Impaired Ideologies

A critical analysis of the Victorian State Disability Plan 2002-2012

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Abstract: The *Victorian State Disability Plan 2002-2012* was qualitatively analysed using content and thematic analyses. For comparison, an English plan, *Improving the Life Chances of Disabled People* was also analysed, and thematic models of the plans were constructed. Significant themes and relationships between themes emerged: ‘choice’, ‘inclusive communities’, and ‘rights’ in the State Disability Plan; and ‘independent living’, ‘opportunity society and ‘barrier removal’ in the English plan. Drawing on literature from critical disability studies, political science, and contemporary social theory related to the individual, community, and rights, the themes and interactions were explored. Using the thematic models as a framework, it is shown that the State Disability Plan is ideologically problematic and lacks overall coherence, which may frustrate the realisation of government objectives.
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1. **Introduction**

*All governments (and societies) can live with a degree of policy incoherence and contradictory positions, but major contradictions or incoherence will make good governance impossible and feed into community dissatisfaction* (Wanna and Keating, 2000: 240).

The ideologies underpinning a policy inform the constructions of stakeholders, the strategies chosen, and desired outcomes; if these ideologies are problematic or incoherent, this impacts upon all aspects of policy development and implementation, and ultimately makes the realisation of policy goals difficult (Keating, 2000; Wanna and Keating, 2000; Cash, 1996). Policies that fail to meet objectives are not just a concern for governments; citizens have to live with the consequences. Disability policy in Australia has been criticised for consistently failing to deliver on its promise: “while [disability policy] is particularly strong on the articulation of values and principles, across Australia… a major weakness lies in policy implementation. The field is characterised by major gaps between policy and practice and high levels of unmet need” (Bigby and Ozanne, 2001: 179). The issue of unmet need of people with disabilities has been uncovered in several national studies. In 1996 it was estimated that at least 13,400 people had unmet demand for accommodation, support and respite services (Madden et al., 1996), while in 1998, at least 40 per cent needed more help than they actually received and 3 per cent received no help at all (Australian Bureau of Statistics, 1999). People with disabilities and their families carry the burden of failed policies.
Given the role that ideologies play in shaping policy, critical analysis of these ideologies is considered essential to provide constructive feedback to relevant stakeholders, improve accountability, and positively inform future policies. This paper provides a critical analysis of the Victorian *State Disability Plan 2002-2012* (hereafter the SDP), with a particular focus on the themes and ideologies that underlie the plan. The SDP outlines the Victorian Government’s vision, principles, goals, priority strategies and performance measures for their activities regarding people with disabilities (Victoria, 2002a). “The Plan provides a vehicle for putting [the Government’s] objectives into action” (Bracks, 2002: i). If the SDP were to be such a vehicle, I argue that it must be ideologically sound and coherent. To assess this, qualitative research methods (content and thematic analysis) are used to construct models of the SDP and provide a framework for exploring the policy’s themes and ideologies. For comparison, the English *Improving the Life Chances of Disabled People* (United Kingdom, 2005) (hereafter the ‘English plan¹’) is subjected to a similar analysis. Key components of my analysis are the definition of disability in the plans, and the concepts of ‘choice’, ‘rights’, ‘community’, and ‘opportunity society’. Various constructions of these components are explored using critical disability studies and contemporary social and political theory. Drawing upon this discussion, I examine whether or not the ideologies underlying the SDP are sound and coherent. To enhance the analysis, comparisons with the English plan are made.

¹ The plan applies to England only, not to the United Kingdom or Britain.
2. **Previous research and policy context**

2.1 **Previous research into disability policy**

Parmenter (1999) has argued that there has been a lack of an independent and coordinated disability research effort in Australia, and published critiques of disability policy in Australia are difficult to locate. The available literature appears to fall into two broad categories: formal, structured policy evaluations by the public service or consultancy firms that have been contracted to review specific policies and provide recommendations (for example, Baume and Kay (1995), and KPMG (1999)); and independent critiques that examine ideologies and trends underlying disability policy generally (such as Sherry (2002), Parmenter (1999), and Bigby and Ozanne (2001)). The former typically examine policy objectives, performance measures and budgetary aspects, but have been criticised since in many cases they “[prevent] peer review and open publication of the findings” (Parmenter, 1999: 325). Like the second category, this paper is independent and explores ideologies, but as with the first category, specific policies are investigated. Unlike either of the identified categories, this paper uses formal qualitative methods.

2.2 **Policy context**

A background to the SDP, policy processes, and the political history of disability in Australia is not within the immediate scope of this paper, however because readers may find this information useful, Appendix A describes the development of the SDP,
as well as the notion of the ‘policy cycle’ and constraints on policy-making, and Appendix B describes the history of political movements in disability in Australia.
3. **Fundamental components of the analysis of the SDP and English plan**

This section discusses alternative definitions of disability, and constructions of ‘choice’, ‘rights’, ‘community’, and ‘opportunity society’. These provide the basis of my analysis.

