

Social Policy and Disability: The Creation of Dependency

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In this paper I shall suggest that the creation of dependency amongst disabled people is an inevitable consequence of the social policies that prevail in all modern industrial societies. There are, of course, some differences of emphasis in the policies adopted towards disabled people between individual countries, but the economic, political, social, technological and ideological forces which shape these policies are sufficiently universal to make generalizations possible.

Before considering the ways in which dependency is created it is necessary to define what is meant by the term. In common-sense usage dependency implies the inability to do things for oneself and consequently the reliance upon others to carry out some or all of the tasks of everyday life. Conversely, independence suggests that the individual needs no assistance whatever from anyone else and this fits nicely with the current ideological climate which stresses competitive individualism. In reality, of course, no-one in a modern industrial society is completely independent but we live in a state of

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mutual interdependence. The dependence of disabled people therefore, is not a feature which marks them out as different in kind from the rest of the population but different in degree.

There is obviously a link between this common-sense usage of the term dependency and the way it is used in discussions of social policy, but these more technical discussions see at least two dimensions to the term. The first of these concerns the ways in which welfare states have created whole groups or classes of people who become dependent upon the state for education, health care, financial support and indeed, any other provision the state is prepared to offer. The second focuses on the inability of individuals or groups to provide their own self-care because of their functional limitations or impairment. Both of these dimensions of dependency have figured large in current attempts to restructure welfare states by reducing the size and scope of benefits and services and by shifting existing provision away from institutions and into the community.

These two dimensions have facilitated the development of reductionist explanations of the phenomenon of dependency. Psychological reductionism has focussed upon the way the self-reliance of individuals and families has been eroded by the "nanny state" and has thereby created 'pathological individuals'. Sociological reductionism has focussed upon the common characteristics of different groups, of which dependency is a major feature, thereby creating 'pathological groups'. Social science has sometimes been actively involved in the creation of these reductionist explanations and the pathologizing of the idea of dependency, but has also adopted a critical role in challenging them. Unfortunately, however, these challenges have had little success in influencing or shaping social policies which remain locked into the notion of dependency as pathology.

This is partly a function of the marginal role that social science plays in policy formulation, but more importantly the fact that dependency is created by a range of economic, political and professional forces beyond its influence or control. It is these matters which must now be considered. The ways in which these forces create dependency will be discussed in the context of British social policy and the services provided to disabled people by the British welfare state. There are clearly differences between welfare states in terms of their specific provisions for disabled people but all are shaped by these forces. Therefore generalizations are possible, and

the implications of the analysis that follows, are relevant to all industrial societies.

An Economic Basis for the Creation of Dependency

Work is central to industrial societies not simply because it produces the goods to sustain life but also because it creates particular forms of social relations. Thus anyone unable to work, for whatever reason, is likely to experience difficulties both in acquiring the necessities to sustain life physically, and also in establishing a set of satisfactory social relationships. Disabled people have not always been excluded from working but the arrival of industrial society has created particular problems,

The speed of factory work, the enforced discipline, the time-keeping and production norms – all these were a highly unfavourable change from the slower, more self-determined methods of work into which many handicapped people had been integrated. (Ryan & Thomas 1980.101)

The onset of industrial society did not simply change ways of working, but also had a profound effect on social relations with the creation of the industrial proletariat and the gradual erosion of existing communities. Industrialization had profound consequences for disabled people therefore, both in that they were less able to participate in the work process and also because many previously acceptable social roles, such as begging or 'village idiot' were disappearing.

The new mechanism for controlling economically unproductive people was the workhouse or the asylum, and over the years a whole range a specialized institutions grew up to contain this group. These establishments were undoubtedly successful in controlling individuals who would not or could not work. They also performed a particular ideological function, standing as visible monuments to the fate of others who might no longer choose to subjugate themselves to the disciplinary requirements of the new work system. There were problems too in that it was soon recognized that these institutions not only created dependency in individuals but also cre-

ated dependent groups. This led to fears about the 'burdens of pauperism' in the early twentieth century and the establishment of Poor Law Commission. Similar concerns are around today, although, of course, the language is different, and current moves towards community care have a strong economic rationality underpinning them.

