7 Disability
Disabling policies

The current Australian system of targeted income support is supposedly designed to assist those in 'need'. In 1908 the first Federal income support legislation passed through the parliament made provision for pensions for people with a severe disability and those who were aged. Since that time sickness and other benefits designed specifically to assist people experiencing disabling conditions have been introduced. This chapter develops the argument that the manner in which such payments are constructed exacerbates the difficulties confronting people with a disability. That is the system of income support is itself disabling because income support programs specifically targeted to assist people with a disability lead to uncertain and inequitable income outcomes (Oliver 1996, p.76).

Issues affecting people with disabilities* include: the relationship between disability, impairment, inclusion, exclusion, production, citizenship and income. Some people with disabilities earn sufficient income from work to support themselves. Others are forced to rely upon income support and other services from the State. Still others get part of their income from the State and the rest of it from paid employment. Those who are forced to rely in whole or in part on income support or other services from the State are required to meet eligibility criteria. Some are saddled with a range of means and asset tests whilst others are not. Since 1908 it has been assumed that the old are assisted because they are thought to have made a contribution to society and are no longer able to support themselves. Those who were paid an Invalid Pension (now a Disability Support Pension) are presumed to have been incapable of making a contribution. It has become increasingly obvious that even where people suffer similar impairments they may have different capacities to labour. In the case of Blind Pensioners** (included under the Disability Support Pension but without a means and asset test applying to the applicant) the assumption is not that they cannot work but that they can work. In relation to other Disability Support Pensioners, payments from the State are made in inverse proportion to the other means and assets. The underlying assumption for other Disability Support Pensioners is they need assistance because of their incapacity to work. As will be seen later in this chapter the decision to grant a more liberal means and asset tests to Blind Pensioners is a central contradiction in income support policy in Australia (Jordan 1984). Before considering this contradiction a brief analysis of how disability is seen and understood will be provided.

*I prefer to use the term 'people with a disability' after the organisation People First argued that just because a person may experience a profound disability that does not necessarily mean this disability is the most defining aspect of how they interpret the world. Several British writers use the term disabled people.

**This term is used in Australian Government Departments to distinguish people who are deemed 'legally' blind who receive the Disability Support Pension from other Disability Support Pensioners.
The individual model of disability

The individual model of disability locates the 'problem' of disability with the individual and identifies the cause as stemming from that individual's functional limitations. Oliver (1996) contends that these two points are underpinned by "the personal tragedy theory of disability' which suggests that disability is some terrible chance event which occurs at random to unfortunate individuals (p. 32)". He rejects such accounts of the construction of disability suggesting instead that "It is not individual limitations….but society's failure to provide appropriate services and adequately ensure the needs of disabled people are taken into account in its social organisation (p.32)" which leads to disability. Oliver sees disability being created by "all the things that impose restrictions on disabled people ranging from individual prejudice to institutional discrimination (p. 33, p.129)" whether that be inaccessible buildings, transport systems, segregated education or workplace practices which exclude people with disabilities.

Thomas (1999) is critical of the Oliver's model of social disability. She suggests it sets up an untenable dualism wherein disability belongs to the 'social' whilst impairment is left to languish in a modernist medical discourse (p.140). She considers that the systems of classification currently employed in Britain and Australia to determine the extent of a person's disability has some advantage over the purely medical model in that "Disability is no longer conceived of as the illness or impairment itself (Disability = Impairment), but as the consequential impact of illness or impairment on the activities of daily living" that is, impairment leads to disability (p.148).

Thomas (1999), who builds upon Oliver's perceptions by adding a gender analysis and her understanding of biography, is also critical of professionals and agencies who adopt the individual perspective. She notes that, although often well meaning, professionals "are almost always guided by the perspective…that rehabilitation - or restoration to as near as normal functioning as possible - must be the desired goal, and that people with impairment are dependent, limited, objects of pity" (p17). Thomas approves Mason's description of the experience in one disability self advocacy group:

- we began to challenge the traditional view of disability as an individual health problem.
- We challenged the effects of 'internalised oppression', recognised by all marginalised groups as a major tool of the oppressive society; we challenged the conditioned hatred of ourselves and each other as disabled people; we challenged the desire to assimilate (p.27).

