

**Disability Rights Commission**

**Disability Debate**

**Changing Britain for good**  
***Putting disability at the heart***  
***of public policy***

## **Ten priorities for change**

1. Increasing disabled people's active participation in public, civic and community life
2. Closing the employment gap, including a successful outcome from welfare reform.
3. Ensuring no one is obliged to live in an institution or in a particular living arrangement against their will.
4. Securing rights and entitlements which facilitate independent living across the life course.
5. Creating safe communities – tackling hate crime, harassment, bullying and negative stereotyping.
6. Improving disabled people's housing rights, opportunities and conditions.
7. Ending child poverty, disadvantage and wider barriers to children and young people's life chances.
8. Enhancing vocational and personal skills.
9. Tackling health inequalities.
10. Ensuring that future legal and institutional arrangements for promoting equality and human rights are sufficiently well designed with regard to securing disabled people's rights.

## **Effective public policy depends on social justice for disabled people**

For years we have talked about disability rights as an issue for a minority.

In reality, as the DRC's Disability Debate, launched in June 2005, has established, Britain's main public policy goals – economic prosperity, full employment, an end to child poverty, better health, less crime – will fail unless the experiences of people with impairments and long term health conditions are acknowledged and addressed.

We cannot achieve the goal of full employment unless we secure greater opportunities for people with impairments and

long term health conditions – who form 40 per cent of all people out of work.<sup>1</sup>

We cannot tackle child poverty unless our strategies are effective in helping the 68 per cent of two parent families where at least one parent has an impairment or long term health condition – in other words, there are one million disabled parents who are without work and their children are living in poverty.<sup>2</sup>

We cannot achieve gender equality while so many women provide unpaid care in the absence of entitlements to effective independent living services.

We cannot create a ‘knowledge economy’ unless we tackle the skills deficit among disabled people who form 35 per cent of the total number of people without any formal qualifications.<sup>3</sup>

We cannot deal with future housing demand in an ageing population unless we have a more accessible housing stock.

We cannot address the health of the nation unless we tackle the fact that some disabled people are particularly likely to suffer from preventable illness and early death: for instance, diabetes, obesity, coronary heart disease and stroke are much more common in people with long term mental health problems or learning disabilities than in the population generally.<sup>4</sup>

The inequality experienced by disabled people is the inequality Government must address if it is to reach many of its core social and economic goals. Disability can no longer be ignored without risking massive public policy failure.

And yet disabled people are still viewed as a clearly demarcated minority dealt with through ‘special’ policies. We have excellent civil rights legislation for disabled people –

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<sup>1</sup> Labour Force Survey, 2005

<sup>2</sup> DWP 2003

<sup>3</sup> Labour Force Survey, 2005

<sup>4</sup> DRC, 2005 Equal Treatment: Closing the Gap: Interim Report of a Formal Investigation into Health Inequalities ([www.drc-gb.org/health](http://www.drc-gb.org/health))

but no explicit consideration of impairments and health conditions in child poverty strategies. We have a huge system of welfare benefits and social care specifically for disabled people but this leaves them in a ghetto, because there is much lower investment in supporting them to participate and contribute – in work, education, community and family life – so that they can fully belong.

Over time, the low expectations that such policies and attitudes generate have institutionalised discrimination and disadvantage. We live in a society apparently content to have huge numbers of its citizens dependent on welfare rather than using resources to invest in releasing their potential.

The costs to disabled people and wider society are enormous and will grow unless we take a different course.

What is needed is the political will to challenge this exclusion in all its forms.

The new Disability Equality Duty for the public sector, introduced by the Disability Discrimination Act 2005, provides fresh impetus to ensure national and local policy makers build disability into policy making from the outset. We hope our agenda will help provide direction as they implement these new positive duties.<sup>5</sup>

In the next phase of developing a new agenda on disability, we invite you to participate in developing the solutions to the main issues we have identified. We believe the outcomes of success could be both social justice for disabled people and successful achievement of broader societal objectives in which everyone in Britain has a stake.

Thank you for your contributions so far and I look forward to working with you to help develop a radical and transformative new agenda for action.

Bert Massie  
Chairman, DRC

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<sup>5</sup> More information about the Disability Equality Duty can be found at [www.dotheduty.org](http://www.dotheduty.org)

## **Changing the way we think about disability**

### ***Who are we talking about?***

Many thinking of disability will automatically associate the word with issues such as wheelchair access, guide dogs and perhaps learning disabilities – something fixed by birth or accident and changing little over time; disabled people as a discrete and clearly identifiable group.

Yet the definition of disability in the Disability Discrimination Act (DDA) may bring into its scope lone parents developing serious depression, young men with learning or behavioural difficulties ending up in our prison system, people diagnosed with diabetes in middle age, older people with respiratory problems and people with HIV. Many of these people won't think of themselves or be considered by others as 'disabled people', yet they may be the people facing the most severe exclusion requiring public policy attention.