The point about this brief historical detour is that the issues are still the same; disabled people are likely to face exclusion from the workforce because of their perceived inabilities, and hence dependency is still being created. And even where attempts are made to influence the work system, they do not have the desired effect.

Programs focusing on labor supply will always be a major part of any comprehensive approach to disability. But these efforts alone tend to segregate disabled people from society rather than integrate them into it. The alternative, or more properly the supplement, to these programs is a focus on the demand side of the market, making people more employable and more a part of general social life by changing the social organization of work and of other aspects of everyday life, through removal of architectural barriers, non-discrimination and affirmative action programs, mainstreaming in the schools, and so on. Until recently, there has been almost no concern with these possibilities. (Erlanger & Roth 1985:339)

It could, of course, be argued that government policy aimed at providing aids to employment and the adaptation of workplaces is precisely this approach but it is nothing of the kind. These initiatives are all geared towards the supply side of labour, at making individual disabled people more economically productive and hence more acceptable to employers. There are no government incentives to create barrier-free work environments nor can Ford claim a grant if it wants to make its assembly line usable by all the potential workforce. Neither can other manufacturers wishing to design machinery or tools that are usable by everyone, regardless of their functional abilities, seek government assistance. There are virtually no attempts in modern industrial societies that are targetted at the social organization of work, at the demand side of labour. And given the size of the pool of labour that currently exists in most industrial societies, it is unlikely that such targetting will occur in the foreseeable future.

Given this historical and current situation it is hardly surprising that one commentator can write of disabled people and other groups:

Their condition or situation makes them economically unproductive and hence economically and socially dependent. (Illsley 1981.328)

This is only partly true, however, for despite the high rates of unemployment in the industrialized world, the majority of those of working age do have a job, and hence are economically productive. In addition, day centres, adult training centres and sheltered workshops make a considerable economic contribution by carrying out jobs that cannot easily be mechanized at wage rates that make third worlds workers look expensive. But more importantly, this takes a narrow view of the economy and fails to recognize the importance of consumption. At present the benefits paid to disabled people amounts to some three billion pounds a year (Disability Alliance 1987) most of which 'will almost invariably be spent to the full' (George and Wilding 1984). The numbers of firms now producing aids and equipment for disabled people and the seriousness with which motor manufacturers now take disabled motorist are testament to the important and productive role that disabled people play in the economy.

Following Illsley's narrow definition, the British Royal Family can be characterized as economically unproductive and economically and socially dependent. However, it is recognized that the institution of the Monarchy performs an important economic role and they are not labelled 'dependents', except by their fiercest critics. That disabled people can be so labelled therefore, is due to a variety of other factors and it not solely a function of inaccurate assumptions about their role in the economy. Some of these other factors will now be considered.

A Political Basis for the Creation of Dependency

Policies enacted through the legislative process also have the effect of creating dependency and the current restructuring of the British

welfare state is legitimated by the desire to reduce our 'culture of dependency'. In the case of disability, both the National Assistance Act (1984) and the Chronically Sick and Disabled Person's Act (1970) aimed to provide services for disabled people and in so doing reinforced

...the notion that people who happen to have disabilities are people who are 'helpless', unable to choose for themselves the aids to opportunity they need. (Shearer 1981:82)

More recently, the Disabled Person's (Services, Consultation and Representation) Act (1986), born out of both a recognition of the inadequacies of previous legislation as well as a wish to involve disabled people more in shaping their own destinies, is underpinned by the desire to improve the services for this dependent group. It offers disabled people the right to be assessed, consulted and represented. However, it is noticeably silent on how these rights can be achieved in the face of recalcitrant local authorities, just as previous legislation was silent on how services could be obtained. In fact, this Act is yet a further extension of the professional and administrative approaches to the problems of disability, rather than an acknowledgement of disability as a human rights issue.

