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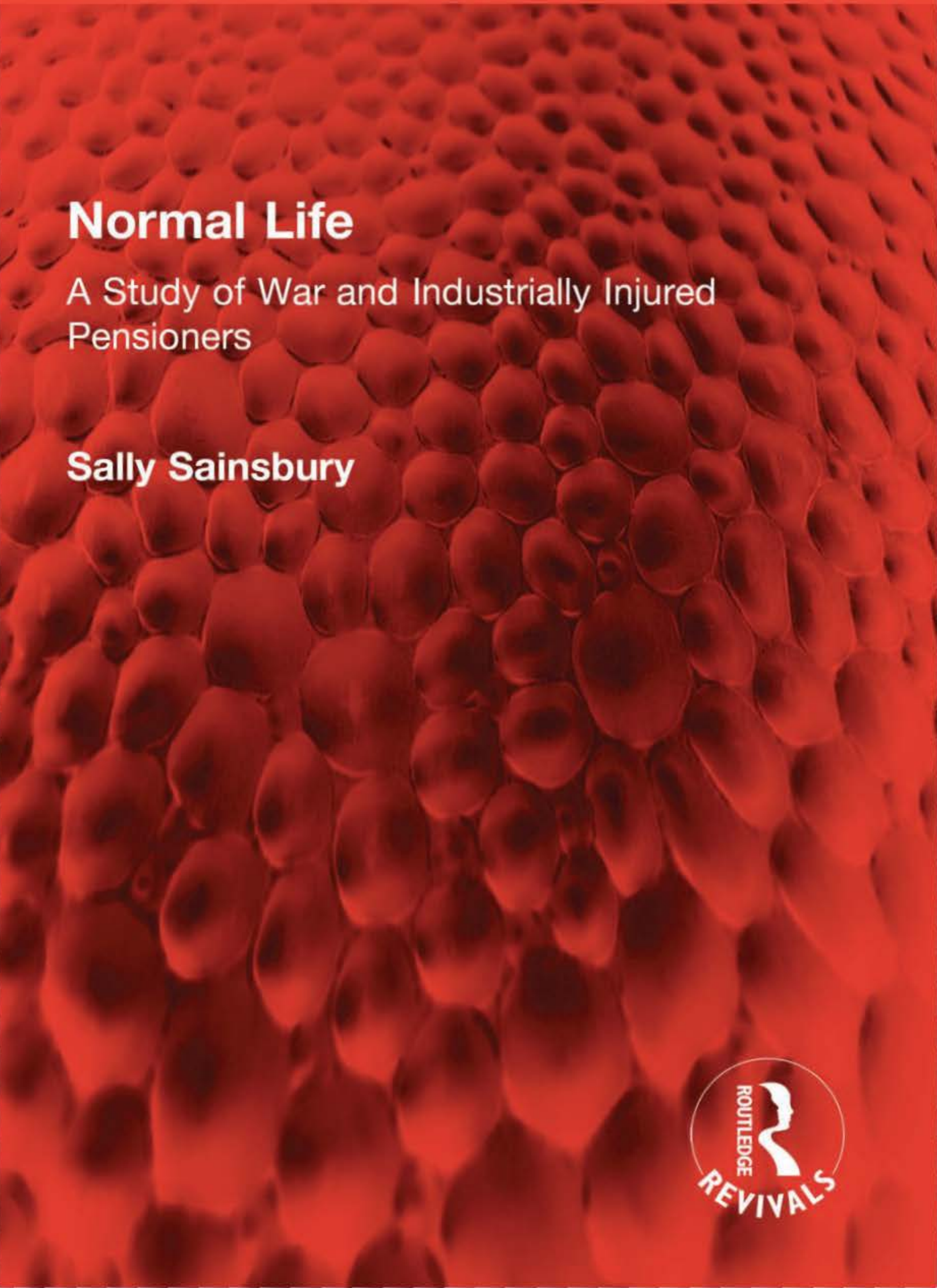

Normal Life

A Study of War and Industrially Injured Pensioners

Sally Sainsbury

Routledge Revivals

Normal Life

It is widely accepted that disabled people should be enabled to have as normal a life as possible. This raises the key question of what is 'normal' and who should define it. Originally published in 1993, it is this question which is the main focus of *Normal Life*, raised in the context of the experience of war and industrially injured pensioners. It was observed that there had been few, if any, studies on the experiences of war pensioners and their benefit arrangements or the people on the industrial injuries scheme. The aim of this study was to fill that gap. Although the research it is based on was conducted between 1970 and 1973, the findings questioned much of the conventional wisdom about provision for disabled people at time in the context of social security and community care policies. Still relevant today, it can be read to see how far things have changed.