Certainly, despite all the suspicion generated in the media over the last year concerning the validity of incapacity benefit claimants, the vast majority will be covered by the DDA.

The nature of impairments and long term health conditions changes over time. For example, there are 30,000 people who have been affected by polio in Britain, but it is now extremely rare, since vaccination was introduced, for children to acquire the condition. However, the numbers of children being diagnosed on the autistic spectrum has risen rapidly over the last two decades, as has the incidence of mental health problems among both children and adults. We are also seeing a steep rise in obesity, which can lead to impairments and long term health conditions.

Not everyone with experience of an impairment or long term health conditions will experience serious disadvantage during their lives. However, large numbers do experience profound social and economic exclusion – a result not of medical status but the environment, policies and attitudes they encounter. Exclusion is often magnified by other factors such as their age, ethnic origin or gender. Both women and some ethnic minority communities are over represented amongst disabled people.

Our new agenda focuses on these disabling factors and their impact on wider economic and social realities – rather than any narrowly defined minority group.

People living with long term health conditions – diabetes, arthritis, heart disease, cancer, depression, bi-polar disorder – make up the armies of ‘disabled’ parents whose children live in poverty. They make up the huge numbers of people who want to work but are not working, sometimes because employers will not hire them; for instance, fewer than four in ten employers say they would be prepared to take on someone who had had a mental health problem; yet people with mental health problems are even more likely than other disabled people to want to work, and can work successfully if given a chance and the right support.

This new agenda focuses on resolving the most deep-rooted and persistent inequality today, mitigating the greatest risks to disabled people over the coming 10–15 years and contributing to solutions for the major public policy issues that affect us all.

### **Disability as an issue of equality and social justice**

Public policy has been slow to treat disability as a matter of equality, human rights and citizenship. Despite ten years of the Disability Discrimination Act many areas of public policy continue to place disability in a box marked ‘care, welfare and charity’. The welfare state in particular has remained rooted stubbornly in the past, failing to support modern day goals of promoting equality and participation. In doing so it has curtailed expectations and locked many into a state of dependency, unfulfilled potential and exclusion where it could promote independence, liberate potential, and secure inclusion.

This is bad for disabled people, and as this paper will demonstrate, bad for Britain both now and in the future.

A collective failure to recognise the experience of many disabled people for what it is – injustice leading to inequality – has resulted in widespread acceptance of situations that for any other group in society would be considered scandalous, and recognised as an unnecessary cost to society.

Discrimination and disadvantage often remain unquestioned where disabled people are concerned. This lazy fatalism is what has led in 2006 to disabled people’s inequality standing between Government and many of its major social and economic targets.

## **A new approach**

The agenda the DRC is developing is not about quick fixes.

It is about tackling the most deep-rooted and persistent sources of inequality facing people with impairments and long term health conditions and thereby positively transforming the experience of disabled people in Britain for good.

The ten priorities we set out later in this paper are interdependent and are designed collectively to achieve the following long term aims.

Our vision is: “a society in which all disabled people can participate fully as equal citizens”

## **Aims of a long term agenda**

We believe we will have reached our objectives when:

**All disabled people experience human rights in practice.**

We can only hope to achieve equality if the continued restrictions on many disabled people’s dignity, autonomy and in some cases even life itself, are removed.

**Having an impairment or long term health condition does not unavoidably impact on equal life chances.**

Disabled people should be able to anticipate equal wellbeing and opportunities throughout their life- course. As well as putting the resources in place to afford disabled children a more equal start, we will also need to mitigate the disadvantage that so often begins when adults develop impairments and long term health conditions.

**We have replaced the pervasive notion of disabled people as ‘passive recipients’ of care with public support for disabled people as ‘active citizens’.**

Disabled people’s rights and contributions should be linked to those of all citizens through a fair framework of reciprocity and disability should not be the label by which people are automatically exempted from holding responsibilities – effectively written out of everyday life. Across all areas of life we would anticipate considerably higher levels of active participation by disabled people, with disabled people succeeding, holding positions of influence and seen as net contributors to society.

**People with impairments and long term health conditions are not routinely characterised as implicitly ‘vulnerable’ and ‘at risk’.**

The ultimate realisation of the social model of disability will have come when we have finally abandoned the notion that disabled people are implicitly more vulnerable and at greater risk and so unable to lead independent lives, and instead we focus on removing the hazards and circumstances which leave disabled people in vulnerable and risky situations.

**People with hidden impairments are confident to ‘come out’ without fear of stigmatisation if they so wish.**

People with impairments and long term health conditions should feel that they can reveal this aspect of their identity without fear of stigma or discrimination – that it is an ordinary aspect of human experience.