Yet in the aftermath of the Second World War, the Disabled Persons (Employment) Act (1944) recognized that disabled people had a right to work. This legislation was not uninfluenced by the shortage of labour at the time of the collective guilt of seeing ex-service men, disabled while fighting for their country; but economic and social climates change, and these rights have never been enforced. Unsuccessful attempts to acknowledge the human rights issue involved, through the passage of anti-discrimination legislation, have surfaced in recent years but Parliament in its wisdom has never allowed the issue to receive legislative acknowledgement (Oliver 1985). Thus the legislative framework remains locked into a professional and administrative approach to service provision. The ways in which service provision further perpetuates dependency will be considered in the next section, but before so doing, one further political basis for the creation of dependency needs to be considered.

A further way in which dependency is, at least, reinforced is through the manner in which the discourse with regard to disability

and social policy is conducted. From the patronizing way politicians discuss disability in Parliament, through the failure of social policy analysts to examine critically the concept of disability (Oliver 1986) to the failure of policy makers to consult with disabled people, this dependency is reinforced. Nor indeed when attention is turned to community care does the discourse alter, for community care implies "looking after people" (Audit Commission 1986). The nature of this discourse has recently been criticized thus

... the need to be 'looked after' may well adequately describe the way potentially physically disabled candidates for 'community care' are perceived by people who are not disabled. This viewpoint has a long history, and a correspondingly successful application in practice – which has led to large numbers of us becoming passive recipients of a wide range of professional and other interventions. But, however good passivity and the creation of dependency may be for the careers of service providers, it is bad news for disabled people and the public purse. (BCODP 1987 3.2)

A Professional Basis for the Creation of Dependency

There are a number of ways in which dependency is created through the delivery of professionalized services. The kinds of services that are available, notably residential and day care facilities with their institutionalized regimes, their failure to involve disabled people meaningfully in the running of such facilities, the transportation of users in specialized transport and the rigidity of the routine activities which take place therein, all serve to institutionalize disabled people and create dependency. While in recent years some attempts have been made to address this problem of dependency creation in these facilities, it remains unfortunately true that power and control continue to remain with professional staff. Many community services are delivered in similar ways and reinforce dependency; disabled people are offered little choice about aids and equipment, times at which professionals can attend to help with matters like toi-

leting, dressing or preparing a meal are restricted and the limited range of tasks that professionals can perform are limited because of professional boundaries, employer requirements or trade union practices.

The professional-client relationship can itself also be dependency creating and indeed the very language used suggests that power is unequally distributed within this relationship. Recent attempts to address this problem through changing the terminology from 'client' to 'user' or 'consumer' acknowledge that the problem exists but do little to change the structures within which these power relations are located. Economic structures determine the roles of professionals as gate-keepers of scarce resources, legal structures determine their controlling functions as administrators of services, career structures determine their decisions about whose side they are actually on and cognitive structures determine their practice with individual disabled people who need help- otherwise, why would they be employed to help them? This is not just another attack on overburdened professionals for they are as much trapped in dependency creating relationships as are their clients. However all is not as it seems, for in a fundamental sense it is professionals who are dependent upon disabled people. They are dependent on them for their jobs, their salaries, their subsidized transport, their quality of life and so on.

Thus if disabled people and professionals are trapped in these dependency creating relationships, is there a way out of the trap? A false start has already been made through the promotion of the goal of independence which figures largely in the interventions of most professionals and the articulated aims of most disabled people. It has been a false start however, because in advancing the idea of independence, professionals tend to define independence in terms of self-care activities such as washing, dressing, toileting, cooking and eating without assistance. Disabled people, however, define independence differently, seeing it as the ability to be in control of and make decisions about one's life, rather than doing things alone or without help. Hence it is 'a mind process not contingent upon a normal body' (Huemann 1983).

If disabled people and professionals are ever going to engage in dependency reducing rather than dependency creating relationships, then the following advice from a disabled sociologist must be taken into account.

"We must expand the notion of independence from physical achievements to sociopsychologic decision-making. Independent living must include not only the quality of physical tasks we can do but the quality of life we can lead. Our notion of human integrity must take into account the notion of taking risks. Rehabilitation personnel must change the model of service from doing something to someone to planning and creating services with someone. In short, we must free ourselves from some of the culture-bound and time-limited standards and philosophy that currently exist. (Zola 1982.396)

There are, of course, many other ways in which dependency is created, whether these are patronizing social attitudes or the inaccessibility of the built environment, which constantly force disabled people to seek help. There is not the time or space to consider these in detail here, but we need now to consider the disabled individual who stands at the end of these economic, political and professional processes which create dependency.