3.1 **Definitions of disability**

Since the formation of the Union of Physically Impaired Against Segregation (UPIAS) in the 1970’s in the USA, much debate has taken place regarding the definition of disability. At that time, the prevailing construction of disability was the medical model, which, influenced by ideas such as Talcott Parson’s ‘sick role’ (Parsons, 1951), views disability as a deviation from the norm, with physical impairment as the central feature (C. Barnes, Oliver and Barton, 2002). In this model, efforts are aimed at detection, classification of impairment, prevention, elimination and cures. Studies related to these objectives dominate the published research. A similar model, the rehabilitation model, focuses on individual adjustment and adaptation, but also takes into account the impact of a person’s environment (Thomas, 2002). Disability policy in Australia has traditionally been based upon the medical and rehabilitation models (Drake, 1999).

Originally posited by the UPIAS, the social model rejects the medical and rehabilitation models, instead arguing that disability is “the disadvantage or restriction of activity caused by contemporary social organisation which takes no or little account of people who have impairments and thus excludes them from the
mainstream of social activities” (UPIAS, 1976, cited in Thomas 2002: 39; see also Brisenden, 1986; Finkelstein, 1998; Hunt, 1966; Oliver, 1996; Oliver and Barnes, 1998). That is, society is the cause of dis-ablement. For example, public spaces that are inaccessible to people with certain impairments are disabling. Policies informed by the social model are directed towards societal rather than individual change, emphasising civil rights and citizenship (Drake, 1999; Oliver and Barnes, 1998). Despite strong support from many, the social model has its critics. Some have argued that it favours a particular section of disabled people – the young, middle-class, white, and intellectually able (C. Barnes, 1998). It has been asserted that it is over-socialised, neglecting everyday experiences, especially with regard to gender, identity, ethnicity, sexuality, and impairment (Abberly, 1998; Abberly, 2002; C. Barnes, 1998; Watson, 1998). In response to perceived inadequacies of the social model, other conceptions of disability have been proposed that incorporate the experiences it neglects (see for example Crow, 1996; Helman, 2000; Riddell and Watson, 2003; Turnbull III and Stowe, 2001). However, the social model remains the principal alternative to the medical model.

The social model is beginning to displace the medical model in government policies and other organisations around the world. This is reflected in disability policies in the UK, Sweden, Norway, and the New Zealand (New Zealand, 2001; Norway, 2002; Sweden, 1999; United Kingdom, 2005). At least some aspects of the social model have been incorporated in the International Classification of Functioning, Disability and Health (World Health Organization, 2001). The social model is also influencing human rights organisations. For example, the United Nations is in the process of
producing a legally binding rights document that aspires to reduce social barriers facing people with disabilities (Pare, 2004; UN Enable, 2005). In addition, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) is assisting governments and other organisations to create a “barrier-free and rights-based society for persons with different disabilities” (UNESCAP, 2005). It is unclear whether this shift is reflected in Australian disability policies.

3.2 Choice

Choice has become somewhat of a mantra in contemporary Western politics, and in disability policy in Australia (Bigby and Ozanne, 2001; Parmenter, 1999). Despite its widespread use, it is a poorly defined notion. Perhaps it is popular as a political term because, like other “sure-fire winning words” such as community, participation, and cooperation (Apthorpe, 1997: 53), it can rarely be used in a negative sense. Apthorpe (1997) and Williams (1983) argue that we should treat such words with caution. Firstly, since they have acquired positive connotations within common usage, they need not be accompanied by an antonym to demonstrate their meaning. Secondly, they are notoriously difficult to define and put to empirical test. Further evidence of the problematic nature of choice as a policy term is found through examining the various ideologies in which choice is embedded, in particular neoliberalism and capitalism, and individualism.

The centrepiece of neoliberal and capitalist ideologies is the market. The market, in simple terms, describes the system through which prices for goods and services are set by the equilibrium between supply and demand for a particular resource (Varian,
Individuals are constructed as consumers who choose from the range of available goods and services the type and amount that suits their preferences and budget – their choice determines demand (Varian, 1999). It could be argued that in a market where more than one supplier of a particular commodity exists, the consumer, through choice, reigns supreme (Foster and Plowder, 1996). They exercise power through ‘exit’; if dissatisfied, they no longer demand that resource (Hirschman, 1970). In theory, people’s choices drive competition and innovation on the supply side, which increases the range of choice (Varian, 1999).

Many would consider such constructions of choice to be positive. However, multiple criticisms can be made. While constructing individuals as consumers of essential services may be suitable in relation to utilities such as water and electricity, it is inherently problematic in health and disability services where people exhibit complex behaviour and needs (M. Barnes, Prior and Thomas, 1990; Flynn, Williams and Pickford, 1997; Hodge, 1996; Kessides, 2004). Additionally, consumerist constructions of choice do not consider the limitations to choice or the resulting inequity of market systems (Flynn, Williams and Pickford, 1997; Keating, 2000; Marsh, 1998). Resource distribution in such a system will not reflect the choices of all individuals equally, because the ability to choose is not equal. Consumer choice is ultimately limited by financial resources, but also by all aspects of supply, the practices of suppliers, the (perceived) competence of the consumer to make decisions, and the accessibility of information (Flynn, Williams and Pickford, 1997; Maher and Burke, 1991; Marsh, 1998; Varian, 1999).
Choice is also incorporated within ideologies of individualism, where it relates more broadly to self-determination. Two, quite different concepts of individualisation have been identified by Beck (2004), Beck-Gernsheim (1996), and Sennett (1998). One construction is the concept of the self-entrepreneur, in which one makes choices about their life as if it were part of a business plan for a corporation, treating themselves “as a capitalist would his company” (Beck and Willms, 2004: 74). The self-entrepreneur exists in an illusion of boundless autonomy and acts without regard to others (Sennett, 1998). What follows, many argue, is a regression into the private, loss of values, destruction of social bonds, and a loss of foundations and security; the ‘atomisation’ of individuals (Arendt, 1958; Beck and Willms, 2004; Putnam, 2000; Sennett, 1998).