Thomas says "Like sexism or racism, disablism can operate can operate consciously or unconsciously, directly or indirectly, and may be acted out in social interactions between individuals or may be institutionalised and embedded in organisational structures (p.40)".

Perry (1995 p.29) notes that people with equivalent levels of impairments often have widely different employment histories. Whether the disabling aspects of experiencing an impairment derive out of the impairment *per se* or arise as a result of the society’s response to the presence of an impairment is not an inconsequential matter.

The social model of disability
The way any social issue is conceived will substantially determine what is observed, which problems are identified, how such problems are prioritised and what solutions are sought. This is perhaps nowhere more clear than in relation to disability. Paul Abberley (1999) wrote:

The traditional approach, often referred to as the medical model, locates the source of disability in the individual's supposed deficiency and her or his personal incapacities when compared to 'normal' people. In contrast to this social models see disability as resulting from society's failure to adapt to the needs of impaired people (p.45).

He further argues that if observers consider disability as social rather than biological in origin then those wishing to assist would have to develop a view of what it would mean for people with impairments not to be disabled before they would be able to develop policies which were capable of combating social exclusion (p.47).

Many writers representing the views of groups excluded and marginalised from mainstream society are wary of inclusion. The standard advice such writers give to people offered inclusion is that they should ask: on whose terms, and at what cost, but above all they are advised to remember that inclusion is much more than being made complicit in an indecent act. South Australian disability activist David Morell (1998) considers;

'inclusion' in the 'community' is not enough. Indeed the very concept does not make sense. The 'community' itself is so full of oppression, separation, exclusion, diverse interests and conflict for many of those who are already 'included' in it as to render the uncritical use of the concept positively misleading and pursuit of the goal of inclusion disempowering (p.17).

This point is reinforced by Abberley (1999) who contends that:

just because a main mechanism of our oppression is our exclusion from social production, we should be wary of drawing the conclusion that overcoming this oppression should involve our wholesale inclusion in it.… a society may be willing and in certain circumstance become eager to absorb a proportion of its impaired population into the workforce, yet this can have the effect of maintaining and perhaps intensifying its exclusion of the remainder. We need to develop a theory of oppression which avoids this bifurcation, through a notion of social integration that is not dependent upon impaired people's inclusion (p.53).

Both Morell and Abberley would concur with Armstrong & Barton (1999) when they contend that, “Inclusion necessitates the removal of the material, ideological, political and economic barriers that legitimate and reproduce inequality and discrimination in the lives of disabled people” (p.214). Armstrong & Barton go on to suggest:

pity and concern are directed at some groups… only rarely are issues relating to social exclusion and discrimination presented as ones concerned with human rights. Instead, a 'needs' discourse is adopted, suggesting that difficulties … can be overcome by technical solutions … a 'needs' discourse is disempowering because it focuses attention away from the possibility of individuals, groups and communities taking responsibility for undertaking action themselves to bring about change (p. 215).
The intensity of the inclusion debate within disability circles is a symptom of the way English speaking societies regard 'normality'. Employment and being 'able bodied' are widely regarded as closely linked. The central requirement for payment of unemployment benefits is that applicants have to establish they are 'ready, able and willing to work'. The eligibility requirement for sickness benefits is that applicants have to establish they are temporarily incapacitated for work and for Disability Support Pensions that one is more or less permanently incapacitated for work. Whether seeking work or income support it is necessary to establish one's capacity to carry out employment tasks. The system of production and society more generally is geared around 'ability' or 'capacity' to labour. Disability activists assert that this 'ableist' ideology plays an important part in centring society around the 'normal', 'able bodied' lifestyle which in turn relegates to the margins those experiencing impairments in functioning.

This connection between working, impairment and disability has changed over time. Thomas (1999 pp.129 -133) notes that during the Elizabethan period the poor law administrators only regarded those who were totally incapacitated for work as disabled. She and Gleeson (1999) suggest that it is the increasing commodification of the relations of production since that time which has led to disability becoming a societal rather than simply an employment artefact, that “disability, as a form of social oppression, belongs to particular times and places and is not a ubiquitous, transhistorical phenomenon” (p.131). Gleeson responds to this historical materialist insight by demanding that politics "seeks to change the underlying structures and institutions that oppress the everyday lives of disabled people” (1999, p.16).

