

CHAPTER 2

Disability, Employment and the Social Model

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(From Barnes, C and Mercer G. (eds.) 2004: ***Disability Policy and Practice: Applying the Social Model*** , Leeds: The Disability Press, 18-34).

The rise of the social model of disability has provided a significant challenge to the way academics, practitioners, researchers and policy makers conceptualise the 'problem' of disability (Oliver 1990; Swain et al. 1993; Barnes et al. 1999). The social model of disability offers a new framework and language of identifying, understanding and responding to disability. Here, the focus has rightly shifted to the social and institutional barriers that impact on people with impairments. Former shibboleths of the medical model have been questioned: professionally-led services, assessment regimes based on non-disabled constructions of disability, warehousing of disabled people in day centres and inflexible and often depersonalising service provision.

The language of choices and rights rather than assessments and needs has now been asserted across the UK at least as aspirations. The advent of the Disability Discrimination Act 1995 and the establishment of a Disability Rights Commission, despite their shortcomings, add to the feeling that disabled people should be a strong voice in any decisions that affect their lives.

One key area in which the social model of disability has still to permeate is that of paid employment. Despite recent changes in official language (Department for Education and Employment 1999) and small-scale adoption of social model ideas, UK disability employment research, policy and provision continue to be rooted firmly in the medical model of disability. At best, government research and policy operate with a mix of medical and social models of disability. The overall picture of UK disability employment policy points to a continued adherence to a deficit approach to understanding disabled peoples' inferior employment position.

The employment position makes clear the need for a re-evaluation of

the deficit model if we are to begin to make a difference to disabled peoples' employment options. Disabled people are substantially more likely to be unemployed or economically inactive. In Spring 2002 the economic activity rate (in or looking for paid work) was about 50 per cent for people judged to have a long-term disability (sic), and 79 per cent for the whole UK population. The unemployment rate was 9 per cent for disabled people and 5 per cent for non-disabled people (Labour Force Survey 2002). This amounts to a substantial number of disabled people not in paid employment. Economic activity is particularly low for people with visual impairments with recent research suggesting that 75 per cent of working age people with 'sight problems' were not in paid employment (Bruce et al. 2000; RNIB 2002).

Disabled people are more likely to be under-employed in terms of the quantity of paid work they do and to be earning less per hour even for the same work (Burchardt 2000). There is substantial evidence that disabled people face significant attitude barriers in employment contexts (French 1988; Graham et al. 1990; Morrell 1990; Thomas 1992; Roulstone 1998; Goldstone and Darwent 2000)

The stark nature of disabled people's employment position and the apparent failure of much employment policy and provision in altering this situation, necessitates an urgent review of the influence of the medical model to date and the need to bring in social model understandings. We can begin this process by reflecting on the transformatory power of the social model of disability. As Oliver and Barnes argue, we have to be:

shifting the focus squarely away from the functional limitations of impaired individuals and on to contemporary social organisations with a plethora of disabling barriers (1993: 271).

This provides the basic framework for a new way of viewing disability, so what can be said about the application of this social model to service provision in an enabling society?

Services of the future then, must ensure that users and their organisations play a central and decisive role in any assessment and goal setting process. The role of the service provider should be just that – to provide services (Finkelstein and Stuart 1996:173). There are a number of key ways in which the social model of disability needs to be applied to questions of disability and employment:

- As a revised and fundamental overhaul of the way the disability

problem is framed, for example in research, the benefits system and in policy making.

- A critical application of key social model and independent living themes to the question of disability and employment: for example, choices and rights, enabling language, confronting professional power.
- As a new vocabulary for enhancing employment opportunities and experiences.

Disabling research

As mainstream policy and practice are directly informed by research, it is vital that the nature and models underpinning disability employment research are understood. Key government-led research, such as the Labour Force Survey (LFS), General Household Survey (GHS) and Social Trends all adopt ICDH type 'disability' schemas and all seek to explain disability and employment difficulties in terms of bodily deficits. The LFS asks disabled respondents whether '...the health problem or disability affects the kind of paid work they can do' (cited in Blackaby et al. 1999: 2). Additionally, the LFS subdivides 'main disability' into 'problem' categories, so that all 'long-term disabled' are classified as 'problems with arms and hands', 'problems with back and neck' and so on (Labour Force Survey 1999).

