

Chapter 9 (In 'Disabled People in Britain and Discrimination : A case for anti-discrimination legislation', Colin Barnes (1991))

POLITICAL LIFE

There are few more basic rights in a democratic society than the right to participate in the political process. Indeed, according to T. H. Marshall (1950), along with civil and social rights this is one of the three basic rights of citizenship. Yet although Britain is one of the oldest democracies, there are many barriers in the way of disabled people who want to exercise this right. This chapter examines these barriers and shows how disabled people have overcome them through the formation of their own organisations and the adoption of more direct forms of political action.

The Democratic Process and Disabled People

The Electoral Register. It has recently been suggested that one of the most fundamental ways in which disabled people can exercise control over their own destinies is through participation in elections (Fry, 1987), in particular by exercising their right to vote (Ward, 1987). Yet a number of studies of what happens in elections have found that many disabled people are not eligible to vote simply because they do not appear on the electoral register (Fry, 1987; MIND, 1989; Ward, 1987).

There are several reasons for this, many of which can be directly related to traditional assumptions about disabled people's inability to assume social responsibility (Borsay, 1986a). Unlike non-disabled people, some sections of the disabled population, particularly those living in long-stay hospitals, may still not even be allowed to vote. Historically, people living in institutions, especially hospitals for people with mental illness or learning difficulties, have not been registered to vote. They were excluded by the Representation of the People Act 1949, Section 4 (3), as being 'patients' and not 'residents'. However, this ruling was successfully challenged by three so-called 'patients' from Calderstones Hospital in 1979-81. As a result, the Representation of the People Act 1983 now allows residents in such hospitals to vote, but 'only under certain narrowly defined conditions'. These conditions do not apply to similarly impaired people living in the community, or to any other section of society (Ward, 1987).

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Under the conditions imposed by the Representation of the People Act 1983, residents in hospitals for people with intellectual impairments 'may' be entitled to vote provided they complete a 'Patient's Declaration' form on or by October 10 each year. This enables their names to be entered on the electoral register. However, although the form is written in particularly 'formal' and 'complex' language, residents must complete it themselves unless they are unable to do so because of visual or other physical impairments (Fry, 1987; Ward, 1987). Additionally, the form has to be counter-signed by a member of the hospital staff who must be present when it is filled in. Staff may assist residents if they have difficulty reading or writing, but the residents must sign the forms themselves. In short, unlike all other members of the community, disabled people living in these establishments have to prove themselves capable of voting before they can be allowed to do so (Ward, 1987).

There are other problems associated with this system. For electoral registration purposes long-stay hospitals are not considered as residences. Consequently, residents in these establishments who wish to vote must register their home address on the Patient's Declaration form. This has several negative implications. First, if residents register to vote they cannot do so in the area where they are living, namely the constituency in which the hospital is located. Thus they are deprived of influencing events in the locality surrounding their present home. Secondly, because hospital residents are eligible to vote elsewhere, local candidates, whether in local or parliamentary elections, tend not to visit hospitals. So residents may also lose their basic right to meet and question their potential elected representatives. Thirdly, residents may never be able to vote in person but may have to rely on a postal vote (see below) if they are registered for an address some distance away. Access to this facility has to depend either on hospital staff or others being aware of by-elections and local elections in other areas of the country, or on their own diligence in making the appropriate arrangements for postal voting every time there is an election (Ward, 1987).

In some hospitals, inevitably, residents' participation in elections is determined by the attitudes and practices of the staff. For example, medical personnel are sometimes asked who they 'feel' will be able to cope with the registration process. In one hospital residents were not given the appropriate help when completing the registration form, and in another residents lost their right to vote because they were attending an Adult Training Centre (ATC) and thus were not actually in the hospital building during the daytime of October 10 (the last date in the year for registration) when the registration process was taking place. In a third case, people who had previously voted lost their right to vote simply because registration through a Patient's Declaration has to be done in person and at the hospital. On the

day of registration residents were elsewhere. The hospital could have made arrangements for people to register to vote on a number of occasions before October 10 to avoid this problem (Ward, 1987).

There are large variations in the numbers of residents in hospitals for people with intellectual impairments who do not appear on the electoral register, and although the situation has improved in recent years there is little room for complacency (MIND, 1989). In 1984, 1985 and 1988, MIND investigated the number of people in 'psychiatric' hospitals in the North-West who appeared on the electoral register. The latest analysis shows that there are still wide variations, 2.8 to 15.6 per cent, from one institution to another (MIND, 1989). The situation has improved since MIND began this research, which also asked hospital staff to examine their policies on this issue. In 1988 ninety-two more people were registered than in the previous year. However, only 329 of the 4,349 residents in these hospitals are registered to vote; hence the vast majority of residents remain disenfranchised. The study shows that 'electoral registration figures continue to reflect differences in staff practices and in particular senior staff's attitudes to patients' rights' (MIND, 1989, p. 1).