**The power of disabled people to exert control over their own lives and influence local and national decision-making is equivalent to non-disabled people.**

Politicians will recognise the importance of disabled people’s votes, and the voice of disabled people will be an influential one, shaping the world around us. At the individual level, disabled people will have the means to be able to exercise the same level of choice and control as non-disabled people.

**We have established strong recognition of the criticality of the disability agenda to mainstream, social, economic and political goals.**

Disability equality will not be a peripheral concern, but an acknowledged critical test of the effectiveness and viability of public policy across the board.

## **Ten priorities for action**

To achieve these aims we have identified ten priorities for action:

1. Increasing disabled people’s active participation in public, civic and community life
2. Closing the employment gap, including a successful outcome from welfare reform.

3. Ensuring no one is obliged to live in an institution or in a particular living arrangement against their will.
4. Securing rights and entitlements which facilitate independent living across the life course.
5. Creating safe communities – tackling hate crime, harassment, bullying and negative stereotyping.
6. Improving disabled people’s housing rights, opportunities and conditions.
7. Ending child poverty, disadvantage and wider barriers to children and young people’s life chances.
8. Enhancing vocational and personal skills.
9. Tackling health inequalities.
10. Ensuring that future legal and institutional arrangements for promoting equality and human rights are sufficiently well designed with regard to securing disabled people’s rights.

The priorities for improving disabled people’s life chances are interdependent. For example, closing the employment gap rests in part on improving disabled people’s skills and securing rights to independent living. Ensuring disabled people are safe in their communities will be greatly assisted through many more disabled people actively participating in public, civic and community life. Improving vocational skills can be achieved through voluntary activity.

The next phase of the Disability Debate will focus on developing practical policy recommendations for achieving our ten priorities.

## **Priority 1**

### **Increasing disabled people’s active participation in public, civic and community life**

“The government seems good at talking about helping the disabled, yet doesn’t accept that we can be useful within the community.” Disability Debate participant

## **Why is this important?**

Disabled people are more likely to be targeted as objects of voluntary and community activity than enabled to be active citizens themselves.

Increased participation by disabled people in public, civic and community life is both a desired outcome, and a means to an end.

Participation is important in increasing the voice and influence people have in shaping the world around them. It provides greater opportunities to make a recognised contribution, outside or over and above paid employment, and to interact with non-disabled people on more equal terms, so helping to transform attitudes and behaviour towards disabled people. It provides opportunities to acquire new experience and confidence which may help people find employment. Participation is fundamentally important to people's sense of status and belonging.

For Government and the wider community, it ensures the potential of all individuals is harnessed to improve our community life, with positive pay-offs in relation to issues such as cutting crime, improving public services, ongoing participation in education, re-engagement in democratic processes and improving mental health and wellbeing.

The new Disability Equality Duty, introduced by the Disability Discrimination Act 2005, requires public authorities to take action to promote disabled people's participation in public life, to promote positive attitudes towards disabled people and to actively involve disabled people in the development of policy and plans.

## **The current situation**

- Disabled people represent 20 per cent of the population but have a particularly low representation in public appointments – currently an average of around three per cent across England, Scotland and Wales.<sup>6</sup>
- Only six per cent of all volunteers are disabled people.<sup>7</sup>

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<sup>6</sup> Cabinet Office, 2004 Delivering Diversity in Public Appointments

<sup>7</sup> CSV:RSVP, 2000 Disability need be no handicap London:CSV

- The Disability Discrimination Act does not cover volunteering, and schemes such as Access to Work are not available for public or civic appointments.
- Real or perceived disincentives in the benefits system prevent significant numbers from contributing to society in ways other than paid employment.<sup>8</sup>
- Central Government initiatives to promote 'active citizenship' have tended to characterise disabled people principally as beneficiaries, rather than untapped contributors.

### **Critical questions**

How can we increase opportunities for disabled people to actively participate in public, civic and community life?

### **Priority 2**

#### **Closing the employment gap, including a successful outcome from welfare reform**

"I work as a teacher, teaching primary school children. I work full time from my wheelchair, and believe I teach as well as, if not better than, before I was disabled. The parents have been pleased with my work, I love teaching, the children learn well... but can I get a full time permanent job? I wish! Head teachers are frightened of employing someone who might let them down, be absent more than anyone else or not do a good job. I am, therefore prevented from making a valuable and continued contribution to society." Disability Debate participant

#### **Why is this important?**

It will be impossible for the Government to meet its target of an 80 per cent employment rate without redressing the inequality disabled people experience in the jobs market.

Employment continues for most to provide the best overall escape route from poverty and exclusion, providing not only greater financial security but also independence, status and social interaction. As we live longer, our individual and

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<sup>8</sup> Turner & Beresford, 2005 *Contributing on Equal Terms: Involvement and the Benefits System* London: SCIE  
[www.shapingourlives.org.uk](http://www.shapingourlives.org.uk)

collective ability to make financial provision for retirement through our working lives is ever more important.

