

Speaking out: disabled people and state welfare

7. Speaking Out: Disabled People and State
Welfare
Mike Oliver*

Starting points

The welfare state has failed disabled people.

The biggest consumers of human services are the producers of those services.

The solution to these problems is a radical restructuring of state welfare – more radical than is envisaged by the current government.

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. Hence the three statements above which will guide my own thoughts and actions from now on, as far as state welfare and disability are concerned at least, though the issues are common to all welfare provision.

The whys and hows of failure

That the welfare state has failed disabled people should not come as news to policy-makers, professionals or researchers. It certainly does not come as news to disabled people themselves. What is surprising is that, despite massive evidence as to its failure, we continue to support it and to act as if minor tinkering will resolve these problems; a bit more money here, a change in regulations there, the introduction of case management wherever, and so on. The evidence for this failure is indeed overwhelming. The government's own commissioned research, despite suggestions that it underestimated the size of the problems, is testament enough. There is further confirming evidence from a whole range of studies in health, community care, housing, education and employment.

In thinking about why we should continue to defend the indefensible, the answer can only be that the real purpose of the welfare state is not to provide services to meet the needs of individuals

and groups who cannot provide these for themselves. Such overwhelmingly inefficient and ineffective provision is incidental to the real purpose. This leads on to my second statement: the real purpose of the welfare state is to provide services for those who do not need them rather than for those who do. Put into currently appropriate language, the welfare state provides services for those involved in the production of these services rather than for those involved in their consumption.

The how of this is easy to demonstrate: look at the total budget for health or social services. By far the largest proportion, over 70 per cent in some cases, is spent on staff salaries. Hence able-bodied professionals consume the employment services of the welfare state to a far greater extent than disabled people consume the health or social services of the very same welfare state. I use the term able-bodied professionals, not to be deliberately divisive, but because disabled people, despite commitments to equal opportunities policies by the organisations concerned, get precious few opportunities to consume these employment services.

If you are still unconvinced by these arguments, look at what happened after the implementation of the Chronically Sick and Disabled Persons Act 1970. The main beneficiaries were the new and existing professions it spawned; social workers, occupational therapists, home helps, care assistants and so on. And did the Education Act 1981 result in more disabled children being integrated into ordinary schools? In fact it resulted in local authorities employing more educational psychologists and administrators in order to keep disabled children in precisely the same places that they were in before the Act was passed.

All these people have become what Ken Davis (1990) has called the denizens of the disability industry with their well-paid jobs, their careers, their status, their subsidised transport, their pensions and their attendance at conferences when work gets too boring. And, even if disabled people were to aspire to become denizens themselves, a combination of discriminatory employment practices, and unrealistic and irrelevant requirements to gain entrance to professional training courses, would ensure that very few succeed.

Perhaps all this will change with the eventual implementation of the Health Services Act 1990 and the proposals for care in the community. As far as the latter are concerned, the care manager or

case manager is central to the plans (and I defy anyone to tell me the difference between the two). It is not unreasonable to predict that able-bodied professionals will consume most of the employment services of these changes and able-bodied academics the not insubstantial training budgets which will be necessary to fit professionals for this brave new world.

In order to begin to understand how all this has happened, we need to refer to the recent work of Wolfensberger, more famous but, perhaps, less justifiably so for his earlier work on normalisation. He has recently turned his attention to the provision of human services in what he calls post-primary production economies, and he argues that by defining ever more human conditions as requiring human service, and especially paid, trained and professional human service, one can create a need for ever more human service workers. (Wolfensberger, 1989, p.34)

But even this has its limits; 'conceptual iatrogenesis' – the defining of ever more social issues not just as problems but as specifically medical ones – cannot take over the world, not least because the game has been rumbled but also because, according to Wolfensberger,

...merely enlarging the human service empire is not sufficient to meet all the requirements that a post-primary production economy poses. In addition, one has to make all the services that do exist as unproductive as possible – indeed one has to make them counterproductive if at all possible, so that they create dependency, and so that they create impaired people rather than habilitate them. (*ibid.*)

The dependency-creating tendencies of the welfare state have been recognised by politicians of all persuasions, by academics and researchers and by disabled people themselves. But we cannot admit to this as abject failure (or, in Wolfensberger's terms, as absolute success) and so we attempt to disguise it. We do this in two ways.

The first way in which we disguise the failure is that we allow a few people to succeed:

... there are always a few people somewhere who get habilitated into greater independence and competence, thus serving as a cover or front for the service supersystem. (*ibid.*)

The second way in which failure is disguised is by not blaming the service supersystem at all but by saying that the failure lies in the linkages between the sub-systems which make up the supersystem. In

other words, the welfare state has failed because of a lack of co-ordination between health, social services, education and the voluntary sector and poor communication between the professionals who operate these services.

To be specific, when the failures of human service provision are made obvious yet again, through the publication of the latest research, the death of a child, inner city riots or whatever, then we blame multi-this or inter-that or the failure to co-ordinate the other. As well as letting the system off the hook, this blaming of the links between sub-systems serves another two purposes all of its own.