The General Household Survey adopts a more general focus in asking 'whether their disability/illness limits their activities in any way' (Blackaby et al. 1999: 3). Here the causal direction of the research 'problem' is assumed to be from the deficits of the disabled person in shaping employment opportunities and experiences. It is difficult to see how subsidiary questions can break free of these epistemological constraints. Indeed even when we look at research designed expressly to map and explore the employment experiences of disabled people, we see the medical model remaining at the core of these studies.

The OPCS report *Disabled Adults: Services, Transport and Employment* (Martin et al. 1989), the SCPR study *Employment and Handicap* (Prescott-Clarke 1990) and more recent studies drawing on established datasets (Blackaby et al. 1999; Sly et al. 1999; Goldstone and Darwent 2000) all adopt medical schemas as tools of variable analysis or as guides to disabled people's 'functional ability'. For example, the OPCS survey that had a major impact on neo-liberal reforms of disability and employment policy, identified 13 'types of disability' and calculated a 10 point 'severity' scale (Martin et al. 1989: 2). However, the perceived relationships between types of disability led to the aggregation of disabilities into 5 groups: physical, mental, seeing,

hearing and 'other'. The research adds an additional layer of complexity by devising a 'Classification of Complaints'. Here 16 classes of complaints are identified. These complaints, for example those of eye complaints and of the digestive system, are deemed to be the 'complaints causing disability' (Martin et al. 1989).

Of significance, disability and the functional problems caused by a bodily or 'mental complaint' are seen explicitly as key factors in limiting disabled workers and job seekers. For example, in trying to understand the reasons why disabled respondents were not working the researchers devised the following categories:

- Your health problem makes it impossible for you to do any kind of paid work
- You have not found a suitable paid job
- You do not want or need a paid job (Martin et al. 1989: 75).

It is worth reflecting that the major government-led research which includes disability, most notably the LFS, GHS and OPCS, have at no point consulted about the shape, language, focus or execution of these studies. We are only now beginning to connect what the key tenets of a social model would be in the field of employment. It could be argued that disability research is simply a sub-set of wider positivist research assumptions, however even official qualitative follow-up research bears all the hallmarks of a medical model of disability. We can take it that the medical model has many guises and has a logic which straddles all forms of disability research. Andrew Thomas's qualitative study *Working with a Disability* asserts:

Employers were not part of the research design; this report considers employment from an employee's perspective and is based on their accounts of the facilitators and barriers they experienced in working with a disability (Thomas 1992:1).

This sounds promising in focusing on barriers and facilitators, factors external to the individual disabled employee. However a reading of the wider report makes clear the centrality of the medical model in the research:

The occupational experiences of employees in this study were often inter-linked with the onset or deterioration of their disability ... almost all of the study sample had experienced a change in their working life as a result of their disability (Thomas 1992:71).

However, the adoption of the medical model ICIDH schema is only made clear by Thomas (1992: 9) in a footnote in the research report, and is justified as being 'consistent with other research'. Although much effort is invested in conveying the experiences of disabled workers, there is a strong sense of the incommensurability of medical and social model epistemologies. Research agendas, study design and the relationships of research production are firmly established here as with most medical model research.

The social model and employment

In setting the agenda for research on disability and employment in a medical model, it is not surprising that much UK policy and practice has been geared to rehabilitating individuals or for assessing employability, partial capacity, work readiness and being deemed 'unemployable'.

The period 1944 to 1995 has largely been characterised by the dominance and overshadowing presence of the Tomlinson Report (1943) and the 1944 Act. There is now a well-established literature identifying the limitations of disability and employment policy and a full reprise of these is unnecessary. However it is worth connecting these early influences with longer run employment policy and practice. Key influences of the medical model of disability are:

provider-led services;
limited impact on employment barriers; and
professional power.