Increasing the numbers of disabled people in employment is important then not just to individuals who are out of work and could work, but also to sustaining public services, including those necessary to help others into work or out of exclusion in future.

The Government has signalled its intention to reform the welfare state and in particular the approach to people on incapacity benefits. Getting this right is crucial to closing the employment gap between disabled and non-disabled people, and to ensuring that those whose opportunities to work continue to be severely restricted enjoy arrangements which provide for an acceptable level of economic and social wellbeing.

### **What's the current situation?**

- Of the total number of people of working age out of work in Britain, 40 per cent are disabled.<sup>9</sup>
- Only 51 per cent of disabled people are in work, falling to 21 per cent of people with a mental health condition and 17 per cent of people with a learning disability.<sup>10</sup>
- Almost a third of working-age disabled adults live in income poverty. This is higher than a decade ago, double the rate for working age non-disabled adults and higher than the rates for either pensioners or children.<sup>11</sup>
- 68 per cent of households with children where both parents are out of work include at least one disabled parent and 32 per cent of lone parents out of work are disabled, meaning disabled people's unemployment plays a major part in child poverty.<sup>12</sup>
- For disabled people with a higher education qualification, the 'lacking but wanting work' rate of 14

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<sup>9</sup> Labour Force Survey, 2005

<sup>10</sup> Labour Force Survey, 2005

<sup>11</sup> Palmer et al, 2005 Monitoring Poverty and Social Exclusion 2005 York: Joseph Rowntree Foundation  
[www.jrf.org.uk](http://www.jrf.org.uk)

<sup>12</sup> DWP, 2003

per cent is actually higher than the 'lacking but wanting work' rate of non-disabled people with no qualifications at all.<sup>13</sup>

- At any given level of qualification a disabled person is more likely than a non-disabled person to be low-paid. The disability pay gap is ten per cent.<sup>14</sup>

### **Critical questions**

What more can be done to secure equality for disabled people in the jobs market?

How can the welfare state be reformed to support disabled people who can get into jobs, whilst offering a decent standard of living and wellbeing for those who can't?

### **Priority 3**

#### **Ensuring no one is obliged to live in an institution or in a particular living arrangement against their will**

"I live in a care home and want to live independently. I can't afford this so I remain in a care home." Disability Debate participant

### **Why is this important?**

The right to choose where and with whom to live is a basic human right which continues to be denied to many disabled people. Without this basic level of self-determination and control, it is impossible to achieve equality. Many who live in residential institutions have no residency rights such as

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<sup>13</sup> Palmer et al, 2005 Monitoring Poverty and Social Exclusion 2005 York: Joseph Rowntree Foundation  
[www.jrf.org.uk](http://www.jrf.org.uk)

<sup>14</sup> Palmer et al, 2005 Monitoring Poverty and Social Exclusion 2005 York: Joseph Rowntree Foundation  
[www.jrf.org.uk](http://www.jrf.org.uk)

a tenancy agreement, the ability to choose who to share their living space with, or freedom of movement. Those living in institutions have no rights of appeal to leave them, are often unable to access the support they need to live in the community, and cannot get enough 'points' to be re-housed.

Our wider goals cannot be achieved unless we follow the lead set by the draft UN Convention on the Rights of Disabled Persons that no one should be obliged to live in an institution or particular living arrangement.

### **What's the current situation?**

Since 1997, there has been a 20 per cent and 40 per cent increase in admissions to residential or nursing care respectively for people with a learning disability and people with a mental health condition.

Whilst one factor may be the closure of long-stay hospitals, there is also evidence of new institutions being built, seemingly for reasons of cost containment.<sup>15</sup>

Nearly 300,000 people are currently in institutional care. Many of these people have learning difficulties, mental health conditions and physical or sensory impairments.<sup>16</sup>

A commitment in the Prime Minister's Strategy Unit report 'Improving the Life Chances of Disabled People' (2005)<sup>17</sup> to consult on the 'merits of a right to request not to live in residential care' was not included as a specific consultation question in the subsequent Adult Social Care Green Paper, and not mentioned at all in the version of the paper made accessible to people with a learning disability.<sup>18</sup>

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<sup>15</sup> National Statistics/DH figures to 2003  
[www.performance.doh.gov.uk/HPSSS/TBL\\_C7.HTM](http://www.performance.doh.gov.uk/HPSSS/TBL_C7.HTM)

<sup>16</sup> CSCI 2005 State of Social Care in England 2004-2005

<sup>17</sup> Prime Minister's Strategy Unit, Improving the Life Chances of Disabled People, London: HM Stationery Office  
[www.strategy.gov.uk/work\\_areas/disability/index.asp](http://www.strategy.gov.uk/work_areas/disability/index.asp)

<sup>18</sup> DH 2005 Independent, Well Being and Choice, London: HMSO  
[www.dh.gov.uk](http://www.dh.gov.uk)

## **Critical questions**

How best can we reverse this trend and provide meaningful choice and control to disabled people concerning where and with whom they live?