Disabled people residing in the community, whether in staffed or unstaffed residential homes or in private houses, all have an automatic right under the present system to vote once they reach eighteen, provided that they are listed on the electoral register. For this to happen they, or the 'head of the household' (which includes the head of residential accommodation as well as private houses), must enter their names on a special form delivered to every home, to be completed by October 10 or, at the very latest, December 15 each year. The names from these forms are then entered on to local electoral registers by February the following year. Failing this, individuals can still vote provided that their particulars are entered on a different form obtainable from the local authority electoral registration officer (neither of these forms is currently available in Braille or large print for people with visual impairments). The names from these forms are then entered on a supplementary electoral register which is compiled monthly. People who appear on this register are usually eligible to vote one month after submitting the form. People are only able to vote in local and parliamentary elections if their names appear on the current electoral or supplementary register (Ward, 1987).

Again, disabled people who live in staffed or sheltered accommodation are sometimes denied the right to vote because of the mistaken practices or the ignorance of staff. One study which looked at the policies of five local authority social service departments (SSD) and twelve health districts (HD) covering the South- West Region found that registration was more common in SSD than in HD establishments. There were also wide variations between different authorities and even between different units in the same area (Ward, 1987). Although residents in

local authority homes have a right to be registered, many are not; it is apparent that officers in charge of homes 'are making their own decisions about who should be eligible for inclusion in the electoral register, when they complete the standard electoral registration form for their establishment each October' (Ward, 1987, p. 7).

A similar situation was also found to exist in private and voluntary homes. The right to be entered on the electoral register and subsequently to vote may be dependent solely on the awareness and integrity of those in charge. Data collected from five private homes and one voluntary home suggested that many residents might be dis-enfranchised. The proportion of people living in these establishments registered to vote varied from none in one voluntary and two private homes, to all in two other private homes and just over half in a private home. One proprietor of several other private homes is reported as saying, wrongly, that 'his residents were not legally entitled to vote'. It is thus true to say that 'the level of understanding about residents' rights in this area clearly leaves much to be desired' (Ward, 1987, p. 8).

Given such ignorance among 'professional experts' it is not surprising that the general public are no better informed. Many people living at home with their families seem not to get entered by their head of household on the electoral registration form. Interviews with disabled people reveal that many are even unaware whether they have been registered to vote or not (Fry, 1987; Ward, 1987). It is likely that this problem, particularly for people categorised as having 'learning difficulties', stems partly, at least, from low expectations by other family members or from a mistaken belief that disabled relatives are not entitled to vote, along with a lack of information from day centres, ATCs and/or other services (Ward, 1987). This problem may have been made worse following the implementation of the Poll Tax, exemption from which could be sought by, or on behalf of 'severely mentally impaired' people. Whatever the situation officially, the Poll Tax and electoral registration were quite separate and distinct. Omission from the former does not imply disqualification from the latter; in the public mind the two are interlinked (Ward, 1990). At the time of going to press, the Poll Tax is apparently to be abolished and replaced by a so-called 'Council Tax'. Whether the interlinking referred to disappears with the discredited Poll Tax remains to be seen.

Physical Access. Getting registered to vote is only the first of many problems faced by disabled people who wish to exercise their democratic rights. Major problems ensue as a result of the lack of physical access in terms of getting to the polling station, getting into the polling station, getting into the polling booth and actually marking the ballot paper (Fry, 1987).

A study documenting the experiences of seventy disabled people in five Parliamentary constituencies in various parts of England and Wales found that

inability to get to the polling station because of a lack of accessible transport was frequently cited as a reason for not voting. Inaccessible polling stations also presented a major barrier. Data from interviews with disabled people suggest that some do not register to vote precisely because of the physical difficulties of voting (Fry, 1987; Ward, 1987). In addition to steps and heavy doors on the way into the building, the polling booths themselves are too narrow for some types of wheelchair. A study of twenty polling stations in just one parliamentary constituency during the 1987 General Election showed that only four of these were considered fully accessible, six had 'minor' difficulties such as 'kerbs or steps', seven had 'major difficulties' like high steps or heavy doors which were not propped open, and three were said to be 'virtually impossible' (Fry, 1987). This cannot really be surprising, since there is no legal obligation on local authorities to ensure that polling stations are fully accessible. Section 18 of the Representation of the People Act 1983, as amended by schedule 4 paragraph 4 of the Representation of the People Act 1985, only places an obligation on local councils 'so far as it is reasonable and practical' to designate as polling stations places which are accessible to disabled people (Home Office, 1989).

