tories were trying to destroy the welfare state were clearly exaggerating.¹² To the left, this increase in expenditure was attributable to the demographic changes over which the Conservatives had little control. Had the systems of 1979 remained in place, expenditure would have been much higher. By the same token, all sides of the debate argue that some reform was necessary precisely because of these demographic shifts.¹³ As Carol Walker notes, 'more money [had] been spent on the social security programme' but 'it [had] been spread among far more people'.¹⁴

Social security policy must be seen in the context of rising expenditure and economic inactivity. Figures 4.1, 4.2, 4.3 and 4.4 show that the cost of disability-related benefits and the

⁸ See Department of Health, *The government's plans for the future of community care. The government's reply to the third, fifth, sixth, seventh and eighth reports from the Social Services Committee session 1989-90 (Cm 1343, 1990).*

⁹ Fraser, *The Evolution of the British Welfare State*, p. 312.

¹⁰ McKay and Rowlingson, *Social Security in Britain*, p. 70.

¹¹ Fraser, *The Evolution of the British Welfare State*, p. 312.

¹² For this argument, see Peter Riddell, *The Thatcher Era - And its Legacy*, 2nd ed. (Oxford: Blackwell, 1991), p. 130.

¹³ Glennerster et al., *One hundred years of poverty and policy*, pp. 95-96; Alcock, "Poverty and Social Security," p. 200; Fraser, *The Evolution of the British Welfare State*, p. 306; Andrews and Jacobs, *Punishing the Poor*, p. 6.

¹⁴ Walker, *Managing Poverty*, p. 49.

number of claimants rose almost continuously from the 1970s onwards. By the late 1980s, therefore, it was no longer possible for the government to delay action as it had done by excluding disability from the Fowler Reviews. At the same time, the dramatic increase of claims to IVB after the mid-eighties reflected a number of demographic and economic changes in post-Fordist Britain. The issue is explored in more detail in the section on ICB, but it is important to note that many people became unemployed during the eighties' and early-nineties' recessions. Some of these people qualified for IVB. Unlike Unemployment Benefit (UB) claims, however, when the economy recovered the number of new people signing up for IVB continued to exceed the numbers of people who recovered and/or found work. Disabled people on the margins of employment found it more difficult in times of recession to maintain or find employment. Rather than being used as a 'reserve army of labour' for times of higher employment, to be called upon when there were not enough non-disabled people to fill vacancies, many became reliant on IVB long-term.¹⁵ Claims to Income Support also began to increase noticeably during the early-nineties. Further, the benefits had been relatively young in the 1970s, but by the 1980s and 1990s more people were aware of what they could claim and how to do so.¹⁶ The important issue is that, regardless of the "real" reasons, expenditure had risen substantially and this provoked government concern.

¹⁵ Grover and Piggott, "Disabled people, the reserve army of labour and welfare reform."; Debbie Jolly, "The government of disability: economics and power in welfare and work," *Disability & Society* 18, no. 4 (2003).

¹⁶ Berthoud, Trends in the Employment of Disabled People in Britain.

The lobby – Rights not Charity

While there was a hardening of policy towards social security, voluntary organisations changed their emphasis towards wider considerations of disabled people's participation in society. Rather than campaign for an extension of social security as it had done in the 1970s, the poverty lobby groups came together with oppression approach organisations to launch campaigns for anti-discrimination legislation. At the same time, umbrella groups such as DBC¹⁷ brought together organisations from different traditions to resist and critique government policy. These maintained Fabian campaigning tactics and, as in the earlier Thatcher period, had to defend existing benefits rather than pushing for new ones. The more high-profile campaigns came from VOADL¹⁸ and Act Now¹⁹ which performed a similar function in the sphere of disability rights. Therefore a mix of Fabian and oppression approach traditions co-existed at this time in different policy arenas. However, these alliances were never that strong. This section shows the debates within the disability lobby over two key areas. The first analyses the ways in which different groups worked together, but also the inherent tensions that were never far from the surface. The second takes the case of anti-discrimination legislation (ADL) and shows how the oppression approach to disability had made significant gains over the 1980s, creating a high-profile, co-ordinated campaign which resulted in the Disability Discrimination Act 1995.

An uneasy alliance

Groups which had been at loggerheads in the 1970s had come to work together by the end of the 1980s. DIG and DA found they were able to forge a new relationship, cooperating on seminars and publicity material with British Council of Organisations of Disabled People

¹⁷ See, for example, Angela Hadjipateras and Marilyn Howard, *Worried sick : reactions to the government's plans for Invalidity Benefit* (London: Disability Benefits Consortium, 1993).

¹⁸ See LEEDS: John Evans, The U.K. Civil Rights Campaign and the Disability Discrimination Act, conference paper delivered in Venice, 1/2 November 1996.

¹⁹ See MRC: MSS 378/BASW/4/30.

(BCODP).²⁰ The “common enemy” of Conservative cuts to services and social security had resulted in a pragmatic alliance. The traditional charities and Fabian groups had far more resources, experience and contacts, and these could be leveraged for specific, targeted campaigns. ADL was one such area, as is discussed later in this chapter. However, the ideological tension between the oppression and incomes approaches was never fully resolved.

As Mike Oliver declared in 1991:

It is perhaps ironic that many of us spent the 1970s criticising the welfare state, only to find that these arguments were built upon and taken much further by a government determined to reduce state expenditure. Consequently, we spent the 1980s defending what we had previously attacked. In sum, we defended the indefensible and I do not propose to spend the 1990s doing the same.²¹

A campaign of “Rights not RADAR” had been pursued by some Disable People’s Organisations (DPOs) who were angry that RADAR, seen as a traditional charity, had far more resources and influence with government than the “democratic” groups such as BCOOP.²² By the same token, the Fabian groups became worried that newer, brasher forms of disability politics risked permanent damage to the relationship between the lobby and Westminster. The Direct Action Network (DAN) had begun civil disobedience protests.²³ Peter Large was concerned that ‘too much of this high militancy is going to turn the public off and give people in parliament the excuse to say disabled people are a bunch of hooligans and not listen to their arguments’.²⁴

The union between the groups was, I argue, defensive. In response to perceived threats, the major organisations could co-operate for a short time on specific issues. Individual

²⁰ e.g. PTC: 77.12, Campaigning Update, 18 April 1989; Report from Tory Party Fringe Meeting, including speeches from Pauline Thompson (DIG), Colin Low (DA) and Richard Wood (BCODP), 12 October 1989.

²¹ Mike Oliver, "Speaking Out: Disabled People and State Welfare," in *Disability and Social Policy*, ed. Gillian Dalley (London: Policy Studies Institute, 1991), p. 156.

²² Campbell and Oliver, *Disability Politics*, pp. 159-60, 193-94. See also *Independent* 9 April 1995 < <http://www.independent.co.uk/arts-entertainment/spitting-on-charity-1614885.html> > accessed 23 June 2011.

²³ Alan Holdsworth, "We want what you've got," *New Humanist* 116, no. 1 (2001). (online version < <http://newhumanist.org.uk/440/we-want-what-youve-got> > accessed 14 November 2012)

²⁴ *The Times*, 29 September 1990, p. 6. The previous day the paper had run an editorial on ‘Disabled Militancy’ also criticised the tactics. *Ibid.*, 28 September 1990, p. 13.

campaigns continued, such as for the comprehensive income²⁵ or for independent living centres;²⁶ but for specific purposes, the lobby came together in ways that they could or would not in the early seventies. The professionalisation which was shown in the campaigns for Dafydd Wigley and Tom Clarke's Private Members' Bills was a contributing factor.²⁷ While ideologically incompatible, DPOs had begun to adopt some of the tactics of the more traditional groups, even if this was done reluctantly. BCODP, for instance, applied for and received significant sums from the Department of Health;²⁸ it had begun to help politicians draft Bills; it was contributing evidence to government enquiries; and, as we have seen, it was contributing towards campaigns such as DBC and VOADL. It was still deliberately "outsider" in terms of its campaign tactics in many ways, but it had also developed to the point where it was directly influencing politicians using some of the tools of the establishment. Concurrently, ideas about individual rights and the wider debate beyond incomes had largely been recognised. All of this is important to note, because it was clear that Parliament and government had also become aware of the basic "social" approach to disability issues and the wider social needs of disabled people. The case of the 1990s ADL campaigns shows how all of these aspects came together, and demonstrates that the government's concept of disability adopted some of these ideas whilst actively resisting others.

Civil Rights versus Disability Discrimination

The oppression approach tactics regarding the Civil Rights Bills campaigns showed how fragile these alliances could be. While the lobby as a whole skilfully created a political crisis for the government, forcing it to create ADL, there were heated disagreements about what constituted "success".

²⁵ Thompson, Buckle, and Lavery, *Not the OPCS Survey*; Pauline Thompson, Margaret Lavery, and John Curtice, *Short Changed by Disability* (London: Disablement Income Group, 1990).

²⁶ Project 81, Project 81 - One Step On.

²⁷ See Chapter 4 and Hilton et al., *A historical guide to NGOs in Britain*, pp. 349-51.

²⁸ Oliver claims that BCODP received around £10,000 a year for its first three years. It later received £30,000 in 1989/90, 1990/91 and 1991/92, and £45,000 in 1992/93. HC Deb 24 April 1990 vol. 171 cc. 160-3W; HC Deb 21 May 1991 vol. 191 cc. 435-9W; HC Deb 1 July 1991 vol. 194 cc. 47-51W; HC Deb 21 June 1993 vol. 227 cc. 34-9W. See also Campbell and Oliver, *Disability Politics*, pp. 189-90.

Rather than accepting the need for ADL, 'education and persuasion' had become government policy by the 1990s. The Civil Rights (Disabled Persons) Bills from 1991 to 1995 were all rejected on this principle.²⁹ The 1993 version sought to criminalise unjustified discrimination in employment, and the provision of goods and services. This was to be enforced via the creation of a disability commission similar to the Commission for Racial Equality.³⁰ Disability minister Nicholas Scott was unwilling to block attempts to legislate overtly. He argued that 'I remain unrepentantly and benevolently neutral in my attitude and, if [Jack Ashley] calls that sitting on the fence, then in essence it probably is, for there are arguments both ways'³¹ The government as a whole was more dismissive, contending that extra regulation was unnecessary. Businesses would change their practices once they saw their moral duty towards disabled people. Yet there was a blatant absurdity to these claims. Roger Berry listed some of the costs which an unattributed document had listed as necessary should ADL be passed:

the cost of lifts at British Rail stations, the cost of improving access to schools and the cost of refurbishing a cinema. Each and every one of those costs would have to be incurred if education and persuasion worked. How is it possible to be told on the one hand that we do not need legislation, because education and persuasion will give disabled people what they are entitled to, and on the other hand that, if we do those things, it would cost money and that is why we should not pass the Bill?³²

It is at this point that the role of voluntary organisations in policy change can be seen most explicitly. The government's hand was forced in 1994 when it misjudged its tactics in defeating the Civil Rights (Disabled Persons) Bill 1993. Whitely and Winyard quote 'a research assistant for the all-party group on disablement' who claimed that Private Members' Bills were not that

²⁹ See in particular Alf Morris's speech at the second reading of the Civil Rights (Disabled Persons) Bill 1991, in which he quotes a letter from Peter Large on the matter: HC Deb 31 January 1992 vol. 202 cc. 1235-63

³⁰ Disabled Persons (Civil Rights) Bill 1993. A commission had been a key recommendation in CORAD and favoured by many ADL campaigners as a necessary part of enforcing any legislation. See Committee on Restrictions Against Disabled People, *Report*.

³¹ HC Deb 31 January 1992 vol. 202 c. 1252.

³² HC Deb 11 March 1994 vol. 239 c. 532.

significant in securing legislative change for disabled people.³³ However, this case, alongside the other Bills mentioned in this thesis, would suggest that their campaigning potential had definite secondary effects. Pressure had been mounting for ADL for a number of years. VOADL, although initially being dominated by the poverty lobby and traditional charities, convinced BCODP that the best way forward was for the disability lobby to show a united front.³⁴ While “traditional” pressure was applied through political channels, direct action protests had made it clear that disabled people could be a disruptive influence and could not be ignored. One famous example was the campaign against ITV’s *Telethon*, which, protesters claimed, portrayed disabled people as pathetic, passive recipients of charity.³⁵ DAN, whose most prominent member was disabled protest singer Johnny Crescendo, was a central player in these events. Not a formal organisation in the same way as BCODP, the loose affiliation organised events of direct action to cause disruption. Crescendo argued that, ‘Direct Action is feared because it is not controllable by the establishment. It cannot be managed, it comes as a surprise.’³⁶

Rights Now, the rebranded VOADL, went on the offensive, although it was not the only group calling for legislative and social change. Members of formal and informal voluntary organisations chained themselves to public transport and caused disruption to draw attention to barriers in society.³⁷ Some crawled to Westminster to emphasise their point.³⁸ This movement had been fuelled by developments in the United States and the Americans With Disabilities Act 1990. That the right-wing Bush administration could pass such legislation in the

³³ Given the time period, this may be Peter Mitchell of RADAR. See Whiteley and Winyard, *Pressure for the poor*, pp. 96-98.

³⁴ See LEEDS: John Evans, *The U.K. Civil Rights Campaign and the Disability Discrimination Act*, conference paper delivered in Venice, 1/2 November 1996; Interviews with Dr Roger Berry, Agnes Fletcher.

³⁵ *Telethon* was a charity fundraising event inviting donations from viewers, ITV’s answer to BBC’s successful *Children in Need* campaign. Shakespeare, “A new social movement?,” p. 250.

³⁶ Johnny Crescendo was the stage name of Alan Holdsworth. See Campbell and Oliver, *Disability Politics*, pp. 8, 171. Holdsworth, “We want what you’ve got.” (online version < <http://newhumanist.org.uk/440/we-want-what-youve-got> > accessed 14 November 2012). *The Times*, 29 September 1990, p. 6 and 28 September 1990, p. 13.

³⁷ *The Times*, 19 May 1994, p. 5. Interview with Agnes Fletcher.

³⁸ *The Times*, 24 May 1994, p. 2. Interview with Dr Roger Berry.

States was seen as a rebuttal of traditional Conservative opposition to ADL. More practically, it gave the campaign a legal framework which they could adapt to British circumstances. RADAR sent Victoria Scott, later the lead campaigner with Rights Now, to the US to report on the implementation of the Act and which lessons could be learnt.³⁹ From 1991 to 1995, ten bills were introduced in Parliament under the short title Civil Rights (Disabled Persons).⁴⁰ Drafted by voluntary organisations, the Bills had the lobby firmly behind them.⁴¹

The 1993 Bill was introduced by Dr Roger Berry. It received a favourable second reading, but was blocked at third reading by government-supported amendments. Campaigners had already tabled a motion in Parliament to ask the government for sufficient time to debate the Bill as the Parliamentary session was drawing to a close.⁴² The government acquiesced, but five Conservative MPs, Nicholas Scott (the minister), Lady Olga Maitland, Michael Stern, James Clappison and Edward Leigh tabled enough amendments (eighty in total) to talk the Bill out.⁴³ Campaigners were suspicious. Having heard a rumour that the amendments had been drafted by DSS civil servants, Alf Morris asked the minister in Parliament whether Parliamentary Counsel had provided support.⁴⁴ These clerks were not supposed to be used to draft opposition to Private Members' Bills. Scott denied the allegation, while Maitland took full responsibility for her own amendments.

I would like to make it abundantly clear that I raise my own amendments. I sought consultation, but it would be totally unfair to suggest that they came from any other source. It

³⁹ Victoria Scott, *Lessons from America : a study of the Americans with Disabilities Act* (London: Royal Association for Disability and Rehabilitation, 1994). Interviews with Victoria Scott, Sir Bert Massie.

⁴⁰ Civil Rights (Disabled Persons) Bills were introduced in 1991, 1993, 1994. Two Civil Rights (Disabled Persons) Bills were introduced in the Lords in 1992. Regional versions were introduced for Northern Ireland (1993 and 1995), Wales (1993 and 1995) and Scotland (1995).

⁴¹ Caroline Gooding and David Rubain were given credit for the 1993 Bill. Interview with Dr Roger Berry.

⁴² The motion was presented by John Hannam, a Conservative MP and co-chair of the APDG. HC Deb 29 April 1994 vol. 242 cc. 495-555.

⁴³ HC Deb 6 May 1994 vol. 242 cc. 958-1015; HC Deb 9 May 1994 vol. 243 cc. 21-3.

⁴⁴ Morris raised the issue as a point of order in the committee stage of the Bill (HC Deb 6 May 1994 vol. 242 c. 958) and as a written question answered by Tony Newton, the Secretary of State (HC Deb 6 May 1994 vol. 242 c. 647W).

seems that disabled people are being used as a political football for political purposes by the Labour Party.⁴⁵

Berry remained suspicious, claiming that she seemed remarkably ignorant of the Bill's content and at which stage of the legislative process it had reached. Given the complexity of the amendments, it was not credible that a non-expert could have drafted them herself.⁴⁶ When it transpired that the amendments *had* been drafted by the Department, the media held it up as an example of Government corruption. *The Sun* in particular supported the campaign.⁴⁷ It was exacerbated by the familial connection –Victoria Scott was Nicholas Scott's daughter. When Victoria did everything short of calling for her father's resignation on the *Today* programme (which would have been a breach of Charity Commission rules), media interest intensified.⁴⁸ The Bill was given another Friday for debate after the scandal but it coincided with the funeral of John Smith, the ex-Leader of the Opposition. Berry offered to accept all of the tabled amendments as there were not enough MPs present for quorum. Conservative MPs insisted on discussing their proposals, and the Bill was talked out with Scott the final speaker.⁴⁹ Despite Smith's funeral and the speculation over who would become the next leader of the Labour Party, news of the Bill's defeat made the front page of *The Times*.⁵⁰ Scott apologised to the House for misleading it.

My statement on Friday that my Department had not drafted any amendments⁵¹ was true, but, as I explained in a letter to [Dale Campbell-Savours, Labour], the Department, with my authority, had been involved in their preparation. I

⁴⁵ HC Deb 9 May 1994 vol. 243 c. 23

⁴⁶ Interview with Dr Roger Berry. Morris also commented that it was strange that the amendment sponsors had seemingly shown no interest in the Bill at any other stage. HC Deb 6 May 1994 vol. 242 c. 958.

⁴⁷ Interviews with Victoria Scott and Dr Roger Berry.

⁴⁸ Interviews with Victoria Scott, Dr Roger Berry, Sir Bert Massie, Agnes Fletcher. *Today* is a daily current affairs programme of high renown on BBC Radio 4.

⁴⁹ HC Deb 20 May 1994 vol. 243 cc. 1077-100.

⁵⁰ The story continued inside the paper. *The Times*, 21 May 1994, pp. 1, 2.