Rather than concentrating efforts upon removing the disabling structures and institutions which exacerbate employment entry difficulties and inhibit other forms of social inclusion, the Australian Government has concentrated upon increasing the income support uncertainties by tightening eligibility requirements and compelling participation in the unpaid economy as a prerequisite of payment of income support (Reference Group on Welfare Reform 2000 [b]).

Compulsion, the unpaid economy and the benefits which flow to the market economy

The unpaid economy embraces both private and public spheres. It was estimated to have made a $16.6 billion contribution to the Australian economy in 1995/96 (Moyle & Gibson 1997 p.43). Though a significant proportion of this widespread volunteer effort occurred in households much also took place in institutions caring for the aged and for people with a disability or in other social welfare, charity and religious organisations (Moyle & Gibson 1997 pp.38-43).

Else (1996), Mutari, E. Boushey, H. & Fraher, W. (1997), Gardiner (1997) and other feminists have pointed to the unpaid work which takes place in the home which has traditionally been carried out predominantly by women. This is particularly so in relation to inter generational caring. At least as far back as the mid 19th century Marx recognised the important contribution such unpaid work within the family made to the economy through the reproduction of the working class (Engels 1978). Prolonging the length of intra family dependency, through cutbacks in income support particularly for the young and by increasing nursing home costs which impacts on those who are frail aged or others who experience significant impairment, has placed increased pressure on those family members who care for relatives and / or for those who are forced to provide income.
If volunteer effort in the welfare industry is recognised at all, it is in relation to the way such unpaid work provides services or allows the agencies to increase the amount or duration of services. Following Putman (1993) and Cox (1995) public 'volunteering' and now 'enforced participation' was marketed by the Liberal Government as building social capital (Howard 2000). Such statements particularly as they relate to compelled 'participation' are an ideological smoke screen which allow governments to continue to cut welfare expenditure, further separating the working and workless, and adding to the stigmatising impacts on the recipients of income support.

Spasmodic recognition is given to the contribution which volunteers make to the economy, principally by cutting the costs of necessary services, thus assisting the market economy by undertaking tasks which would otherwise be done by fully remunerated workers (Lerner, Clark, & Needham, 1999 p.12). Such savings result in lower outlays from the budget, lessening the pressure on corporate giving, and create the image of a society which is more caring than the quantity of funds put into care services warrants. As well as assisting those who are directly helped, such volunteer effort improves the quality of life and the satisfaction of the truly included.

In Australia and New Zealand, since the mid-1980s, 'volunteering' has been given increased emphasis as a result of governments' commitment to an 'active society' (Cass 1988) Participation in 'volunteer' effort became increasingly compelled through 'work for the dole' regimes under the Nationals in New Zealand and the Liberals in Australia. Welfare advocates (Bradford 1997) have pointed to the connection between 'work for the dole' schemes and court ordered Community Service Orders applied to those who have committed an offence. Bradford sees the compulsory aspects of 'work for the dole' schemes as having the potential to discourage or displace genuine志愿 effort, her claims are supported by Gorz (1999 pp. 98-100). The combined effect of compelled participation, cutbacks in welfare funding, the heavy involvement of charity, church and local government agencies in running 'work for the dole' programs delivers benefits to the market and this has led to the perception that the process is not about building social capital - rather it is about creating social capitalism (Davis 1998).

The Howard Government's extension of 'mutual obligation' requirements from the unemployed so as to include Disability Support Pensioners and lone parents who receive Federal income support twists the obligation tourniquet a further notch. Even people whom Commonwealth Medical Officers have found are unlikely to be able to obtain employment in the foreseeable future, due to their substantial impairment, are required to establish their utility to the State before they can be assured that their income support will continue. The very people whom employers and the State have excluded from the workforce, on the basis that the system of production has no place for those who experience such impairments, are enveloped in a 'mutual obligation' nightmare. Those who experience disability have always had to cope with finding their way between self-help and self-responsibility as a result of the inadequacy of support services and the various Australian reciprocal obligation schemes. Under the 'mutual obligation' regime they are being pushed towards taking increased responsibility to establish utility and worthiness before they will receive income support.
Running in parallel with the demand that those with disabilities make a contribution to their society is the move away from a citizenship / rights focus to a customer focus and this is having a range of effects.