The Creation of the Dependent Individual

A recent study of a small group of young disabled people attending a further education college found that

Many of the students arrive in college with very negative self-image and poor self-esteem. Often they appear to have been conditioned into accepting a devalued social role as sick, pitiful, a burden of charity. (Hutchinson & Tennyson 1986.33)

Precisely how and why these disabled young people came to see themselves in this way now needs to be addressed.

All of the young people studied came to the college from special schools and there is no doubt that the medical hegemony in special education has hardly been challenged by recent legislative changes (Warnock 1978. Education Act 1981). In practice medical need still predominates over educational need; disabled children still have operations (necessary and unnecessary) at times which fit in with

the schedules of surgeons and hospitals rather than educational programmes, children are still taken out from classes for doctors appointments or physiotherapy and the school nurse is still a more influential figure than the teachers. If children are brought up to believe, through experiencing a range of medical and paramedical interventions, that they are ill, we cannot be surprised if they passively accept the sick role.

But it is not only the intrusion of medicine into education which creates dependency through an acceptance of the sick role. They also see themselves as pitiful because they are socialized into accepting disability as a tragedy personal to them. This occurs because teachers, like other professionals, also hold to this view of disability, curriculum materials portray disabled people (if they appear at all) as pathetic victims or arch villains and their education takes place in a context in which any understanding of the history and politics of disability is absent. The situation has been summarized as follows;

The special education system, then, is one of the main channels for disseminating the predominant able-bodied/minded perception of the world and ensuring that disabled school leavers are socially immature and isolated. This isolation results in passive acceptance of social discrimination, lack of skills in facing the tasks of adulthood and ignorance about the main social issues of our time. All this reinforces the 'eternal children' myth and ensures at the same time disabled school leavers lack the skills for overcoming the myth. (John 1986.6)

However, it is not just the educational environment which creates this dependency but the social environment plays a significant role in shaping the view that some disabled people hold of themselves as burdens of charity. To begin with, many of the traditional voluntary organizations for disabled people are quite shameless in the way they reinforce this charitable image through their fund-raising campaigns. The prime objective is to maximize income, regardless of the image presented. The unfortunate thing about this is that many of these organizations are not even aware of the way in which this approach creates dependency, and even if they are, then an instrumental, 'ends justifies means' philosophy is used.

But it is not only voluntary organizations who beg on behalf of disabled people but some professionals are even employed by government agencies so to do. For example, disablement resettlement officers (DRO's) employed by the Manpower Services Commission, instead of ensuring that employers are carrying out their legal duties under the Disabled Person's (Employment) Act, are given the task of persuading employers to give jobs to disabled people. Perhaps it is a mark of our civilization in the industrialized world that we employ some people to beg on behalf of others; in many so-called less civilized societies, disabled people are at least accorded the dignity of begging on their own behalf.

Finally, many disabled people are forced into the position of passive recipients of the unwanted gifts or inappropriate services for to refuse such 'generosity' would be to confirm the 'fact' that disabled people have not come to terms with their disability and have a 'chip on their shoulder'. Examples of unwanted or unsuitable gifts are the wheelchairs designed by Lord Snowdon which turned out to be unusable by anyone who is paralyzed; and examples of inappropriate services are the special vehicles, usually with the name of the donor written large all over the side, which are often used to transport disabled people. These are particularly used to carry disabled people to and from segregated facilities such as special schools, day centres and residential homes.

So far I have shown how dependency is created amongst disabled people, not because of the effects of the functional limitations on their capacities for self-care, but because their lives are shaped by a variety of economic, political and social forces which produce this dependency. But dependency is not a problem simply for the dependent individual but also for politicians, planners and professionals who have to manage (control) this dependency in accord with current social values and economic circumstance. It is these issues which now need to be considered.

The Restructuring of the Welfare State – The Elimination of Dependency?