Because of access difficulties many disabled people are forced to depend on others, such as close relatives, friends and/or professional helpers, if they want to exercise their democratic right to vote. However, as we have seen in earlier chapters, activities which heighten disabled people's dependence on other people, particularly family and friends, often deter them from participating. Thus, while some disabled people are willing to enlist the help of others in order to vote, many are not. In addition, some disabled people are not able to vote simply because they have no one to help them (see Fry, 1987). Many of these problems would, of course, not arise if disabled people needing help had access to and control of the services of a personal assistant (see Chapter 6).

Help might also be needed in marking the ballot paper, yet the help available under the present electoral system is limited. The presiding officer may give a disabled person assistance with voting. Rule 38 of the Parliamentary Elections Rules in Schedule 1 to the Representation of the People Act 1983 requires the presiding officer to mark the ballot paper of someone who is 'illiterate or prevented from voting in the usual way if asked to do so', although some presiding officers are not fully conversant with this issue. It was reported in 1987 that on at least one occasion a disabled individual was denied the right to vote by the presiding officer, who considered him incapable of voting because he could not read or write (Ward, 1987). The presiding officer is not under any statutory duty to assist disabled people in other ways, such as getting into or leaving the polling station. Only people with visual impairments are allowed to vote with the assistance of someone else. Moreover, any person assisting in this way must first complete and sign a form issued by the presiding officer at the polling station to confirm that s/he meets

the statutory criteria. To be able to help a person with a visual impairment to vote an individual must be either entitled to vote in the same election or be a close relative, namely a parent, sibling or spouse, and be aged eighteen or over (Fry, 1987). This must place an unnecessary burden on those closest to people with visual impairments.

Postal or Proxy Voting. It could be argued that these problems can be easily overcome by disabled people voting by post or by proxy, namely getting someone else to vote for them. Either of these two methods is offered as an alternative for people who have difficulties voting. However, to be eligible applicants must be (a) registered as 'blind' with the local authority; (b) in receipt of Mobility Allowance (MA) or (c) unable 'reasonably' to be expected to go to the polling station in person, or vote there unaided due to physical impairment. Where the applicant is registered 'blind' or receiving MA, the application need not be signed or 'attested' by someone else, provided that the name of the local authority or the reference number of the MA is given. Other applications, however, have to be attested by a medical doctor, a Christian Science practitioner or a registered first-level nurse. With people living in residential institutions of any sort, the form may be attested by the person in charge of the accommodation (see Registration of Electors forms RPF 7B; RPF 9A: PBO).

Disabled individuals wishing to vote by either of these latter two methods must therefore first obtain the appropriate form from their local Electoral Service Office; secondly, fill it in; thirdly, get it signed by at least one other person; and, finally, return it to the address where they are registered to vote so that it arrives there two and a half weeks before polling day. Registration forms are not particularly easy to understand and complete (Ward, 1987), and many individuals, particularly if living in a residential home, are unlikely to know the address of the Electoral Registration Officer for the area where they are registered to vote. Moreover, if more than one election occurs in a year (e.g. a local government and a Parliamentary election), then the individual must go through the whole process at each election (Ward, 1987).

Although some disabled people might find these alternatives acceptable, others do not. Research shows that while some find applying for postal or proxy votes a daunting prospect, others do not know how to go about it, find that the process of application is too complex, or are unhappy about having to get the form signed by a doctor (Fry, 1987). Some disabled people also object to the idea of postal votes because it necessitates voting before everyone else and therefore before the political campaign is over (Fry, 1987). In the final analysis, while postal and proxy voting are in particular circumstances a necessary component in the democratic process, they can never be and should not be seen as a substitute for the provision

of facilities which make it possible for disabled people to vote in person at the same time as everyone else.

Lack of Political Information. It will be evident from the above that it is far more difficult for disabled people to exercise the most fundamental of democratic rights, namely voting, than for non-disabled people. This raises the question whether disabled people have the same access to political information as non-disabled people. The limited evidence available suggests that they do not.

Evidence from studies documenting the participation of disabled people in elections suggests that disabled people are largely ignored by those involved in mainstream politics, both nationally and locally. For example Fry (1987), reporting on the 1987 General Election, found that disabled people with visual or hearing impairments 'had no access to much of the election material taken for granted by others' (Fry, 1987, p. 15). Telephone enquiries to each of the three main political parties in March 1991 revealed that both the Conservative and Labour Parties did produce taped versions of their respective election manifestos, but the availability of this material was not widely publicised. As for other political information such as *Hansard*, this is not published in accessible forms for people with visual impairments. The only way they can gain access to this and other published political material is by request to the Royal National Institute for the Blind (RNIB), but as we have seen in Chapter 8 this has a number of important limitations.