The consumer paradigm also defines people with disabilities predominantly as users of services, paid for largely through public funds, and does not emphasise the way that people with disabilities contribute to the economy. The State is complicit in this assumption through its failure to ensure that people with disabilities are enabled (empowered) to contribute to their potential by the provision of assessable workplaces and jobs, and so limits their citizenship (as participation) whilst simultaneously undervaluing the contribution they do make (Bleasdale & Tomlinson 1999 p.56).

The ideological contradiction implicit in compelled participation

The traditional liberal position is notable for its reliance upon individualism, freedom from constraint, self-help, property and the free play of market forces. “Least government is best government” (Stretton & Orchard 1994, p.1). Market liberals who dominate the Liberal Cabinet have pursued individualism and freedom from an interfering government for the well off sections of society. These two features underlie the push towards individualised work contracts, the weakening of the Arbitration Commission, and the demand for a deregulated work place. There is almost an obsession with stopping government interfering in the lives of well off citizens. However when it comes to those who are forced to rely upon income support the Government insists they negotiate with Centrelink or its agents extremely detailed activity agreements which set out when they will participate, the manner of their participation with whom they will engage and for how long.

A rights orientation and the connection to special rights

Prime Minister Howard and his then Minister for Family Services Jocelyn Newman, when they spoke about citizens who received income support, attempted to link 'mutual obligations' to receipt of 'entitlements'. This is a far cry from conceiving of the welfare system as existing to help people cope with the diswelfares of the market (Titmuss 1976). It is even further removed from viewing the system of income support as an absolute right of citizenship or permanent residency. Though many disability activists claim to adopt a rights orientation they often find themselves enmeshed in a discussion of 'needs' as part of a 'special rights' debate. As was seen earlier in relation to Indigenous people such claims can lead to disputation centred round differing evaluations of need and at worst a backlash.

Clearly, to treat unequals equally is as unjust as treating equals unequally and many people experiencing profound impairments have needs some of which are quite different from those of 'able bodied' people. Such recognition lies at the heart of the difference between equality and equity. People with severe mobility impairments might 'need' a wheelchair and those who are blind a white cane. It is possible to guarantee all blind people a white cane and all those who can not walk a wheelchair. However, it would be more useful to incorporate in legislation an extended conception of the 'right to freedom of movement' so as to encompass more than the removal of politically repressive obstacles. This expanded right would include removal of all impediments to free movement plus the provision of equipment and services which enable those
with mobility impairments to move freely. The advantage of such an approach is that whilst it takes account of individual needs arising out of impairment, it installs a right to freedom of movement which is a general right of citizenship available to all. Expressing rights in a general rather than a specific context is not an argument to 'mainstream', 'broadband' or any other euphemism for neglecting 'special needs' through meeting the lowest common denominator of need. Rather such an approach is based upon the recognition that:

- genuine inclusion requires acceptance and valuing of diversity,
- separation seldom equates to separate but equal, often becoming portrayed as separate therefore special, consequently engendering envy, and
- if the benefits are expressed as a universal entitlement they are more likely to be widely supported and as a consequence harder to remove (Goodin & Le Grand 1987).

The income maintenance system interferes with independence

Oliver (1996) argues that "professionalised service provision within a needs-based system of welfare has added to existing forms of discrimination and in addition, has created new forms of its own including the provision of stigmatised segregated services (pp.74-75, p.67)". This is also true of income support programs generally but has particular application to payments made to people on the basis of their experiencing disabilities.

The intense concentration on providing income support or services only to those who individually meet eligibility requirements is designed to limit expenditure. This policy is sold to the public as:

- cost efficiency, ensuring the maximum effort is directed to those in greatest 'need',
- ensuring the 'needy' not the 'greedy' are helped,
- encouraging self-sufficiency or at least discouraging 'dependency', and
- ensuring that those in need through no fault of their own are assisted.