### **Priority 4**

#### **Securing rights and entitlements which facilitate independent living across the life course**

“I am 76 years old, and was born with cerebral palsy. I am so thankful that my mother encouraged me to take bigger ‘risks’ all my life. Otherwise I would not be able to live very happily on my own – I suppose taking the greatest risk of my life and thoroughly enjoying myself in every way. Woe betide anyone who tries to stop me ‘for my own safety’. I have never heard anything so ridiculous, especially in the 21st century.” Disability Debate participant

#### **Why is this important?**

Many disabled people require dedicated support, assistance and resources to achieve human rights, establish more equal life chances and realise their potential at every stage of life. For many disabled people, our entire agenda rests on achieving this objective. Yet, existing statutory rights and entitlements in relation to social services are not delivering the means for independent living – in some cases they act in complete contradiction – and are subject to tight financial restrictions. The assumptions which underpin their design and delivery focus on managing ‘vulnerability’, ‘risk’ and ‘dependency’ rather than supporting choice, control and participation.

#### **What’s the current situation?**

- Perverse financial incentives including cost-capping are leading local authorities to promote institutional care above community living for those with ‘high support needs’ as evidenced by significant rises in admissions to residential and nursing care since 1997 (see priority 3).

- Of adults with a learning disability living in the community, 52 per cent live with their parents and 12 per cent with other relatives.<sup>19</sup>
- Research by Turning Point found that 20,000 people with a learning disability don't have anything to do during the day, leaving them isolated from the community and compounding low expectations of themselves and from others.<sup>20</sup>
- Councils' performance indicators show a poor record in supporting disabled people to live at home, with only four of nine regions in England achieving acceptable performance in 2002/3.<sup>21</sup>
- Services and support are currently not provided as a right, but based on professionally assessed 'needs', frequently not orientated towards supporting individual choice, control and participation and in a context of severely restricted resources.
- Services such as social care are not perceived as a social and economic investment, but as managing 'dependency', and are often infected with risk averse policy and practice premised on the notion that disabled people are intrinsically vulnerable and 'at risk'.

### **Critical questions**

In what ways can disabled people who require personal assistance and support in their daily lives establish greater freedom and control?

Should there be minimum guaranteed outcomes from social care services, and if so, what should these be?

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<sup>19</sup> Emerson et al, 2005 Adults with Learning Difficulties in England 2003/4

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/fs/en)

<sup>20</sup> Turning Point, 2005 Hidden Lives - Improving the life chances of people with a learning disability

<sup>21</sup> CSCI 2004 State of Social Care in England 2003-2004  
[www.csci.org.uk/publications/national\\_reports/default.htm](http://www.csci.org.uk/publications/national_reports/default.htm)

## **Priority 5**

### **Creating safe communities – tackling hate crime, harassment, bullying and negative stereotyping**

“I quite often get called a spastic in the street and get spat at. I get shaken up – I don’t know what to do.” Disability Debate participant

#### **Why is this important?**

Feeling and being unsafe or unwelcome – from shunning or rejection to violence, harassment and negative stereotyping – has significant negative impact on all people’s health and sense of wellbeing. It also has significant impacts on their ability to participate both socially and economically in their communities. Safety and security, and the right to live free from fear and harassment, are at the core of disabled people’s priorities.

To achieve equal citizenship, the disproportionate rates of violence, harassment, bullying, rejection and the fear experienced by disabled people of all ages must be systematically addressed. Disabled people must have strong levels of trust in those institutions and systems which protect us from crime, harassment and bullying. Disabled people must also feel a strong sense that justice is on their side, and that their experiences are taken seriously and acted upon. All public bodies must therefore adopt a proactive stance to tackling such harassment and promoting community safety and cohesion.

Measures to tackle ‘anti social behaviour’ and ‘respect’ must not by default legitimise the expression of intolerance towards some disabled people, including those with mental health problems.

#### **What’s the current situation?**

- Research by Mencap found that nine out of ten people with a learning disability reported having experienced harassment.<sup>22</sup>
- One in four disabled people fear being alone after dark, compared with one in ten non-disabled people.<sup>23</sup>

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<sup>22</sup>222 Mencap 2000 Living in Fear  
[www.mencap.org.uk/download/fear.pdf](http://www.mencap.org.uk/download/fear.pdf)