As for the non-hearing community, British sign-language interpreters have been visible at all the national party conferences for the past four years. They were present at the Labour Party conference of 1985 for the leader's speech, and the facility was later extended to cover the entire conference. The two other main political parties have provided similar services since 1988. However, although the proceedings of the House of Commons have been televised since 1989, they are still not fully accessible to the deaf community. Although the Select Committee on Broadcasting & C (previously known as the Select Committee on Televising the House) discussed this issue with representatives of organisations of and for the deaf community at some length, the matter remains unresolved. Although all but one of the Committee are in favour of making the televising of Parliament accessible, it has been opposed by the broadcasting authorities largely on grounds of cost (Blagden, 1991). This contrasts with the situation in parts of Canada and the United States, where the cost of making live political broadcasts accessible to the non-hearing community is borne by Government (Blagden, 1991a).

Locally, the situation is less clear-cut. None of the major parties is apparently prepared to impose standards of accessibility on the material put out by local politicians. Whether or not political information is produced in accessible forms for disabled people is apparently subject to the discretion and resources of local

officials, and there is no evidence to suggest that they exercise this discretion. Indeed, disabled people even found difficulty in obtaining information about the accessibility of local political meetings, both from local party headquarters and from political canvassers, and it was found that local candidates rarely visited residential institutions for disabled people (Fry, 1987). It has also been noted that although local councillors might visit local authority homes for disabled people as part of their specific duties, few seemed to visit in order to put forward their political views at election times (Ward, 1987). Although one health authority made a point of inviting local and parliamentary candidates to canvass people in long-stay hospitals for people with intellectual impairments, few took up the offer. On the other side, there is evidence that representatives from political parties have offered to visit hospitals and residential homes to discuss political issues with residents, but these offers have been rejected by staff. A number of reasons have been offered to justify this: for example, political figures have been refused admittance on the grounds that they have a 'captive' audience, or because staff do not consider it either 'appropriate or worthwhile' to discuss political issues with residents (Ward, 1987). On one occasion a visit had been suggested by one of the main political parties, but the manager had declined the offer on the grounds that it would be unfair because none of the other parties had made similar requests (Fry, 1987).

Lack of information is increasingly being regarded as a major barrier to citizenship, not only for disabled people but for the population as a whole. Indeed, the recent House of Commons Commission on Citizenship, commenting on the widespread ignorance among British people on these matters, noted that opportunities for learning to be a citizen need to be expanded both in schools and after statutory schooling (House of Commons Commission on Citizenship, 1990). It may be argued that this is especially pertinent to disabled people since many of them receive an education inferior in quality to that received by non-disabled people (see Chapter 3). But there is little evidence to suggest that this is being provided. For example, there has been little attempt by staff in residential institutions to provide education on 'citizenship rights' like voting. Although Ward's study in the South-West of England shows that these facilities were being provided in some ATCs and Social Education Centres and through advocacy schemes, such services are not 'extensive or widespread' (Ward, 1987).

The Party System. Apart from the problems described, disabled people's ability to participate within the current party system and thus get disability-related issues on to the political agenda are restricted in other ways. First, because a large proportion of local constituency meeting-places and headquarters is inaccessible to disabled people, it is very difficult for them to become grassroots party activists (Mason, 1991). Secondly, it is very difficult for disabled people to offer themselves as candidates at local and national elections because environmental and social

considerations make both campaigning and door-to-door canvassing almost impossible (Oliver and Zarb, 1989; Oliver, 1990).

Thirdly, and most important, even if these barriers to political participation were removed, there is little or no opportunity within the present party system for disabled politicians, or indeed non-disabled politicians, to put issues perceived by disabled people as disability-related on to the political agenda. This is because each of the main parties claims to represent all sections of the community and politicians working within the party system are expected to do the same. They are not expected or indeed allowed to represent overtly one specific section of the community or to reflect their interests. While it is true that there are examples of both local and national disabled politicians, they are not, nor do they claim to be, representative of disabled people's organisations or of disabled people. In general they are career politicians with particular knowledge in an area of general concern; for example, David Blunkett, the Labour parliamentarian with a visual impairment, is a specialist in local government.