Even when payments designed specifically as income support for people with disability are created, the State continues to distinguish between various categories of disability by privileging some recipients. The two most common forms of publicly provided income support available to the general population are sickness benefits and Disability Support Pensions. Those who receive Disability Support Pensions are guaranteed a minimum income for a couple of years whereas those receiving sickness benefits have to provide regular doctor's certificates. This may appear unremarkable in the case of an acute one off illness or injury but those who have irregularly occurring episodic conditions, such as bi-polar disorders, are subjected to payment delays and waiting period uncertainties which often impact on them during their most vulnerable periods.

There are differentials in rates of payment which advantage pensioners. Many people on sickness benefits have almost identical health profiles to many receiving Disability Support Pensions. There are other differences such as eligibility to fringe benefits and access to services which vary between each payment. Some who receive the Disability Support Pension would be advantaged by being serviced by employment agencies which only those on sickness benefit have access. Equally many sickness beneficiaries would be advantaged by having access to services restricted to Disability Support Pensioners. Even those who receive a Disability Support Pension are not treated uniformly as can be seen in the way Blind Pensioners are treated.
Blind Pensioners

Among the ranks of Disability Support Pensioners are some who are blind. Blind Pensioners are not subject to a means or asset test and are also entitled to a payment for their first child irrespective of their means. Payments for a spouse and/or any other children are subject to normal income provisions applying to all other Disability Support Pensioners. Blind Pensioners' special conditions have an interesting history and their treatment presents a contradiction which, when examined, reveals perhaps more clearly than any other form of benefit, the conglomeration of values which underlie much of the social welfare thinking in Australia.

Foremost among these organising principles is that those who determine eligibility for Disability Support Pensions have a preference for physical over mental conditions. The creation of categories demands certainties about conditions and boundaries. Physical features are more readily assessable than are mental ones. Physical conditions which can be observed either directly, or indirectly through a piece of medical technology, are easier to assess than are medical conditions which cannot be detected by existing medical technology. The more certain an assessor is that the applicant fits within the eligibility boundaries, the more readily the assessor accepts that the applicant is 'in need'.

Those who determine eligibility are firmly attached to concept of worthiness; they refuse to accept that social handicaps could constitute 'total and permanent incapacity'; yet, they accept that social handicaps contribute towards disability and they rely on Commonwealth Medical Officers to make objective, consistent determinations about applicants' capacity to work. The degree of sight which a person has can be reasonably accurately measured compared with many other medical conditions. Limited sight might in some circumstances not be such as to constitute 'total and permanent blindness' but some people with lessened sight might experience (other) physical, social or mental conditions which, when taken together with their loss of sight, could make them 'totally and permanently incapacitated'. Such people are not paid a Blind Pension but are paid a Disability Support Pension.

People can obtain a Disability Support Pension for impairments as diverse as being a quadriplegic or suffering from schizophrenia. What is it that is particular to blind people which motivated the legislators to create a separate category? Thane, writing about the British experience, suggests that one of the major pressures on government of the day in the 1920s was brought to bear by the war blind. This was not the situation in Australia where, as early as 1912, the Fisher Government was moving to grant blind people an advantaged position compared with other Invalid Pensioners (Kewley 1973 pp.91-93). This process accelerated until in 1954 the Menzies Government abolished the means test for Blind Pensioners (Kewley 1973 pp309-311) and this policy has remained in place ever since.

If it was a special compassion extended to blind people which led to these arrangements, then there is a major contradiction to explain. Aborigines, the group which on a per capita basis suffers the most blindness were until the 1960s specifically excluded from any social security payment. They are also the group with the least income. If it was compassion which led to the privileged treatment of the blind, then it was compassion tempered with institutional racism.
Kewley asserts that it was *not* a belief that blind people were unable to earn - and therefore had a greater need for income than other incapacitated persons - but, in fact, just the opposite. He says the amendments advantaging the blind arose out of the desire:

to provide them with every inducement to earn something towards their support..... The dual purpose of this provision was to discourage those already at work from leaving it with a view to obtaining a pension, and to encourage others to undertake training for some occupation (Kewley 1973 p 93).

Jordan (1984) cites the treatment of blind people in the first decade of this century when blindness was not considered sufficient evidence of 'invalidity'; and the consistent refusal at least until 1936 to pay blind musicians and beggars a pension whilst they continued to work the streets, as a sufficient refutation of the suggestion that it was compassion which led to the advantaged treatment of Blind Pensioners (Ch. 3). He agrees with Kewley that discrimination in favour of the blind derives from wanting to encourage their greater capacity to work and have a 'normal' life.