⁵¹ 'No part whatever in the drafting of any of the amendments and, to the best of my knowledge, nobody in my Department has been involved in the drafting of any amendments in this area.' HC Deb 6 May 1994 vol. 242 c. 989.

therefore felt that I should offer this clarification of my remarks to the House as a whole.⁵²

Maitland later apologised, but only after being rebuked by the Speaker.⁵³ It did not force Scott to resign or be sacked, but months later in a reshuffle he was moved aside.⁵⁴

In response, the Conservative government proposed its own Disability Discrimination Bill for the 1994/95 Parliamentary Session. It did not include the commission, and many of the other clauses were significantly weaker than the Civil Rights Bills. Campaigners supporting Civil Rights presented it again through Labour MP Harry Barnes. Local versions were also introduced in Scotland (Gordon McMaster, Labour), Wales (Barry Jones, Labour) and Northern Ireland (Rev. Ian Paisley, Democratic Unionist).⁵⁵ BCODP, believing the government's Disability Discrimination Bill to be inadequate, continued to back Barnes's Civil Rights Bill. RADAR and other groups closer to the establishment, however, chose to support the government initiative, believing that, since the Barnes Bill had no chance of getting through Parliament, it was far better to try and hone the government Bill and seek concessions than back a lost cause. RADAR sent lawyers to the DSS to help them draft the legislation. This caused significant rifts within the Rights Now coalition, and was damaging to the fragile relationship between BCODP and RADAR.⁵⁶ William Hague – Scott's successor – was accused by 'civil rights campaigners' of using wrecking amendments to kill off the Civil Rights Bill, but by this point it was largely irrelevant.⁵⁷

The government Bill had significant clauses which betrayed the government's construction of disability. For instance, clauses on discrimination in the work place only applied to firms employing more than twenty people; no such clauses existed in the gender or race

⁵² HC Deb 10 May 1994 vol. 243 c. 155.

⁵³ HC Deb 25 May 1994 vol. 244 c. 342.

⁵⁴ Mark Stuart, "Scott, Sir Nicholas Paul (1933-2005)," in *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2009).

⁵⁵ Civil Rights (Disabled Persons) Bill 1994; Civil Rights (Disabled Persons) (Wales) Bill 1995; Civil Rights (Disabled Persons) (Scotland) Bill 1995; Civil Rights (Disabled Persons) (Northern Ireland) Bill 1995.

⁵⁶ LEEDS: John Evans, *The U.K. Civil Rights Campaign and the Disability Discrimination Act*, conference paper delivered in Venice, 1/2 November 1996; Interviews with Victoria Scott, Sir Bert Massie.

⁵⁷ *The Times*, 29 April 1995, p. 8.

discrimination Acts.⁵⁸ The idea that disabled people were a drain on company resources, therefore, was explicitly accepted. The definition of disability and a disabled person was, however, rewritten for the first time since 1944:

(1) Subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day-to-day activities.

(2) In this Act “disabled person” means a person who has a disability.⁵⁹

Further, the Act applied to *past* disabilities, so that it was illegal to unjustifiably discriminate against people who in the past had been injured or had mental health issues. Still, the explicit definition relied upon medical diagnosis and its relationship to ‘normal day-to-day activities’ – a medical definition of disability. It must be stressed, however, that the 1993 Civil Rights Bill contained similar terminology.⁶⁰

John Major’s government had a general commitment to “deregulation”. Regulation was often related to cost. Expenditure on disabled people was seen as a major barrier to ADL, though official estimates of the true extent of the costs involved were often challenged. The government published a report arguing that ADL in the form proposed in the Civil Rights Bills would cost the exchequer £17 billion. Rights Now accused the government of double-counting certain changes and completely ignoring the £5 billion a year directly lost to the economy by excluding disabled people from the workforce.⁶¹ This, I argue, was rooted in a conception of disabled people as a “burden” upon the state and upon capitalism in general. Arguments against ADL from government were framed more in terms of the immediate cost to the

⁵⁸ Disability Discrimination Act 1995, c. 7.

⁵⁹ *Ibid.*, c. 1.

⁶⁰ ‘In this Act “disability” means, with respect to a person (a) a physical or mental impairment that substantially limits one or more of the major life activities of that person; or (b) a history of having such and impairment; or (c) a reputation as a person who has or had such an impairment.’ Civil Rights (Disabled Persons) Bill 1993, c. 1.

⁶¹ Rights Now, *Accounting for Discrimination : estimating the costs of excluding disabled people from the workforce* (London: Rights Now, 1994). For £5 billion estimate, see p. 4. Indirect costs were estimated at £10 billion. A more detailed rebuttal was published in Rights Now, *What Price Civil Rights?* (London: RADAR, 1994).

exchequer and to businesses rather than any social or financial gains that could be made in the longer term. Indeed, the government's record on expenditure was held up as an example of how things did not require radical legislative change. The usual figure given in 1994 was £16.5 billion, or 225 per cent more than when the Conservatives came into office.⁶² Gross expenditure, rather than the numbers of people being helped or the amount receiving such help, was quoted, despite the fact that the rights to support from the state had contracted since 1979. In short, the government was not willing to pool the risks of disability any further, placing the responsibility of maintenance on the individual and her family.⁶³ Rather than have businesses or tax revenues absorb any initial or future costs in restructuring workplaces to integrate disabled people, individuals would have to conform to the needs of business.

The Civil Rights story is an important one for understanding both the government's concept of disability and the wider debates that the government had to deal with. Once again, the disability lobby had succeeded in manipulating the 'politics' stream.⁶⁴ It had also diverted the 'solution' stream enough so that ADL was considered a legitimate response. Baggott and McGregor-Riley have argued that the Major administration was more open to consultation than Thatcher had been,⁶⁵ and the involvement of disability organisations in the process of drafting the 1995 Act might support this. However, despite the fact that the government could no longer ignore disability issues, it was also unwilling to make major changes to the law in order to increase disabled people's participation in society. The 'problem' was not considered big enough or understood in the same way as oppression approach campaigners. This is reflected in some of the government's other policy responses. Disabled people were seen to demand the same opportunities and responsibilities as non-disabled people. This is crucial for explaining the changes to disability benefits over this period. The tension between providing for the "deserving" sick, whilst encouraging disabled people to become self-sufficient was

⁶² e.g. HC Deb 29 April 1994 vol. 242 c. 520.

⁶³ Beck, *World at risk*; Beck and Beck-Gernsheim, *Individualization*.

⁶⁴ Kingdon, *Agendas, Alternatives and Public Policies*.

⁶⁵ Baggott and McGregor-Riley, "Renewed Consultation or Continued Exclusion?"

significant. Neo-liberal and liberal concepts of welfare jarred as they had done in the previous chapter. Here, however, neo-liberal concerns came out on top.

Government action – Extra Costs

This process can be best seen through developments in social security. To begin the analysis of late-Conservative benefit reform, I outline the changes to the extra costs benefits. These came in two forms. The first was the creation and evolution of the ILF from 1988. This was effectively a state-sponsored charity designed to lessen the damage caused by reform to means-tested benefits in the Social Security Act 1986.⁶⁶ The second is the Disability Living Allowance and Disability Working Allowance Act 1991 which built on proposals outlined in the White Paper *The Way Ahead*.⁶⁷ Both of these developments show the tension between liberal concepts of “the sick” and neo-liberal attempts to reduce expenditure and encourage personal responsibility. ILF was a way of ensuring that the “most in need”, equated with the “most severely impaired”, were given support; but the fund was cash limited and relied on a system of trustees. In a sense, it re-introduced some of the discretion which had been lost in Income Support and the disability premium at the price of more restrictive medical criteria. When it received far more applications than originally intended, it was further limited to cut costs. DLA was, at face value, more universal as it was not means tested or cash limited. The introduction of lower rates for people on the borderline of medical eligibility was welcomed. However, as with AA in the 1970s, rates of payment remained much lower than many disabled people’s actual needs. DWA was far too restrictive and poorly advertised ever to make a significant impact.

Independent Living Fund(s)

The Disability Alliance (DA) claimed that disabled people were ‘among the main losers’ after the introduction of Income Support. It estimated that ‘over one million people with disabilities

⁶⁶ Supplementary benefit ceased in April 1988. See Social Security Act 1986 and HC Deb 28 January 1986 vol. 90 cc. 826-27.

⁶⁷ Cm 917.

lost out', and that they were particularly affected by 'the loss of weekly additional requirements to the former Supplementary Benefit'.⁶⁸ The removal of discretionary payments had been especially damaging. Although designed to save the government money, they had been a key safety net for those with exceptional or irregular need.⁶⁹ According to Alf Morris, DIG had shown that '20 to 30 per cent' of disabled people were reliant upon Supplementary Benefit.⁷⁰ ILF was therefore born in the context of major changes in the government departments related to social security. It also borrowed from the heritage of other discretionary funds such as the Joseph Rowntree Memorial Fund (for "congenitally disabled" children), the Thalidomide Trust, and the Macfarlane Trust Fund (for victims of contaminated blood transfusions). These had been administered by independent charities with significant funding from government and other sources. What was new was the move away from "cause" and "tort". ILF was available to all disabled people who met the financial eligibility criteria. Yet the use of trustees and discretionary grants to eligible claimants borrowed heavily from pre-1948 philanthropic tradition.

The fund provided grants which were designed to help disabled people live at home, and exceptional payments could be given at the discretion of the trustees if this would avoid the claimant being institutionalised.⁷¹ It began operation in June 1988,⁷² and must be seen in the wider context of care in the community and deinstitutionalisation. The government had become concerned over the costs of institutional care and the ways in which it was funded. The Audit Commission had found that means-tested payments to claimants actually encouraged residential care. Money was available to cover the costs of staying in an old

⁶⁸ PTC: 77.16, Disability Alliance paper for the Social Justice Commission, June 1993.

⁶⁹ Deacon, "Spending more to achieve less? Social security since 1945," p. 90. Berthoud noted in 1985 that it would be clear that the government would need to do something like add a second tier of the 'disability premium'. See previous chapter and Richard Berthoud, *The Examination of Social Security* (London: PSI, 1985), p. 28.

⁷⁰ *The Times*, 4 January 1988, p. 10.

⁷¹ Minister for Disabled People Nicholas Scott published the eligibility criteria in a written answer to Richard Alexander. HC Deb 31 March 1988 vol. 130 cc. 661-2W.

⁷² HC Deb 8 June 1988 vol. 134 c. 594W.

persons' home, for example, but not for the necessary adaptations and home helps for the claimant to live in her own house or flat.⁷³ SSAC considered these issues in August 1987,⁷⁴ and the Griffiths Report on Community Care was completed in 1988.⁷⁵ Thus, it would have been politically unsustainable for the government to continue to pursue a care in the community rhetoric while providing no resources to allow individuals to make use of such a policy. Besides, as the Audit Commission showed, it cost significantly less to care for people in their own homes than in long-stay hospitals.⁷⁶ To enable the fund to determine the best way to use the limited amount of cash available, it was administered by ten trustees. Five were appointed by the DSS and five by DIG. DIG initially nominated Pauline Thompson (leader of DIG), Stuart Lyon (a founder of DIG and prominent member), Joseph Hennessy (director of Wales Council for the Disabled, chair of the Disabled Drivers' Association and governor of Motability), Jack McGregor (chair of DIG (Scotland)) and Gillian Micklewright (a former adult education teacher).⁷⁷ In 1992, Thompson was vice-chairman of the Fund, and Bert Massie, the director of RADAR, had been appointed.⁷⁸

The Fabian approach lobby groups were therefore a key part of implementing government policy, even though there had been concerns about its effects. Discussions between the DHSS and voluntary organisations had taken place in late 1987 about an alternative fund for severely disabled people. Ian Bruce of the Royal National Institute for the Blind (RNIB) had apparently been told that the government intended to create a £5 million fund which would be administered by the Rowntree Trust. 'Their idea... is for this to run for three years until the review of disability benefits [which was due to be published in 1988]. It would not be "new"

⁷³ Audit Commission, *Making a reality of community care : a report* (London: H.M.S.O., 1986), p. 3.

⁷⁴ TNA: BN 69/49, SSAC 61/87, *Community Care*, August 1987.

⁷⁵ Roy Griffiths, *Community care : agenda for action* (London: H.M.S.O., 1988).

⁷⁶ "Exhibit 1" used a sliding scale with "Own Home Alone" costing c. £133 per week and "Hospital" c. £255 per week. Audit Commission, *Making a reality of community care*, p. 1.

⁷⁷ PTC: 76.07, Joint DHSS and DIG press release, 8 June 1988, pp. 2, 4.

⁷⁸ HC Deb 10 March 1992 vol. 205 c. 512W

money but “substitution money” i.e. from within the Department’s existing budget.’⁷⁹ When the government announced that ILF would be created, it acknowledged that it was a temporary measure designed to see disabled people through the major social security changes of 1988, and would likely be replaced by a full state scheme ‘within the next three to five years’.⁸⁰ Initially, however, the fund was seen as a sop and inadequate compared to what had preceded it. Margaret Beckett accused the government of setting up the fund ‘at the last minute’ in order to cover severely disabled people who were excluded by the new schemes.⁸¹ Furthermore, although Supplementary Benefits was removed in April, it was not until June that ILF’s deeds were signed and it could begin to dispense payments.⁸² Despite the misgivings, it soon became popular as it allowed disabled people to remain in their own homes.⁸³

DIG’s involvement in the scheme is particularly interesting because voluntary organisations had been opposed to the restructuring of benefits following the Social Security Act 1986. The Chairman of RADAR, the Duke of Buccleuch, wrote in the organisation’s annual report that the changes were:

causing charitable organisations, of every kind, a quite exceptional degree of anxiety. Fears are rife that the system of safety nets for the less fortunate members of society, that have become accepted as an integral part of our social fabric, are being steadily dismantled, with grave doubts concerning the adequacy of the alternatives.⁸⁴

DA went further. ‘The Social Fund is different from other appalling aspects of the social security system’, an internal document for discussion at its policy sub-committee contended. This was because it was cash limited; there was no independent right of appeal; much of the

⁷⁹ PTC: 76.06, Linda Lennard to Townsend, 30 November 1987.

⁸⁰ Lord Skelmersdale, the Parliamentary Under-Secretary of State at the DHSS then added, ‘however, I would not like to be held to that’. HL Deb 1 March 1988 vol. 494 cc. 97-8. See also HL Deb 3 March 1988 vol. 494 c. 302-304 and Nicholas Scott’s announcement of the intention to set up the fund, HC Deb 9 February 1988 vol. 127 cc. 170-2.

⁸¹ HC Deb 22 March 1988 vol. 130 c. 312.

⁸² PTC: 76.07, Joint DHSS and DIG press release, 8 June 1988. As Alf Morris argued, ‘as the extreme hardship that this fund was supposed to prevent dates from 11 April, is it not outrageous that on 10 May the fund has still not been legally constituted?’ HC Deb 10 May 1988 vol. 133 cc. 136-7.

⁸³ Barry Sheerman, Labour, speaking in the debate on the Disability (Grants) Bill 1992. HC Deb 15 March 1993 vol. 221 c. 50.

⁸⁴ RADAR: RADAR Annual Report, 1987/88, p. 14.

budget was 'in the form of loans repayable from already inadequate weekly benefits' rather than grants; and payments were only made if 'all other possible sources had been exhausted – friends, relatives, charities'.⁸⁵ And:

The Social Fund is based on an unacceptable system of priority needs and priority "client groups": it is discriminatory and reinforces the notions of the "deserving" and "undeserving" poor.⁸⁶

Prioritising the "most needy" is, of course, nothing new. Indeed, DA and DIG had, for pragmatic reasons, encouraged this themselves when campaigning for disability incomes in the seventies. What appears to be most concerning is that prioritisation was an interim measure for the poverty lobby in the 1960s and 1970s, the start of a longer process towards total coverage. Here, prioritisation was an end in itself. As we have already seen, targeting, selectivity or prioritisation was an integral part of Conservative social security policy.

DIG, then, appears to have gone against the grain by associating itself with the Department of Health and Social Security (DHSS) and DSS in creating this new "alternative" fund. Bruce offered an explanation as to why this might be so at DA's Steering Committee meeting. Linda Lennard, the organiser, reported that she had 'attended a highly confidential meeting' with Bruce, Peter Large and Peter Barclay (chair of SSAC and Rowntree Trust) to discuss a proposed fund to help disabled people. Bruce stated that while '6 out of the 7 of the original group were against the proposal... DIG represents the most severely disabled people it was to be expected that they would support [it].'⁸⁷ Indeed, Nicholas Scott would later commend DIG for their position. 'It may be hard to recall what a courageous step that was for [DIG] at a time when many disability organisations wanted nothing to do with a discretionary fund but wanted a

⁸⁵ PTC: 77.11, The Disability Alliance's policy on the Social Fund: note for Policy sub-committee meeting on 12.1.88, 11 January 1988.

⁸⁶ Ibid.

⁸⁷ PTC: 77.11, DA Steering Committee minutes, 27 January 1988, item 6. Linda Lennard also wrote 'Peter Large is, so far, keen on the idea, which is no surprise'. PTC: 76.06, Lennard to Townsend, 30 November 1987.

statutory, regulated system continued.⁸⁸ DIG's press release following the announcement of the scheme quoted Large, proclaiming 'it is an important interim measure... DIG's expertise should help ensure that the Fund successfully meets the needs' of disabled people. However, DIG too stated that it would 'continue [its] campaign for improved financial support within the framework of social security for all disabled people'. It stressed that ILF would have a 'limited life... until long-term arrangements to enable very severely disabled people to live at home are made'.⁸⁹

DIG's papers for this time are unavailable, and without them it is difficult to understand fully the thought processes of its senior officers. What we must ask, however, is why Bruce would consider DIG to represent 'the most severely disabled' in 1988, when their original remit had been to campaign for *all* disabled people. Reportedly, Large had been pressing for an additional premium in Income Support to cover the care needs of the most severely disabled people.⁹⁰ Further, why was DIG willing to 'put its head above the parapet'?⁹¹ A plausible explanation, as Sir Bert Massie commented in a personal interview, is that DIG got too close to the establishment. Large is mentioned personally by Nicholas Scott in the second reading of the Disability (Grants) Bill 1993, along with Pauline Thompson, the Chair of DIG, to whom 'we owe a particular debt'.⁹²

In the old days, DIG were actually far more effective campaigners than DA. In the last sort of fifteen years [i.e. since circa 1995] that's changed, DIG's just about disappeared. Largely, I think they got too close to government, if I'm being honest with you. Became part of government and disappeared up.⁹³

This was not a new criticism to be launched at DIG – the Equal Rights for Disabled Women Campaign, for example, had attacked Large for enabling the government to refer the

⁸⁸ HC Deb 15 March 1993 vol. 221 c. 39. Frank Field also praised DIG for 'being courageous enough to put its head above the parapet when everyone else, lacking in courage, kept their heads firmly below it—and were most unpleasant to DIG in the process'.

⁸⁹ PTC: 76.07, DIG Press Release, 9 February 1988, p. 2.

⁹⁰ PTC: 76.06, Lennard to Townsend, 30 November 1987.

⁹¹ Frank Field, HC Deb 15 March 1993 vol. 221 c. 39.

⁹² HC Deb 15 March 1993 vol. 221 c. 39.