There is little evidence that the present party system has served the disabled population well, particularly where anti-discrimination legislation (ADL) is concerned. This issue has been forced on to party political agendas by disabled people and their organisations (see Chapter 1) but whereas nine bills have been introduced in Parliament (see Appendix), all have been defeated. This has usually been through covert action, but was once overt, through the operation of the party political system; that is through a sustained unofficial campaign by Government whips to ensure that their party members voted it down (Oliver, 1985, 1990; Oliver and Zarb, 1989). Thus many disabled people have become disillusioned with the current party system (see Fry, 1987).

Pressure Group Politics and the Political Emancipation of Disabled People

Single-Issue Pressure Group Politics. Since party politics has largely failed to accommodate disabled people and their concerns, it is necessary to consider whether other conventional forms of political participation, in particular single-issue pressure group activity, have been any more successful. Hitherto they have not, largely because this form of political action has been dominated by traditional organisations *for* rather than organisations *of* disabled people.

British people have long organised themselves into pressure or interest groups to influence politicians and political parties in order to defend or advance their own particular interests. This form of political participation has increased dramatically since the early 1970s (Townsend, 1986), and especially during the 1980s (Patten, 1990; House of Commons Commission on Citizenship, 1990), and today there are

hundreds of these organisations of various sizes operating both locally and nationally.

Although theoretically pressure groups are supposed to have equal access to those in power, some are manifestly more influential than others. Broadly these organisations can be divided into two. First, there are 'competitive groups' whose members come from a variety of economic and social backgrounds but share a particular interest, such as the Anti-Vivisection Society and the Child Poverty Action Group. Secondly, there are 'corporate groups', whose members share a common economic and social status within the community; examples include business and professional associations such as the Confederation of British Industry and the British Medical Association, and trade unions (Borsay, 1986; Cawson 1982). Since in most cases the latter have considerably more standing within society as a whole and usually more economic power, it is they who have the most impact upon the Government. The majority of disability organisations are of the first variety, and so their influence on policy-makers is relatively limited (Borsay, 1986a; Oliver and Zarb, 1989; Oliver, 1990).

However, there are other reasons why the majority of disability organisations have only a marginal effect upon the political decision-making process. First, most of them are registered as charities, which bars them from 'direct and overt political activity. Since the seventeenth century it has been illegal for the 'beneficiaries' of charities to be members of their management councils, so it is difficult for disabled people to control these organisations, or for charities to engage openly in politics (Williams, 1989). Secondly, many of these organisations, which for many years have acted as both charities and disability pressure groups, have built up close working relationships with official policy-makers, which gives them a degree of credibility but relatively little power (Borsay, 1986).

The credibility of such organisations is based on tradition rather than any claim to being representative of disabled people. We have noted at several points throughout this study that until fairly recently the overwhelming majority of disability organisations have been organisations for rather than of disabled people. Although historically the former have represented the interests of disabled people in Government and are used and supported by them for this express purpose, they frequently lack direct links with disabled people and are generally inadequately accountable to them (see especially Chapters 2 and 6). The key decision-makers in these organisations are usually salaried professionals who put forward their own views on the needs of disabled people rather than the perceptions of those they claim to represent (Finkelstein, 1980; Large, 1981; Oliver, 1984, 1990; Oliver and Zarb, 1989; Reiser and Mason 1990; Wood, 1990).

Apart from the fact that many of these organisations continue to undermine the empowerment of disabled people through their fundraising strategies (see Chapter 8), in terms of their political activity there are several examples of their being unrepresentative of disabled people's views, notably in the failure of the Royal Association for Disability and Rehabilitation (RADAR) and the Spastics Society to lend initial support to the demand for anti-discrimination legislation (ADL). Indeed, it was pressure from individual disabled people and from organisations controlled and run by them which forced public about-turns on this issue (Oliver and Zarb, 1989; Oliver, 1990). In addition, in 1990 both RADAR and the Spastics Society were severely criticised by disabled people for not giving support to Britain's biggest disability demonstrations, which were held in London, Manchester and Glasgow on October 12 to demand full citizenship rights and a 'proper income' for disabled people (*Disability Now*, 1990d).

A further dimension of pressure group activity is that of minority group politics. Following the success of the Civil Rights Movement and Women's Movement in the United States in the 1960s, it has been suggested that disabled people should demand the right to full citizenship on the basis of their own particular needs as a 'minority group' (Hahn, 1986). Such an approach would mean that disabled people would be accommodated within the existing political framework simply as one more special interest group. The decision-making process would remain intact, but the demands of disabled people would be given a political legitimacy which they now lack (Liggett, 1988).

However, in order to gain even this dubiously privileged position disabled people would have to accept 'the disabled and non-disabled distinction' and the notion of 'the normalising society'. Consequently, the price of political participation as a minority group would inevitably involve

special pleading and ... move away from the strategies disabled people have chosen for themselves, that is the personal and public affirmation of disabled identities and the demands that disabled people be accepted by and integrated into society as they are; that is, as disabled people (Oliver and Zarb, 1989, p. 225).