Provider-led services

The UK Employment Service (now part of the newly formed Jobcentre Plus) has developed a key role over the last 50 years in identifying disabled workers and job-seekers needs. One such responsibility has been to administer the 'Access to Work Scheme' (AtW). Although clearly of value to disabled people in its role of providing workplace aids and adjustments (Thornton and Lunt 1995) there is much evidence that the nature of provision is often disempowering (Glickman 1996; Roulstone 1998; RNIB, 2002; Roulstone et al. 2003). In comparison, official governmental research presents a favourable picture of the working of the AtW scheme (Beinart 1996; Thornton et al. 2001). Examples of disempowerment relate to the narrowness of eligibility requirements, the bias towards providing for those already in work, the time taken to deliver, the lack of disabled people's own perspectives on needs, budget-led assessments and the fragmented nature of provision.

These all mirror the criticisms of deficits in community support for disabled people (Morris 1993; Barnes 1997). Accountability to disabled people is entirely absent at a local and regional level. Whilst ACDET, the successor to the National Advisory Council on Employment of Disabled People despite their criticism of the AtW provide a rather anodyne forum, one appointed by the DFES and performing an advisory rather than outcomes and monitoring function. The newly established Disability Employment Advisory Committee (DEAC) has also been established as a purely advisory body, whilst unlike ACDET the minutes of DEACs meetings are not made public. Here, advice is deemed to be 'in confidence' in marked contrast to the workings of ACDET (Department for Work and Pensions 2002). It is also noteworthy that AtW and Jobcentre Plus are staffed predominantly by non-disabled people.

Limited impact on employment barriers

Despite a plethora of policy developments designed to further enhance disabled peoples' employment opportunities since 1944, the overall impact in reducing the levels of unemployment, under-employment and wider social disadvantage (Burchardt 2000) has been very limited. Those developments promising most in terms of reducing workplace barriers have regrettably delivered the least and have been actively allowed to fall into disuse. The UK quota system, a scheme emanating from the 1944 Disabled Persons Act has been the most dramatic example.

In contrast to the more individualised approach to barriers embodied in ADL and more radical in principle than the voluntarist approach of persuasion recently exemplified in the 'see the person' campaign, the quota system was based on more corporatist ideas. Here, the need to plan and audit disabled people's access to employment is backed up with legal and financial sanctions. There are different schools of thought on the quota system's failure (Barnes 1991; Doyle 1994; Thornton and Lunt 1995). However it could be argued that the quota scheme's demise was not because it was unworkable but that it came nearest to breaking out of a deficit model of disability and represents the most ambitious feature of the 1944 Act. The repeal of the quota system with the advent of the DDA 1995 has led some to argue that these two approaches are largely incompatible. However, there needs to be more debate about a social model approach to common barrier reduction, one which transcends individual and voluntarist ideas. The promise of the Disability Discrimination Act 1995 however is clearly limited by its medical model underpinnings. Invested with much promise (Cooper 2002:17), the Act

offers redress for 'treatment less favourable' and where the reason relates to disability and where the 'treatment' was not 'justified'. Additionally a failure to make a 'reasonable adjustment' also comes within the remit of the Act. Despite the involvement of a small number of disabled people, and in spite of the Act being a compromise with the more radical aims of the UK Disabled People's Movement, the Act adopts established medical model tenets (Gooding 1996; Roulstone 2003).

Disability as restriction is taken to result from impairment, as Gooding notes:

The DDA creates a new legal definition of a 'disabled person'. It does not however replace the previous definitions of 'disability' and 'handicap' contained in other legislation ... and focuses solely on the inability to perform certain physical and mental functions caused directly by the 'impairments' of the individual (Gooding 1996: 9).