⁹³ Interview with Sir Bert Massie, 26 August 2011.

household duties tests to National Insurance Advisory Committee. Another factor that may explain why Bruce attacked DIG for its position, however, could be the long-running antipathy between DA and DIG stemming from the mid-1970s. In any case, it seems, from the comments of Scott and Frank Field, that DA was not alone in questioning DIG's motives and actions over ILF. What is clear is that the government wanted cooperation from a major voluntary organisation to administer the fund; and in DIG they got it.⁹⁴

Despite the reservations, the fund was seen by many organisations to be something of a success. With the exception of reports of claimants in the South East being hassled to reduce their care costs so that the Fund could pay out less to claimants, DA was content in 1989 that 'the ILF seem[ed] to be operating in a reasonably friendly and flexible way'.⁹⁵ Initial estimates were that successful applications would number in the hundreds. £5 million was set aside for the fund, which Lord Skelmersdale estimated would reach around 250 people. Although different figures had been quoted by different ministers and DIG, the government was 'in broad agreement' that the numbers involved would be small – 'up to 1,000'.⁹⁶ By 1993 the fund received £100 million a year and had helped 21,000 people.⁹⁷ The fund was costing more, had reached more people and had run longer than the government had originally intended. In an attempt to rationalise it and bring it under statutory control, the Disability (Grants) Act 1993 wound up the ILF and replaced it with two new funds. One, the Independent Living (Extension) Fund continued to service those who were already claiming from the original ILF. The other, the Independent Living (1993) Fund, had new, more restrictive entry criteria in

⁹⁴ See Lennard's description of the Bruce/Large/Barclay meeting in PTC: 77.11 DA Steering Committee minutes, 27 January 1988, item 6; and the announcement that a fund would be created with input from DIG and DIG Scotland, HC Deb 9 February 1988 vol. 127 cc. 170-2.

⁹⁵ PTC: 76.08, Ian McMaster, DA, Notes on visit to the ILF, 14 April 1989, p. 7.

⁹⁶ HL Deb 3 March 1988 vol. 494 c. 303. Scott had announced in the Commons that 'We are talking of hundreds, rather than thousands, of disabled people, and we shall be seeking to meet their needs in as flexible a way as possible'. HC Deb 9 February 1988 vol. 127 c. 172

⁹⁷ According to Nicholas Scott. HC Deb 15 March 1993 vol. 221 c. 39. See also Figure 4.4.

order to reduce the burden of a clearly-expanding fund to which the government had committed itself.⁹⁸

The 1993 fund was only open to those who already received £200 per week from their Local Authority (LA). The fund would top this amount up to £500 by providing an additional £300. This represented an increase in provision of £50 for most of the country; however, the old ILF had different payments based on regional costs of living. People in the South East were entitled to £520, and those in London £550. The proposals would leave those in London worse off but would save central government (or, at least, the funds that central government provided money for) £250 per week per claimant.⁹⁹ Barry Sheerman expressed the Opposition's reservations.

The £500 limit does not make sense economically as, in many areas, residential care is more expensive than that—as [Alf Morris] pointed out the other evening. The Greater London Association for the Disabled [GLAD] did some research on residential care costs and came up with a sample of figures—£510, £605, £800 and £925 a week. Similarly, [BCODP] found that residential charges at the Royal Hospital Putney, not far from the Minister's constituency, varied between £605 and £807 a week—again, significantly higher than the £500 ceiling. As a means of saving public money, that ceiling is frankly bizarre and, in our view, will lead to more money being spent rather than less.¹⁰⁰

When the new ILF came into effect, DA was very concerned about the way it was to be administered. Payments could only be made to those expected to need care for 6 months or more. This could exclude terminally ill people. Further, the £200 LA contribution threshold put individuals at the mercy of LA spending cuts or changes in priorities. This was made more important because of the method of calculation for the costs of care. Standardised rates were applied across the country, meaning that regardless of the actual cost of care, the government would only allow contributions up to the standard rate to be counted in the calculations of how much support an individual received. The same was not true the other way – i.e., a LA

⁹⁸ Disability (Grants) Act 1993.

⁹⁹ See HC Deb 15 March 1993 vol. 221 cc. 36-117 esp. cc. 49-50.

¹⁰⁰ HC Deb 15 March 1993 vol. 221 c. 54.

paying *under* the standardised rate would not have their contribution “topped up” by the Fund.¹⁰¹

ILF was in many ways a victim of its own success. However, it was not part of any comprehensive income for disabled people. For DA it showed that ‘the Government shrugged off the agreement to reform the structure of disability benefits’ and was a concession ‘grudgingly allowed... as fall-back for a very few individuals with severe disabilities’.¹⁰² When even that fall-back cost the government too much money, the fund became even more restrictive. Partly this was done by targeting. Support was aimed at the “deserving” poor, with the definition of “desert” becoming increasingly narrow, based on medical and income criteria. In this case, the return of discretion was also used to help target funds to even more specific areas. Responsibility for decision making could be handed down to a group of “trustees”, allowing the government to finance the scheme, yet claim that adverse decisions were not of their making.¹⁰³ The other area of restriction came from cash limiting support. By setting a hard cap on how much could be spent in any given year, ILF borrowed from other neo-liberal attempts to limit expenditure such as the Social Fund which provided loans rather than discretionary grants to claimants of means-tested benefits.¹⁰⁴ Unlike the Social Fund, claimants to ILF did not have to pay the money back, but the principle of limiting expenditure, regardless of the real needs of the population, was maintained. In effect, ILF was state charity, a curious mix of Victorian-era philanthropy (with discretion and limited funds) and post-war concepts of welfare (which provided payments to groups considered “in need”).

ILF shows that disability remained an important part of government policy. Liberal concepts of providing for disabled people remained. However, cost reduction had become a priority. When the creation of Income Support was seen to adversely affect severely disabled

¹⁰¹ PTC: 77.16, Angela Hadjipateras, Decision of the Board of Trustees (7/6/93) re: 1993 ILF, June 1993.

¹⁰² PTC: 79.04, Speech by Townsend at DA’s 1990 AGM, *The Way Ahead: Which Way? The 1990 Disability Campaign*, 2 July 1990, p. 2.

¹⁰³ Riddell, *The Thatcher Era*, p. 132.

¹⁰⁴ Grover, *The social fund 20 years on*.

people, the government created a 'fall-back' scheme, but ensured it was cash limited and created an administrative framework to limit the number of grants by discretion to the "most in need". It shows that the government's concept of disability meant that it had an obligation to provide for "the sick" – or those who through no fault of their own could not provide their own income – but that disabled people in general were not entitled to support if their needs were less acute. Splitting the two would become crucial in justifying the introduction of ICB in the mid-nineties.

Disability Working Allowance and Disability Living Allowance

Not all reforms were aimed at "the sick". From 1990 onwards, benefits were restructured to emphasise the difference between "the sick" and "the disabled". Following on from *The Way Ahead's* recommendations, new benefits were created to provide support to disabled workers and provide extra-costs benefits to disabled people regardless of their employment status.¹⁰⁵ However, the resources provided for these schemes were well below what most voluntary organisations would deem adequate. It was more important to restrict expenditure than to reduce benefit dependency or better aid participation in society.

DLA was effectively an attempt to rationalise the existing extra-costs benefits AA and MA. It created new lower rates of the 'mobility component' (the old MA) and the 'care component' (AA), nominally to provide some support to those who were on the borderline of medical eligibility. DWA was more radical. By providing a benefit to those disabled people in work but at a disadvantage in the labour market, it challenged the orthodoxy of the "incapacity" system of benefits. However, disability organisations had serious reservations about both. DLA was considered to be simply a repackaged benefit and far from the comprehensive review that the DSS had promised; and DWA was never given the resources or flexibility to be valuable to or claimed by enough disabled people to make a noticeable difference to disability employment rates. Yet at the same time, they acknowledged key recommendations from research bodies

¹⁰⁵ Cm 917.

(such as the Social Security Advisory Council's (SSAC) Disablement Working Group (DWG)) and voluntary organisations.

DLA created a single benefit with a single application procedure. This had been recommended by DWG in its 1988 report, although it was provisionally called an Integrated Disablement Allowance.¹⁰⁶ The care component was split into three rates, whereas previously there had only been two; and the mobility component was split into two where previously there had only been one. The weekly amount of the higher rate of the care component was the same as the higher rate of AA. The care component middle rate was the same as the AA lower rate, so that the care component lower rate became a new band, payable at less than half the middle rate. MA was discontinued when DLA came online, but the higher rate of the mobility component was paid at a similar rate to the old benefit.¹⁰⁷ These new lower rates were in response to the 1988 OPCS survey which identified a problem with the old qualification criteria. Although these worked well in targeting the benefit at the intended groups, the 'cliff edge', as Tony Newton, the Secretary of State, described it in the Commons, meant that those who did not quite meet the standards for the lower rate of AA or for MA got nothing. The new rates offered some gradation for claimants.¹⁰⁸ This is significant given the increased numbers of claimants (Figures 4.1 and 4.3) and expenditure (4.2 and 4.4) on these extra costs benefits. Unrelated to employment status, the argument could be made for these types of benefits as encouraging independence and, by association, employment. Yet any form of extension, no matter how minor, causes us to question whether the Major years really were all about retrenchment.

¹⁰⁶ Social Security Advisory Committee, *Benefits for disabled people*, pp. 61-62.

¹⁰⁷ Values of the benefits taken from Daniel Wisniewski, ed. *Annual Abstract of Statistics 1999, No. 135* (London: TSO, 1999), p. 149.

¹⁰⁸ HC Deb 21 November 1990 vol. 181 cc. 312-13. Newton was referencing Martin and White, *The financial circumstances of disabled adults living in private households*.

DWA was introduced as a credit for disabled people capable of limited low-paid work, as had also been recommended by DWG.¹⁰⁹ It was intended to encourage those who might be capable of limited work (in terms of work hours, hourly pay or both) to enter the labour market. This was significant in that it explicitly broke the idea that earnings-replacement benefits should only be provided to “the unemployable”. The claimant had to satisfy the condition that ‘he has a disability or an illness that puts him at a disadvantage’.¹¹⁰ This would initially be assessed by whether a claimant had already received IVB or one of the extra costs benefits. Subsequent claims would be made via a self-assessment form.¹¹¹ Although it was a long way from the partial incapacity plans of the voluntary organisations and civil servants of previous years, it was at least a benefit that could be paid to those who were disabled *and* were able to find employment. One of its main features as outlined in the second reading of the Bill was that it allowed claimants of IVB to ‘try out the world of work, or re-try it, even for as little as 16 hours a week, reasonably secure in the knowledge that they will not have to suffer a drop in income through having to re-qualify for their old benefit if the attempt does not work out’. Previously, IVB claimants had to wait 28 weeks to re-qualify for the benefit if they worked for more than eight weeks. The proposal was to change this eight weeks to two years.¹¹²

Tony Newton declared that the Bill:

breaks new ground in shifting the benefit system away from focusing exclusively on incapacity—on what disabled people cannot do—towards doing more to encourage people with disabilities to make the best of the capacity that they have—the things that they can and wish to do. In assessing entitlement, it seeks to give to disabled people a greater role, rather than relying almost exclusively on the assessments of professionals.¹¹³

¹⁰⁹ Social Security Advisory Committee, *Benefits for disabled people*, p. 63.

¹¹⁰ Disability Living Allowance and Disability Working Allowance Act 1991, c. 6.

¹¹¹ HC Deb 21 November 1990 vol. 181 c. 314.

¹¹² HC Deb 21 November 1990 vol. 181 cc. 315-16

¹¹³ HC Deb 21 November 1990 vol. 181 c. 311

The Opposition was, however, unconvinced. Michael Meacher, Labour's spokesman on social security replied:

I am sorry to disappoint the Secretary of State, but I must tell him that when I had finished studying the Bill I recalled what was said of Napoleon III—that the most impressive thing about him was his name. The same could be said of the Bill. It seems that the less a measure contains, the more grandiloquent is its title.

The first part of the Bill is largely concerned with the amalgamation of two existing benefits. The second part is so significant as to involve no net extra expenditure, however much it may improve the ability of disabled people to get back into the labour market, which was the gloss that the Secretary of State put upon it. Having waited 10 years for the Bill—five years while the Government attended to the economy and another five while they procrastinated with half a dozen [OPCS] studies—disabled people expected a great deal more from it. They will be bitterly disappointed that it is so thin and misleading.¹¹⁴

The '10 years' comment may relate to the publication of CORAD in 1981, although that report was concerned with ADL rather than social security. It could simply be a rhetorical reference to the length of time the Conservative Party had been in power. In any case, it had indeed been 'another five' since the review of social security benefits for disabled people was started by the then-DHSS.¹¹⁵ Regardless, the main charge, that this was nothing new, was considered 'a stroke of evil marketing genius'.¹¹⁶ DA was also unimpressed. It felt the Bill would lead to 'new words, new meanings, new case-law, new confusions'. In failing to offer anything radically new, this was a change that simply confused rather than improving the situation.¹¹⁷

We remain angry that the promised comprehensive review of benefits never transpired. After all those years people with disabilities are instead offered this silly tinkering around and renaming of two current benefits [...] and a harshly means-tested disincentive to move off incapacity benefits into very low paid work.¹¹⁸

¹¹⁴ HC Deb 21 November 1990 vol. 181 c. 318.

¹¹⁵ Social Security Advisory Committee, *Benefits for disabled people*.

¹¹⁶ HC Deb 21 November 1990 vol. 181 c. 318.

¹¹⁷ PTC: 76.20b, The DLA and DWA Bill 1990, DA briefing, November 1990, p. 2.

¹¹⁸ PTC: 76.20b, DA letter to members, 11 December 1990.

It was also an administrative failure. Severe delays meant that claimants were denied access to DLA, which in turn affected their eligibility for other benefits, such as access to help from LAs and the ILF. The House of Commons Social Security Committee described the whole process as ‘a nightmare’. The government, in response noted that it had:

apologised for the fact that service to some claimants to DLA fell short of what Benefit Agency customers might reasonably expect. In recognition of this, on 4 May 1993, the Secretary of State [...] announced special compensation arrangements for those customers who claimed [DLA, AA or MA] on or after 3 February 1992 (the date from which claims for DLA were accepted) and were paid before 1 April 1993, who suffered unacceptable delays in the processing of their claims.¹¹⁹

In 1993, the Disability Living Allowance and Disability Working Allowance Act broke the divide between “in work” and “out of work” for “civilian” disabled people. It was possible now to be considered disabled, and therefore receive state benefits, and to earn money. It is true that there had not always been a rigid distinction between the two; family allowances, Supplementary Benefit and so on were paid to low earners through the ‘therapeutic earnings limit’. Yet this was a significant step by the Conservative government to acknowledge that disabled people were capable of work providing they had the right support. Again, this was a neo-liberal attempt to separate “the sick” from “the disabled”, and provide incentives for the latter to participate in the labour market. At first glance this is quite a social way of conceiving of disability. It acknowledges the discriminatory nature of free-market labour and provides resources to try and combat the disadvantage this causes impaired individuals. When combined with DLA, which aimed to streamline various benefit schemes such as MA and AA into one, easier-to-administer payment, there was a range of benefits based on *needs* rather than impairments (although, of course, one still needed a medical certificate to show that one was impaired and therefore had needs). What remains questionable is whether this was

¹¹⁹ Department of Social Security, Disability benefits: The delivery of disability living allowance and disability working allowance reply by the government to the third report from the Social Security Committee (Cm 2282, 1993), para. 2.

anything new. DWA was means tested and did not significantly bolster the earnings of disabled people. It did not directly help people gain work since it offered no “rehabilitation” or work training, although it could in theory help people to maintain employment through improving a disabled person’s take-home pay. In some ways, then, it was little more than an extension to the therapeutic earnings limit. Take up was strikingly poor – according to the House of Commons Social Security Committee (using the government’s own statistics), only 2,500 people were in receipt of DWA a year after it was introduced. As the National Association of Citizens’ Advice Bureaux (NACAB) pointed out – ‘based on the evidence to date, it must be concluded that [DWA] has failed dismally to reach the groups who need it most’.¹²⁰

Rationalisation was more important to the government than genuine expansion or reform. DLA, DWA and ILF represented an approach to disability in which the government acknowledged a moral (or electoral) obligation to those considered incapable of participating in society without significant help, but was unwilling to direct too many resources to pay for it. Benefits were therefore targeted at the poorest through means testing rather than necessarily those most disadvantaged. The sticks – withdrawal of benefit – were always better supported than the carrots – schemes to encourage disabled people to work. As I will now demonstrate with ICB, it also began to formalise the distinction between “the sick” – incapable of work and “deserving” – and “the disabled” – capable of work, and under moral obligation to rehabilitate themselves.

Government action – “Incapacity for Work”

Incapacity Benefit (ICB) was the final benefit to be created during this period and also the most significant. In April 1995 it replaced Invalidity Benefit (IVB) and Sickness Benefit with a new contributory scheme. New tests were created to measure “objectively” whether a claimant

¹²⁰ Social Security Committee, *Third Report: Disability Benefits: The Delivery of Disability Living Allowance and Disability Working Allowance* (HC 284-I, 1993), paras. 94-95. In 1990, 50,000 people were estimated to be eligible for the benefit. ‘After almost one year of operation, only about 2,500 disabled people were in receipt of [DWA]. This represents just 5 per cent of those who were expected to be entitled.’

was capable of work. Instead of using doctor's reports or "sick notes", it fundamentally restructured the medical relationship between claimant and state by focusing on an individual's "functional limitations" as defined by DSS-approved health care professionals rather than family physicians. As the largest item on the social security budget after retirement pensions, the Conservative government could no longer allow IVB to go unreformed if it was to continue its political commitment to lower spending and lower taxes. As Figures 4.1 and 4.2 show, both the number of people claiming and the cost of the benefit had grown substantially over the 1980s, despite various attempts to reduce the rate of benefit, tighten eligibility criteria and privatisation of Sickness Benefit. The solution was to continue the process of splitting "the sick" from "the disabled".¹²¹ Medical certification was a good place for the government to target as these have historically been the 'central issue of controlling the sick role'.¹²² In this new system, social-model criticisms of medicine had been taken on board – no longer was it acceptable to label someone "incapable" of work or participation in society based solely on a medical diagnosis.¹²³ However, the entire process of reform was fundamentally flawed because a system built on the inherent subjectivity in concepts such as "capacity for work" or "the workplace" could not adequately tackle the deeper reasons for the rise in IVB claims and economic inactivity in general. The *right* to work that disabled people had been campaigning for was turned into an *expectation* of work through limiting benefit eligibility to only those deemed "incapable". At the same time, it showed that the liberal approach survived in that the "deserving" poor would continue to receive support, even while the neo-liberal government attempted to cut costs in the social security budget.

ICB was not the first attempt to reform sickness-related benefits. During the eighties, the introduction of Statutory Sick Pay (SSP) had effectively transferred financial and administrative

¹²¹ For splitting "sick" from "disabled" see Waddell et al., *The scientific and conceptual basis of incapacity benefits*.

¹²² Bjørgulf Claussen, "Physicians as gatekeepers: will they contribute to restrict disability benefits?," *Scandinavian Journal of Primary Health Care* 16, no. 4 (1998): p. 203.