The constancy in legislative amendments allowing blind people more generous allowable means without affecting their pension would support this interpretation. It does not answer the question as to what it is that allows governments of all political complexions to exclude blind people from the strict asset and income tests that apply to other Disability Support Pensioners who also have an incapacity to work.

The advantaged position of Blind Pensioners compared with other Disability Support Pensioners occurs in part because lack of sight is seen as a medical as opposed to a mental condition. Unlike bad backs or mental conditions, blindness can be 'objectively' measured. The public feels sympathy for blind people. It is a handicap which is not seen as self-induced; does not necessarily result in disfigurement; historically the blind have been seen as a special worthy category; and many blind people do work, that is, they are not seen as 'bludgers'.

When attempts are made to sieve the assumptions underpinning the preferential treatment of Blind Pensioners compared with other pensioners who are also regarded as being totally incapacitated, the complexity of such an exercise becomes apparent. Promotion of the work ethic is in the forefront, closely followed by the notion of rewarding the worthy at the expense of people experiencing less valued handicaps. This is itself part of the ‘less eligibility’ debate; the history of which can be directly traced to Elizabethan poor law administrations. The preference for physical over mental or social handicaps is part of this debate - usually manifested in the suggestion that many non-physical conditions are the result of malingering. The failure (until the 1960s) to pay Aborigines, even those who were non-nomadic (Kewley 1973 p.258), and until the 1970s those who were nomadic, exposes the institutional racism of the welfare industry in Australia. So a policy which on the surface may have appeared to have arisen out of values such as equity and humanism is, on reflection, extraordinarily circumscribed. If humanism were the driving force behind the treatment of Blind Pensioners it would be expected that equivalent humanism would be apparent, for example, in the treatment of Disability Support Pensioners who were paralysed from the neck down.
One obstacle to moving towards equal treatment of Blind and other Disability Support Pensioners is that to increase benefits to the blind costs comparatively little compared with making those same benefits available to all Disability Support Pensioners. Once Disability Support Pensioners received special treatment then other categories of pensioners and even beneficiaries would argue they too should receive similar treatment. There is a clear logic in the removal of income and asset tests on people who are deemed to be legally blind as the intention is to remove any financial disincentive to taking employment. Surely there is an even greater logic in removing similar financial disincentives on unemployment beneficiaries who have to establish they are 'fit able and willing to work'. If governments accepted this proposition then much of the opposition to introducing a Basic Income would evaporate. This central contradiction in income support policy in Australia will be further pursued in Chapters 9 & 10.

**Further divisions within the ranks of those experiencing severe disability**

Those who received their injuries during wars are assisted by programs run by the Department of Veterans Affairs. Those injured on the roads by motor vehicles are frequently entitled to payment from insurance companies. Many of those injured at work also get assistance from insurance companies. Some people have private accident and illness insurance. Some are entitled to superannuation payments. All this is a far cry from the proposals for compensation and rehabilitation put forward by Woodhouse (1974) which if they had been adopted would have led to a more consistent and unified minimum income guarantee for those who suffer impairment whether at work, at home or on the roads. As it is now, massive income uncertainty follows in the wake of severe injury.

Because some have privileged outcomes whilst others can finish up without any income after being breached by Centrelink, the possibility of building a broad fighting front to push for reform in the way people with impairments are treated is a pipe dream. The usual point of organisation is centred on the specific type of impairment, such as mental health, acquired brain injury, intellectual disability, or spinal injury. Peak bodies occasionally build relatively weak coalitions which aim to amalgamate disability service sector workers, clients, and supporters across the wider disability sector. These peak disability bodies are frequently poorly connected to the trade union movement which itself is generally distracted, by the struggle to improve work place safety or worker's compensation provisions, from joining the broader struggle to improve basic services to all those who have disabilities.

The forces arraigned against the State are a long way short of that which is necessary to ensure the removal of all barriers which prevent those with impairments being 'included' in a manner which does not disable them.