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Normal Life: a Study of War and Industrially Injured Pensioners

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London School of Economics and Political Science

To the memory of
Frederick William Sainsbury and Ronald Thatcher,
who served.

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Preface

It is widely accepted that disabled people should be enabled to have as normal a life as possible. This raises the key question of what is 'normal' and who should define it. It is the question which is the main focus of this book. It is raised here in the context of the experience of war and industrially injured pensioners. In the only major survey of disability income to have been published in the last decade, Joan C. Brown reported:

> There appear to have been no major studies in the last 30 years to ascertain the experiences of war pensioners with their benefit arrangements, and as with the industrial injuries scheme, too little is known about the situation of the partially disabled.[1]

The aim of this study is to fill that gap. The research on which it is based was conducted between 1970 and 1973. Completion of the study was delayed by the theft of the only copy of the first draft of the report, and other research commitments. The reason for publishing it now is that the findings question so much of the current conventional wisdom about provision for disabled people in the context of current social security and community care policies.

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[1] Joan C. Brown, *Disability Income Part 2, The Disability Income Systems,* Studies of the Social Security System, No. 4, No. 262, PSI, 1984. p. 67.

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1 Introduction

Between 1978 and 1988, interest in disability was eclipsed by preoccupation with the burden of care, as closure of the mental hospitals and the long-projected steep rise in the numbers of very elderly people began to be a reality. But the publication of the OPCS surveys of disability in Great Britain[1] and the focus which they provided for renewed pressure by the disability lobby for the introduction of a disablement income, has pushed the disability question to the forefront of social policy discourse once more.[2] The government's response[3] may be regarded pessimistically as a minimalist approach which fragments the existing system of benefits still further, or optimistically as the endorsement of the Social Security Advisory Committee's strategy for a disability income,[4] and the implementation of its first stages. The question of a disability income is likely to remain an important issue in the foreseeable future, regardless of British government attitudes, as interest in the consequences of 1992 for social security systems throughout the European Community increases.

It is an appropriate time, therefore, to consider the only systems of social security payments for *disability* in Britain, namely the War Pensions and Industrial Injuries schemes.[5] Although there have been administrative studies of the industrial injuries schemes, and recent work on compensation[6] has provided some evidence about its beneficiaries, there has been no attempt to date to study the scheme and its beneficiaries as such. Even less has been written about War Pensions: indeed, little exists apart from the work of Bolderson on the origins of the two schemes and Brown's comprehensive and magisterial description of them.[7] And this is surprising in view of the 'preferred status' of beneficiaries, and the long-standing debate about the nature of disability, the problems of operationalising assessment criteria, and the sustained pressure for a disablement income.

The purpose of this book is two-fold. The first objective is to examine the operation of two long-established systems of benefit allocation, their impact on the lives of beneficiaries and their implications for proposals for an income

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for all disabled people. And the second is to explore perceptions of disability, normality and integration among a group of people identified administratively as disabled, and the consequences which these may have for current care policies.

In recent years a paradox has arisen in the context of social policy for disabled people. On the one hand, many people with disabilities have shown themselves to be increasingly willing to claim membership of the disabled population as a platform from which to mount political pressure for legislative change in their favour. To a large extent such activity has had as its objective the introduction of a disablement income to enable people to purchase normality through the extension of the choices available to them, in so far as choice can be bought. Second, it has sought to secure normality through the guarantee of the right to access within the physical environment. And finally, its supporters have argued for the extension of social services to ensure a flexible response to their need for personal care which would help them to achieve a normal degree of control over and choice in their daily lives.