- Eight per cent of disabled people in London suffered a violent attack during 2001/2 compared with four per cent of non-disabled people.<sup>24</sup>
- Research by Greater London Action on Disability (GLAD) found that 'The attacks have a major impact on disabled people. Around a third have had to avoid specific places and change their usual routine. One in four has moved home as a result of the attack. Many disabled people are not confident that the police can help to stop the incidents.'<sup>25</sup>
- Disabled women, and disabled people who are lesbian, gay, bisexual or transsexual or from ethnic minority communities may face additional fears or harassment.
- There is concern that anti social behaviour orders (ASBOs) can in some cases become a vehicle through which intolerance towards some disabled people is expressed, including against people with mental health problems or neurological disorders such as Tourette's Syndrome. The Home Office Minister in charge of ASBOs, Hazel Blears, responding to such incidents, recently wrote in Community Care magazine that 'just because someone has a disability or is vulnerable in some way does not mean that their anti social behaviour is any less frightening
- to those around them.'<sup>26</sup> A more appropriate response might be to consider such behaviour as a trigger for additional assessment or support. There is no evidence that ASBOs can have any effect on changing such behaviour and criminalising such people is only likely to further increase their isolation and disadvantage.

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<sup>23</sup> Prime Minister's Strategy Unit 2005 Improving the Life Chances of Disabled People, Stationery Office  
www.strategy.gov.uk

<sup>24</sup> Mayor of London, 2003 Another Planet? Disabled and Deaf Londoners and Discrimination www.london.gov.uk/mayor/eydp-2003/disability\_capital\_report.jsp

<sup>25</sup> Greater London Action on Disability (GLAD) Disabled people and the police - a new relationship? London: GLAD/MPA.

<sup>26</sup> Community Care, 24-30 November 2005

- The Social Exclusion Unit report 'Mental Health and Social Exclusion' found rejection, or the fear of rejection, by the community to be the most important cause of social exclusion amongst people with a mental health condition.<sup>27</sup>

### **Critical questions**

How can we best secure disabled people's safety in the community?

How can we ensure disabled people feel that the criminal justice system is on their side?

### **Priority 6**

#### **Improving disabled people's housing rights, opportunities and conditions**

"I have housing problems. Due to my illness I need a secure home. I cannot afford to buy. I am not seen as a priority despite the fact that the lack of safety is a constant fear. I am not eligible. Torment doesn't count." Disability Debate participant

#### **Why is this important?**

A secure home is the foundation stone without which much of our agenda is unachievable. Disabled people experience higher than average housing problems – from homelessness, to standards, suitability, choice and access to home ownership. A poor housing situation has major impacts upon wider experiences and opportunities.

#### **What's the current situation?**

- Between 1997 and 2004, the numbers of homeless households considered priority due to 'physical disabilities' increased by 24 per cent and due to mental health problems by 65 per cent.<sup>28</sup>
- In England, people with impairments and long term health conditions are more likely than others to be living

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<sup>27</sup> Social Exclusion Unit (SEU), 2003 Mental Health and Social Exclusion London: ODPM  
[www.socialexclusion.gov.uk/downloadaddoc.asp?id=134](http://www.socialexclusion.gov.uk/downloadaddoc.asp?id=134)

<sup>28</sup> IPPR, Disability 2005 unpublished

in housing that does not meet the 'decent homes standard',<sup>29</sup>

- Only about half of disabled children live in suitable housing and 70 per cent of families with a disabled child say their housing is unsatisfactory.<sup>30</sup>
- 23 per cent of disabled adults are living in unsuitable housing.<sup>31</sup>
- Many disabled adults living in institutional settings, supported housing or with relatives, are unable to establish sufficient 'points' for social housing, preventing their move to independent life.
- The Lifetime Homes Standard has not been integrated into the decent homes standard and pressures concerning housing density are leading to smaller dwellings unsuited to people using wheelchairs.
- Disabled people are less likely to own their own homes, and are twice as likely to be social housing tenants, meaning a significantly higher number of disabled people are experiencing inequality in relation to assets.

### **Critical questions**

How can we ensure that our housing system fully supports the goal of promoting independent living?

How can we increase the supply of affordable and accessible homes, including promoting home ownership amongst disabled people?

### **Priority 7**

#### **Ending child poverty, disadvantage and wider barriers to children and young people's life chances**

"I have a disabled child who is 12. Where her peers may engage in an active life if they choose, she is confined to the house for her leisure time. Why? Because she is challenging

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<sup>29</sup> Prime Minister's Strategy Unit 2005 Improving the Life Chances of Disabled People, Stationery Office  
[www.strategy.gov.uk](http://www.strategy.gov.uk)

<sup>30</sup> ODPM, 2005

<sup>31</sup> Survey of English Housing, 2003/2004

and needs extra support. When she approaches adulthood how then will she magically gain social skills? My child will never be given the chance to enjoy equal citizenship because from a tender age she has been effectively excluded because of her disabilities. Until resources are directed at kids and their parents there will never be an equal playing field.” Disability Debate participant

### **Why is this important?**

Achieving the Government’s historic commitment to end all child poverty by 2019 demands targeted action to overcome the poverty experienced by families with disabled children – 55 per cent of whom live in or on the margins of poverty.