Beck also proposes an “ideal type of individualization” (Beck and Willms, 2004: 75), which describes a release from “traditional ties, systems of belief and social relationships… an expansion of the radius of life, a gain in terms of scope and choice” (Beck-Gernsheim, 1996: 140). It is a self-chosen life like that of the self-entrepreneur, but one that creatively negotiates individual choices with others. This process, rather than eroding social connections, raises consciousness of others and a sense of justice for all. Beck (2004) argues that this could not prosper in a market-driven society; it requires a social safety net and the legal sanctioning, perhaps through rights, of individualism. He notes that in reality there is overlap between both of these kinds of individualism – the individual is primarily responsible for making choices about their roles in life. Such self-determination is emphasised by some advocates of the social model (C. Barnes, 1998).

Several negative outcomes of individualisation have been suggested, one of which is a new social stratification based on opportunities for choice; those best able to exercise
choice will prosper (Beck and Willms, 2004). Such opportunities are limited by factors intrinsic to the individual, but also by social and structural barriers to choice. Disability policies that focus solely upon individual choice, rather than the collective strategies that facilitate true self-determination, may undermine choice and do little to empower individuals.

3.3 Rights

Over the past few decades, there has been a rapid expansion in the application of international human rights law and public discourse on rights, including the rights of people with disabilities. Wilson (1997) argues that human rights, despite being an enormously contested idea, have become one of the most globalised values of our time, with a remarkable degree of consensus regarding certain rights. Rights are attached to, and framed by, a variety of concepts and influenced by values of the cultural context (Freeden, 1991). They take various forms, including civil, legal, moral, individual, group, and cultural rights (Kramer, 1998). Whilst rights have been accused of being an ideology of Western individualism and liberalism (Marx, 1843, cited in McLellan 1977), a brief exploration of history reveals significantly broader involvement.

Ishay (2004) contends that the concept of rights has, throughout human history, been progressively built up, with new challenges inspiring rethinking and reworking of the rights discourse. She outlines some major historical contributions to rights: religion; the European Enlightenment; the English, American and French revolutions; socialism; and the World Wars. Ishay attributes the beginnings of a global human
rights agenda to the creation of the League of Nations. The League was created following World War I; however, on-going political instability meant that it could not be sustained. In 1945, in the aftermath of World War II, the United Nations (UN) was established. In 1948 the Universal Declaration of Human Rights was created, and the next half-century saw a flourish of UN human rights documents (Freeden, 1991), several pertaining to people with disabilities (UN, 1975; UN, 1982; UN, 1993).

Such a history does not explain the concept of rights itself, which is more elusive and contested. Grotius (1625, cited in Haakonsen 1991) and Hobbes (1651, cited in Haakonsen 1991) have been credited as two of the earliest rights theorists (Freeden, 1991; Haakonsen, 1991). For both theorists, rights stem from the natural moral character of human beings; we have a right to self-preservation and its pursuit. Grotius contends that such a pursuit is rational and takes account of the competing rights of others (Haakonsen, 1991). Hobbes, on the other hand, argues that a sovereign power is required to manage competing rights claims (Freeden, 1991). In both constructions, rights are normative attributes, with humans being self-conscious beings who believe they are initiators of purposive actions. These preliminary ideas triggered centuries of philosophical discussion that continues today over the meaning of rights.

Freeden (1991: 7) proffers a contemporary definition of human rights:

A human right is a conceptual device, expressed in linguistic form, that assigns priority to certain human or social attributes regarded as essential to the adequate functioning of a human being; that is intended to serve as
a protective capsule for those attributes; and that appeals for deliberate action to ensure such protection.

For Freedan, deliberate action includes non-action and non-intervention, and places obligations on the rights-bearer and anyone on whom the rights fulfilment depends. This definition captures two broad groups of arguably competing rights: ‘choice rights’, which emphasise individual liberty, autonomy, self-determination and non-intervention; and ‘welfare rights’, which require some level of intervention by others based on what they judge to be the individual’s or collective’s needs (Freeden, 1991). Many argue that the former are inconsiderate of the rights of others and that limits on individual rights are necessary for society to function, whilst others see welfare rights as paternalistic, and an unjustified interference in the private domain. For Gewirth (1982), there are two basic rights of individuals: the right to be free, and the right to well-being, which he claims are contingent on choice rights. However, these rights may also require welfare rights. A tension arises between the rights that protect individuals from interference, and the role of others in fulfilling rights (Ishay, 2004), and an appropriate balance between choice and welfare rights must be found. For example, rights to health and housing generally rely on action by others and potentially limit aspects of our individual liberty, but may be necessary to achieve freedom and well-being (Freeden, 1991). In addition, welfare rights do not need to be forced upon people in a paternalistic manner; if society or state provides individuals with the opportunity to exercise these basic rights, the gains in freedom and well-being will ideally offset any loss of liberty.
The need for both choice and welfare rights is consistent with the claims of many social model advocates. Choice rights must be respected and protected; excessive interference by the state and medical profession in the lives of people with disabilities has driven some of the backlash against the medical model. Governments can respect and protect rights through anti-discrimination legislation and complaints-mechanisms, but these measures alone can be considered passive, since they do not ensure rights are fulfilled. Additionally, “clearly stated individual rights might benefit the powerful and articulate, but they will not do much for those who lack the means to negotiate for [themselves]” (Plamping and Delamothe, 1991: 204). Action on the part of the government is required to break down barriers and provide support and equal opportunities for all citizens, and it is in this sense that welfare rights are necessary.