However, in parallel, a movement has developed, particularly among some policy makers and pressure groups operating on behalf of disabled people to deny the possibility of normality while the stigmatising label of disability is retained. In its place they advocate vaguer, less generally understood, and therefore less apparently stigmatising labels such as 'special needs groups'.

In practical terms, while little response has been made within the social security system, where the policy has been to grant payments to people experiencing particular difficulties – with mobility, say, rather than a guaranteed income for *all* disabled people, the response in relation to personal care has been of a different order. In the context of care, normalisation policies have pursued integration, in the first place through deinstitutionalisation. But many have taken the idea further than identifying normality with life in private households: they have argued against the formal care institutions in favour of the *natural* resources available for care in the community – informal networks: it is these normal caring relations of the informal neighbourhood network which are more likely than the professionals of the welfare bureaucracies to deliver choice and control through flexibility and therefore enable people dependent on carers to enjoy a greater degree of normality. Thus such caring networks are themselves argued to be inherently more normal, and at the same time more likely to create conditions in which normality may be achieved, than the services provided by the welfare bureaucracies.

While it is true that the radicals of the disabled population share this antipathy towards professionals, their request is not for the natural care of informal networks, but for money to buy the help they need, or volunteers who are willing to subject themselves to the will of the disabled person – to the point at which they operate as the arms and legs of that person.

Some criticism has begun to emerge of the policy of placing greater reliance on the informal sector. But for the most part it has been expressed either in terms of the informal sector's failure to provide reliable support for carers, the antipathy felt to the intrusion of neighbours and volunteers into the care setting, or the difficulties involved in managing and organising informal networks into a reliable and adequate system of care. That this is so is not surprising. During the later 1970s and 1980s, the question of the burden of care overshadowed concern with disability as such. As a consequence the focus has shifted from the disabled person to the carer. By returning the disabled person to centre stage, and exploring the way in which members of the preferred status groups perceived normality, it is possible to challenge many of the assumptions on which current care systems are based.

Method

The study was based on interviews with 70 war pensioners and 110 industrially injured people who had drawn their pensions for between two and ten years. It was hoped that such people would combine some length of experience of the schemes with reasonable recall of their initiation into their status as pensioners.

All of the war pensioners and 30 per cent of the industrially injured lived in inner London boroughs north of the Thames, while the remainder of the industrially injured lived in the Swansea–Neath area of South Wales. The intention of drawing people from two very different geographical areas was to ensure a wide range of accidents and diseases, and to provide information about care systems in both an inner city area, and relatively stable, traditional and homogeneous working class communities.

The people interviewed represented a response rate of 76 percent; pensioners, especially war pensioners in London, proved to be highly mobile and difficult to contact. However, basic information as to age, sex, assessment record, and clinical condition was provided on an anonymous basis for all those in the original sample, and occasionally, this has been used to buttress evidence produced by interviews. Because most people draw benefits under the schemes for 30 per cent disablement or less, the sample was structured to ensure a reasonable number of severely disabled people. Of the people interviewed, a little less than a quarter were assessed as being 20 to 30 per cent disabled: a further third received benefit for 40 or 50 per cent disablement, while the remainder – about two-fifths – suffered from disability of 60 per cent or more. In this respect, they were representative of those in the original sample. Confirmation of reports of clinical conditions and assessment levels were sought from the pension books and letters sent to those interviewed under the schemes.

The quotations used as illustrations in the text have been drawn from the interviews. Any names used in the course of the study are fictitious.

The war pensioners and industrially injured people

This is primarily a study of men: only five per cent of war pensioners and industrially injured people were women. On the whole, war pensioners tended to be younger than the industrially injured. Almost a fifth of war pensioners but only six per cent of industrially injured people were 30 years of age or less. In contrast, 28 per cent of industrially injured people but 16 per cent of war pensioners were of retirement age. In both cases, however, about two-thirds were between 31 and 64 years of age, most of these being over the age of 41. Thus, in the main, the study was concerned with the experiences of men of employable age, mainly in their middle and later working years.