Since the mid 1970's there has been a world economic recession, one result of which has been to call into question both the nature

and future of welfare states in the industrial world. This questioning has usually been raised within the language of crisis, of which there are at least three dimensions;

- (a) a crisis in the welfare state in that it was not meeting social needs,
- (b) a crisis of the welfare state in that it was creating needs that it could not meet,
- (c) a crisis by the welfare state in that the rising cost of welfare was creating a crisis of capitalism itself.

Further,

The crisis definition is now being used as an ideological basis for reducing social expenditure, changing redistributive patterns in disfavour of the marginal groups and reducing government responsibility in social policy. (Øyen 1986.6)

While both the precise nature of this crisis and the ideological response to it differs from industrial country to industrial country, all have had broadly similar experiences. In Britain, the left have broadly subscribed to the view that there is a crisis in the welfare state and that the solution is to increase public expenditure on it. The right, on the other hand, have subscribed to the view that there is a crisis of the welfare state and, if not properly managed and controlled, it could indeed become a crisis of the capitalist state. As the right have held political power for most of this period, it is their view of the nature of the crisis which has shaped the process of restructuring the welfare state. A major underpinning of the ideological basis for this restructuring has been the issue of dependency. Reductions in expenditure, changes in redistribution and the gradual withdrawal of the state from people's lives, have all been legitimated on the grounds of the need to reduce dependency.

There is little doubt, with regard to disabled people, that their experiences of the welfare state coincide with both the 'crisis in' and 'crisis of' dimensions. In other words, they have not received all the services they need and in many cases those services that they have received have created or reinforced their dependency. So, it has to be said that future policy options stemming from either (or both) of these dimensions are unlikely to succeed in reducing dependency, whether it be physical or social. Simply increasing

public expenditure will only serve to lock disabled people further into the dependency creating relationships I have already described, and reductions and redistributions will condemn disabled people to isolation and loneliness in the community or institutionalization in residential care. This raises the issue of what, if anything, can be done to ease this crisis as far as disabled people are concerned.

In the preceding analysis I have given primacy to the economic basis for creating dependency, but it has to be concluded that in the current political climate, there is little scope for intervening in the economy for while

Social policy has been assigned... to the role of intervening in a natural order of economic relationships to modify their outcome in the interests of 'social' goals. In both capitalist and state socialist societies, social policy has operated as a 'hand-maiden' to the economy. (Walker 1984.33)

Hence the chances of tackling this economic basis for the creation of dependency amongst disabled people "are slim because the same societal forces which manufacture disability also mitigate against a structural response" (Borsay 1986.188)

Even allowing for this pessimistic scenario, there are a number of things which can be done to tackle the political and professional bases for dependency creation amongst disabled people, and it is these which will now be considered. So far the political right have been making the running and their main strategy has been to resolve the 'crisis of' the welfare state by tackling the problems of dependency creation through the privatization of state services. There are also a number of strategies that could be adopted by the left to tackle the 'crisis in' the welfare state and of these will be discussed. These strategies are the introduction of anti-discrimination legislation, freedom of information and the proper financial and other support of organizations controlled and run by disabled people themselves.

Currently, therefore, the strategy of privatization, underpinned by the rhetoric of targetting, consumer choice and dependency reduction is the dominant one. As far as disabled people are concerned, this privatization is not something that has occurred only in recent years. Services such as residential care and special education have been provided by organizations like the Cheshire Foundation and

the Spastics Society almost since the inception of the welfare state, and all the evidence suggests that these services create dependency in exactly the same way as state services. More recently the privatization of some cash payments for some severely disabled people who would previously have had statutory rights to such payments, through the establishment of a trust fund to be administered by the Disablement Income Group, is only likely to reinforce dependency by furthering the image of disabled people as burdens of charity.

It is, perhaps, ironic that the model for providing these privatized services is that of the supermarket; the argument being that packages of care can be purchased just as customers purchase products from supermarket shelves. Ironic because many disabled people find shopping in supermarkets difficult if not impossible because of physical access, difficulties in reaching shelves and the fact that products and packaging are tailored to the needs of the modern nuclear family and not to the needs of individuals. In short, supermarkets offer a limited range of products which suit the needs of particular groups in society and if not in these groups, then the consumer is not 'king' as the rhetoric would have it. Thus, for many disabled people, the supermarket model of provision is unlikely to offer anything substantially different from the provision of state services; that is to say, little choice over what is provided.