3.4 Community

Like choice, community has almost become a mantra in contemporary Western politics. In Australian disability policy community inclusion is a central idea (Bigby and Ozanne, 2001; Davis, 2001; McDonald, 2004). The Victorian Government has community as a major focus, incorporating the idea within its overall vision Growing Victoria Together (Victoria, 2001b; Victoria, 2005b), and establishing a ‘Department of Victorian Communities’ (Victoria, 2005a). However, the current political enthusiasm for the notion of community warrants some suspicion.

Why is there such political interest in community? Beck has described the experience of individualisation and globalisation in modern society as “nerve-wracking” (Beck and Willms, 2004: 78). The insecurity bred by these phenomena has stimulated a
“worldwide search for roots, identity and aspirations for belonging” (Delanty, 2003: 1) evidenced by ethnic and nationalist revivals (Kristeva, 1993; Sennett, 1998; Smith, 1981). Another expression of this search is the current nostalgia for community (Bauman, 2001). This “call for a revival of community” (Giddens, 1994: 124) comes from all sides of the political spectrum and is promoted as the panacea for our woes (Carson, 2004).

However, the notion of community is a vague one. There is a striking absence of a definition within communitarian and political theory texts, and attempts to explicate the concept have by no means led to consensus (Carson, 2004; Delanty, 2003; Frazer, 1999; Mason, 2000). Delanty (2003) argues that despite the wide range of uses of the term, in all contexts community incorporates ideas about belonging and is a particular social construction. Mason (2000) also attempts to outline community as involving shared values, a way of life, group identification, and mutual recognition. However, when the term is used in policies, including those of the Victorian Government, it is typically associated with boundaries, social capital, and a brand of communitarianism known as civic republicanism.

A normative concept of community is evident in governmental policy strategies such as community regeneration and, in Victoria, community building (Delanty, 2003; Victoria, 2005a). This construction is heavily linked to clearly recognisable groups, bounded by space, social or cultural features (Delanty, 2003). Given the enormous social and structural changes over the past fifty years, the assumption that communities are bounded is highly contested (Migdal, 2004). Significant growth of cities, and greater mobility of individuals and families makes the notion of an ‘organic
urban village’ problematic (Delanty, 2003; Sennett, 1998). These changes have been reinforced by alterations in traditional family structures and the role of women, the rise in single-person households, individualisation, and the short time frame of operation of modern institutions (Beck-Gernsheim, 1996; Sennett, 1998). It has also been argued that community is not a natural category of social organisation, but rather “a profoundly political and historical construction” (Cuneen, 2002: 38). It is of limited application to many cultures, including Aboriginal and Torres Strait Islander people (Carson, 2004; Cuneen, 2002). Hence, the meaning of community and its form are shaped by its social and global context, and it cannot be reduced to a simple, universal concept tied to locality (Carson, 2004).

Constructions of community in government policy, including Victorian policies, also emphasise a civic dimension of community, and are heavily influenced by concepts such as social capital (Carson, 2004; Victoria, 2005a). Putnam (2000) describes social capital as generalised reciprocity, or the thin, bridging trust that exists between members of a cohesive community. Drawing on research, he demonstrates the social, personal, and economic benefits that flow from communities with high stocks of social capital, and contrasts this with the woeful effects of declining civic engagement and social connectedness that have accompanied the rise in phenomena such as individualism and the breakdown in traditional families. His ideas are arguably situated within civic republicanism – a discourse of loss of community (Delanty, 2003). Civic republicans propose a variety of solutions to the decline in social capital, which have been adopted by many governments as part of community building strategies, focussing on schooling, families, participation in recreation activities, urban renewal, policing and safety, political and religious engagement, and in
particular, voluntarism and charitable works (Delanty, 2003; Etzioni, 1995; Putnam, 2000; see also Victoria, 2005a; Victoria, 2005b). The emphasis is on individual responsibility and obligations, rather than rights (Marsh, 1998).

Social capital and civic republicanism have been extensively critiqued. Putnam and civic republicans have been accused of being nostalgic, and criticized for their view of community as consisting of self-contained, relatively homogenous, groups—a view that is incompatible with globalisation and multiculturalism, and disregards modern conceptions of liminal, symbolic, virtual and communication communities (Delanty, 2003). Voluntarism has been shown to be an inadequate answer to the major problems of society, being found in more wealthy segments of society and therefore of little real assistance to the deprived (Bellah et al., 1996). More broadly, the assumption that governments can take concrete steps to ‘restore’ social capital and cultures of generalised reciprocity, and that such restoration will alleviate social inequality, is contested (Delanty, 2003; Rose, 1999). In fact, a focus on community building may “conveniently deflect attention away from issues of social disadvantage and social justice onto the deficiencies of communities and the need to bolster their disembedded capacities” (Carson, 2004: 5).