¹²³ Charles E. Rosenberg, "The Tyranny of Diagnosis: Specific Entities and Individual Experience," *Milbank Quarterly* 80, no. 2 (2002).

responsibility for short periods of illness to employers rather than the government. Sickness Benefit had remained for the few people who had built up insurance contributions and were unemployed, but who had not been incapacitated for long enough to claim IVB. The theory was that if employers were responsible for the benefit, they would be more vigilant about absenteeism, knowing that they were directly footing the bill.¹²⁴ Short-term coverage for sickness was still available for those without adequate contributions through Income Support. Voluntary organisations and trade unions opposed the scheme, seeing it as 'bowing to the employers' and a step down the road to 'privatisation' of the social security system.¹²⁵ ICB finally removed the rump of Sickness Benefit, merging it with IVB.¹²⁶

Reform of IVB had begun in 1993 with the introduction of new medical controls.¹²⁷ Peter Lilley, the Secretary of State, announced these changes after the debate on the budget in November 1992:

It is [...] necessary to look carefully at how well benefit spending is focused on those whom Parliament intended to help. There has been a significant increase in the numbers on [IVB] and in spending on it. There are now more than twice as many people drawing this benefit as in 1979, at a cost nearly two and a half times as great. By 1996 invalidity benefit will cost well over £7 billion a year. Against that background, I intend to tighten up the administrative and medical procedures for controlling this benefit. That will ensure that medical examinations are better targeted and that more effective action will be taken when people fail to attend for their examination or are found to be capable of work. Those changes are expected to reduce spending by £240 million over the survey period. A major research study into invalidity benefit was launched last year. Some results have been received, and others will be received during 1993. I shall consider those results carefully as they become available.¹²⁸

Examining Medical Practitioners were asked to declare whether a claimant was 'medically incapable of work' or 'medically incapable of suitable work'. In the past they would have

¹²⁴ Glennerster, *British Social Policy*, pp. 181-82; Evans and Williams, *A Generation of Change, a Lifetime of Difference?*, p. 129; Reitan, *The Thatcher Revolution*, p. 31.

¹²⁵ Baloo, McMaster, and Sutton, *Statutory Sick Pay*, pp. 6-7.

¹²⁶ After the introduction of SSP in 1983, combined claims to SB and IVB dropped by around 160,000 (1.2 million claims in 1983, 1.04 million in 1984). See Appendix.

¹²⁷ See Hadjipateras and Howard, *Worried sick*, p. 1.

¹²⁸ HC Deb 12 November 1992 vol. 213 c. 1018.

simply been asked whether the claimant was 'incapable' or 'fit within limits'. This was designed to take all non-medical factors out of consideration for medical personnel.¹²⁹ Costs had spiralled due to the uptake of IVB; this was a way of restricting access. It followed a National Audit Office report in late 1989 which had concluded that 'non-medical factors have contributed to this growth rather than any underlying increase in the incidence of sickness', that GPs had not received sufficient guidance to be able to make accurate and reliable decisions on eligibility for IVB and that the Regional Medical Service was inadequate for dealing with the large amount of claims it was expected to process. While believing that the DSS had created 'a potentially effective control system... in a difficult and complex area', it recommended that extra training and monitoring arrangements were necessary in order to save, potentially, '£11 million a year' simply by reducing successful IVB claims by 1%.¹³⁰

SSP and new medical controls had not worked as well as had been hoped. Alternatives were therefore considered. On 10 June 1993, a letter from Lilley to John Major was leaked to the press.¹³¹ Outlining Lilley and Portillo's debates about how best to trim the social security budget, it contained a set of proposals for reducing the burden of IVB on the Treasury:

I propose a three-pronged course of action which would focus the benefit more closely on the long-term sick, make it less generous and make it taxable. This would result in significant expenditure reductions of about £180 million in 1995/96, £495 million by 1996/97 and £1.3 billion by the turn of the century. The changes are bound to be controversial but IVB is one of the few areas of social security expenditure where, realistically, savings could be made over the [Public Expenditure Survey] period.¹³²

This led to a flurry of activity attempting to explain why the numbers of IVB claimants had grown and why the government's assumptions were incorrect. For example, the claim that costs were much higher than 1979 due to 'the generosity of benefit and the ease with which

¹²⁹ Hadjipateras and Howard, *Worried sick*, p. 12.

¹³⁰ National Audit Office, *Invalidity Benefit : Report by the Comptroller and Auditor General (HC 91, 1989)*, esp. paras. 10, 12, 14.

¹³¹ The letter was published in full in *The Guardian*, 11 June 1993. See the coverage in *The Times*, 12 June 1993, pp. 8, 19.

¹³² *The Guardian*, 11 June 1993.

people are able to get on to it' was challenged by DA.¹³³ First, the level of benefit was little different in 1993/94 to 1979/80. Figure 4.5 shows that the real weekly rate of IVB had only increased from £67.42 to £67.91 at 2000/2001 prices. Second, the reason for the increase in benefit uptake was *not* due to more people exploiting the system¹³⁴ – or, at least, this is not what the data used by DA suggested. It quoted a working paper called *Invalidity Benefit: Where will the savings come from* which was also published in June 1993. According to its figures, the increased number of claimants broke down as follows:

- 29% came from people over pension age who took IVB over the regular state pension for tax reasons (IVB was untaxed and was claimable for up to five years after retirement age – i.e. 70 for men and 65 for women).
- 16% from women in the labour market – this meant more women had their own NI records and could claim IVB if they became disabled.
- 13% came from other 'demographic changes' – that is to say, there were proportionately more disabled people and older people in the country.
- 42% from 'an absolute growth in the rate of claiming IVB among a stable population of disabled people'.

The report went on to conclude that 'either an increasing proportion of unemployed people are being judged "incapable of work" or an increasing proportion of disabled people

¹³³ PTC: 77.16, Lorna Reith, Briefing – Invalidity Benefit, June 1993.. The leaked letter said: 'One of the reasons for growth is the generosity of the benefit by comparison with other benefits.' *The Guardian*, 11 June 1993.

¹³⁴ For this criticism and issues of moral hazard, see Barry, "Neoclassicism, the New Right and British Social Welfare," p. 63.

are being excluded from employment'.¹³⁵ DA also argued that the problem was that more disabled people were becoming unemployed and therefore becoming eligible for IVB.¹³⁶

There has been a lot of press speculation about claimants "swinging the lead"; doctors' over-eagerness to issue sick notes and the employment service "instructing" people to go on to sickness benefit or IVB in order to keep the unemployment figures artificially low. On the other hand, welfare rights agencies continue to report a range of problems encountered by sick and disabled people in getting onto the benefit or staying on it – with indications that claimants have been increasingly targeted since February [1993].¹³⁷

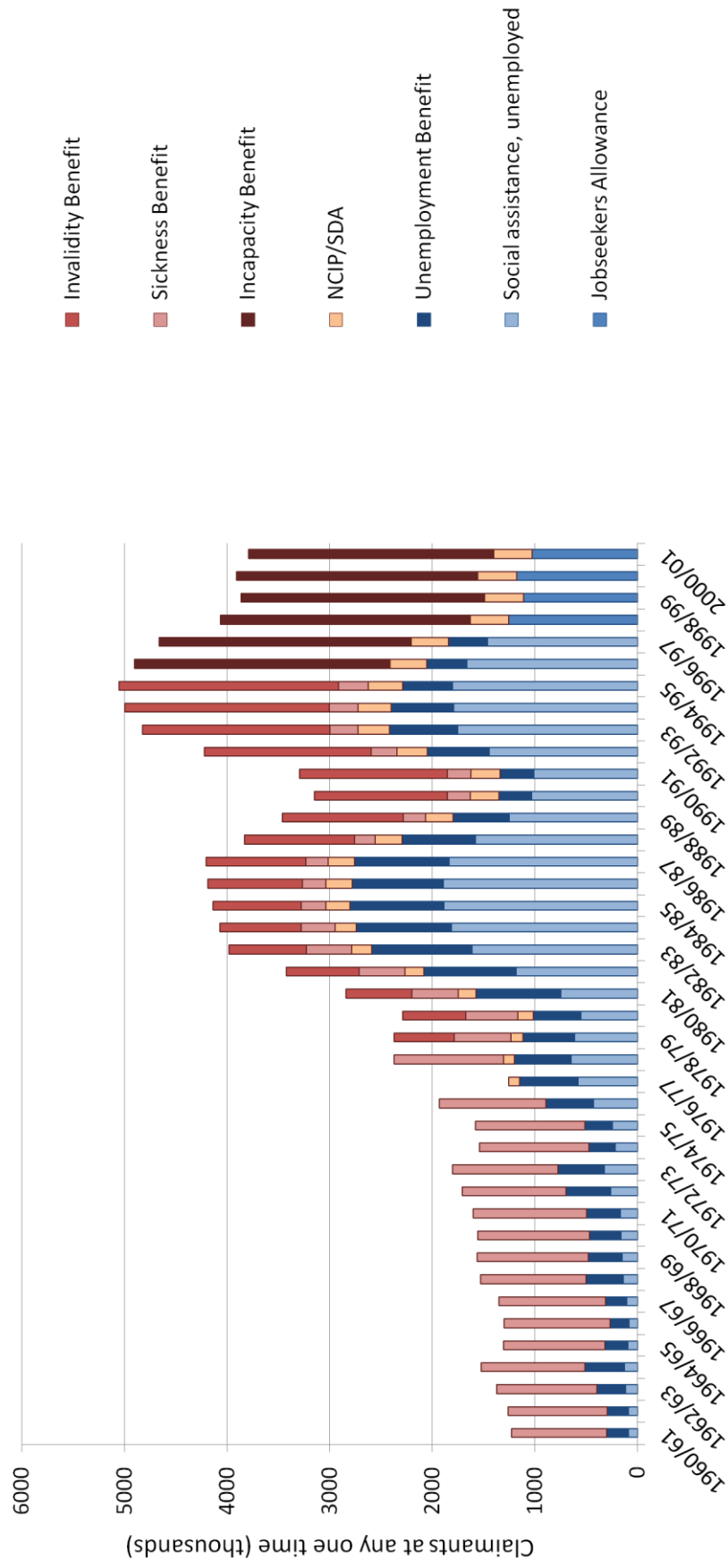
Figure 5.1 shows that IVB claims had indeed increased during the 1980s, while claims to unemployment benefits fell. This would lend weight to the hypothesis that IVB had masked economic inactivity. Although the nineties' recession saw fewer UB and social assistance claims from unemployed people than in the early eighties, the total number of incapacity and unemployment benefits was significantly higher. Across the period, peaks and troughs in the total number of claimants appear to be dictated by unemployment claims rather than disability, but the growing number of IVB claims had made those peaks more pronounced. This had an obvious knock-on effect with expenditure (Figure 5.2) and became most dramatic after 1990, despite the solid reduction in total unemployment expenditure over the late 1980s.

¹³⁵ PTC: 77.16, Briefing – Invalidity Benefit, June 1993 quoting Berthoud, *Invalidity Benefit*. Donald Dewar uses the evidence in the Commons during the second reading of the Social Security (Incapacity for Work) Bill 1994. He also mentions DIG, DA and NACAB by name, suggesting he is at least aware of this DA briefing, perhaps even having received a copy. HC Deb 24 January 1994 vol. 236 cc. 50-1. Also referenced by Burchardt, *The Evolution of Disability Benefits*. See Berthoud, *Trends in the Employment of Disabled People in Britain*.

¹³⁶ PTC: 79.04, National Audit Office Report on Invalidity Benefit, Comments from The Disability Alliance. Undated, but presumably not long after the publication of the NAO report, 13 December 1989.

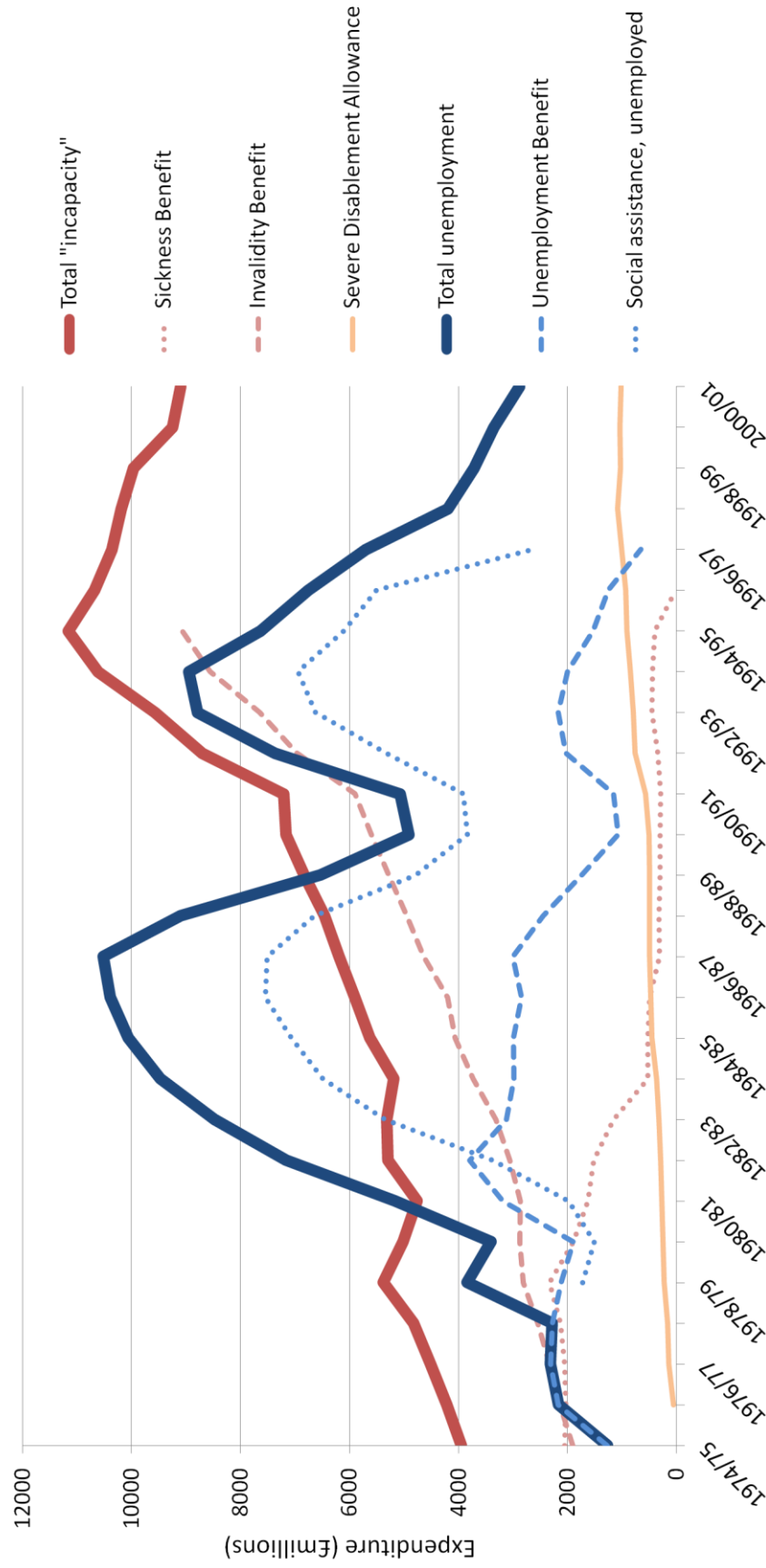
¹³⁷ PTC: 77.16, Lorna Reith, DA, Briefing – Invalidity Benefit, June 1993, p. 3.

Figure 5.1: Claimants of earnings-replacement and unemployment benefits, 1960/61 to 2000/01.



Source: See Appendix note on statistical data. Social assistance includes National Assistance, Supplementary Benefit and Income Support. No Sickness Benefit data for 1977/78.

Figure 5.2: Expenditure on earnings-replacement and unemployment benefits, 1974/75 to 2000/01 at 2000/01 prices.



Source: See Appendix note on statistical data. Social assistance includes Supplementary Benefit and Income Support. "Incapacity" includes Incapacity Benefit from 1995/96. Unemployment includes Jobseekers Allowance from 1996/97.

There was another oft-quoted reason for the rise in expenditure on IVB. The argument is that the Conservative government deliberately moved unemployed people onto disability-related benefits to massage the unemployment figures. It is notable, for instance, that the greatest rise in IVB and ICB claimants from the 1980s onwards occurred in geographical centres which had seen high unemployment as traditional industries closed down.¹³⁸ The claim has been repeated in the literature on 1980s welfare policy, though with little direct evidence.¹³⁹ I have yet to find the “smoking gun”, though as Freedom of Information and the passage of time reveal more documents in the National Archive, perhaps it exists to be discovered. I remain unconvinced that this was an active, conscious decision on the part of the Government. Personal conversations would suggest that a variety of factors were at play. One hypothesis is that Job Centres were handed targets for the numbers they could add to the unemployment rolls; this necessarily encouraged middle-management and their staff to find ways of supporting their “customers” without affecting their own performance indicators. This would be in line with the general “target setting” culture already blossoming in the health side of the DHSS.¹⁴⁰ Since this behaviour suited the Government’s purposes it was not challenged. But this does not necessarily mean it was a centrally instigated policy. The government was regularly accused of manipulating unemployment statistics – so it is not difficult to understand how this hypothesis came about and why it has endured.¹⁴¹

¹³⁸ Christina Beatty and Stephen Fothergill, "Incapacity Benefit and Unemployment," in *Work to welfare : how men became detached from the labour market*, ed. Peter Alcock, et al. (Cambridge: Cambridge University Press, 2003), pp. 113-15.

¹³⁹ Glennerster et al., *One hundred years of poverty and policy*, p. 113; Roulstone and Prideaux, *Understanding disability policy*, p. 16.

¹⁴⁰ Klein, *The new politics of the NHS*, p. 111, 15-16.

¹⁴¹ For example – Lord Young’s editorial ‘How many are really jobless?’ invites the reader to look more deeply into the complexity of unemployment statistics as an attempt to blunt the criticism of the opposition. *The Times*, 5 October 1985. For criticisms see Walker, *Managing Poverty*, p. 20.

With all these conspiracy theories there is little of substance to go on.¹⁴² It is worth mentioning, however, because it clearly became ingrained in the mythology of social security. It was quoted in the House of Commons by the Opposition and was not refuted by the Government.

Mrs. Thatcher thought that one could not win an election if unemployment totals were rising. One did not have to get it down to full employment to win; one had to get the total falling. Therefore, her Employment Minister, Lord Young [...] instructed his officials to persuade those people who were drawing unemployment benefit, or who were registered as unemployed and drawing the then means-tested support, wherever possible, to move over to [IVB].

In our surgeries, those of us who were [MPs] at the time were puzzled at first why the Government appeared to be suggesting that people should make themselves better off by moving from a lower-paid benefit to a higher-paid benefit. Of course, it did not take us long to rumble what the reason was. It was part of the massaging of the unemployment figures. It was important in the run-up to the next general election to see the total fall.¹⁴³

Even if this was not a conscious decision, people were “reclassified”, moving not from “employed” to “unemployed”, but from “employed” to “incapacitated”. Because unemployment was usually quoted as the number of people claiming unemployment benefits, manipulation of those figures would help present a more favourable view of the government’s record on joblessness.¹⁴⁴ While IVB might have been used to create ‘hidden unemployment’, not enough attention was paid to the phenomenon of ‘hidden sickness’. That is to say, many people met the medical criteria for IVB, but had not claimed the benefit because they had a

¹⁴² I am indebted to Steven Kennedy of the House of Commons Library for lengthy discussions on this subject.