**The effect of disabling policies on people with disabilities**

The overall impact of the failure of the State to find a way to include those who experience a disability within a universal income guarantee program isolates those who receive government provided disability income support from other citizens. The confusing array of the various forms of income support - occupational, State provided, road accident insurance, and self-financed insurance - creates divisions between people with a disability. Those who receive State provided
income support are further demeaned and isolated through the imposition of compelled participation (Reference Group on Welfare Reform 2000 [b]).

The creation of artificial divisions between groups of people who are experiencing similarly severe degrees of impairment inhibits solidarity by distorting focus and obscuring the points of unity. The separation of people with disabilities from other income support recipients leads to the view that some are provided with special rights on account of their special needs further alienating them from potential allies. The differential treatment of some Disability Support Pensioners, for example the blind, divides them from others who receive the Disability Support Pension.

The payments reward illness and impairment because once the illness or impairment disappear so too does the payment. All this takes place in a context where the Disability Support Pension, the sickness benefit, a substantial part of the income component of worker's and road accident compensation is paid *not to compensate for the extra costs of living with an impairment* but just to cover the day to day living costs. The extra costs which result from having an impairment are covered by other specific programs.

The entire *raison d'être* underpinning separate payments for those experiencing severe impairments is to recognise *non-capacity* to labour because of illness or impairment. The reality is that the actual differences in payment forms results from how or where the injuries occurred. People's citizenship is undermined through such processes because they deny similarities and potential unity between people. Such separation processes also demean people because they deny people's desire to contribute and their need for relevance irrespective of their impairments.

The construction of income support policies, as they have been implemented in Australia, means the point of focus around which people with disabilities might organise is *non-capacity*. Any community work activist knows it is hard to organise around:

- *disability,*
- *ill health,*
- *unemployment,*
- *illiteracy,* or
- *innumeracy.*

It is unlikely that people with severe mathematical deficits are going to rally under the banner "*The Innumerate Don't Count.*" It is easier to organise around positives. It may be possible to organise a small group of people with a specific interest, particularly if they have specific needs and have been specifically discriminated against. Even if the organiser is able to mobilise all of them, they are never going to constitute a sufficient number of people to exert the degree of pressure necessary to bring about a significant shift in the way income support services are organised for all people with disabilities. They might succeed in obtaining short-term advantage for a small group of people. The creation of small scale specific segregated service programs, having numerous ways of obtaining the income support necessary for day to day survival separates the unwaged from each other, from the low waged and also from the majority who work full time. The existing government income support programs designed to assist people with disabilities demean, isolate, separate and marginalise all income support recipients. These
various income support programs operate by creating artificial distinctions in relation to insignificant differences in day to day living costs which all income support recipients confront irrespective of whether they face disability, disadvantage or a combination of both. It is the intentional mystification of the features which are common to all income support applicants which constitutes the denial of unity to those who experience impairment or are in other ways marginalised which adds to their disablement.

Relevance to income support

The multitude of income support forms, which range from private insurance, occupational cover, veterans entitlements, to social security, unnecessarily complicate people’s lives. Each of these forms of income support are supposed to help people manage after they have acquired an impairment. It is acknowledged that people with similar disabilities often have very different work histories. Considerable resources are put to determining levels of impairment as a surrogate measure for determining capacity to work. A large amount is spent, by the various funding bodies, on surveillance of people who have been injured in an attempt to identify people who are no longer entitled to be on the particular payment they are receiving. Huge discretion is given the medical and human service benefit determiners to determine which payment applicants receive. The current income support system often becomes part of the disablement process.

A substantial part of this interference in people’s lives could be avoided if a Basic Income was in place. People would be provided with sufficient to live on as a right of permanent residence - not because they had a proven impairment. Medical and human service workers could then concentrate their efforts towards providing the necessary services associated with helping people manage their impairment. Unions and government could cooperatively concentrate upon workplace safety. Government and motoring organisations could concentrate on road safety. People with disabilities could take up casual or permanent part time work without it endangering their access to income support if they subsequently leave work.

Introducing a Basic Income would add little to the cost of providing for all Australians who have sickness or severe impairments as compared with existing categorical benefit arrangements. The reasons Australian governments are rusted on to categorical benefits will be explored in the next Chapter.

Bibliography