Most beneficiaries were family men. More than three-quarters were married, and most of these had at least one child living at home. Indeed, a third had dependent children. Industrially injured people tended to have larger families than war pensioners. Broken marriages were more prevalent among war pensioners than industrially injured people, but the numbers involved were small – seven percent, all but one of whom were war pensioners. With two exceptions, such men had broken all family ties and lived in hostels for the homeless. In all, about a tenth of those interviewed were single, and half of these were homeless, while the remainder lived alone. A small proportion (seven percent) were widowers in their 70s and 80s, half of whom lived alone, the remainder being looked after in the household of a child.

The central issues arising from the study determined the plan of the book. First, there is the very existence of the preferred status groups, their origins, survival, and influence on ideas about disability and their impact on policies for the disabled population at large (Chapter 2). Then there is the question of the emergence of the disabled identity: with what effect did the injury or the diagnosis of a disease interact with the assessment of eligibility under the war pensions and industrial injuries schemes to determine subjective perceptions of disability and normality, and what impact did the acquisition of preferred status have on that process? (Chapter 3). How far did subjective perceptions of disability differ over time from the definitions and measures of disability used to allocate benefits under the schemes, and how did they compare with some other definitions and measures? (Chapter 4). A central question raised by the existence of the preferred status groups is the extent to which membership of this elite affected income levels: did benefits succeed in lifting beneficiaries out of the low income status to which most studies have consigned the disabled population at large? (Chapter 5). Closely related to income is the issue of employment: was preferred status reflected in experience of the labour market, and in what ways, if at all, was the disabled identity affected by that experience? (Chapter 6). Then there was the question of the relationship between perceptions of normality and disability and assumptions about the role of the family and household in the lives of beneficiaries (Chapter 7). What role did the informal network of neighbourhood and friends play in the determination and maintenance of the disabled identity, what impact did it have on ideas about normality, and what were the implications for current community care policies? (Chapter 8). What, in the perception of members of the preferred status groups, was the distinction between disability and handicap, and what role did voluntary and statutory services play in determining that distinction? (Chapter 9). In what ways did leisure activities reinforce the distinction between disability and handicap? (Chapter 10). And finally, a discussion of housing is used to delineate the discrepancies between the perception of normality and disability which predominated among the preferred status groups and that which has informed much of social policy discussion in the last three decades (Chapter 11).

Notes

1. *OPCS Surveys of Disability in Great Britain,* London, HMSO, 1988 and 1989.
2. Social Security Advisory Committee, *Benefits for Disabled People: a strategy for change,* HMSO, 1988.
3. *The Way Ahead: Benefits for Disabled People,* London, HMSO, Cm 917, January 1990.
4. Social Security Advisory Committee, op. cit.
5. Young, A.F. *Industrial Injuries Insurance,* Routledge and Kegan Paul, 1964.
6. Harris and others, *Compensation and Support for Illness and Injury,* Oxford, Clarendon Press, 1984.
7. Bolderson, H., *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy 1914–1946,* London, Jessica Kingsley, 1991; Brown, Joan C., *Disability Income Part 2, The Disability Income System,* Studies of the Social Security System No. 4, No. 626, PSI, 1984.

2 The 'preferred status' groups

Since the outbreak of the Second World War, the existence of the preferred status groups – war pensioners and the industrially injured – has acted both as a goad to change and as a cause of inertia in the social security response to disability. On the one hand the difference in benefit levels between the four per cent of the disabled population who receive either a war pension or industrial injuries disablement benefit, and those disabled who were excluded from the schemes has helped to fuel the demand for a disability income, while on the other the very generosity of the schemes has inhibited governments from seeking their elimination in favour of a more comprehensive disability income.

The purpose of this chapter is to explore the emergence of the preferred status groups, the consolidation of their position, and their impact on the development of the idea of disability in Britain.

1 The establishment of the War Pensions and Industrial Injuries schemes

Within the social security system the concept of compensation for disability has been restricted to the Industrial Injuries and War Pensions schemes: other benefits may be argued to compensate for particular contingencies arising out of disability, such as loss of earning power, loss of mobility, need for attendance, and so on. Yet, in the discussions leading up to their establishment it was by no means clear that compensation for *disability* would be adopted as the overall concept determining the nature of benefits under the schemes.