Apart from such an approach legitimating institutional discrimination against disabled people in certain circumstances, there is little or no evidence that policy-makers are responsive to this or any other form of conventional pressure group activity. This can easily be demonstrated from the campaign for a national disability income.

The Campaign for a National Disability Income. As we saw in Chapter 5, the campaign for a national disability income began in 1965 with the formation of the

Disablement Income Group (DIG). This group provided a major focus for pressure group activity and published plans for a national disability income comprising two distinct elements: a disablement costs allowance and an income maintenance scheme. Ten years later, fifty voluntary organisations came together as the Disability Alliance (DA), which now embraces over ninety groups. The two organisations produced similar proposals which were later updated (DA, 1987; DIG, 1987). Additionally, the DA proposals incorporate a separate independent benefit for people who 'care' for a disabled person. The Disablement Income Group maintains that if disabled people were given a proper, adequate income, it would not be necessary to pay personal assistants (PAs) separately (see Chapter 5).

It is not easy to assess the success or failure of the activities of these pressure groups (Oliver and Zarb, 1989), largely because all the major political parties have made public commitments to the establishment of such a scheme (DA, 1987), but have hedged their pronouncements with get-out clauses such as 'when economic circumstances permit' and 'as a matter of priority'. In addition, while disabled people have witnessed some minor improvements in their financial circumstances through the 1970s and 1980s, usually connected to the performance of the economy, there have also been major reversals. Moreover, a national disability income has yet to become a reality, and recent changes to the benefit system suggest that this is unlikely in the foreseeable future (see Chapter 5).

There are several reasons why this campaign has been unsuccessful. First, both organisations have suffered from the problem, already mentioned above, that as registered charities they have been unable to campaign in an overtly political way. As a consequence, they have had to divide their resources into two elements in order both to retain their charitable status and to proceed with their political activities. Also, both the DIG and the DA have found it necessary to set up information and advisory services to help disabled people through the maze of benefits to which they are entitled. Finally, they have conducted research to demonstrate that the financial circumstances of disabled people are substantially worse than that of their non-disabled peers. Hence, neither organisation has been able to concentrate solely upon pressure group activities (Oliver and Zarb, 1989; Oliver, 1990).

It has been argued that both organisations have a somewhat naive view of contemporary politics. This perception is based on three assumptions: first, that evidence must be produced to show that disabled people experience poverty; secondly, that plans for a national disability income must be expertly costed to show that the financial burden on the economy will only be marginal; and thirdly, that pressure must be sustained to convince political decision-makers of the validity of the argument. Often referred to as the 'social administration approach', such a strategy can be criticised for its assumptions about consensual values and

rational decision- making, its simplistic view of the workings of politics and its failure to acknowledge, let alone consider, the role of ideology (Oliver and Zarb, 1989; Oliver, 1990).

What the income approach to disability appears to ignore is that hitherto political decisions have not been based on specific issues unless there has been some immediate return for the economy, regardless of the consensus on the need for a national disability income. Indeed, the introduction of such a scheme would mean paying people not in work an income enabling them to have a similar lifestyle to those who are. Such a scheme would have significant consequences for a society which requires its citizens to produce enough goods and services to maintain the material life of the population. It would also undermine the ideological foundation of such a society, namely a work ethic emphasising the value of those who work and denigrating those who do not. Clearly, the question of whether a national disability income is achievable within the context of contemporary Britain has not been seriously considered (Oliver and Zarb 1989; Oliver, 1990).

This apparent failure to address such basic issues has stimulated criticism of both the DIG and the DA from the more 'populist' organisations of disabled people, notably the Union of Physically Impaired Against Segregation (UPIAS). The two principal criticisms of this approach are, first, that it concentrates on the symptom (the poverty of disabled people) and not the cause (the disabling society in which we live), and secondly, that both organisations have moved away from representing disabled people and instead present an 'expert view of the problem'. Such an approach, if followed to the logical conclusion, would make matters worse rather than better (UPIAS, 1976).

Furthermore, it has been argued that a 'narrow incomes approach' would necessarily involve some kind of assessment procedure which would simply legitimate and perpetuate the discriminatory policies of the past. Disabled individuals wishing to claim the disability income would be required to present themselves for assessment by 'social administrators'. They would have to appear 'passive, nervous and deferential' in order to conform to the expert view of disability; in other words, they would have to reinforce all the traditional assumptions associated with disabled people and thus relinquish any claim to economic and social equality. Such an approach can only enhance the power of professionals and justify the continued subordination of disabled people. A few of the more privileged disabled individuals might be cast into the role of token 'expert', but the strategy as a whole would perpetuate the historical and traditional situation whereby disabled people 'are made dependent upon the thinking and decisions of others' (UPIAS, 1976, p. 18).