The call of Putnam and others for increased civic responsibility and engagement is difficult to reconcile with modern individualism based on freedom and independence. Beck (1998) argues that the emphasis on duty by such communitarian thinkers is rejected by ‘freedom’s children’ because it undermines liberty and choice. Others argue that a notion of community based on civic republicanism conflicts with individual freedom and potentially human rights through its exclusive and
exclusionary nature (Carson, 2004). Putnam himself alludes to this possibility (though is careful to dismiss it), calling it the “dark side of social capital” (Putnam, 2000: 350). This refers to the fact that many communities in the past have been built on, and gained much of their strength from, uniting *against* others (Bauman, 2001, my emphasis). He even goes so far as to suggest that such divisiveness, whilst not optimal, may be better than the damage that results from a lack of social connectedness.

This conception of community, were it possible for governments to establish, may have a raft of unintended consequences; the potential for such normative constructions of community to encourage homogeneity and exclusion, and conflict with self-determination and individual rights may reinforce the barriers that social model advocates seek to overcome.

3.5 Opportunity Society

An opportunity society is a different concept to a community. ‘Opportunity society’ has been used by the British Government as its election platform for 2005, and it infiltrates a broad range of their policies, including disability policy. The concept is not an original one. It arguably first appeared in a non-specific form in the USA with President Lincoln’s emphasis on equality of opportunity, and the ideals incorporated in the ‘American dream’. As a specific idea, opportunity society appears to have arrived on the political scene as the brainchild of the conservative Republican, Newt Gingrich. In 1982 he established a faction in the Republican Party, known as The Conservative Opportunity Society, and sought to create an opportunity society to
replace the welfare state (Gingrich, 1995; Moore, 1995). It was a neoliberal economic agenda combined with social conservatism, and based on the idea of social mobility (Gingrich, 1995).

The idea has since been assumed as election platforms by several left of centre Western political parties, for example, the Australian Labor Party’s ‘ladder of opportunity’, the American Democratic Party’s ‘opportunity society’ in 2004, and now the British Labour Party’s ‘opportunity society’. Like the opportunity society of Newt Gingrich, they are all based on the idea of increasing social mobility, and involve economic reform and a restructuring of the welfare state (Blair, 2004; Daschle, 2005; Edwards, 2005; Latham, 2003; Miliband, 2005). However, they differ in their focus on social justice and lack of a conservative social agenda. In the British version, strategies to improve social mobility have apparently been drawn from research, focussing on early childhood development, improved labour market opportunities for the most disadvantaged, improved access to childcare, asset ownership and community networks (linked to social capital), and improved education and health services (Blair, 2004; Miliband, 2005). These strategies are anticipated to improve the opportunities for people to lead the lives they choose, and are based on their equal rights as citizens (Blair, 2004). Additionally, the Government recognised that some groups are particularly disadvantaged, and pledged to review equality policy and to “identify the key problems [needing to be addressed] to make equality of opportunity a reality for these groups” (Miliband, 2005: 8). This review directly resulted in the English plan, Improving the Life Chance of Disabled People.
Thus far, no substantial critiques of the British version of opportunity society have been published. However, potential criticisms that may relate to the focus on the individual and influences of neoliberal and capitalist ideologies (particularly in relation to economic and welfare reforms) can be anticipated. It is not possible to predict the implications that an opportunity society may have, and great caution must be exercised when comparing it with community. It is clear, however, that they appear to be ideologically different: whilst community focuses on the collective and social bonds, opportunity society has the individual at its centre and much looser social connections. Arguably, in modern Western societies, social connections have become more fragmented (Beck-Gernsheim, 1996; Sennett, 1998), and therefore notions of society rather than community are more appropriate. It also appears that although the influence of the notion of social capital is to be found in some aspects of the opportunity society, overall the concept is related to individual rights and autonomy rather than responsibilities and obligations to others. It is an ideology that articulates well with many aspects of the social model in that both seek to overcome social barriers to opportunities and self-determination, and address systematic inequality. Opportunity society appears to be a less problematic idea than community, particularly in relation to disability policy.

3.6 Choice and community: a dichotomy?

The above discussion highlights inherent conflicts that exist between consumerist and individualist constructions of choice, and communities based on the notions of social capital and civic republicanism. The ideologies that underpin the constructions actively undermine one another. While these constructions of choice emphasise the
individual acting in their own interest, the constructions of community emphasise
duty, the collective, responsibility, and voluntarism. Many blame the rise in
consumerism and individualism for the decline in social bonds and community, whilst
others accuse communities of stifling choice, freedom and individualism.

However, choice and community need not be dichotomous. What may be required is
a radical reconstruction of the two ideas, perhaps as proposed by Beck (1998),
Bauman (2001) and Touraine (2000). When choice is constructed as part of the ideal
type of individualism proposed by Beck (2004), social connections can be fostered in
ways that are compatible with self-determination within contemporary concepts of
community (or even an opportunity society), which are supportive and promote social
justice whilst enabling individuals to be free (see Delanty, 2003).