Throughout the twentieth century considerable controversy has surrounded the provisions made for disablement arising from employment and service in the armed forces.[1] In 1915, political pressures arising from the large-scale recruitment of the British population to the armed services forced serious consideration of the way in which provision was made for the war disabled.

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Conceptually the existing war pensions scheme had considerable similarity with the provisions made for industrial injuries under the Workmen's Compensation Act 1897, in the sense that both were work-related: whereas under the Workman's Compensation scheme the employer was required to provide half pay for a man who was totally incapacitated in respect of work subject to a maximum, in the case of war pensions, assessments were made according to 'incapacity in the general labour market' and this was 'expressed in terms of one quarter, one half, three quarters and total incapacity'.[2]

It was only under the influence of prolonged conflict and the fear that meagre benefits reduced recruitment, that the principles on which the present system of payment for service disablement was made were gradually hammered out. The necessity for revised pensions arose from the existence of a new type of army in which recruits normally had dependents and in general came from employment with higher pay and status than had been the case in the past.[3]

In casting about for an existing benefit scheme on which a new response to war disability might be modelled, an obvious contender was the National Insurance Sickness Benefit Scheme.[4] However the principle of insurance was never entertained in connection with war pensions and was, at this stage, resisted by both the Trade Unions and the Friendly Societies in connection with industrial injuries as it was considered that insurance contributions from workers and company insurance for employers would remove a sense of responsibility for accidents. In fact, much of the discussion on war pensions focused on what compensation should be paid *for* and how this could be expressed in money terms. In particular, the relative merits of payments for loss of earnings and status were argued as opposed to the cheaper alternative flat-rate subsistence payments based on the Rowntree subsistence standard.[5]

In 1916 pensions were paid regardless of actual earnings, but still in relation to a presumed loss of earning capacity with the aim of maintaining a man while he was unfit for work. But under pressure, particularly from the War Office, the 1917 Royal Warrant raised allowances, added the Constant Attendance Allowance, put aggravation on a par with disability, and established a system by which rates of payment were determined by degree of physical impairment according to percentage classification.[6] That this represented a considerable shift in emphasis is made clear in the instructions of medical boards which laid down that 'The basis of assessment should be a man's physical capacity as compared with that of a normal healthy man of the same age. It does not vary simply with earning capacity since the pension is not merely a recompense for an impaired power of earning a livelihood, but also a compensation for loss of the amenities of life'.[7] Thus a man could earn wages and still draw a full pension. And the concept of 'total incapacity' was abandoned: a man could be assessed as 100 per cent disabled and still work. Compensation under the War Pensions Scheme now differed in every respect from that operating under the Workmen's Compensation Act and, indeed, from every other aspect of the social security system.

In providing compensation for disability arising from loss faculty, war pensions were removed from the major problem which increasingly beset work-related benefits such as Workmen's Compensation and Health Insurance in the inter-war period – the problem at a time of high unemployment of deciding when people ceased to be sick and became unemployed.[8]

Discussion about Workmen's Compensation in the inter-war years was largely a response to Trade Union pressure to raise rates of payment. However, the Second World War eroded two of the first principles on which compensation for industrial injuries rested – the notion of liability, and the earnings-related nature of the payment made. The opportunity for re-considering the relationship between Workmen's Compensation and the rest of the social security system occurred when the Reconstruction Problems Committee gave this task to Beveridge. Amalgamation of Workmen's Compensation with the National Insurance system had been rejected largely because the TUC insisted on differential as opposed to flat-rate contributions to ensure employers' diligence on the matter of safety and accident prevention.[9] Beveridge was confronted with the problem that whereas Workmen's Compensation gave benefits for partial permanent incapacity, social insurance provided subsistence level payments for periods off work. His solution was to devise a benefit which combined both methods but the TUC continued to press for the retention of the notion of liability and a higher level of earnings-related payments.