Far too many young disabled children continue to leave school with few prospects, under-qualified and under-prepared for successful independent adult life, often resulting in poverty and exclusion during adulthood. Childhoods are blighted by poverty, with immediate impact on wellbeing. Families are damaged, and the full potential of other family members, including mothers of disabled children, is not fully realised with clear impacts on gender equality and for the economy. Access to appropriate and affordable childcare is a major barrier for parents of disabled children – the Government’s Childcare Bill offers a new opportunity to ensure that local authorities do provide sufficient and appropriate childcare for all children.

### **What’s the current situation?**

- 55 per cent of families with disabled children are living in or at the margins of poverty with 84 per cent of mothers of disabled children not working compared with 39 per cent of mothers of non-disabled children.<sup>32</sup>
- Disabled 16 year olds are twice as likely to be out of work, education or training as their non-disabled peers.<sup>33</sup>

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<sup>32</sup> Russell, P. 2002. Child Poverty and disability. End Child Poverty Campaign

<sup>33</sup> DfES, Youth Cohort Study: The Activities and Experiences of 16 Year Olds: England and Wales 2004

- A 2002 study estimated that one in four people with learning disabilities had left compulsory education with no transition plan in place.<sup>34</sup>
- A study by the Office of National Statistics in 1997 estimated that around 90 per cent of prisoners have a diagnosable mental health problem, substance abuse problem, or both.<sup>35</sup> For young offenders, that figure rises to 95 per cent.

### **Critical questions**

What is the best way to overcome the poverty facing families with disabled children?

What would make the most profound positive change to young disabled people's life chances?

### **Priority 8**

#### **Enhancing vocational and personal skills**

"It's so hard to get on in the world if you can't use a computer." Disability Debate participant

#### **Why is this important?**

35 per cent of people in Britain with no formal qualifications are disabled.<sup>36</sup>

Economic restructuring over the last decade has vastly increased the demands of employers for highly skilled and qualified workers, and this trend is expected to continue. At the very least it is anticipated that all employers will demand basic Information Communications Technology (ICT) skills, and 'soft skills' in relation to communication, negotiation and interpersonal behaviour.

If we see equal citizenship not just as access to basic material conditions, but also as enjoying the same levels of

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<sup>34</sup> Heslop et al. Bridging the divide at transition: what happens for young people with learning difficulties and their family? British Institute of Learning Disabilities 2002

<sup>35</sup> ONS/DH 1997 Psychiatric morbidity among prisoners in England and Wales

<sup>36</sup> Labour Force Survey, 2005

control and personal freedom most people feel, then we must also address the personal capacity of individuals to exert choice and control. The extent of an individual's personal capacity is also known to influence strongly the outcomes they achieve from public services – for example, people's grasp of ICT, or their ability to comprehend their rights and responsibilities and negotiate positive outcomes from public services.

We need to ensure that all disabled people optimise vocational and personal skills they need to live independently and get on in life.

### **What's the current picture?**

- In 2003 40 per cent of disabled people had no qualifications at all.<sup>37</sup>
- In 1986 20 per cent of workers were required to have a Level 4 (higher) qualification. By 2020 it is projected that demand will be 40 per cent.<sup>38</sup>
- If current trends continue, by 2020 almost half of all employment would be in higher skilled occupations.
- Employers have warned that without at least a basic grasp of ICT skills, people will find it increasingly difficult to find work.
- Of those in receipt of Disability Living Allowance (DLA), 37 per cent have never used a computer, while only 37 per cent have used the internet.<sup>39</sup>
- ICT use is lower among people with impairments and long term health conditions than other citizens even after accounting for the older age profile.<sup>40</sup>
- Increasingly business and public services are employing ICT at the front line of their services to drive down costs, meaning potentially poorer access and outcomes for those unable to use ICT.

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<sup>37</sup> Labour Force Survey, 2005

<sup>38</sup> IPPR, 2005 Disability 2020 unpublished

<sup>39</sup> Social Exclusion Unit, 2004 Breaking the Cycle of Social Exclusion ODPM [www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)

<sup>40</sup> Social Exclusion Unit, 2004 Breaking the Cycle of Social Exclusion ODPM [www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)

- By prioritising funding for level 2 courses, the Westminster Government is making it increasingly difficult for colleges to fund courses which teach adults basic skills which help with independent adult life.

### **Critical questions**

How can we ensure disabled people have full opportunities to acquire skills both for everyday living and to improve their employability?

What are the most important formal and informal skills deficits facing disabled people and what can be done to plug these gaps?

### **Priority 9**

#### **Tackling health inequalities**

“I do have a difficulty remembering my appointments... I asked the receptionist to remind me, she forgot, I missed the appointment. There is a banner on the wall that says how many appointments were missed by people. That makes me feel very guilty.” Contributor – DRC formal investigation into health inequalities

#### **Why is this important?**

Disabled people, who make up around a third of NHS users in Britain, die earlier, often from preventable illness, experience unequal access to health services, including cancer screening, immunisation and primary health care generally.