The common basis of such proposals is human rights (Bauman, 2001; Beck, 1997;
Beck, 1998; Beck and Willms, 2004; Carson, 2004; Mason, 2000; Touraine, 1995;
Touraine, 2000). As Bauman (2001: 149-150) argues: “if there is to be a community
in the world of individuals, it can only be (and needs to be) a community of concern
and responsibility for the equal right to be human and the equal ability to act on that
right.” To achieve such a community, there should, as I have proposed, be a balance
between choice and welfare rights. In relation to people with disabilities, this requires
recognition and removal of the barriers to the exercise of such rights. Until this
occurs, both inclusion in communities or society, and the ability to exercise choice,
may be difficult for many people with disabilities to realise.
4. **Methods**

4.1 **Aim and Objectives**

The aim of the study is to critically analyse the Victorian State Disability Plan 2002-2012. The study objectives are to:

- identify and describe the key themes and relationships between themes in the SDP;
- compare and contrast these themes with those identified in the English plan, *Improving the Life Chances of Disabled People*; and
- explore and analyse the ideological underpinnings of these themes and relationships.

4.2 **Research Design**

4.2.1 **The Qualitative Paradigm**

This study, as a qualitative policy analysis, is situated in the qualitative paradigm, which is concerned with process and meaning. Qualitative research is descriptive, inductive, value-laden, and uses the researcher as the primary instrument of data collection and analysis (Merriam, 1988).
4.2.2 Data collection

Documents comprised the source data for this study. Document analysis was chosen because of its appropriateness to the study question. Textual data collection has multiple advantages. It is useful when time is limited, is unobtrusive, does not require ethics approval, and allows exploration of language and concepts that have usually been thoughtfully compiled (Creswell, 1994; Marshall and Rossman, 1999). Textual data is enduring, and “thus can be separated across space and time from its author, producer or user” (Hodder, 2000: 110). However, documents can be difficult to locate or access, and may be incomplete or inaccurate (Creswell, 1994). Additionally, the gap between the author and the reader means that multiple, and potentially incorrect, interpretations are possible; documents are embedded within contexts, and language within beliefs and intended meanings (Hodder, 2000).

Study documents comprised primary documents (those being directly studied), and secondary documents (supporting documents used to confirm interpretations of the primary documents). Primary documents included the SDP (Victoria, 2002a) and for comparison the English plan (United Kingdom, 2005). Because of dissimilar contexts, including population size, age distribution, systems and levels of government, government responsibilities and resources, service structure and coordination, geography, history, and culture (Stancliffe, 2002), the English plan was cautiously selected. However, contextual similarities include broad social and political ideologies, language, elements of history and culture, and GDP per capita. Both plans are also the product of labour parties. Rather than giving equal weight to both
documents, I used the English plan to provide comparison and contrast. Hence, the contextual differences were considered acceptable.

Before selecting the English plan, I analysed disability policies from other Australian states and English-speaking countries. The English plan contains different, but directly comparable themes to the SDP, and provided a useful contrast. Other policies were either too similar (those from WA, SA, and Canada) or too different (those from NSW, New Zealand, the USA, and Ireland). Contextual disparity in culture, politics, and ideologies ruled out plans from Sweden and Norway.

Secondary documents were selected according to their relevance as support for the primary documents. These are outlined in Appendix C.

4.2.3 Data Analysis

Content analysis, followed by thematic analyses that drew on principles of grounded theory, were conducted for both primary documents; secondary documents were consulted to test interpretation and confirm the development of theoretical concepts.

Content analysis refers to a variety of approaches to document analysis that compare, contrast and categorise textual data (Schwandt, 2001). Traditionally, this method emphasises systematic, objective, quantitative description of content, involving selecting text considered significant and assigning it a code, then giving attention to frequently occurring codes (Tesch, 1990). This form of content analysis suffers from the same problems as all quantitative techniques, and has also been criticised for not
contextualising data (Manning and Cullum-Swan, 2000: 248). More recently, content analysis has aimed for a qualitative interpretation of content; codes may be infrequent, but are interpreted as meaningful (Schwandt, 2001). I used quantitative and qualitative content analyses. Because of its relative objectivity, a predominantly quantitative form was used for analysis of the SDP, whilst both forms were used in analysing the English plan to identify the themes comparable to those of the SDP.

I conducted content analysis of the SDP by: (1) coding every section of text with one or more codes; (2) recording and revising those codes; and (3) re-coding the document. Codes were derived, where possible, from the language used within the SDP itself, to preserve original meanings for scrutiny at a later point. Codes were then tallied: those considered quantitatively or qualitatively most significant were selected as themes for analysis.