In the event the Inter-departmental Committee under the chairmanship of Osbert Peake set up in 1943 to revise the Beveridge proposals for payment for disablement arising from employment, modelled the new scheme for Workmen's Compensation on both the War Pensions and the Personal Injuries (Civilian) schemes. Thus, the Committee, in proposing a short-term injury allowance for up to 26 weeks and allowances for wives and children which operated in the Personal Injuries (Civilian) scheme, and a long-term flat-rate benefit assessed on loss of faculty such as operated under both that scheme and the War Pensions scheme, to be funded by tripartite contributions, but without the imposition of contribution conditions on payment, the Committee effectively substituted the principle of compensation for pain of injury or death for that of economic loss.[10] Essentially it was these recommendations which formed the basis of the legislation which appeared in 1946 and which persists today.

2 Finding a rationale for the benefits

The criteria according to which payments are allocated under a given scheme inevitably owe much to the availability of feasible and acceptable sets of criteria for allocation. In the case of War Pensions, the eventual acceptance of a clinical assessment of loss of faculty as the basis for allocating benefits, owed much, once the general principle had been accepted, to the availability of a number of similar assessments already operating in the field of service pensions, such as that by which gratuities were paid to officers by the Chelsea Commissioners, and the sophisticated gradation of incapacity used by the Admiralty.[11] A number of such schemes were systematised to provide the basis for the allocation criteria adopted in the 1917 Royal Warrant.

Not surprisingly, it has been argued that the War Pensions scheme was essentially pragmatic in origin: '... it was left to the Select Committee of 1919 to find a philosophy to legitimise it'.[12] Similarly, during the Second World War, the establishment of the Industrial Injuries scheme was undertaken with little reference to a rationale for its existence. Indeed, in so far as 'social philosophy' played any part in the deliberations, it tended to be that which argued *against* separate provision for Industrial Injuries. Beveridge, in reviewing social security provisions, considered a unified system of provision without demarcation according to cause of disability, to be a cornerstone of his philosophical approach to social security. But the existence of the Workmen's Compensation scheme, the necessity to include it in any review of social security, and the defence and promotion of special cash payments for industrial injuries by the TUC ensured the establishment of a separate injuries scheme. Under the Beveridge proposals, the arguments advanced to justify distinctions in the treatment of disability for social security purposes based on cause have been described as 'precarious'. The Industrial Injuries scheme was held to represent danger money for men under orders and a limit on employers' liability, and in supporting its retention, the Reconstruction Committee agreed that the only justification for it was historical.[13]

In the case of the Industrial Injuries scheme, it was fear about the effect on benefit levels in the rest of the National Insurance system which dominated discussion of the place to be occupied by Industrial Injuries payments within the social security system as a whole, rather than the purpose of payments for disability in general, and for disabilities resulting from industrial injuries and diseases in particular. It was a principle of the National Insurance system that a particular contingency could not be covered twice, and this raised the question of whether industrially injured people were entitled to Sickness Benefit. But it had been established already that War Pensions were paid to compensate for pain and injury, and therefore, that beneficiaries under that scheme were not precluded from drawing Sickness Benefit as well, which provided maintenance for periods during which sickness interrupted earnings, and the industrial injuries scheme followed suit.[14]

3 Determining benefit levels

While it is true that the purpose of payments made under the Industrial Injuries and War Pensions schemes – to compensate for loss of mental or physical faculty – are clarity itself the introduction of the concept of compensation linked to the degree of disability created a problem about the level at which benefit should be set. Compensation for loss of earnings was the objective of only the supplementary special hardship allowance, *not* the main benefit. How then, were levels of benefit determined under the Industrial Injuries and War Pensions schemes?

In the case of War Pensions, the 1917 Royal Warrant established that pension rates should be adjusted to movements in the cost of living, and this position was endorsed by the Select Committee in 1919. But the Committee experienced difficulty in quantifying compensation. The Committee rejected the notion of linking the level of pensions with the lowest existing wage-rate – that of the agricultural labourer, but instead, added 40 per cent to the 1917 Warrant level, apparently to take account of the rise in prices between 1917 and 1919, and recommended that the pension should be adjusted annually according to the Board of Trade's estimate of the working class budget. However, by 1923 the cost of living had fallen by 22 per cent and by that time the British Legion had become an established pressure group. It became clear that in linking benefit levels to a cost of living index it was politically possible to raise benefits, but impossible to reduce them. The government's reluctance to adopt a policy of relating benefits to the cost of living as proposed in the Beveridge Report was attributed in part to the experience of War Pensions in 1923.[15]