A reading of the body of case law to date, much of which focuses upon section 2 the Employment Provisions of the Act (Income Data Services 2000) suggests that much attention focuses upon a claimant's ability to meet key tests of disability for the purposes of the Act. Research suggests that over 80 per cent of cases submitted to a tribunal are unsuccessful in establishing treatment less favourable due to the failure to meet key legal test. Here a claimant's 'disability', its adverse affects, have to be 'longterm', 'substantial' and have an adverse affect on 'normal day-to-day activities' (Gooding 1996: 11). These terms are informed by established statutes, most notably the Chronically Sick and Disabled Persons Act 1970, and reflect established medical model assumptions that to qualify for the benefits of disability legislation a person must establish they are disabled enough to qualify for these benefits. This has implications for people with unseen impairments (Roulstone 2003) and fluctuating conditions (Gooding 1996).

As with most disability legislation the Disability Discrimination Act (DDA) 1995 is abstracted from the organisational realities of the social world. Of note, very few cases have been submitted under section 2 around recruitment given the difficulty in establishing 'treatment less favourable'. Most cases have focused on dismissal and alleged failure to make reasonable adjustments (Meager et al. 1999; Income Data Services 2000). As with all anti-discrimination legislation the reactive nature of legal redress suggests the DDA is likely to have only a supportive role for more active and planned programmes of barrier

reduction. This support has been made more likely given the recent announcement by the Disability Rights Commission (DRC) of a limit of 75 funded cases per year from 2000-2004 (DRC 2002a). The failure to go beyond individualised notions of justice towards more general barrier reduction are evident in the fact that no formal investigations of major organisations have been undertaken to date, whilst the following suggests the DRC are themselves unsure about their commitment to rooting out systemic discrimination:

The experience of the other commissions (CRE, EOC) has not been uniformly encouraging ... The EOC for example has not conducted a formal investigation for several years, as a result of previous difficulties (DRC 2002b).

Professional power

There is now much evidence that as with health and social care professions, Employment Service staff remain the most powerful stakeholder in the disability relationship (O'Bryan et al. 2000; Roulstone et al. 2003). There is also evidence that service providers do attempt to maintain professional and financial control by carefully managing information when discussing possible provision (Glickman 1996; Roulstone 1998). These approaches reflect the more substantial literature on information control and professional rigidities in health and social care (French 1988; Morris 1993; Stevenson and Parsloe 1993). An attendant assumption has often been that disabled people do not know what is best for them and that this is best left to experts (McKnight 1983; Barnes 1997).

In the field of disability and employment support it is noteworthy that no inspectorates, independent reviews and publicly available service standards attach to this work. The professional standards, ethos and accomplishments of employment professionals is largely a 'closed book' with few insights being available. However, New Labour's adoption of cross-departmental working and the merging of agencies as with the newly formed Jobcentre Plus may hold some promise in encouraging more joined-up working and transparent professional work with disabled people.

Joint Investment Plans hold similar promise for better joint working to the advantage of disabled workers and job seekers. However at the time of writing there is evidence that Jobcentre Plus faces many challenges in reducing established professional boundaries, the initiative being launched well before the pilot scheme was completed (House of Commons Work and Pensions Select Committee 2002).

One key example of the failure to engender an holistic approach to disability employment support is given in the recent case of Kenny versus Hampshire Constabulary. Kenny, a disabled job seeker was interviewed for a civilian post with Hampshire Constabulary. It was clear that Kenny would need support in aspects of his work which were not available from his colleagues. An offer of employment was made subject to the personal assistance being provided. Kenny was asked if a relative could assist but he felt this to be inappropriate. The Employment Services were asked if they would fund a Personal Assistant. Due to the length of time in providing support Hampshire Constabulary withdrew the job offer. Kenny took the employer to an Employment Tribunal but it decided that he had not been treated less favourably (Roulstone 2003). This demonstrated a noteworthy failure to join two key planks of support: the Access to Work scheme and the powers of the DDA.

Applying the social model of disability to employment

As stated earlier, the social model of disability has led to significant changes in the way disability is viewed. Challenges to the language of disability are paralleled by fundamental revisions of the perceived roots of disability. Here the language of choices, rights, and active involvement urgently need to be translated into the realm of employment and job seeking. In policy and practice terms such choices and involvement can begin to draw on broader street-level applications of the social model. Borrowing from wider uses of the social model we need to begin to look at:

- user-led research;
- living and working in the mainstream;
- flexible policies;
- direct payments; and
- disabled people's input into key legislation and reform.