¹⁴³ Frank Field at the Second Reading of the Social Security (Incapacity for Work) Bill 1994. HC Deb 24 January 1994 vol. 236 c. 64. Field was not challenged on this assertion by the Secretary of State in his reply.

¹⁴⁴ For instance, if regulations are tightened on UB, claims to UB will go down and therefore the quoted figure of unemployment will also decrease, making the problem appear less widespread. The use of national UB statistics can also mask regional variations in unemployment, especially in the hardest hit industrial areas. See Christina Beatty et al., *Hidden Unemployment in the East Midlands* (Sheffield: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2002); Gareth H. Williams, "Understanding Incapacity," in *New directions in the sociology of chronic and disabling conditions - assaults on the lifeworld*, ed. Graham Scambler and Sasha Scambler (Basingstoke: Palgrave Macmillan, 2010), p. 191.

job. Once they had been made redundant, they could (and did) claim IVB rather than the lower-rate UB.¹⁴⁵ DA replied to a National Audit Office 1989 report on IVB about the rise in claimant numbers:

Since 1982 a large number of changes have been made to the administrative count of unemployment. Government Ministers have said repeatedly that one of the problems about earlier registration was that the numbers of unemployed included too many who were unemployable in the sense that they were incapable of employment. Any scientific enquiry into the reasons for the growth in numbers of beneficiaries must therefore include some attempt to estimate the likely numbers "switched" from one form of administration to another. [...] Disability organisations have long argued that Government failure to maintain proper registers of the disabled [...] caused many disabled people not to identify any of their needs and to conceal them, wherever they could, when applying for employment. During the 1980s the high levels of unemployment have made it much more difficult for people with disabilities to obtain employment. In short, there is the possibility that there were significant numbers of disabled people in employment in earlier years who have satisfied medical criteria of incapacity for work. Now being unemployed they satisfy the criteria to receive invalidity benefit.¹⁴⁶

Whatever the "real" reasons for the rising costs, the government made the following proposals to follow the leaked document's 'three-pronged course of action'. First, it would focus the benefit more on the long-term sick than the "mid-term" sick by making the qualifying period 52 weeks rather than the 28 weeks for IVB at that time. Second, it would make the benefit less 'generous'. Third, it would be made taxable. As part of the first option, a new medical test would be implemented which would only explore medical factors and, the DSS estimated, take 20% (or around 60,000 people per year) off the benefit.¹⁴⁷ This was significant, as IVB and Sickness Benefits had hitherto taken into account the individual's skills and the relevant jobs available in the local area. Now, the government would simply test whether the

¹⁴⁵ Beatty and Fothergill, "Incapacity Benefit and Unemployment," p. 128.

¹⁴⁶ PTC: 79.04, National Audit Office Report on Invalidity Benefit, Comments from The Disability Alliance, pp. 1-2. Undated, but presumably not long after the publication of the NAO report, 13 December 1989 – HC 91 (1989-90).

¹⁴⁷ *The Guardian*, 11 June 1993. DA sarcastically put the word 'generous' in quotation marks. PTC: 77.16, Briefing – Invalidity Benefit, June 1993.

claimant was capable of *any* work, regardless of whether or not a local job vacancy actually existed. By the time the proposals were ready for the second reading of the Social Security (Incapacity for Work) Bill 1994, Lilley claimed that 95,000 would be taken off the benefit in year one and 190,000 in year two.¹⁴⁸ DA strongly disputed the validity of this approach.

What the proposed new test fails to take into account is the complex nature of disability and the crucial role of non-medical factors. Functional impairment is not the same as incapacity for work. Clearly there is a link in that impairment affects employment but it is by no means straightforward. We would argue against such an artificial test as it cannot fully reflect the difficulties faced by disabled people in the labour market – less skills, less qualifications, discrimination, lack of physical access to workplaces or transport etc. We do not believe it is possible to isolate medical factors in this way nor to devise a crystal clear medical test above which an individual is incapable of work and below which they are capable.¹⁴⁹

The DBC, which contained representatives from the major voluntary organisations including DA, RADAR, DIG and BCODEP, met in September to discuss the existing and proposed changes to IVB. They felt that campaigning should focus on combating the government's claims that malingering was a huge factor and that the current system made it difficult to tell who was "really" disabled. At a DA policy meeting in September, the Alliance agreed that:

If the Government goes ahead with the proposals outlined in the document leaked in June we will need to argue strongly for:

- * a broad incapacity test which is not a functional/medical one but takes into account other factors (as at present)
- * transitional arrangements to ensure that people who no longer pass the test do not face a sudden drop in income.
- * the importance of employment related help, training etc to enable people to get back into the job market.¹⁵⁰

¹⁴⁸ HC Deb 24 January 1994 vol. 236 c. 41.

¹⁴⁹ PTC: 77.16, Briefing – Invalidity Benefit, June 1993.

¹⁵⁰ Discussions at the DBC meeting reported in DA Policy meeting. PTC: 77.16, Minutes of DA Policy meeting, 10 September 1993.

The Government sought the advice of voluntary organisations for developing the new medical test. A panel of 80 representatives was constituted to comment on and give input into the process. The panel used ‘a definition based on the point at which someone is no longer expected to work rather than the point at which it is impossible for them to work’.¹⁵¹ As with SDA using the 80% disablement criterion, however, this was an arbitrary line drawn in the sand. One GP quoted in the DBC report on IVB in 1993 warned that ‘there is virtually no disability which totally prohibits all work. Any line drawn would be arbitrary and unfair to some.’ Dafydd Wigley took this further by showing how a medical test based on an absolute definition of capacity could lead to absurd results.

Disabled people have been told that, if they are fit to sit as artists' models, they are fit to work. Are we really going down that ludicrous road? It may be technically true that a person who is acting as an artist's model should be paid. If that is the definition, and if people are to be refused benefit on such a basis, as is already beginning to happen under the existing system—the danger is that the regulations will be even tighter under the new system, since the whole objective is to cut back—the Government must be taken to task.

It is totally demeaning for disabled people to be addressed in this way. In addition, there simply are not enough jobs as artists' models. It may be that a person could sit in a chair for a couple of hours, but if no job is available he should not lose benefit on that ground.¹⁵²

The test and the reasoning behind it explicitly linked disability to employability. It did not account for the effect of a person’s health condition on their ability to find or hold down a job; rather it looked for the absolute level at which a person would be biologically capable or incapable for some kind of work. This might stem from a misunderstanding about the nature of disability. As was explained in government documents in the 1970s, the percentage of disablement approach in the War Pensions and IIB was not based on unemployability but on the effects of impairment on the individual. A person with a very high score may, in fact, be

¹⁵¹ PTC: 77.17, Minutes of the meeting on Incapacity Benefit held at MENCAP on Friday 28th January 1994.

¹⁵² HC Deb 24 January 1994 vol. 236 c. 77.

employable if the right job were available. Donald Dewar, the shadow social security secretary, explained:

I am sure that the Secretary of State will accept that there is no necessary correlation between disability and ability to work. There are many examples—we all have them in our personal circle of acquaintances—of people who would score a high total in the test, but who are able fortunately to hold down demanding and responsible jobs. There are real concerns that the cut-off will be too arbitrary and hard-nosed, and that many who need help will be left outside.¹⁵³

Dr Liam Fox (Conservative) responded during the debate at second reading that he found it 'rather difficult to accept that, as the Opposition would have it, the figures show that the population are becoming less healthy'.¹⁵⁴ But this is not necessarily what opponents of the test were saying. Higher unemployment had hit disabled people disproportionately harder than the general population.¹⁵⁵ Michael Stephen posed a more interesting argument from the point of view of the right of the Conservative Party.

Opposition Members have sought to explain the increase by suggesting that it is something to do with the fact that it is difficult to find work at present or that the people are really retired. Yet those who are fit for work and cannot find it should be on unemployment benefit. Those who are retired should receive their pension. Neither of those two categories of person should receive a benefit intended for a person who suffers from invalidity, if they do not have an invalidity.¹⁵⁶

This cuts to the heart of the matter. The dominant rhetoric about disability had confused the sick role (or "unemployability") with new social definitions of disability as discrimination against people with impairments. For Stephen, IVB or ICB should only be for those incapable of work – and by the same token, only those incapable of work are "really" disabled. Any other person should be considered capable of work and therefore should draw UB and be forced to find employment. This is, of course, the medical model embodied in social security policy.

¹⁵³ HC Deb 24 January 1994 vol. 236 c. 50.

¹⁵⁴ HC Deb 24 January 1994 vol. 236 c. 81. This has been the typical response to the rise in IVB claims from the New Right. See Barry, "Neoclassicism, the New Right and British Social Welfare," p. 63.

¹⁵⁵ As we have already seen, PTC: 77.16, Briefing – Invalidity Benefit, June 1993.

¹⁵⁶ HC Deb 24 January 1994 vol. 236 c. 81.

Rather than proposing a benefit for disabled job seekers, the binary distinction between ‘fit’ and ‘unfit’ was held up as the guiding principle. Yet at the same time, it chimes with the rhetoric of individual rights pushed by the contemporaneous Civil Rights campaign. If disabled people want inclusion, then surely they can and should be treated like any other unemployed people if they cannot find work? Extra costs benefits would then provide additions to this base income. These problematic arguments gave the Conservative government the ammunition to attack disability benefits, whilst still professing that they did not wish to punish the “genuinely” in need.

Ostensibly, the new functional limitations approach was objective and relied on assessment of the individual by skilled professionals rather than subjective ideas about “the patient” from the claimant’s own doctor. Yet as has been made clear, there is no objective truth to the category of incapacity – it was a social construct as much as disability. The new tests relied upon generalised assumptions about which impairments affected employability

Table 5.3: Example descriptor on the “All Work Test” – ‘Walking on level ground with a walking stick or other aid if normally used.

	Descriptor	Points
a	Cannot walk at all	15
b	Cannot walk more than a few steps without stopping or severe discomfort	15
c	Cannot walk more than 50 meters without stopping or severe discomfort	15
d	Cannot walk more than 200 meters without stopping or severe discomfort	7
e	Cannot walk more than 400 meters without stopping or severe discomfort	3
f	Cannot walk more than 800 meters without stopping or severe discomfort	0
g	No walking problem	0

Source: TNA: JB 2/30, DSS leaflet, IB214, *The New All Work Test*, April 1995.

based on the “typical” workplace. The confusing mix of objectivity and subjectivity manifests itself in the descriptors in the All Work Test (AWT). Table 5.3 shows the first question on the test, investigating the claimant’s ability to walk. Using distance as the main measure, it determines how far a claimant can walk on their own without severe discomfort. In many ways this is useful. It breaks down the idea that a disabled person is disabled because of their diagnosis and focuses simply on the limits imposed by a person’s impairments on a task generally associated with most jobs. Severe respiratory complaints will add to the claimant’s “score” as much as severe leg injuries. Other ‘descriptors’ are less well defined:

Often sits for hours doing nothing	2 [points]
Agitation, confusion or forgetfulness has resulted in mishaps or accidents in the 3 months before the test is applied	1
Concentration can only be sustained by prompting	1
Does not care about his appearance or living conditions	1
Frequently feels that there are so many things to do that he gives up because of fatigue, apathy or disinterest	1
Prefers to be left alone for six hours or more each day	1 ¹⁵⁷

These mental health descriptors are difficult to measure objectively. One medical professional’s judgement could vary wildly from one patient to the next. Further, the assumption that a person’s capacity for work could be judged by a single examination was inherently flawed. Chronic conditions are often framed as “episodic”.¹⁵⁸ Fluctuations in these conditions are very hard to spot with medical testing, and are usually those which cause problems in the social security system. In a letter to Viscount Astor, Parliamentary Under Secretary of State for Social Security, representatives of voluntary organisations wrote:

¹⁵⁷ Selected ‘mental health descriptors’ from the All Work Test. TNA: JB 2/30, DSS leaflet, IB214, The New All Work Test, April 1995, pp. 29-31.

¹⁵⁸ Francesca Peroni, "The Status of Chronic Illness," *Social Policy & Administration* 15, no. 1 (1981): p. 43.

In particular we are concerned about the arbitrariness of the scoring according to mechanical functions without reference to other factors such as age or employment history. The concentration on functions to the exclusion of all else is contrary to the whole person approach which so many of us advocate.

We know the Department hopes to ensure that the test is not a snapshot of a condition frozen in time, but we fear the worst. And we have made these views known.

The letter was signed by Marilyn Howard at DA who had also previously worked for RADAR. She then signed on behalf of Pauline Thompson (ex-co-chair of the original ILF and chairman of DIG), Bert Massie (chair of RADAR and ex-trustee of the original ILF), Brian McGinnis (MENCAP, and civil servant in the DHSS in the 1970s), Andy Barrick (RNIB), Stuart Etherington (Royal National Institute for the Deaf), Howard John (Welsh Council for the Disabled), Frances Hasler (GLAD), Alison Cobb (MIND) and Richard Wood (chair of BCODP). The letter was copied to peers 'who may have an interest in this subject'.¹⁵⁹ Other questions can also be posed. For instance, when measuring disability for the 1988 OPCS survey, Fred Reid argued that time was an important factor. A disabled person may well be capable of performing a certain task, but if it takes many minutes or hours longer than the "average" unimpaired person, is that person really "capable"?¹⁶⁰

To conclude, we must take all of these factors together to understand that the government was attempting to derive objective results from the subjective concept of sickness. By focusing on those who could not work, the tests explicitly split "the sick" from "the disabled" to both reduce expenditure and encourage those capable of work to do so. As Figures 5.1 and 5.2 show, claims to and expenditure on ICB did indeed fall over the following years. Yet it was also the case that general unemployment rates fell, casting doubt on whether the new tests "really" weeded out malingerers or coerced disabled people into work. What is clear is that the

¹⁵⁹ PTC: 76.13, Letter to Viscount Astor, 6 May 1994. Similar concerns about the "snapshot" nature of medical tests were raised in Hadjipateras and Howard, *Worried sick*, p. 16. RADAR also stated in their 1993/94 Annual Report that they remained 'deeply concerned' by the plans which they felt would 'adversely affect disabled people'. RADAR: Annual Report 1993-94, p. 13.

¹⁶⁰ PTC: 76.07, Fred Reid to Ian McMaster, 6 January 1988.

tests did not solve the problem of “hidden sickness”. Just taking the example of the House of Commons, we can observe David Blunkett, the future Home Secretary, was a blind Labour MP at this time, while Terrence Dicks was a Conservative MP diagnosed with cerebral palsy. The tests relied on a list of capabilities drawn up for the average person in the average workplace, rather than making individual assessments according to the claimant’s work history, skills and the availability of work in their local area. As Noel Whiteside has argued, ‘categories such as... the disabled... tend to expand and contract in accordance with varying levels of market activity’.¹⁶¹ This was a test of ‘the point at which someone is *no longer expected to work*, rather than the point at which it is impossible’.¹⁶² By redrafting the medical border of this expectation, the Conservative government sought to continue providing support to “the sick” – a group to which British governments had made a moral and political commitment – whilst forcing disabled people to participate fully in society. The *right* to work became an *expectation*.

Conclusions

The increasing returns of the previous twenty years had left Britain with a piecemeal and increasingly expensive social security system for disabled people. While in previous years this could be largely ignored, by the 1990s the financial costs of these benefits outweighed any political gains to be made by leaving disability and disabled people alone. Disabled people’s attempts to manipulate the ‘politics’ and ‘problem’ streams in other areas of policy, combined with neo-liberal attitudes towards social security and employment, gave the Conservative government the tools to reform disability benefits to protect “the sick” whilst encouraging self-reliance for “the disabled”.

¹⁶¹ Noel Whiteside, "Counting the cost: sickness and disability among working people in an era of industrial recession, 1920-39," *Economic History Review* 40, no. 2 (1987): p. 245.

¹⁶² PTC: 77.17, Minutes of the meeting on Incapacity Benefit held at MENCAP, 28 January 1994. This had, in reality, been the basis for earnings-replacement benefits historically anyway. See Köhler, Zacher, and Partington, *The Evolution of social insurance*, pp. 206-07.

While the disability lobby focused its efforts on securing wider legislative reform against disability discrimination, the Conservative governments between 1988 and 1995 reshaped disability benefits. Though cutting the social security budget may seem antipathetic to the spirit of the Civil Rights Bills, the claim that disabled people should not be segregated from society had been accepted. Accelerated deinstitutionalisation was accompanied by new benefit schemes such as DLA and the ILF to provide support for disabled people to live in their own homes. Yet support for the “most disabled” came at the price of support for those on the border between “capacity” and “incapacity”. By splitting “the sick” from “the disabled”, ICB and other schemes ensured that those disabled people capable of some sort of work were treated just as any other unemployed person. This allowed neo-liberal government to continue their moral, liberal commitment towards the deserving poor, whilst simultaneously reducing expenditure on disability-related benefits. The government could not do away with disability benefits entirely as voluntary organisations had successfully established disability as an area where the state had financial and moral obligations. Although the government was more willing to act in this period than in the early-eighties, increasing returns and bureaucratic momentum still constrained their options in a parliamentary democracy. As with the Disability Discrimination Act, the government could not be seen to be cruel to disabled people, and had to make provisions for them. The cost-neutral reforms from 1988 onwards¹⁶³ could be sold to the public, reduce long-term expenditure and were acceptable to both the liberal and neo-liberal approaches in conflict within the government. The final chapter, the conclusion, draws together these themes to highlight the trends in disability policy over the thirty years since the formation of DIG.

¹⁶³ McKay and Rowlingson, *Social Security in Britain*, p. 67.

Chapter 6 – Conclusions

This thesis has used hitherto under-utilised sources from voluntary organisations alongside government documents and policy debates to show that “disability” as a welfare category has not been a static entity over the late-twentieth century. It was a period of significant political changes within the disability lobby and the British welfare state. From the foundation of DIG in 1965 to the creation of Incapacity Benefit in 1995, social security and anti-discrimination legislation went through myriad changes. This conclusion brings together the themes which have run throughout the thesis and situates them in the existing literature on the subject. I argue that while a number of aspects support the conclusions of other historians of British welfare policy, the specific case of disability raises some interesting counterpoints which need to be considered. This is explained through four key concepts. Individually they illuminate part of this history, but all need to be understood to give a rounded analysis. They are: Stone’s ‘distributive dilemma’; the role of the voluntary sector in policy making; the role of the state’s bureaucratic momentum, or ‘increasing returns’; and the role of political ideas in shaping the actions of key policy actors.