In the case of Workmen's Compensation the discussions of the 1930s focused on the low level of benefit. Both Conservative and Labour MP's were worried that low benefits forced injured workmen to seek the help of the Poor Law or the Unemployment Assistance Board. But there were no accepted criteria by which benefit rates were supported by reference to 'need'.[16] When the problem of reforming Workmen's Compensation was passed to the Beveridge Committee, the representative of the Ministry of Pensions suggested a flat-rate scheme modelled on War Pensions, but received no support from the rest of the Committee. In 1943, Morrison too, appeared to be anxious to peg benefits for industrial injuries and diseases to those already established for War Pensions, to insulate government from union demands to raise benefit levels. Osbert Peak's Inter-departmental Committee in 1943 sought parity with the rates provided under the Personal Injuries (Civilian) Scheme.[17]

However, by 1945, the government was under tremendous pressure from the TUC to raise the level of benefits payable under the proposed Industrial Injuries scheme, and new rates were adopted which were borrowed from the highest rates operating under other schemes. Thus the level of allowance for a wife was borrowed from the National Insurance Scheme, and children's allowances were paid at the same rate as those of the War Pensions scheme. When the Labour government came to power in 1945, James Griffith at the Ministry of Pensions and National Insurance raised benefit levels throughout the scheme and incorporated into it the earnings-related principle by introducing the Special Hardship Allowance. The higher rates and the new Special Hardship and Unemployability supplements proposed for the Industrial Injuries Scheme set the pace for other benefit schemes: the rates and the new allowances were incorporated into the War Pensions scheme.[18]

When the Labour government established National Insurance benefits at subsistence level, the gap between National Insurance benefit levels and those of the preferred status groups was unbridgeable except over a period of between 10 and 20 years: it was hoped over time to level up National Insurance benefits, probably through the injection of state funds.[19] In fact, the period since 1946 has seen little in the way of even a gradual erosion of the differences between the level of benefits payable under the National Insurance schemes, and those established for the preferred status groups. For example, benefits for 100 per cent assessments under the Industrial Injuries and War Pensions schemes currently amount to 163 per cent of Invalidity Benefit received by equally disabled people, but whose condition has not arisen 'out of or in the course of employment' or service in the armed forces.

4 Consolidation

In so far as the idea of disability made any impact in the context of social policy before the Second World War, it tended to be associated with the preferred status groups, as reflected in the terms, for example, 'disabled ex-service men', 'war disabled', 'industrially disabled'. As such it became associated with high status, employment related conditions experienced primarily by men. During the war itself, its association with employment-related services aimed largely at men was reinforced by the introduction of employment services, including the quota, sheltered employment provisions, and registration, under the Disabled Persons (Employment) Act, 1944. Those who did not fall within these categories, but received sickness benefit or national assistance/supplementary benefit for the interruption of earnings arising from disability, were 'sick'. Those whose dependence caused them to rely on local authority welfare services (mainly women) were identified and registered as 'handicapped' unless they belonged to the separately registerable groups of blind, partially sighted, deaf or hard of hearing. Generally speaking, a sharp distinction was drawn between all these groups and the mentally disordered, who, despite the endeavours of the Mental Health Act 1959, continued to be categorised separately as mentally handicapped or mentally ill.

That this was so is not surprising. In the immediate aftermath of war, no policy existed for the disabled population. Indeed, the very possibility of such a policy had been undermined by the nature of post war social reforms. The object of much of the policy-making of the Attlee administration was to destroy the Poor Law, and to extend the development of services organised according to function, to replace the all purpose destitution authority, as the Minority Report on the Poor Laws had urged. To ensure the death of the Poor Law, such services were to be available on a test of need, not means. Thus, disabled people, like everyone else, were to benefit from health, education, welfare, housing, employment and social security services whenever they had need of them, though within these services, special provision was often made for those with disabilities.