User-led research

Despite a growing body of research increasingly reflecting the social model of disability in the field of employment (Roulstone 1998; French 2000; Roulstone et al. 2003), the continued dominance of official research in informing policy and programme development has to be challenged. This is not to impugn the value of large-scale studies but a fundamental questioning of the value of the medical model assumptions on which they rest.

There is then an urgent need to openly challenge the government's

continued adherence to medical model research and the value of the results of these studies. This could be tackled at many levels from lobbying the Minister for Disabled People on the issue of reappraising the model to active attempts to offer up alternative research designs and premises and the use of social model research findings to date in support of the value of the model. It is perhaps unlikely that disabling research alone will lead to the direct action that has been motivated by immediate concerns over benefit reform (Hyde 2000; Roulstone 2000), the limited moves toward civil rights legislation (Oliver and Campbell 1996), and inaccessible transport (Barnes, Mercer and Shakespeare 1999). However, if we view official research and its findings as a key constitutive of policy and programme design and development we can begin to see its importance as a locus of change.

Living and working in the mainstream

Developments are already afoot within the Disabled People's Movement towards open employment. As with debates around institutional segregation (Ryan and Thomas 1980) and 'special schools' (Armstrong and Barton 1999) there seems to be a growing awareness that segregated employment is not in tune with wider constructions of citizenship. This has been spurred on by New Labour's emphasis on active citizenship and rights-responsibilities discourse at the heart of the Welfare Reform Green Paper (Department for Social Security 1999). The notion of welfare-through-work however has to be seen as both important but also as constrained by a liberal epistemology based largely on access. This mirrors Len Barton's (1996) discussion on educational mainstreaming where he rightly challenges the assumption that access and integration equals inclusion. We need to avoid any *a priori* assumption of access equalling enabling and inclusive experiences.

Clearly the historically low pay received in section 2 (sheltered and supported) employment (Barnes 1991; Hyde 1996) suggests that this should not be accepted as equating to citizenship, however there are likely to be long-run debates about the value of intermediate labour markets, with some staunchly opposed (O'Bryan et al. 2000) whilst others are strongly in favour of their retention (RNIB 2002). The dilemma of choices and rights here is clear, however in going beyond a liberal epistemology we can both reflect on the nature of employment and ask why it is that sheltering is required in the twenty first century. What is it being sheltered from and why?

The recent development of Workstep highlights the Government's

commitment to emphasising mainstream open employment as the ultimate goal (Department for Work and Pensions 2002). We do however need to reflect on the complex motivations that might attach to this programme development. It is clear that many New Labour policy and programme developments have been Treasury-driven (Roulstone 2000) and that encouraging open employment at all costs is not necessarily the equivalent of choices and rights where getting employment is a higher consideration than the experience of employment.

Flexible policies

Key improvements in reducing the rigidities of work and welfare systems can already be identified: the Disabled Persons Tax Credit (DPTC) does in principle make work more accessible for those able to work 16 plus hours. The tax credit is seen as a less stigmatising way of boosting disabled workers income. The extension of the Incapacity Benefit 'linking rule' from 8 weeks to one year (Jacobs and Winyard 2002) allows greater ease of movement between work and benefits, whilst increased earnings disregards for Independent Living Fund claimants may also encourage greater labour market participation.

Sadly counteracting policies have also been rolled out which have created a generally punitive feel to disability employment policy in the 1990s (Hyde 2000; Roulstone 2000). Attempts to differentiate 'real' and contrived claims to the 'disability category' (Stone 1985) have led to invidious distinctions being made, based largely on the medical model but of note not based on independent medical opinion; each quite distinct points. Inflexibilities continue to inhere in the '16 hours rule' that is still applied to the DPTC that make it very difficult to build-up hours over a period of time without financial penalty. Whilst the benefits trap continues to work against those with more substantial supported living packages wishing to enter supported employment (O'Bryan et al. 2000).