Thematic analysis identifies, orders, structures and interprets important themes. Rice and Ezzy (1999) suggest that it shares much in common with grounded theory, a qualitative approach developed by Glaser and Strauss (1967), built upon by Strauss and Corbin (1990), and shaped by many (Patton, 1990). Grounded theory is based on the premise that theory should be built up from a dialogue between pre-existing theory and empirical observations and insights, rather than simply deduced using logical arguments or general laws (Glaser and Strauss, 1967; Rice and Ezzy, 1999). There are three stages of analysis: open, axial, and selective coding (Strauss and Corbin, 1990). Open coding reduces the data by identifying tentative themes that become the categories of analysis, and creates meaning by documenting their contexts (Grbich, 1999; Marshall and Rossman, 1999; Rice and Ezzy, 1999; Strauss and Corbin, 1990).
Axial coding creates more abstract categories that are internally consistent but discrete (Marshall and Rossman, 1999), by grouping and relating coded categories (Rice and Ezzy, 1999; Strauss and Corbin, 1990). Selective coding uses these categories and relationships to create formal theory. I selected this method as the most appropriate tool for deconstructing the SDP and exploring the contexts and relationships of various themes within the SDP.

In my analysis of the SDP, I first used open coding to explore thematic contexts. For example, I examined the ways in which the concept of choice (identified in the content analysis) was used or framed. Using axial coding, I then grouped open coded categories according to similarity of meaning, assigning new code-words to capture emerging themes (see Table 1). For example, the categories of ‘individual needs’ and ‘choice’ were grouped and renamed ‘choice’. Finally, selective coding was used to consider the relationships between categories and model them to represent directional flows, intersections and interconnections (see Figure 1). I repeated these steps to analyse the English plan (see Table 2 and Figure 2). However, only those elements that were comparable to those in the SDP were analysed, hence the model of the English plan does not represent the entire document.

4.2.4 Rigour

Notions of qualitative rigour developed in response to the positivist paradigm of traditional scientific research (Creswell, 1994), which values internal and external validity, reliability and objectivity. Qualitative research emphasises subjectivity, social realities and values, and multiple viewpoints. Hence, post-positivist qualitative
researchers were prompted to develop more appropriate measures of rigour (Denzin and Lincoln, 1994) that instead reflected trustworthiness, transferability, dependability, and confirmability.

Qualitative rigour is enhanced by ‘triangulation’, which assumes that bias is reduced by using multiple data sources, investigators and methods (Creswell, 1994: 174). In document analysis, triangulation confirms interpretations and ensures that different parts of the argument do not contradict one another (Hodder, 2000). Denzin (1978) outlines four methods of triangulation: (1) different data sources; (2) multiple investigators; (3) several analytical perspectives; and (4) multiple methods. Rigour is also improved by maintaining careful documentation of conceptual development and the analysis process (Creswell, 1994).

To enhance rigour, I employed several strategies. I utilised secondary documents as extra data sources to test the strength of my thematic models. Analysis was tested further by informally presenting results and ideas to others for feedback, including the project supervisor and peers. Analysis was iterative: ideas were continually revisited and reworked. Detailed notes taken throughout the research process enable tracing of conceptual development.

4.2.5 **Role of the Researcher**

The researcher is the primary instrument of qualitative data analysis, whose values, biases, knowledge, background, and cognitive processes influence the entire process (Creswell, 1994). It is thus important to identify my background (Locke, Spirduso
and Silverman, 1987). As a female, able-bodied, Australian medical student, I brought a range of biases and values to the research. I had no previous research experience: whilst familiar with quantitative methods, I had limited exposure to qualitative research, and I was new to the fields of disability studies, public policy, and social theory. Consequently, I was impressionable, and initial exposures to ideas may have been disproportionately influential.

Although I tried to approach the analysis with an open mind, the subject matter and my political sentiments and values, which include liberal philosophies of freedom, independence, equity and social justice, will almost certainly have biased data collection and coloured my appraisal.

4.2.6 **Scope and limitations**

My primary intention was to provide a critical analysis of the SDP; the English plan was used only for selective comparison. I did not evaluate specific implementation strategies, objectives, or outcomes, or provide recommendations for changes to the SDP. Rather, I explored ideologies and themes underlying the plan. Study limitations included researcher biases and naivety, the use of a single investigator, and limited data sources. Use of only two methods meant that this study was “more vulnerable to errors linked to [those] particular [methods]” (Patton, 1990: 188), but inclusion of additional methods and data sources was precluded by time and resource constraints.
4.2.7  Timeline

Study chronology is included as Appendix D.
Figure 1: Model of the SDP
Figure 2: Model of the English plan*
* Note that barrier reduction is one category, but is more easily illustrated using two ovals.
Table 1: Themes and notions incorporated within the categories in the SDP

This table describes the themes within the SDP that are included within the categories in the models.