The distributive dilemma

Deborah Stone’s *Disabled State* (1984) has been the central text in understanding the historical manifestation of disability in welfare policy.¹ Stone referred to the state’s ‘distributive dilemma’ of how to provide for those in need who were excluded from the labour market without damaging the work ethic. I have shown how this ‘dilemma’ remains a key theme throughout the late-twentieth century. Disability had been recognised at the end of the “golden era” of welfare state expansion and during a period of almost full male employment. With the restructuring of the economy away from traditional industries and the rhetoric of rolling back the state, disability helped to mask the extent of economic inactivity. Rising costs,

¹ Stone, *The Disabled State*.

however, forced the government to re-evaluate the boundary between “sickness” and “unemployment”.

By focusing on the campaigns by voluntary organisations during a time of political upheaval in the disability movement and in the welfare state, I have had the benefit of greater historical distance to show how the events contemporary to Stone played out in the British context. Great care was taken to ensure that eligibility criteria remained restrictive in the new benefits. However, as Chapter 3 showed, this was not always possible, and guidelines were continually changed as the result of opposition from politicians and voluntary organisations. Schemes expanded, some due to legal pressures (Invalid Care Allowance, Chapter 4) or demographic and cultural shifts (Invalidity Benefit, Chapter 5), in similar ways to those Stone describes.² This thesis has been able to go further than this to show that the definitions of categories of disability and the way in which they were understood could undergo significant change within a relatively short time period of thirty years. The competing demands from the government – seeking to restrict access to need-based distribution – and the pressure to expand can only be explained when we investigate the actors involved in policy making and the process of ‘increasing returns’³ which flowed from the redefinition of disability in the mid-1960s.

The role of the voluntary sector

The use of voluntary organisation archives was a key part of this analysis. I have shown that we cannot understand the way in which disability policy in this country developed without reference to the campaigning and academic work of the Disablement Income Group (DIG) and the key members of the Union of the Physically Impaired Against Segregation (UPIAS) and the British Council of Organisations of Disabled People (BCODP). The lobby had a central role in defining disability. Using Kingdon, I showed how these groups had varying degrees of success in manipulating the ‘policy’, ‘politics’ and ‘solution’ streams,⁴ but were ultimately unable to

² *Ibid.*, pp. 140-92.

³ Pierson, "Increasing Returns."

⁴ Kingdon, *Agendas, Alternatives and Public Policies*.

direct policy formation exactly as they wished. "Insider"⁵ groups were able to make small changes to legislation (such as with the introduction of Housewives' Non-contributory Invalidity Pension (HNCIP)), but were unable or unwilling to criticise the government forcefully enough to secure radical reform (such as with thalidomide). After 1979, there was far less direct contact with high-ranking politicians.⁶ "Outsider" groups therefore focused on critiquing government policy and attempted to further the wider cause of disability rights. The tendency has been to class the poverty lobby and the Fabian approach as a "failure", as it did not (and perhaps never could) secure the level of wealth re-distribution necessary to eliminate poverty.⁷ Certainly the case of disability would support this, as the National Disability Income was never created. However, their influence over policy cannot be ignored. The strength of DIG and others was in establishing disability as a category of 'deemed' need⁸ within the social security system. As I have demonstrated, DIG's concept of "the civilian disabled" became adopted by both the Conservative and Labour governments as an object of policy, with new social security schemes created over the 1970s to begin to provide for this group. Hampton has shown this through comparing the 1960s and 1970s with earlier, post-war services and legislation.⁹ I have come to similar conclusions, while showing that this period not only marked a change from a previous era, but also set the foundations for policy for the rest of the century.

At the same time, traditional classifications of voluntary organisation types are problematic in the disability case. It is unhelpful, from the perspective of the historian, to see a dichotomy between Disabled People's Organisations (DPOs) on the one side and "charities" on the other. Groups such as DIG, the Disability Alliance (DA) and the Royal Association for Disability and Rehabilitation (RADAR) do not fit neatly into this schema. Disenchantment with DIG and DA is

⁵ Maloney et al, "Interest Groups and Public Policy."

⁶ Bagguley, "Collective Action."

⁷ Whiteley and Winyard, *Pressure for the poor*, p. 136; Deacon, "Spending more to achieve less?," p. 1; Jordan, *A Theory of Poverty and Social Exclusion*, p. 96.

⁸ Bolderson and Mabbett, *Social Policy and Social Security*, pp. 25-26.

⁹ See also Hampton, *Disabled People and the Classic Welfare State*.

often credited as a catalyst for the creation of disabled-led organisations in the 1970s and 1980s.¹⁰ In terms of British disability policy this became increasingly important as the Fabian incomes approach lost much of its capacity to influence government. By the same token, my research in the DA archive shows that the assumption that the “expert” groups were completely unaware of their problematic stance is unsustainable. *Fundamental Principles* clearly highlighted the naivety in key DA officials, but my research suggests this may have been the result of political grandstanding on the part of Paul Hunt as much as a genuine attempt to wrest control of the disability discourse from the academics. In many ways such an approach was understandable, and this analysis takes nothing away from the power of the document. But it does problematise some of the historical conclusions that we can draw from it with regard to the state of the disability lobby at the time. In the end, as Shakespeare also alludes to, social approaches to disability existed in the expert groups as well as in the hardcore social modelist ones.¹¹ Co-operation between these organisations in the late-eighties and early-nineties would also suggest that, on a pragmatic level at least, the groups themselves could understand the nuances in each others’ positions.

The role of the state: ‘increasing returns’

The role of the lobby cannot explain the trajectory the welfare state took after 1965 alone. A critical juncture occurred when disability was accepted as a category of need. While the criticism can be made that disability was never truly seen as a homogenous entity (with preferential treatment based on insurance, tort and desert still in evidence), the creation of the Minister for Disabled People, various Private Members’ Bills and acknowledgements in election manifestos show that a concept of disability existed in the late 1970s in a way that it did not and could not in the early 1960s. These developments were crucial because they set the framework for disability policy. The work initiated by the Wilson government in the late-

¹⁰ Campbell, "'Growing Pains'."; Campbell and Oliver, *Disability Politics*; Oliver and Barnes, *Disabled People and Social Policy*, pp. 78-83; Shakespeare, *Disability Rights and Wrongs*, p. 11.

¹¹ Shakespeare, *Disability Rights and Wrongs*, pp. 10-12.

sixties (such as the Office of Population Censuses and Surveys report and plans for the Attendance Allowance), building on DIG's campaigns, set in motion the creation of the piecemeal benefit system which would be revised over the following decades. However, this does not explain why resources continued to be diverted towards disability in the 1970s during a period of economic fragility and competing claims from other poverty groups.¹² Crossman, Joseph and Castle all believed that they were making small concessions in the short-term so that they could build towards a full disability income in the long-term once the economy was strong enough to handle it. Nor does it explain why the Thatcher governments resisted dismantling the system once it came to power, despite the growing costs of disability benefits. Indeed, the same processes that created pressure in the 1970s for expansion were pushing against retrenchment in the 1980s and 1990s. I argue, therefore, that disability had adopted many of the "deserving poor" qualities of "sickness".¹³ Disability could not be attacked head on for much of the 1965-1995 period because of the electoral risks. Only in the later years was the government confident enough to try to redraw the distributive boundaries between "the sick" who could not work and "the disabled" who could be compelled to work.¹⁴ This followed a political belief that the growth in Invalidity Benefit claims over the 1980s could not be due to growing ill health and must be due to some sort of "abuse" of the social security system.

Using the theory of path dependence in policy making,¹⁵ I therefore argue that historians must pay great attention to the non-financial costs of policy change, or as Pierson has called it, the 'fairness issue'. Pierson's own work on welfare retrenchment took for granted that states treated 'able-bodied' people differently to sick and disabled people. His analysis focuses only very briefly on disability benefits and the dubious financial rewards from creating Statutory

¹² McCarthy, *Campaigning for the Poor*; Thane and Evans, *Sinners? Scroungers? Saints; Banting, Poverty, politics and policy*.

¹³ The idea of disabled people as "deserving" is not new. See McKay and Rowlingson, *Social Security in Britain*, p. 101.

¹⁴ Waddell et al., *The scientific and conceptual basis of incapacity benefits*.

¹⁵ Pierson, "Increasing Returns."; Fawcett, "The Beveridge Strait-jacket."

Sick Pay.¹⁶ I would challenge this ahistorical notion of attitudes towards disabled people, but the concept is useful in beginning to explain government policy, particularly in the 1980s. There were clearly rupture points where the direction of policy shifted, but the government was often limited in the choices it could make or the actions it was willing to take. It is too easy to dismiss many of the government's actions over the period as a 'sop', or argue that money was the overriding concern. The success of the disability lobby was in establishing disability as an object of policy. As with environmentalism, gay rights and gender equality,¹⁷ governments and politicians were forced to consider the impact of their actions upon a new area of politics. In short, *they could not be seen to be cruel* to disabled people even if they believed that such policies would be better in the long run. We can see this in the refusal to remove the blind allowance in Supplementary Benefit, and the decision to construct the elaborate Motability Scheme to replace the invalid trikes. Thus, any wide-scale reform to disability benefits would require meticulous research and would have to show that those considered "deserving" did not lose out unjustly. This slow and laborious process meant that the bureaucratic and political costs of reforming disability policies were as important as the potential economic costs. Politicians for pragmatic and moral reasons were not willing to attack disability benefits in the way that they were for "less-deserving" groups such as unemployed people.

The role of the state: ideas and beliefs

These explanations are also insufficient in isolation. We need to say more than simply "history matters". The beliefs of key actors did have an impact. I identified three overarching approaches that governments took towards disability policy: a social-democratic approach which saw disability as an equality issue and directed resources to citizens as a right; a liberal approach which saw disabled people as deserving recipients of state aid; and a neo-liberal approach which sought to reduce state expenditure to a minimum and encourage self-sufficiency for those capable of it. The idea of a 'consensus' in welfare policy at this time has

¹⁶ Pierson, Dismantling the welfare state?

¹⁷ Hilton et al., A historical guide to NGOs in Britain, pp. 20-31.

been challenged.¹⁸ However, the case of disability shows a remarkable agreement between the two major parties. I argue that while we should reject the idea that there was a true ideological consensus, disability had become a cause to which both social democratic and liberal approaches could agree on a common response. During the 1980s, liberal concerns for disabled people as legitimately exempt from work meant that neo-liberal attempts to reduce overall social security expenditure excluded disability benefits for the most part. This changed in the 1990s once the overall cost of those benefits had clearly become too large to ignore.

In taking this analytical line, I have been able to add new explanations to the policy decisions explored in Hampton's work, while allowing further investigation into the governments and policies which came after 1975.¹⁹ The policy options chosen by the various governments never matched the demands of disability organisations. But they were responses to the lobby's demands within the confines of their own political frameworks.

Invalid definitions, invalid responses

It would be churlish to suggest that services for disabled people were "worse" in 1995 than they were in 1965. The problem is that such "progress" was uneven, with "winners" and "losers" at various points along the way. And, perhaps most importantly, the pace of change was far too slow for disability organisations. To understand why, we must return to Stone, who has argued that medical impairment is not the same as the distributive category of disability. Impairment is determined by the medical profession and is only one of the criteria for entry into the category.²⁰ For the welfare state regime in Britain,²¹ the other element has been poverty.²² By targeting benefits at the poorest (through means-testing HNCIP, for example), the unemployed and/or at the most impaired (through restrictive medical criteria in Severe Disablement Allowance or the Independent Living Fund) the government hoped to save money

¹⁸ Toye, "From 'Consensus' to 'Common Ground'."

¹⁹ Hampton, *Disabled People and the Classic Welfare State*.

²⁰ Stone, *The Disabled State*, pp. 107-08; Stone, "Physicians as Gatekeepers."

²¹ Esping-Andersen, *The three worlds of welfare capitalism*.

²² Jordan, *A Theory of Poverty and Social Exclusion*, p. 95.

in the immediate and long term by ensuring that schemes did not expand too quickly. By focusing on the “most in need” (however defined), wider concerns about participation in society and relative disadvantage were largely lost. Aside from feeble attempts to introduce Disability Working Allowance for low-paid disabled workers, ideas such as partial incapacity benefits for “civilians” were rejected even though they already existed in the war and industrial injuries pensions. Social model ideas which would have tackled structural inequalities in employment, education, housing, health care and so on were also rejected, save for broad commitments to “deinstitutionalisation” and planning law reform. As DIG noted in the 1960s, the welfare state remained ‘the ambulance waiting at the bottom of the cliff’²³ rather than ensuring disabled people did not become impoverished in the first place. This is the point – to be seen as disabled, one had to be impaired *and* in acute financial need. Even the more universal benefits (Attendance, Mobility and Disability Living Allowances) were targeted at those who were likely to be so impaired as to be at risk of poverty. Further, it was difficult for the government to distinguish between the chronically poor and those who became poor.²⁴ Preventative policies were outside the concept of disability as understood by government at this time, even by the social-democrats. We can conclude that any social-democratic approach to disability had disappeared by the 1990s, and the government was no longer willing to pool the risks of disability. The burden of self-sufficiency was placed on the individual through Incapacity Benefit and the restrictive terms of the Disability Discrimination Act.

Future Research

While this thesis has used material from DIG, DA and RADAR, there are many other voluntary organisations at the local and national level that were involved in the policy making process. In particular, the role of DPOs is under-researched by historians who do not have a personal connection to those organisations and the politics of the era. A wider study of the role of

²³ *The Times*, 1 February 1969, p. 2.

²⁴ McKay and Rowlingson, *Social Security in Britain*, pp. 13-14.

pressure groups and other voluntary organisations broadly described as “charities” by social modelists would provide a rounder picture of the public debate over disability policy. Many of these organisations have their own archives either in academic institutions or stored in their own warehouses,²⁵ and the National Archives contains many of the submissions made by the national groups to government inquiries and investigations.

This thesis has also concentrated on social security benefits, opening up two further lines of enquiry. The first would show the effects of Incapacity Benefit and reforms taken by the New Labour and Coalition governments up to the present day. There has been an increased focus on disability issues from a sociological and political science perspective in recent years, but many do not put these changes in a broader historical context. The second would be to increase the range of policies under investigation by including housing, health care, employment, “care in the community” and social services. This could bring in the role of the media, similar to the approach taken by Hampton for the 1948-1975 period²⁶ and Borsay’s recent oral history project on thalidomide.²⁷ This would test the ‘distributive dilemma’ thesis beyond wealth transfers and deal more specifically with care and citizens’ rights. With care for older and disabled people becoming a key political issue, investigating the historical roots of the systems we currently have in place would be of great benefit.

The political history in this thesis would benefit from incorporating recent work on the lived experiences of disabled people. It should never be forgotten that policy reforms affected real people with differing experiences of impairment and disabling barriers within society. It is highly unlikely that the lay person understood changes to benefit criteria in the same way as the expert groups and politicians, while social modelist interpretations of the past tend to

²⁵ As a result of this project, I have become involved with the Campaign for Voluntary Sector Archives. I also gave a paper at the workshop ‘Not Just for the Record: Enlivening Archives’ at the London School of Hygiene and Tropical Medicine in November 2011. Gareth Millward, “What is an archive?,” Voluntary Action History Society, January 2011 < <http://www.vahs.org.uk/2011/10/what-is-an-archive/> > (accessed 11 June 2013).

²⁶ Hampton, *Disabled People and the Classic Welfare State*.

²⁷ Ross Macfarlane, ‘Thalidomide: A Human Tragedy?’, Wellcome Library Blog, 24 May 2012 < <http://blog.wellcomelibrary.org/2012/05/thalidomide-a-human-tragedy/> > (accessed 11 June 2013).

obscure personal experience of impairment and of the political events going on around them. Oral histories and documentary sources are beginning to be used in this way,²⁸ and from the historian's perspective it would be illuminating to understand how individual experiences shaped and were shaped by the political events of the period.

I have focused on the ways in which policies were formed, debated and rationalised, but I have paid relatively little attention on the practical consequences of those actions. Issues such as fraud, benefit take-up, service provision and legal protection cannot be seen solely in statistical or intellectual terms. How individual claimants interacted with benefit offices, how doctors and medical professionals understood their role within the system, how individuals resisted what were seen as negative policies, or exploited systems for economic gain; none of these issues can be adequately researched by focusing on the macro level of policy formation. Investigating the implementation of policy on the part of middle-managers, service users and public reactions to policies would provide a richer history of the period and help to explain, in part, why policy decisions do not always turn out how governments intend them.

This thesis has challenged some of the established narratives of late-twentieth century disability policy. It was a dynamic period, both for the welfare state and for the voluntary organisations seeking to define disability and the disability movement. I have shown how different political traditions came to regard disability in very similar ways, with disability benefits being created and surviving in a hostile political and economic climate. By the 1990s, however, the sheer costs of disability benefits meant that economic concerns trumped those of disabled people – and disability was reframed beyond a simple dichotomy of “the sick” versus “the able-bodied”.

²⁸ Wilkinson, *Defying Disability*; Sonali Shah and Mark Priestley, *Disability and social change : private lives and public policies* (Bristol: Policy Press, 2011).

Today we are in another period of welfare state retrenchment. Since I began my research a number of the people mentioned in this thesis such as Jack Ashley, Alf Morris, Vic Finkelstein, Stephen Bradshaw, Oswald Denly, Tony Newton and, of course, Margaret Thatcher have passed away. So too, if the appeal at the High Court is unsuccessful, has the Independent Living Fund, with Disability Living Allowance to be replaced by a more restrictive Personal Independence Payment. Incapacity Benefit became Employment and Support Allowance under Labour in 2008 and continues to be squeezed under the Coalition government. I am sceptical about the capacity of history to teach concrete lessons for policy makers in the present. It can, however, provide evidence as to what has and has not worked in the past, and *why*. I hope that this thesis provides some of that evidence for those seeking to understand how and why we have such a complicated welfare system for disabled people – and why changes to it must be taken with the utmost care.

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Appendix I – Note on statistical data

Reliable and consistent statistical data for the entire period covered by this thesis is difficult to obtain. At various points, governments have changed their methods of calculating the expenditure on and claimants to different benefits. While *Annual Abstracts of Statistics (AAS)* often provide a run of figures for up to ten years on social security, very often the next year's edition will include slightly different calculations or estimates, making reliable comparison over time difficult.

Expenditure data are slightly easier to compare than claimant numbers. Raw expenditure figures can usually be found in departmental accounts. The Department of Work and Pensions (DWP) in recent years has made this data available online and in Microsoft Excel format. This provides comparable data on some benefits as far back as 1948/49. Not all benefits are quoted, however, and as Table II.2 demonstrates I have had to use figures from National Insurance fund accounts in older AAS to create a sense of expenditure trends for industrial injuries disablement benefit before 1970/71. *These data are not absolutely comparable and should be used as a guide to expenditure trends only.*

Claimant numbers are far more prone to fluctuation. A simple count of the numbers of people claiming benefit is not a useful measure of the caseload of a particular benefit. There will be seasonal variations (for example, more people claimed sickness benefit in winter, or during an influenza outbreak). Moreover, people can claim, cease claiming and re-claim certain benefits over the course of a financial year. Sickness and unemployment-related benefits are more prone to these variations than, say, retirement pensions, but the issue remains central. Thus, most estimates of "caseload" involve a sample of the number of people claiming a benefit on a particular day during the year. This is problematic because some AAS refer to the United Kingdom total; others just to Great Britain (excluding Northern Ireland). Similarly, if the chosen day is changed, data become inconsistent. DWP has provided some historical data in a comparable format, but not for all benefits. Thus, some have been recreated entirely from AAS, others partially. Again, *data from DWP and AAS are not absolutely comparable, and should be used as a guide to claimant trends only.*

To provide inflation-adjusted data in the various charts throughout the thesis, I have used the average Retail Prices Index (RPI) for each financial year from data provided by DWP. These are detailed in Table II.5.