What the supermarket is alleged to offer, but clearly does not, is choice and control. The key issue for the future as far as the left is concerned is whether the 'crisis in' the welfare state can be resolved by offering users of services choice and control. I want to suggest that it can by the modification and adaptation of first principles,

The challenge that faces us is not the choice between universalist and selective services. The real challenge resides in the question: what particular infrastructure of universalist services is needed in order to provide a framework of values and opportunity bases within and around which can be developed acceptable selective services provided as social rights, on criteria of needs of specific categories, groups and territorial areas and not dependent upon individual tests of means? (Titmuss 1968.122)

To update the language somewhat, it should be possible to allow for choice and control in service provision within a universalist infra-

structure if consumers have social rights to these services and if there are mechanisms whereby the needs of groups and communities, whether local or interest communities, can be articulated by them, themselves.

It has become clear that if disabled people are to have social rights to services, then the legislative framework must do more than simply list these services (Chronically Sick and Disabled Person's Act) or provide professional and administrative approaches to their provision (Disabled Person's [Services, Consultation and Representation] Act). This inevitably implies the necessity for anti-discrimination legislation which would not only provide public affirmation of the unacceptability of discrimination against disabled people, but also, if properly drafted, a framework for the enforcement of service delivery and a mechanism for professional accountability.

By itself it would not be enough, of course, as the experience in the areas of race and gender demonstrate. Therefore an essential adjunct would be legislation facilitating complete freedom of information which goes beyond current attempts to provide access to information held on computers and in local authority files. The locked medical cabinets would need to be opened and the unofficial documents that are kept as ways of avoiding information disclosure (as with current practices which require information to be provided to parents under the statementing regulations of the Education Act [1981]), would need to be made available.

Finally, a mechanism whereby the needs of groups and communities can be articulated, needs to be developed. This can only be accomplished through the adequate funding and resourcing of organizations controlled and run by disabled people which have been going from strength to strength throughout the World in the 1980's. Significantly, there is some evidence that these organizations of disabled people find it easier to flourish in the under-developed rather than the industrial world. This is due, in part, to the resistance to change of bureaucratic and professional structures in the industrial world but also to the existence of a large and powerful sector of traditional organizations for the disabled who remain locked into dependency creating service provision and attitudes, and who, consequently, have vested interests in maintaining the status quo.

None of these developments by themselves, or an incremental approach to them, are likely to prove successful. Anti-discrimination legislation without freedom of information and a supportive

network of disabled people, will simply mean that the lawyers will get rich; freedom of information by itself will mean that individual disabled people will be subjected to professional mystification and sleight of hand; and support for the disabled people's movement without a framework which guarantees basic human rights will leave the movement politically emasculated. But an integrated programme as suggested above, could provide a means of addressing the problems of dependency creation at both political and professional levels, and hence go some way to resolving the 'crisis' both, in and of, the welfare state, at least as far as disabled people are concerned.

Conclusions

An inevitable consequence of living in industrial society is that we all live in a condition of mutual dependency. However the dichotomy of dependence/independence has been a significant influence on both the way disabled people are perceived in general and on the development of social policies geared towards them in particular. Dependency is created by a variety of economic, political, professional and other forces, and recent changes in the structure of the welfare state have been legitimated on the grounds of the need to reduce this dependency. Policies based upon the 'crisis in' the welfare state thesis are unlikely to succeed in reducing dependency though they may temporarily resolve the crisis of capitalism created by public expenditure on the welfare state.

Ultimately only attempts to tackle the 'crisis of' the welfare state are likely to be successful for, the creation of an infrastructure of state services which facilitate user choice and control is the only way in which dependency can be permanently removed. While this will be more costly for the capitalist economy in the short term, it may, not only prevent such a crisis of capitalism from occurring, but will also create a much happier environment for us all to live in a state of mutual interdependence.

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