The debate about expert and mass representation in pressure group politics continued throughout the 1980s with some 'experts' claiming that these groups can be representative in certain circumstances, particularly in discussions with Government officials and policy-makers (see Townsend, 1986). But, like UPIAS before it, the British Council of Organizations of Disabled People' (BCODP) denies the claims of such groups to be representative of disabled people in any way. They argue that 'expert' representation can only be counter-productive, and that the only way forward is to involve disabled people fully in their own political movement.

The Political Emancipation of Disabled People. Because of the perceived failure of conventional political avenues to address disability-related issues as they define these issues, disabled people themselves have resolved this problem in a number of ways. These include the development of 'self-help/populist' groups within the context of the disability movement and the adoption of a more direct form of political participation.

As noted in Chapter 1, the groundswell of initiative from within the disabled community during the 1960s and 1970s became centred around the idea of independent living. Much of the inspiration for this initiative came from abroad, particularly the United States. The American Independent Living Movement (ILM) was especially important because it provided both an ideology and a practical solution to the problems faced by disabled people. The reasoning behind the ILM was that the obstacles to disabled people's empowerment were seen as hostile physical and social environments, and existing services restricting rather than enabling them. The ILM set about attempting to change this; first, by defining the problem in this way, and secondly, by setting up alternative kinds of service provision controlled by disabled people themselves. Learning about these achievements, discovering that disabled people in Europe were struggling to achieve similar goals and establishing links with organisations of disabled people in the developing world through Disabled People's International (DPI) all added to disabled people's knowledge and power.

This collective awareness precipitated the emergence and proliferation throughout Britain during the following decade of a variety of self-help groups such as the Spinal Injuries Association (SIA) and the Greater Manchester Coalition 'of Disabled People (GMCDP). Initially a response to the apparent failure of the British welfare system to integrate disabled people into mainstream economic and social life, many of these groups had as their primary aim to enable members 'to solve their problems themselves and not have them solved for them'. However, because of the extent of institutional discrimination and the opportunities these organisations provided for disabled people to express their views, a further aim quickly emerged; namely to identify the needs of the membership as a whole and

articulate them, to statutory agencies and to political parties, at a local and a national level (Oliver and Hasler, 1987).

This shift in emphasis is the more remarkable considering the great variety within the disabled population as a whole, e.g. in social class, age, sex, family circumstances and clinical conditions. One writer (Borsay, 1986) has suggested that the traditional medical definitions of disability have created 'artificial fissures between disease categories' which tend to obscure common social needs. Moreover, as we saw in Chapter 5, the present benefit system also fosters economic and social divisions within the disabled community.

However, a particular form of self-help which began in the United States and provides the most concrete example of how disabled people have responded to institutional discrimination, is the Centre for Independent Living (CIL). Now firmly established throughout Britain and indeed the world, CILs represent a unique attempt to achieve self-empowerment as well as being a form of direct action aimed at creating new solutions to problems defined by disabled people themselves (Oliver, 1987).

It is these organisations alone which have provided an effective framework for the political and cultural emancipation of disabled people in modern Britain. Moreover, as noted in Chapter 1, since 1981 an increasing number of these groups have chosen to come together under the banner of BCODP. Indeed, BCODP was established by these organisations as the democratic and representative voice of disabled people. Its executive committee is elected annually from member organisations and is directly accountable to them via the quarterly BCODP council meeting and the Annual General Meeting. Moreover, BCODP is about to implement a regionalisation programme which will heighten this accountability, and at the same time provide a better framework for mutual support between member organisations both nationally and locally (BCODP, 1991a).

The success of BCODP is entirely due to disabled people themselves (Hasler, 1991). Its conception and subsequent development have been achieved without extensive financial support from Government (see Chapter 6), or from the traditional organisations for disabled people. On the contrary, BCODP and the disability movement as a whole were criticised from the start as being elitist, isolationist, unrepresentative and Marxist by numerous academics and by experts from organisations for disabled people (see Goodall, 1988; Harrison, 1987; Holden, 1990; Williams, 1983). Yet through the 1980s BCODP and its member organisations produced a wealth of policy initiatives which, when implemented, will benefit not only them but the disabled population generally. Furthermore, these strategies owe as much to the political ideologies of the right as they do to those of the left. These include enabling disabled people to free themselves from

unnecessary and costly bureaucratic regulation; to earn a living rather than live off the state; to achieve a degree of personal autonomy comparable to that of their non-disabled peers; and to expand their role as consumers. Moreover, the arguments put forward by BCODP and its member organisations have profoundly influenced those bodies which originally saw it as upstart and unnecessary (Hasler, 1991). This can be demonstrated from the crucial issue of equal rights for disabled people, and the need for ADL to secure those rights (see Chapter 1).