Please refer to notes following each table in Appendix II.

Appendix II – Tables of statistics

The data sources are quoted as follows:

AAS1965 – Central Statistical Office. *Annual Abstract of Statistics 1965, No. 102*. London: H.M.S.O., 1965.

AAS1968 – ———. *Annual Abstract of Statistics 1968, No. 105*. London: H.M.S.O., 1968.

AAS1971 – ———. *Annual Abstract of Statistics 1971, No. 108*. London: H.M.S.O., 1971.

AAS1974 – ———. *Annual Abstract of Statistics 1974*. London: H.M.S.O., 1974.

AAS1977 – ———. *Annual Abstract of Statistics 1977*. London: H.M.S.O., 1977.

AAS1980 – Lawrence, Ethel, ed. *Annual Abstract of Statistics 1980*. London: H.M.S.O., 1980.

AAS1983 – ———, ed. *Annual Abstract of Statistics 1983, No. 119*. London: H.M.S.O., 1983.

AAS1986 – ———, ed. *Annual Abstract of Statistics 1986, No. 122*. London: H.M.S.O., 1986.

AAS1989 – Dennis, Geoff, ed. *Annual Abstract of Statistics 1989, No. 125*. London: H.M.S.O., 1989.

AAS1992 – ———, ed. *Annual Abstract of Statistics 1992, No. 128*. London: H.M.S.O., 1992.

AAS1995 – ———, ed., *Annual Abstract of Statistics 1995, No. 131*. London: H.M.S.O., 1995.

AAS1998 – Wisniewski, Daniel, ed. *Annual Abstract of Statistics 1998, No. 134*. London: TSO, 1998.

AAS2001 – Tyrrell, Keith, ed., *Annual Abstract of Statistics 2001, No. 137*. London: TSO, 2001.

AAS2005 – Penny, David, ed. *Annual Abstract of Statistics 2005, No. 141*. London: Palgrave Macmillan, 2005.

DWP2012 – Department of Work and Pensions. *Abstract of Statistics*. July 2012 < http://statistics.dwp.gov.uk/asd/asd1/abstract/abstract_tables_2013.xls > (accessed 12 June 2013).

DWP2013 – ———. *Benefit expenditure tables*. March 2013 < http://statistics.dwp.gov.uk/asd/asd4/expenditure_tables_Budget_2013.xls > (accessed 12 June 2013).

SSS1986 – Department of Health and Social Security. *Social Security Statistics 1986*. London: H.M.S.O., 1986.

SSS1989 – ———. *Social Security Statistics 1989*. London: H.M.S.O., 1989.

Table II.1: Numbers of claimants to selected social security benefits, 1960/61 – 2000/01 (in thousands)

Financial year:	1960/61	1961/62	1962/63	1963/64	1964/65	1965/66	1966/67	1967/68	1968/69	1969/70
Earnings replacement benefits										
Total ¹	927 ^a	964 ^a	975 ^a	1011 ^c	989 ^c	1033 ^c	1041 ^d	1028 ^d	1081 ^d	1090 ^e
Sickness Benefit										
Invalidity Benefit										
Incapacity Benefit										
Compensation benefits										
Industrial Injuries Benefit pensions	175 ^a	181 ^a	188 ^a	193 ^c	198 ^c	201 ^c	205 ^d	205 ^d	207 ^d	209 ^e
War pensions ²							595 ^e	577 ^e	557 ^e	539 ^e
Extra-costs benefits										
Attendance Allowance										
Mobility Allowance										
Disability Living Allowance										
Other non-contributory benefits										
NCIP/SDA ³										
Social assistance, 'sick and disabled' ⁴	268 ^b	267 ^b	283 ^b	285 ^b	281 ^b	287 ^b	298 ^f	310 ^f	322 ^g	326 ^g
Invalid Care Allowance										
Other out-of-work benefits										
Total ⁵	<u>298</u>	<u>295</u>	<u>394</u>	<u>513</u>	<u>313</u>	<u>266</u>	<u>310</u>	<u>499</u>	<u>478</u>	<u>466</u>
Unemployment Benefit	213 ^a	209 ^a	281 ^a	390 ^c	220 ^c	188 ^c	208 ^d	361 ^d	331 ^d	309 ^e
Social assistance, unemployed ⁶	85 ^b	86 ^b	113 ^b	123 ^b	93 ^b	78 ^b	102 ^f	138 ^f	147 ^g	157 ^g
Jobseekers' Allowance										
Retirement pensions										
State Pension	5661	5778	5919	5965	6142	6340	6523	6751	6955	7151

1970/71	1971/72	1972/73	1973/74	1974/75	1975/76	1976/77	1977/78	1978/79	1979/80	1980/81	1981/82	1982/83	1983/84
1105 ^e	1011 ^e	1027 ⁱ	1064 ⁱ	1064 ⁱ	1037 ^k	.	1068 ^k	<u>1138</u>	<u>1119</u>	<u>1092</u>	<u>1154</u>	1191	1123
								552	506	449	444	437	327
								586	613	643	710	754	796
211 ^e	212 ^e	208 ⁱ	206 ⁱ	207 ⁱ	203 ^k	205 ^k	205 ^k	204 ⁿ	202 ⁿ	201 ⁿ	197 ^p	194 ^p	191 ^p
519 ^e	502 ^e	481 ⁱ	464 ⁱ	447 ⁱ	430 ^k	413 ^k	397 ^k	382 ⁿ	367 ⁿ	355 ⁿ	341 ^p	327 ^p	314 ^p
	50 ^h	85 ^h	143	170	193	217	243	264	278	314	350	388	441
						34	55	75	105	147	177	214	263
323 ^g	305 ^g	313 ^j	295 ^j	273 ^j	254 ^l	103	107	116	153	178	186	196	209
						255 ^l	241 ^l	234 ^o	207	205	221	240	241
						4.5 ^m	5.4 ^m	6.1 ^m	6.4 ^m	6.6 ^m	7.1 ^m	8 ^m	8.8 ^m
<u>493</u>	<u>696</u>	<u>771</u>	<u>473</u>	<u>512</u>	<u>890</u>	<u>1148</u>	<u>1197</u>	<u>1115</u>	<u>1012</u>	<u>1569</u>	<u>2080</u>	2589	2738
327 ^e	438 ^e	451 ⁱ	261 ⁱ	272 ⁱ	464 ^k	572	552	503	461	823	901	978	925
166 ^g	258 ^g	320 ^j	212 ^j	240 ^j	426 ^l	576	645	612	551	746	1179	1611	1813
7344	7495	7648	7803	7951	8128	8315	8436	8579	8727	8895	9074	9164	9261

1984/85	1985/86	1986/87	1987/88	1988/89	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98
<u>1103</u>	<u>1154</u>	<u>1189</u>	<u>1273</u>	<u>1395</u>	<u>1522</u>	<u>1673</u>	<u>1876</u>	<u>2102</u>	<u>2273</u>	<u>2428</u>			
242	233	215	206	217	222	232	253	276	283	286			
861	921	974	1067	1178	1300	1441	1623	1826	1990	2142			
											2490	2455	2437
186 ^q	191 ^q	189 ^q	189 ^r	189 ^r	193 ^r	196.9 ^s	200.2 ^s	204.3 ^s	212.4 ^t	225.6 ^t	235.2 ^t	249.2 ^u	257.8 ^u
302.3 ^q	290.9 ^q	274.8 ^q	266 ^r	258.3 ^r	252.2 ^r	248 ^s	249.6 ^s	260.1 ^s	292.9 ^t	309.2 ^t	315.4 ^t	327.5 ^u	320.7 ^u
507	562	611	677	737	798	875	988	890	962	1046	1115	1152	1207
314	367	422	474	520	565	607	654						
								1045	1286	1466	1669	1846	2004
236	254	257	258	267	277	286	296	307	321	337	358	364	376
273	301	327	352	247	290	330	375	425	527	618	739	786	849
9.5 ^m	10.3 ^m	33	76	104	118	130	152	182	220	263	326	343	367
<u>2798</u>	<u>2778</u>	<u>2756</u>	<u>2294</u>	<u>1795</u>	<u>1350</u>	<u>1335</u>	<u>2044</u>	<u>2413</u>	<u>2399</u>	<u>2287</u>	<u>2054</u>	<u>1838</u>	<u>1252</u>
913	886	924	716	546	319	328	603	660	609	487	395	377	
1885	1892	1832	1578	1249	1031	1007	1441	1753	1790	1800	1659	1461	
													1252
9298	9495	9627	9700	9755	9755	9930	9990	10056	10061	10097	10384	10536	10680

1998/99	1999/00	2000/01	
			Earnings replacement benefits
			Total
			Sickness Benefit
			Invalidity Benefit
2371	2354	2391	Incapacity Benefit
			Compensation benefits
269.1 ^u	278.2 ^u	280.8 ^u	Industrial Injuries Benefit pensions
302 ^u	306 ^u	295.7 ^u	War pensions
			Extra-costs benefits
1238	1256	1276	Attendance Allowance
			Mobility Allowance
2092	2165	2255	Disability Living Allowance
			Other non-contributory benefits
378	377	376	NCIP/SDA
898	932	994	Social assistance, sick and disabled
373	378	384	Invalid Care Allowance
			Other out-of-work benefits
<u>1110</u>	<u>1177</u>	<u>1022</u>	Total
			Unemployment Benefit
			Social assistance, unemployed
1110	1177	1022	Jobseekers' Allowance
			Retirement pensions
10782	10936	11004	State Pension

Sources and notes

All data from DWP2013 unless otherwise stated. See Appendix I. No data for Sickness and Invalidity Benefits for 1976/77.

¹ Total of Sickness Benefit (SB) and Invalidity Benefit (IVB), later Incapacity Benefit. Figures were quoted in early AAS as both SB and IVB. Reliable series of separate SB and IVB figures not available for before 1978/79. No data for 1976/77 due to industrial action. From 1978/79 onwards, author calculation from data given below.

² Consistent War pensions claimants data from 1966/67 only.

² Non-contributory Invalidity Benefit (NCIP) up to 1983/84. Thereafter, Severe Disablement Allowance (SDA).

³ Social assistance includes National Assistance, Supplementary Benefit and Income Support. Category of 'sick and disabled' claimants.

⁴ Total of Unemployment Benefit (UB), a National Insurance Benefit, and unemployed people of working age claiming social assistance but not claiming another out-of-work benefit. Author calculation from data given below.

⁵ Category of social assistance claimants of working age and expected to be looking for work, but not claiming/eligible for another out-of-work benefit.

^a AAS1968, Table 43. p. 49. National Insurance Acts: Number of persons receiving benefit, At 31 December.

^b AAS1971, Table 50. p. 55. Supplementary benefits: Number of beneficiaries receiving weekly payment, Great Britain, On a selected day in November/December each year.

^c AAS1971, Table 43. p. 50. National Insurance Acts: Number of persons receiving benefit, At 31 December.

^d AAS1974, Table 43, p. 56. National Insurance Acts: number of persons receiving benefit, At 31 December.

^e ASS1977, Table 3.16, p. 67. Social Security Acts: number of persons receiving benefit, At 31 December.

^f AAS1974, Table 51. p. 62. Supplementary benefits: number of beneficiaries receiving weekly payment, Great Britain, On a selected day in November/December each year.

^g AAS1977, Table 3.26. p. 76. Supplementary benefits: number of beneficiaries receiving weekly payment, Great Britain, November or December.

^h SSS1989, Attendance Allowance: Table 14.35, p. 147. Allowances current at a point in time.

ⁱ AAS1980, Table 3.16. p. 68. Social Security Acts: number of persons receiving benefit, At 31 December.

^j AAS1980, Table 3.26. p. 77. Supplementary benefits: number of beneficiaries receiving weekly payment, November or December.

^k AAS1983, Table 3.15. p. 54. Social Security Acts: number of persons receiving benefit, At 31 December.

^l AAS1983, Table 3.24. p. 60. Supplementary benefits: number of beneficiaries receiving weekly payment, On a day in November/December.

^m SSS1986, Invalid Care Allowance: Table 16.30, p. 131. Allowances current at end of year: analysed by age.

ⁿ AAS1986, Table 3.15, p. 54. Social Security Acts: number of persons receiving benefit, At 31 December.

^o AAS1986, Table 3.24, p. 60. Supplementary benefits: number of beneficiaries receiving weekly payment, On a day in November/December.

^p AAS1989, Table 3.15, p. 54. Social Security Acts: number of persons receiving benefit, United Kingdom, At 31 December.

^q AAS1992, Table 3.15, p. 56. Social Security Acts: number of persons receiving benefit, United Kingdom, At 31 December.

^r AAS1995, Table 3.15, p. 50. Social Security Acts: number of persons receiving benefit, United Kingdom, At any one time.

^s AAS1998, Table 3.15, p. 61. Social Security Acts: number of persons receiving benefit, United Kingdom, At any one time.

^t AAS2001, Table 10.5, p. 146. Social Security Acts: number of persons receiving benefit, Great Britain, At any one time.

^u AAS2005, Table 10.5, p. 151. Social Security Acts: number of persons receiving benefit, Great Britain, At any one time.

Table II.2: Expenditure on selected social security benefits in nominal terms 1960/61 – 2000/01 (in £millions)

	1960/61	1961/62	1962/63	1963/64	1964/65	1965/66	1966/67	1967/68	1968/69	1969/70
Earnings replacement benefits										
Total ¹	<u>135</u>	<u>155</u>	<u>162</u>	<u>191</u>	<u>201</u>	<u>249</u>	<u>262</u>	<u>323</u>	<u>348</u>	<u>383</u>
Sickness Benefit	135	155	162	191	201	249	262	323	348	383
Invalidity Benefit										
Statutory Sick Pay										
Incapacity Benefit										
Compensation benefits										
Industrial Injuries Benefit pensions	28 ^a	33 ^a	34 ^a	40 ^b	43 ^b	50 ^b	52 ^c	55 ^c	59 ^c	62 ^d
War pensions	96	104	102	110	110	121	118	121	125	125
Extra-costs benefits										
Attendance Allowance										
Mobility Allowance										
Disability Living Allowance										
Other non-contributory benefits										
NCIP/SDA ²										
Social assistance, sick and disabled ³										
Invalid Care Allowance										
Other out-of-work benefits										
Total ⁴										
Unemployment Benefit	30	36	65	65	45	49	78	122	123	127
Social assistance, unemployed ⁵										
Jobseekers' Allowance										
Retirement pensions										
State Pension	677	784	807	959	1015	1238	1272	1385	1543	1627

1970/71	1971/72	1972/73	1973/74	1974/75	1975/76	1976/77	1977/78	1978/79	1979/80	1980/81	1981/82	1982/83	1983/84
<u>374</u>	<u>414</u>	<u>487</u>	<u>548</u>	<u>665</u>	<u>873</u>	<u>1059</u>	<u>1287</u>	<u>1536</u>	<u>1650</u>	<u>1804</u>	<u>2243</u>	<u>2397</u>	<u>2423</u>
374	323	291	306	345	425	496	585	696	655	654	680	554	265
	91	196	242	320	448	563	701	840	995	1150	1370	1593	1872
											193	250	286
65	71	78	87	110	145	167	191	216	244	282	315	343	369
128	137	150	164	204	258	283	310	340	375	424	479	504	524
	6	23	36	62	96	127	167	168	201	260	330	403	495
					0	8	20	47	79	125	173	236	304
					12	34	45	69	85	108	130	154	182
								130	146	172	198	259	305
						2	3	4	4	5	6	8	10
								<u>1147</u>	<u>1176</u>	<u>2074</u>	<u>3214</u>	<u>4067</u>	<u>4754</u>
150	239	209	174	214	454	559	629	632	653	1280	1702	1500	1497
								515	523	794	1512	2567	3257
1785	2068	2396	2780	3609	4825	5687	6628	7589	8852	10564	12165	13589	14654

1984/85	1985/86	1986/87	1987/88	1988/89	1989/90	1990/91	1991/92	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98
<u>2735</u>	<u>3033</u>	<u>3287</u>	<u>3577</u>	<u>4031</u>	<u>4565</u>	<u>4988</u>	<u>6261</u>	<u>7127</u>	<u>8068</u>	<u>8695</u>	<u>8542</u>	<u>8385</u>	<u>8447</u>
279	276	179	193	192	204	216	274	364	365	342	12		
2142	2349	2674	2968	3359	3837	4431	5485	6210	7068	7705	271		
314	408	343	416	480	524	341	502	553	635	648	639	724	1035
											7623	7662	7412
381	407	440	453	451	470	520	587	601	616	645	670	685	690
544	581	590	599	610	641	822	987	1158	1286	1147	1258	1351	1288
576	686	779	897	1003	1159	1382	1706	1553	1795	1963	2194	2393	2521
356	422	514	596	675	769	883	1062	68					
								1973	2772	3125	3802	4498	4953
236	266	285	295	316	346	429	596	640	703	776	820	906	999
353	432	539	587	772	902	1082	1399	1899	2358	2758	3222	3507	3679
11	13	104	184	173	184	208	285	345	442	526	617	736	746
<u>5308</u>	<u>5803</u>	<u>6070</u>	<u>5453</u>	<u>4152</u>	<u>3364</u>	<u>3810</u>	<u>5804</u>	<u>7139</u>	<u>7389</u>	<u>6482</u>	<u>5925</u>	<u>5112</u>	<u>3893</u>
1578	1589	1734	1468	1107	733	870	1604	1760	1652	1299	1102	587	
3730	4214	4336	3985	3045	2631	2940	4200	5379	5737	5183	4823	2359	
												2166	3893
15307	16625	17816	18686	19274	20732	22735	25579	26741	28219	28780	29998	32024	33586

1998/99	1999/00	2000/01	
			Earnings replacement benefits
<u>8542</u>	<u>7974</u>	<u>8084</u>	Total
			Sickness Benefit
			Invalidity Benefit
1291	1184	1318	Statutory Sick Pay
7251	6790	6766	Incapacity Benefit
			Compensation benefits
710	700	708	Industrial Injuries Benefit pensions
1264	1256	1396	War pensions
			Extra-costs benefits
2680	2823	2955	Attendance Allowance
			Mobility Allowance
5316	5660	6044	Disability Living Allowance
			Other non-contributory benefits
984	1006	1014	NCIP/SDA
3848	4051	4400	Social assistance, long-term sick and disabled
782	835	867	Invalid Care Allowance
			Other out-of-work benefits
<u>3558</u>	<u>3255</u>	<u>2882</u>	Total
			Unemployment Benefit
			Social assistance, unemployed
3558	3255	2882	Jobseekers' Allowance
			Retirement pensions
35603	37802	38745	State Pension

Sources and notes

All data from DWP2013 unless otherwise stated. See Appendix I.