To begin with, it enables even more professionals to be employed – the named person, the key worker and now the case and care manager. In addition, by attempting to resolve the situation, professionals improve the quality of their own working environments – they don't have to get their hands dirty dealing with their customers any more; instead they can justifiably spend their time talking to each other.

An even more radical restructuring

Now I'm not the only one to have recognised these facts. Mrs Thatcher and her government, not noted for their political sensitivity nor their concern for disabled people, also recognised them and attempted to restructure the welfare state and to reduce the power of the professionals working within it. They have attempted to do this by changing the way the welfare state is to be managed and by creating a market for welfare services. This leads to my third statement: a radical restructuring of state welfare is required – a restructuring that goes even further than that currently envisaged and being implemented.

It is recognised that the new managerial strategy for providing services to disabled people is not enough in itself, and therefore needs to be supplemented by a market strategy which involves stimulating the private and voluntary sectors to act as providers of services, with the statutory authorities acting as enablers and purchasers rather than sole providers. Markets should be characterised, however, by a balance of power between buyers and sellers. Unfortunately, such a balance does not exist in the social welfare market, at least so far as disabled people are concerned.

This crucial issue could have been addressed by adopting what might be called 'an empowerment strategy', but the government has explicitly turned away from this approach. By its lack of commitment to the implementation of the Disabled Persons Act 1986, its consistent refusal to instigate anti-discrimination legislation and its chronic under-funding of organisations controlled by disabled people, it has clearly shown that, while it may want a market in social welfare, it does not want a market where consumers (as they are now euphemistically being called) have any power.

As has already been implied, an empowerment approach would involve a number of key elements. At the national level it would involve at least three things: the establishment of a system of rights enforced through anti-discrimination legislation; a freedom of information act at least on a par with recent American legislation; and the proper funding and resourcing of organisations controlled and run by disabled people themselves. None of these three things should be seen as ends in themselves, for to do so and to achieve each of them singly would be to add to recent and current failures.

Anti-discrimination legislation by itself might make the lawyers rich but would do little else. Freedom of information by itself would mean that professionals would continue to mystify everyone else by keeping important information elsewhere and only placing on record what was favourable to the interests of their employers or themselves. Without the other two, even a properly resourced disability movement would have very little power and hence would reinforce the expectations of some that it will fail because they wrongly believe that it is only the vehicle for a small intellectual minority.

At the local level, these developments can be reinforced and built upon by the resourcing of coalitions of disabled people, by the establishment and implementation of equal opportunities policies and by the development of codes of practice which give disabled people rights to services and which make professionals accountable for ensuring that these rights are not abused.

And what of the disability industry and its denizens?

At the level of professional practice, the denizens of the disability industry need to stop ripping off the ideas and practices of disabled people and building their careers on them as if they were their own. Case management, for example, is something that many disabled

people have been doing for years, though, of course, they have not called it that because they do not see themselves as cases. It could also be said that they have been doing their own care management, though they do not call it that either because they do not see themselves as in need of care.

The professional rip-off comes when able-bodied professionals re-name these activities as case or care management, appoint themselves as managers and create research organisations which appear to spend all their time saying how wonderful case/care management is; well it is – for them, of course.

Empowerment is another classic example. Disabled people have been quietly doing it for years but it has fallen to professionals to give such activities a name, to create organisations to promote it, to write books about it and to organise conferences on it which are usually so expensive that they then have to beg for bursaries so that a few disempowered disabled people can attend. Empowerment is not a gift that one group (the powerful) can give to another (the powerless); it is a process of struggle and the focus of that struggle in the past ten years has been the disabled people's movement.

The disabled people's movement has already done much solid work in re-defining disability and in creating the basis of a new hegemony of ideas which rests on direct experience of the problems we face in our daily lives. We have carried some workers in the disability industry along with us. In supporting our own active participation in, and control over, our affairs, such people are giving us the right kind of help. However, for the majority of the 'professionals', despite their need to cling to power, their careful crafting of our dependence is disintegrating before their very eyes. (Davis 1990, p.9)

If Davis is right, and I believe he is, then the castles built upon vested interests will soon come crumbling down. Those vested interests in keeping things as they are, with perhaps minor or incremental changes, will increasingly be confronted by an ever more powerful disability movement. The disability industry will not offer, in the 1990s, the same rewarding and comfortable careers that it offered in the 1980s.

The disability movement will continue to confront the disablism in service provision and professional practice, but the tactics of confrontation are beginning to change. In place of writing books and

articles and speaking at conferences, the 1990s may well become the decade of direct action on disability. This direct action will build on the failures of the past, challenge the vested interests of the present and force a restructuring of state welfare that is so far-reaching that we may not even recognise the welfare state in the twenty-first century.

References

Davis, K. (1990) 'The crafting of good clients', *Coalition*, September.

Wolfensberger, W. (1989) 'Human service policies: the rhetoric versus the reality' in L. Barton (ed) *Disability and Dependency*, Lewes, Falmer Press.