These initiatives not only established BCODP and its member organisations as the only true and valid voice of disabled people in Britain, but they also stimulated a growing number of disabled individuals to adopt a disabled identity and take a more direct approach to political participation. Here too, much of the inspiration for this radicalisation stems from America, in particular the strategies adopted by the Civil Rights Movement and the Independent Living Movement. In the United States the Civil Rights Movement of the 1960s had an enormous influence on the securing of disabled people's rights and the way in which those rights were secured. Indeed, when traditional legal channels were exhausted, 'disabled people ... learned to employ other techniques of social protest'. These included organised boycotts, sit-ins and street demonstrations (De Jong, 1983, p. 12).

The excessive paternalism of the welfare state, along with the absence of a strong British Civil Rights tradition, caused disabled people in Britain to be more cautious in their tactics. However, this situation changed dramatically in the late 1980s. Despite the barriers which confront disabled people in the built environment (see Chapter 7), they have taken to the streets in increasing numbers to protest against institutional-discrimination in all its forms. Since the 'Rights not Charity' march of July 1988 there have been many demonstrations and civil disobedience campaigns by disabled people and their supporters all over the country on a range of issues including inaccessible transport, an inaccessible environment, the exploitation of disabled people by television companies and charities, and the poverty which accompanies impairment. To focus the public's attention on these and other injustices, disabled people are now prepared to risk public ridicule, arrest and even imprisonment (see DCDP, 1990; *Disability Now*, 1990a, 1990b, 1990d; Findlay, 1990; Hasler, 1991). Moreover, while disabled people continue to experience the institutional discrimination described in this study, this type of direct action is likely to intensify rather than diminish.

Conclusion

This chapter has shown how institutional discrimination serves to prevent disabled people from participating in politics through the normal channels. It has also demonstrated that disabled people have resolved this situation through the

formation of their own organisations, and the adoption of a more radical approach to political involvement.

The first part showed that many disabled people are denied the basic right to vote because they do not appear on an electoral register. A number of reasons were given for this, many of which grew out of past discrimination. Unlike any other section of the indigenous adult population, some of the disabled population are presented with unreasonable bureaucratic hurdles before they can even exercise their right to vote. Moreover, disabled people living in long-stay hospitals are not allowed to vote in the area where they are currently living. Many disabled residents in these and other institutions are prevented from voting because of the discriminatory policies and ignorance of the professionals who work in them; this ignorance is not confined to professionals. Although all disabled people living in the community are entitled to vote, many in practice are denied this right because of the ignorance of those on whom they are forced to depend.

We have also seen that environmental factors prevent a significant number of disabled people from exercising their political rights. Although inaccessible transport, polling stations, and polling booths present major problems for many disabled people, there is no statutory obligation on local authorities to ensure that these facilities are accessible. Furthermore, although it has been officially acknowledged that some disabled people might need help when voting, the help currently available is extremely limited. Postal or proxy voting is an unsatisfactory substitute for voting in the usual fashion because of the complexity of the application process, and because people are expected to vote before the rest of the electorate. Also, disabled people do not have the same access to political information as non-disabled people. This applies to material provided by the main political parties both nationally and locally; information generated via the communications media and data available from local authorities. It was suggested that conventional political institutions such as the present party system have not served the disabled population well.

The second part of the chapter focused on pressure group politics. It was shown that hitherto traditional single-issue pressure group activity has failed to address disability issues as disabled people define them, mainly because this type of political activity has been dominated by traditional organisations for disabled people which, although part of the political establishment, have relatively little power. They are also not representative of disabled people's views, being dominated mainly by non-disabled professional experts. This was demonstrated by their protracted and unsuccessful attempt to secure a national disability income for disabled people - a policy which would not remove discrimination against disabled people, but legitimate and perpetuate it. Disabled people responded by forming their own organisations which, although not explicitly political, have provided both

an ideology and a practical framework for their political emancipation. Part of an international movement to secure equal rights for disabled people, the policy initiatives developed by these organisations have profoundly influenced both the traditional organisations discussed above and the disabled population as a whole. This is evident from the support for anti-discrimination legislation expressed by all the major organisations for disabled people (discussed in detail in the opening chapter), and the willingness of an increasing number of disabled people to identify with the disability movement and adopt a more radical approach to remove institutional discrimination in all its forms.