¹ Total amount spent on Sickness Benefit, Invalidity Benefit (IVB) and Incapacity Benefit (ICB). Author's calculations from the data given below.

² Non-contributory Invalidity Pension (NCIP) up to 1983/84. Severe Disablement Allowance (SDA) thereafter.

³ Social assistance includes National Assistance, Supplementary Benefit and Income Support. Category of 'sick and disabled' claimants. Consistent data unavailable for the entire period. Older AAS use a different method of calculation to DWP2013. Data available only from 1978/79.

⁴ Total of Unemployment Benefit (UB), social assistance paid to unemployed people of working age but not drawing another out-of-work benefit and Jobseekers' Allowance. Author's calculations. Totals not given before 1978/79 as social assistance data not available.

⁵ Category of social assistance claimants of working age and expected to be looking for work, but not claiming/eligible for another out-of-work benefit. Consistent data unavailable for the entire period. Older AAS use a different method of calculation to DWP2013. Data only available from 1978/79.

^a AAS1965, Table 40. p. 47. National Insurance and Industrial Injuries Funds, Years ended 31 March.

^b AAS1968, Table 41. p. 48. National Insurance and Industrial Injuries Funds, Years ended 31 March.

^c AAS1971, Table 41. p. 49. National Insurance and Industrial Injuries Funds, Years ended 31 March.

^d AAS1974, Table 41, p. 55. National Insurance and Industrial Injuries Funds, Years ended 31 March.

Table II.3: Weekly rates of selected benefits at 31 March in each year 1960/61 – 2000/01

	Unemployment Benefit	National Insurance Retirement Pension		Sickness Benefit	Invalidity Benefit			Incapacity Benefit	
		Single person	Married couple		Invalidity Pension	Invalidity Allowance			Long term
					Higher rate	Middle rate	Lower rate		
1960/61	£2.50	£2.50	£4.00	£2.50					
1961/62	£2.875	£2.875	£4.63	£2.875					
1962/63	£3.375	£3.375	£5.45	£3.375					
1963/64	£3.375	£3.375	£5.45	£3.375					
1964/65	£3.375	£3.375	£5.45	£3.375					
1965/66	£4.00	£4.00	£6.50	£4.00					
1966/67	£4.00	£4.00	£6.50	£4.00					
1967/68	£4.50	£4.50	£7.30	£4.50					
1968/69	£4.50	£4.50	£7.30	£4.50					
1969/70	£5.00	£5.00	£8.10	£5.00					
1970/71	£5.00	£5.00	£8.10	£5.00					
1971/72	£6.00	£6.00	£9.70	£6.00	£6.00				
1972/73	£6.75	£6.75	£10.90	£6.75	£6.75				
1973/74	£7.35	£7.75	£12.50	£7.35	£7.75	£1.60	£1.00	£0.50	
1974/75	£8.60	£10.00	£16.00	£8.60	£10.00	£2.05	£1.30	£0.65	
1975/76	£11.10	£13.30	£21.20	£11.10	£13.30	£2.80	£1.70	£0.85	
1976/77	£12.90	£15.30	£24.50	£12.90	£15.30	£3.20	£2.00	£1.00	
1977/78	£14.70	£17.50	£28.00	£14.70	£17.50	£3.70	£2.30	£1.15	
1978/79	£15.75	£19.50	£31.20	£15.75	£19.50	£4.15	£2.60	£1.30	
1979/80	£18.50	£23.30	£37.30	£18.50	£23.30	£4.90	£3.10	£1.50	
1980/81	£20.65	£27.15	£43.45	£20.65	£26.00	£5.45	£3.45	£1.70	
1981/82	£22.50	£29.60	£47.35	£22.50	£28.35	£6.20	£4.00	£2.00	
1982/83	£25.00	£32.85	£52.55	£25.00	£31.45	£6.90	£4.40	£2.20	

1983/84	£27.05	£34.05	£54.50	£25.95	£32.60	£7.15	£4.60	£2.30		
1984/85	£28.45	£35.80	£57.30	£27.25	£34.25	£7.50	£4.80	£2.40		
1985/86	£30.45	£38.30	£61.30	£29.15	£38.30	£8.05	£5.10	£2.55		
1986/87	£30.80	£38.70	£61.95	£29.45	£38.70	£8.15	£5.20	£2.60		
1987/88	£31.45	£39.50	£63.25	£30.05	£39.50	£8.30	£5.30	£2.65		
1988/89	£32.75	£41.15	£65.90	£31.30	£41.15	£8.65	£5.50	£2.75		
1989/90	£34.70	£43.60	£69.80	£33.20	£43.60	£9.20	£5.80	£2.90		
1990/91	£37.35	£46.90	£75.10	£35.70	£46.90	£10.00	£6.20	£3.10		
1991/92	£41.40	£52.00	£83.25	£39.60	£52.00	£11.10	£6.90	£3.45		
1992/93	£43.10	£54.15	£86.70	£41.20	£54.15	£11.55	£7.20	£3.60		
1993/94	£44.65	£56.10	£89.80	£42.70	£56.10	£11.95	£7.50	£3.75		
1994/95	£45.45	£57.60	£92.10	£43.45	£57.60	£12.15	£7.60	£3.80		
1995/96	£46.45	£58.85	£94.10			£12.40	£7.80	£3.90	£58.85	£44.40
1996/97	£48.25	£61.15	£97.75			£12.90	£8.10	£4.05	£61.15	£46.15
1997/98		£62.45	£99.80			£13.15	£8.30	£4.15	£62.45	£47.10
1998/99		£64.70	£103.40			£13.60	£8.60	£4.30	£64.70	£48.80
1999/00		£66.75	£106.70			£14.05	£8.90	£4.45	£66.75	£50.35
2000/01		£67.50	£107.90			£14.20	£9.00	£4.50	£67.50	£50.90

Attendance Allowance		Mobility Allowance	Disability Living Allowance				Industrial disablement pension (100%)	War pension (Private, 100%)	
Higher rate	Lower rate		Care component			Mobility component			
			Higher rate	Middle rate	Lower rate	Higher rate	Lower rate		
1960/61								£4.25	
1961/62								£4.875	
1962/63								£4.875	
1963/64								£5.75	
1964/65								£5.75	
1965/66								£6.75	
1966/67								£6.75	
1967/68								£7.60	£7.60
1968/69								£7.60	£7.60
1969/70								£8.40	£8.40
1970/71								£8.40	£8.40
1971/72								£10.00	£10.00
1972/73	£5.40							£11.20	£11.20
1973/74	£6.20	£4.15						£12.80	£12.80
1974/75	£8.00	£5.35						£16.40	£16.40
1975/76	£10.60	£7.10						£21.80	£21.80
1976/77	£12.20	£8.15	£5.00					£25.00	£25.00
1977/78	£14.00	£9.30	£7.00					£28.60	£28.60
1978/79	£15.60	£10.40	£10.00					£31.90	£31.90
1979/80	£18.60	£12.40	£12.00					£38.00	£38.00
1980/81	£21.65	£14.45	£14.50					£44.30	£44.30
1981/82	£23.65	£15.75	£16.50					£48.30	£48.30
1982/83	£26.25	£17.50	£18.30					£53.60	£53.60
1983/84	£27.20	£18.15	£19.00					£55.60	£55.60
1984/85	£28.60	£19.10	£20.00					£58.40	£58.40

1985/86	£30.60	£20.45	£21.40						£62.50	£62.50
1986/87	£30.95	£20.65	£21.50						£63.20	£63.20
1987/88	£31.60	£21.10	£22.10						£64.50	£64.50
1988/89	£32.95	£22.00	£23.05						£67.20	£67.20
1989/90	£34.90	£23.30	£24.40						£71.20	£71.20
1990/91	£37.55	£25.05	£26.25						£76.60	£76.60
1991/92	£41.65	£27.10	£29.80						£84.90	£84.90
1992/93	£43.35	£28.95		£43.35	£28.95	£11.55	£30.30	£11.55	£88.40	£89.00
1993/94	£44.90	£30.00		£44.90	£30.00	£11.95	£31.40	£11.95	£91.60	£97.20
1994/95	£45.79	£30.55		£45.79	£30.55	£12.15	£31.95	£12.15	£93.20	£98.90
1995/96	£46.70	£31.20		£46.70	£31.20	£12.40	£32.65	£12.40	£95.30	£101.10
1996/97	£48.59	£32.40		£48.59	£32.40	£12.90	£33.90	£12.90	£99.00	£105.00
1997/98	£49.50	£33.10		£49.50	£33.10	£13.15	£34.60	£13.15	£101.10	£107.20
1998/99	£51.30	£34.30		£51.30	£34.30	£13.60	£35.85	£13.60	£104.70	£111.10
1999/00	£52.95	£35.40		£52.95	£35.40	£14.05	£37.00	£14.05	£108.10	£114.79
2000/01	£53.55	£35.80		£53.55	£35.80	£14.20	£37.40	£14.20	£109.30	£116.00

Source and notes

Some rates show three decimal places. This is due to conversion from old money (e.g. Unemployment Benefit in 1961/62 was £2 17s 6d). Uprating of benefits was inconsistent until the 1970s, thus some benefit rates do not change within the financial year. Uprating dates are available in the sources used.

Data taken from DWP2012 except for Invalidation Allowance, Attendance Allowance, Mobility Allowance, Disability Living Allowance, Industrial disablement pension and War pension. 1960/61 – 1969/70, AAS1971, Table 46, p. 43. Weekly rates of family allowances and the principal national insurance benefits. 1970/71 – 1978/79, AAS1980, Table 3.13, p. 63. Weekly rates of principal social security benefits. 1979/80 – 1988/89, AAS1989, Table 3.13, p. 51. Weekly rates of principal social security benefits. 1989/90 – 1997/98, AAS1998, Table 3.13, p. 57. Weekly rates of principal social security benefits. 1998/99 – 2000/01, AAS2001, Table 10.3, p. 142. Weekly rates of principal social security benefits.

Table II.4: Total government expenditure on social security benefits 1960/61 – 2000/01

	Contributory benefits	Income- related benefits	Other	Total	
	£millions	£millions	£millions	£millions	% of GDP
1960/61	908	180	303	1390	5.3%
1961/62	1055	171	327	1553	5.6%
1962/63	1117	200	329	1646	5.7%
1963/64	1314	217	359	1891	6.1%
1964/65	1369	223	370	1962	5.8%
1965/66	1672	246	405	2322	6.4%
1966/67	1753	298	406	2457	6.4%
1967/68	1977	386	427	2790	6.8%
1968/69	2169	429	574	3172	7.1%
1969/70	2299	471	623	3392	7.1%
1970/71	2522	564	551	3637	6.9%
1971/72	2951	686	593	4230	7.1%
1972/73	3340	845	712	4898	7.3%
1973/74	3853	974	678	5505	7.3%
1974/75	4918	1208	775	6902	7.7%
1975/76	6584	1651	1103	9338	8.3%
1976/77	7801	2082	1231	11114	8.5%
1977/78	9082	2509	1776	13367	8.8%
1978/79	10460	2692	2721	15873	9.1%
1979/80	11937	2940	3900	18777	9.0%
1980/81	14529	3830	4299	22658	9.5%
1981/82	16863	5857	4978	27698	10.5%
1982/83	18210	7917	5501	31628	11.0%
1983/84	19798	9449	6085	35332	11.3%
1984/85	20863	10783	6605	38251	11.4%
1985/86	22448	12232	7088	41768	11.3%
1986/87	24258	13176	7484	44918	11.3%
1987/88	25406	13402	7893	46701	10.6%
1988/89	26034	13252	8032	47318	9.6%
1989/90	27702	14200	8412	50314	9.3%
1990/91	30508	16798	9173	56479	9.7%
1991/92	35252	20295	10755	66303	10.8%
1992/93	37320	25526	12411	75257	11.9%
1993/94	39539	28830	14069	82438	12.3%
1994/95	39825	30339	14695	84859	11.9%
1995/96	40702	31887	16118	88707	11.8%
1996/97	42159	32437	17616	92212	11.5%
1997/98	43120	31640	18582	93342	11.0%
1998/99	45018	31213	19326	95557	10.7%
1999/00	46884	30727	21427	99038	10.5%
2000/01	47797	29667	23899	101362	10.3%

Source: DWP2013.

Table II.5: Retail Prices Indices, average over the financial year 1960/61 – 2011/12

	Jan. 1987 = 100	1960/1961 = 100	1995/96 = 100	2000/2001 = 100	2011/12 =100
<i>1960/61</i>	12.5	100.0	8.3	7.3	5.3
<i>1961/62</i>	13.0	104.0	8.7	7.6	5.5
<i>1962/63</i>	15.5	124.0	10.3	9.0	6.5
<i>1963/64</i>	13.7	109.6	9.1	8.0	5.8
<i>1964/65</i>	14.3	114.4	9.5	8.3	6.0
<i>1965/66</i>	15.0	120.0	10.0	8.8	6.3
<i>1966/67</i>	15.5	124.0	10.3	9.0	6.5
<i>1967/68</i>	15.9	127.2	10.6	9.3	6.7
<i>1968/69</i>	16.8	134.4	11.2	9.8	7.1
<i>1969/70</i>	17.6	140.8	11.7	10.3	7.4
<i>1970/71</i>	18.9	151.2	12.6	11.0	8.0
<i>1971/72</i>	20.7	165.6	13.8	12.1	8.7
<i>1972/73</i>	22.1	176.8	14.7	12.9	9.3
<i>1973/74</i>	24.4	195.2	16.3	14.2	10.3
<i>1974/75</i>	28.8	230.4	19.2	16.8	12.1
<i>1975/76</i>	35.9	287.2	23.9	21.0	15.1
<i>1976/77</i>	41.4	331.2	27.6	24.2	17.4
<i>1977/78</i>	47.2	377.6	31.4	27.6	19.9
<i>1978/79</i>	51.1	408.8	34.0	29.8	21.5
<i>1979/80</i>	59.2	473.6	39.4	34.6	24.9
<i>1980/81</i>	68.8	550.4	45.8	40.2	29.0
<i>1981/82</i>	76.8	614.4	51.2	44.8	32.4
<i>1982/83</i>	82.2	657.6	54.8	48.0	34.6
<i>1983/84</i>	86.0	688.0	57.3	50.2	36.2
<i>1984/85</i>	90.4	723.2	60.2	52.8	38.1
<i>1985/86</i>	95.7	765.6	63.8	55.9	40.3
<i>1986/87</i>	98.8	790.4	65.8	57.7	41.6

1987/88	102.7	821.6	68.4	60.0	43.3
1988/89	108.9	871.2	72.6	63.6	45.9
1989/90	117.4	939.2	78.2	68.5	49.5
1990/91	128.7	1029.6	85.7	75.1	54.2
1991/92	134.9	1079.2	89.9	78.8	56.8
1992/93	139.1	1112.8	92.7	81.2	58.6
1993/94	141.5	1132.0	94.3	82.6	59.6
1994/95	145.4	1163.2	96.9	84.9	61.3
1995/96	150.1	1200.8	100.0	87.6	63.3
1996/97	153.7	1229.6	102.4	89.7	64.8
1997/98	158.8	1270.4	105.8	92.7	66.9
1998/99	163.8	1310.4	109.1	95.6	69.0
1999/00	166.4	1331.2	110.9	97.1	70.1
2000/01	171.3	1370.4	114.1	100.0	72.2
2001/02	173.9	1391.2	115.9	101.5	73.3
2002/03	177.5	1420.0	118.3	103.6	74.8
2003/04	182.5	1460.0	121.6	106.5	76.9
2004/05	188.2	1505.6	125.4	109.9	79.3
2005/06	193.1	1544.8	128.6	112.7	81.4
2006/07	200.3	1602.4	133.4	116.9	84.4
2007/08	208.6	1668.8	139.0	121.8	87.9
2008/09	214.8	1718.4	143.1	125.4	90.5
2009/10	215.8	1726.4	143.8	126.0	90.9
2010/11	226.5	1812.0	150.9	132.2	95.4
2011/12	237.3	1898.4	158.1	138.5	100.0

Source: Retail Prices Index (RPI) for January 1987 = 100 from DWP2012. Other values author calculations from this data.

Table II.6: Breakdown of people claiming social assistance weekly and classified as 'sick and disabled' 1965 – 1995 (in thousands)

	Drawing other National Insurance benefits	Not drawing other National Insurance benefits	Total 'sick and disabled' claimants	Total supplementary benefit claimants (all categories)
1965 ^a	149	138	287	2012
1966 ^b	156	142	298	2495
1967 ^b	164	146	310	2559
1968 ^c	172	150	322	2637
1969 ^c	170	156	326	2688
1970 ^c	164	159	323	2738
1971 ^c	146	159	305	2909
1972 ^d	142	171	313	3015
1973 ^d	122	173	295	2772
1974 ^d	98	175	273	2778
1975 ^e	80	174	254	2897
1976 ^e	80	175	255	3049
1977 ^e	77	164	241	3106
1978 ^f	73	161	234	3048
1979 ^f	58	160	218	2970
1980 ^f	-	-	216	3247
1981 ^g	73	160	233	3873
1982 ^g	90	162	252	4432
1983 ^g	87	167	254	4524
1984 ^g	109	179	288	4780
1985 ^g	-	-	263	4771
1986 ^g	119	197	316	5122
1987 ^g	141	228	369	5089
1988 ^h	55	192	247	4352
1989 ^h	58	232	290	4161
1990 ⁱ	62	268	330	4180
1991 ⁱ	58	317	375	4487
1992 ⁱ	72	352	424	5088
1993 ⁱ	85	495	580	5643
1994 ⁱ	101	517	618	5675
1995 ⁱ	133	606	739	5670

Sources and notes

Social assistance includes National Assistance, Supplementary Benefit and Income Support. Dash indicates no data. Compiled using AAS, which used a different calculation than DWP2013. Data may not exactly agree with DWP2013 and/or table II.1.

^a AAS1971, Table 50. p. 55. Supplementary benefits: Number of beneficiaries receiving weekly payment, Great Britain, On a selected day in November/December each year.

^b AAS1974, Table 51. p. 62. Supplementary benefits: number of beneficiaries receiving weekly payment, Great Britain, On a selected day in November/December each year.

^c AAS1977, Table 3.26. p. 76. Supplementary benefits: number of beneficiaries receiving weekly payment, Great Britain, November or December.

^d AAS1980, Table 3.26. p. 77. Supplementary benefits: number of beneficiaries receiving weekly payment, November or December.

^e AAS1983, Table 3.24. p. 60. Supplementary benefits: number of beneficiaries receiving weekly payment, On a day in November/December.

^f AAS1986, Table 3.24, p. 60. Supplementary benefits: number of beneficiaries receiving weekly payment, On a day in November/December.

^g AAS1989, Table 3.23, p. 59. Supplementary benefits: number of beneficiaries receiving weekly payment, On a day in November/December.

^h AAS1995, Table 3.23 Income support: number of beneficiaries receiving weekly payment, Great Britain, On a day in May.

ⁱ AAS1998, Table 3.23, p. 67. Income support: number of beneficiaries receiving weekly payment, Great Britain, On a day in May.