As a consequence, even the idea of a disabled population was remote from policy-makers' minds. The fragmentation was reinforced by the increasing proliferation in the post-war period of voluntary organisations which, with few exceptions promoted the interests of people with particular disabling conditions – the Spastics Society, the Polio Fellowship, the Deaf and Dumb Association, the Multiple Sclerosis Society, the British Epilepsy Association, and so on. In part the proliferation proceeded because people gained comfort from talking to others with similar experiences, and in part because charities found it easier to raise money if they promoted a single disabling condition.

During the 1950s there was general acquiescence in the existence of a hierarchy of benefits, of which those available to the preferred status groups occupied the position at the apex of the pyramid. It was only when the outcome of the new welfare state policies began to be subjected to systematic analysis in terms of redistribution and equity that dissatisfaction began to arise.

The challenge to the existence of these privileged groups emerged out of the concern with poverty in the 1960s, as academic studies began to map out the relationship between disability and low income[20] and explore the reward system for disability in terms of equity: age, origin of condition, whether a person had been engaged in insurable employment, contribution record – all of these could be crucial in determining how much a disabled person received, or indeed, whether any payment was made at all.[21] Partly as a consequence of such work, a population which was self-designated as disabled began to emerge. It was a population which argued for among other things, the extension of the social security privileges of the preferred status groups to all disabled people. However it became clear that in responding to disability almost solely in terms of labour market participation, the existing hierarchy of benefits gave rise to other differentials based on gender: most women, but especially housewives, essentially were not recognised as disabled or even sick under the system.

To privileged groups which owed their origin to pragmatism, and their continued existence to sentiment, buttressed by powerful pressure groups such as the British Legion and the TUC, the strength of a challenge based on principle – that of equity – at a time when egalitarianism was fashionable, appeared to be formidable. And in the course of that challenge it became clear that not only was privilege at stake, but so, too, was the definition of disability inherent in the allocative criteria of the War Pensions and Industrial Injuries schemes. Those who newly identified themselves as disabled rejected both the assumption that rewards for disability should be made according to the origin of the disabling condition, and 'the stump-measuring mentality' according to which assessments for loss of faculty were made. But the new competitor to the long-established existing view of disability owed more, in origin, to debates about the nature and purposes of care than to considerations of income maintenance.

5 The challenge

Pressure for change came in the 1960s from two directions. First, there was a growth of interest in the field of disability among social scientists, particularly sociologists and social administrators. Second, change was sought by disability pressure groups demanding further government intervention especially in social security, and later by government itself as it sought to respond at least in part to these demands: both commissioned social scientists to produce methods of defining and measuring disability. An early preoccupation of those undertaking such work was to determine what was meant by commonly used terms such as 'disability', 'handicap', and 'impairment'. It became usual in the literature for such terms to be distinguished in the early stages of any discussion about disability.[22] Indeed, from the late 1960s, government supported work which sought to devise a standard terminology and classification of disablement – work which continued into the 1980s.[23]

In the context of a possible disability income, research of necessity, was required to attempt to find common ground between people experiencing a wide range of disabling *physical* conditions. By far the most common, and the most influential in terms of their impact on social policy were definitions and measures based on functional assessments of disability. Yet even here there was a wide diversity of approach: whereas some devised measures of motor capacity,[24] others produced definitions and assessments of *dependence* based on capacity for activities of daily living which had their origin in occupational therapy,[25] while still others began to construct measures, which it was argued, might eventually offer a basis for redistribution on a broad front. Any systematic discussion about the definition and nature of disability inevitably raises questions about the meaning of normality. The 'loss of faculty' measures used to allocate war pensions and benefits under the industrial injuries scheme had been constructed on the basis of comparisons with a normal healthy person of the same age and sex. In the event, the most influential of the new assessments sought to define disability with reference to normality interpreted as the ability to enjoy the style of living, the full range of choices and social interrelationships regarded as normal in our society. The objectives of policies for disabled people came to be perceived as the promotion of the right of everyone to enjoy a normal life.[26]

It was research in the field of institutional care for the elderly which led Townsend to develop the first generic approach to disability outside the preferred status group schemes. His functional assessment based on activities of daily living was used to illustrate the huge overlap between the institutional and non-institutional populations of the elderly in terms of incapacity for self-care.[27] But a more important dimension to the discussion was his argument