Without more equal health outcomes, disabled people will not establish equal life chances. Health strongly influences opportunities to work, participate, exert control, live independently and to get on in life.

#### **What's the current situation?**

The DRC's Health Formal Investigation has found that people with a learning disability or mental health condition are far more likely to have diabetes, respiratory illness, coronary heart disease and other heart conditions which makes participation harder for these already excluded groups.

There is a much higher rate of obesity amongst people with learning disabilities (35 per cent, compared with a general

population figure of 22 per cent). The figure for women with learning disabilities is particularly high at 40 per cent.<sup>41</sup>

Over 60 per cent of people with serious mental health conditions smoke. Providing the right support for them to quit could play a significant part in helping Government achieve its target of reducing the proportion of the British public who smoke from 28 per cent to 24 per cent by 2010.<sup>42</sup>

People with learning disabilities, especially more severe learning disabilities, have much lower rates of cervical screening, mammography and other routine tests than other citizens.

GPs can play a central role in supporting people who develop an impairment or health condition in work to keep their job. After 28 weeks out of work the chance of the person ever working again plummets.<sup>43</sup>

Some groups – those in institutions, homeless people and some ethnic minority communities are especially not likely to get high quality health care.

### **Critical questions**

Which particular changes would have greatest impact on improving disabled people's experiences of health services?

What else could be done to increase the degree of control disabled people have over their own health?

## **Priority 10**

### **Ensuring that future legal and institutional arrangements for promoting equality and human rights are sufficiently well designed with regard to securing disabled people's rights**

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<sup>41</sup> DRC, 2005 Equal Treatment: Closing the Gap: Interim Report of a Formal Investigation into Health Inequalities [www.drc-gb.org/health](http://www.drc-gb.org/health)

<sup>42</sup> DRC, 2005 Equal Treatment: Closing the Gap: Interim Report of a Formal Investigation into Health Inequalities [www.drc-gb.org/health](http://www.drc-gb.org/health)

<sup>43</sup> DRC, 2004 Discriminating Treatment? Disabled People and the Health Service [www.drc-gb.org/uploaded\\_files/documents/10\\_628\\_Discriminating%20treatment%20FINAL.DOC](http://www.drc-gb.org/uploaded_files/documents/10_628_Discriminating%20treatment%20FINAL.DOC)

“There is a risk of a single Commission becoming less specialised in disability issues.” Disability Debate participant

### **Why is this important?**

For the Commission for Equality and Human Rights (CEHR) to succeed, it will need an approach to promoting human rights, equality and good relations which addresses fully the experiences of disabled people. This includes its ability to address the specific factors shaping the life chances and opportunities of disabled people, the design and interpretation of equality legislation and the quality of CEHR as an organisation able to represent disabled people’s interests.

For many disabled people, it will be particularly important that the CEHR is empowered to effectively protect and promote human rights.

### **What’s the current situation?**

- The CEHR will take over the DRC’s work from October 2007 and will play a central role in delivering this agenda and progressing wider work once the DRC closes.
- Disability rights demand a particular focus on ‘reasonable adjustments’, positive obligations and social rights which are not mainstreamed into wider equality and human rights thinking – we need to secure this approach within the CEHR.
- The Government has committed to introducing a single equality act to replace existing anti-discrimination laws. A review is underway – we need to make sure it improves upon the Disability Discrimination Act (DDA).
- We need to think how our agenda fits with the three CEHR strands of promoting human rights, equality and ‘good relations’.
- The DRC is unique among the equality commissions in having made use of human rights statute to secure disabled people’s rights. We need to share our learning and build on this experience.

### **Critical questions**

How can we ensure that the Commission for Equality and Human Rights effectively addresses the inequality experienced by disabled people?

How can we make sure that a Single Equality Act improves on the Disability Discrimination Act?

### **The next steps**

Over the coming months we will be inviting contributions from as wide a number of experts as possible to help us develop a detailed and practical public policy agenda aimed at addressing these issues and changing Britain for good.

Your involvement is extremely important to us. We need to be sure that our agenda addresses the everyday experiences of disabled people, that the solutions we propose are informed by the very best ideas, thinking and practice, that the agenda is achievable and the benefits are clear.

- Continue to check the Disability Debate website at [www.disabilitydebate.org](http://www.disabilitydebate.org), and join the discussions online
- Email us your views at [disabilitydebate@drc-gb.org](mailto:disabilitydebate@drc-gb.org)
- Phone 0845 333 0303 and leave your views and ideas
- Organise an event in your local area, perhaps inviting your local MP to discuss the issues in this paper
- Look out for Disability Debate events in your area and nationally

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