The importing of a social model into a systematic scrutiny of disability policy and the disability benefits system would likely produce more responsive policies and programmes. Moreover, this development should help break down invidious distinctions based on medical model notions of percentage loss (Social Security General Benefit Regulations 1982), abstract notions of 'incapacity' (O'Bryan et al. 2000) and 'capability' tests (Social Security Incapacity for Work General Regulations 1995). A need to review the discrepancies between the more inclusive (if imperfect) definitions of disability in the DDA and the highly restrictive definitions and constructions of disability contained in

benefit regulations is clear and imperative. It would help if staff involved with disabled people in getting and keeping work had experience of impairment.

Direct payments

The question of the value of direct payments for disabled people living in the community is now well established by the Disabled People's Movement here in the UK (Kestembaum 1993; Lakey 1994). There have also been some small-scale discussions about blurring the boundaries of where this support and assistance should take place, with early connections with employment-based support being mooted (O'Bryan et al. 2000). However these have not permeated debates about the role and form of the key programme measure in Access to Work (AtW). This important scheme as noted above, remains inflexible, provider-driven, budget-focused, is sometimes adversarial in its dealings with employers and employees and does not dovetail with the Employment Code of Practice emanating from section 2 of the Disability Discrimination Act 1995. Alongside a more joined up approach to supporting reasonable adjustments, AtW has to be opened up for routine and disabled-led scrutiny.

It is noteworthy that a programme as important as the AtW scheme should not allow any unfettered input of disabled people in aiding the review, redesign of the scheme. Unlike health and social care, employment support remains something of a closed book. The official evaluations of AtW are surprisingly favourable and very different to those which adopt a social model of disability as part of their research design. In social model terms, choices and rights to an equitable, open, responsive scheme requires independent scrutiny which itself is shaped by disabled people. In concrete terms this should involve the enhanced numerical and qualitative involvement of disabled people in the running of AtW and should attempt to map wider developments such as direct payments on to possible future reforms of the scheme. Indeed, ACDET, disbanded but reformed as the DEAC, suggested that direct payments should be considered by the Government (Hansard 10 July 2000). The ACDET also made the related points that disabled people's knowledge and experience were simply 'not taken seriously enough', that AtW unduly focused on disability rather than need, and that Disability Employment Advisors require Disability Equality Training and awareness of complex impairment issues to provide a more tailored service.

Disabled people's input into key legislation

There is an urgent need both to review substantially legislation that

impacts on disabled people, but also to ensure that disabled people are allowed to enter the realm of law making more fully and that law is increasingly scrutinised for its enabling potential. Legislation drafted with the express intention of helping disabled people make out in a disabling society is not living up to its promise and potential. In the field of employment, the most urgent needs are for a review of the further potential and impact assessment of the Disability Discrimination Act 1995 part 2 and its accompanying Code of Practice.

Laws, regulations and statutory instruments underpinning Direct Payments, employment related benefits and 'advisory' mechanisms around disability, employment and training all need to be scrutinised and where possible radicalised by the involvement of disabled people. The disbanding of ACDET coincided with some of their most far-reaching recommendations. There is an urgent need to develop a more influential disability-led forum which is permanent, outcomes-focused and which requires greater accountability on the part of the Minister for Disabled People. It is not inconceivable that in time a disabled person may gravitate to the role of minister, it too beginning the process of breaking down barriers to disabled people's claims to informed choice in employment options.

Conclusion

This chapter has explored the development of a social model informed approach to understanding and reviewing employment policy, programmes and practice. Although employment should not be seen as the only viable route to citizenship in the twenty first century, access to supportive and sustainable employment environments should be the shared goal of disabled people and stakeholders who are paid to enhance such opportunities. A key message here is that disabled people should be more involved at every level from reforming the way we look at the disability and employment 'problem', through the challenging of professionally-led nature of services to a questioning of the nature of employment in an enabling society.

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