<table>
<thead>
<tr>
<th>Government Roles</th>
<th>Management</th>
<th>Resources</th>
<th>Inclusive Communities</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>This category encompasses a broad range of ideas, including ‘systems’, various forms of ‘strengthening’, ‘working in partnership’, ‘listening’, and ‘innovation’</td>
<td>Includes ideas of ‘strategies’, ‘processes’, ‘responsiveness’, ‘outcomes’ and ‘resource allocation’</td>
<td>Includes ‘services’, ‘workforce’, ‘housing’, ‘education’ and ‘finances’</td>
<td>This category refers to the specific theme ‘inclusive communities’, as well as ‘participation’, ‘accessibility’, ‘responsibilities’, ‘networks’ and ‘safety’.</td>
<td>Refers to both ‘supports’ and ‘needs’</td>
</tr>
<tr>
<td>Rights</td>
<td>Choice</td>
<td>Policy Cycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes ‘rights’, ‘equality’, ‘respect’, ‘protection’, ‘non-discrimination’, and ‘advocacy’</td>
<td>Encompasses ‘choice’ and ‘individual needs’</td>
<td>This is described in section Appendix A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Barrier Reduction</td>
<td>Independent Living Opportunities</td>
<td>Opportunity Society</td>
<td>Economic and Social Benefits</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Refers to research that has already been undertaken as well as research that has been identified as necessary in the future.</td>
<td>This category comprises a vast number of ideas related to reducing barriers in society.</td>
<td>A broad category that includes ‘choice’, ‘empowerment’, ‘freedom’, ‘individual needs’, ‘individual funding’, and ‘independence’.</td>
<td>This category includes notions of ‘opportunity society’, ‘choice’, ‘empowerment’, ‘rights’, ‘justice’, ‘equality’, ‘accessibility’, and ‘improving life chances’.</td>
<td>Describes the anticipated economic and social benefits of this plan.</td>
</tr>
</tbody>
</table>
5. **Description and Analysis of the Models**

Section 5.1 provides explanations of the models developed through document analysis (see Figures 1 and 2). Drawing directly upon the discussion and arguments outlined in Section 3, Section 5.2 provides a critical analysis of the definitions of disability used in the SDP and English plan, as well as some of the key categories, relationships and assumptions in the models of the plans.

### 5.1 Description of the models

The model of the SDP is shown in Figure 1, and thematic categories of the model are explained in Table 1. Overall, the model is relatively linear. It begins with *Government Roles*. *Government Roles* inform, and are informed by, *Management* strategies and processes. *The Policy Cycle* is controlled by and also organises *Management*. *Government Roles* uses *Management* to control *Resources*. *Resources* feed back into *Management*, guiding and limiting strategies. *Resources* are directed into building *Inclusive Communities*. *Resources* also feed into and limit *Support*. *Inclusive Communities* are assumed to be supportive, and therefore be a source of *Support* for people with disabilities; hence the two ideas overlap. The *Support* provided by *Inclusive Communities* implies that such communities add to the available *Resources*. There is also an assumed intersection between *Inclusive Communities* and *Rights*, with such communities being respectful of other’s rights. *Choice* is shaped and limited by *Management*, *Resources*, and *Support*, and is exercised by people with disabilities over *Resources* and *Support*. *Choice* is a stated
right within the plan, hence the link with Rights. However the lack of any other evidence to support this means that it has been labelled as an assumption.

The model of the English plan is shown in Figure 2, and thematic categories are explained in Table 2. It is a more complex model than that of the SDP; there are more interconnections, and the model is cyclical rather than linear. Like the SDP, it begins with Government Roles, which has a similar flow of relationships to Management and Resources, and then from Resources to Support. In contrast to the SDP, Research emerged as a strong category, directed by Government Roles and Management, and informing the nature of Government Roles and Management via the Policy Cycle. Government Roles, Management, and Resources also become tools for Barrier Reduction, a category that did not emerge in the SDP. Barrier Reduction addresses social barriers for people with disabilities that arise in Government Roles and Management of Resources. Barrier Reduction assists in enabling Independent Living, and facilitates the relationships between Independent Living and Resources and Support. Resources and Support feed into, enable, and limit Independent Living, whilst Independent Living involves people with disabilities making choices about the Resources and Support that they need. Barrier Reduction also plays a role in creating an Opportunity Society. Like Inclusive Communities in the SDP, Opportunity Society requires Resources, and overlaps with Support since it is assumed that such a society will support people with disabilities and address their needs. Through its supportive role it also adds to available Resources. Opportunity Society and Independent Living intersect, since it is assumed that the former assists in enabling the latter, and each contain overlapping themes. Both of these categories are assumed to bring about Economic and Social Benefits, which feed back into Government Roles, since the
Government utilises these benefits. An *Opportunity Society* has implications for *Government Roles* as it involves empowerment of citizens and an alteration to the relationship between the state and citizens.

5.2 Analysis of the models

Comparison of the two models shows that, whilst the starting points appear to be similar, major differences emerge as the models progress. I will explore these differences and the assumptions about relationships between categories. However, there is one dissimilarity between the plans that does not appear explicitly in the models that may explain the apparent divergence of the models: the definition of disability used in the plans.

5.2.1 The definition of disability used in the plans

The definition of disability on page 8 of the English plan is explicitly a social model definition, constructing disability as disadvantage related to barriers to opportunities that impact on people with impairments or ill-health (United Kingdom, 2005). Barriers identified are attitudinal, physical, and significantly, policy. This suggests that the British Government accepts some responsibility for disabling people. The reason for the use of this definition is not explicated; however it may be related to the fact that social model supporters in United Kingdom have established a large and powerful lobby group over the past thirty years, with strong academic and practical foundations evidenced by the numerous influential disability studies scholars and Centres for Independent Living respectively.
In contrast, the definition of disability on page 2 of the SDP appears to be a medical model definition, where disability is bodily impairment caused by genes, illness, or accidents. However, the SDP acknowledges that life experiences, others’ attitudes, and the environment influence a person’s experience of disability, and the strategies are largely aimed at altering environmental factors. Several reasons for using a medical model definition can be suggested. It may be related to the lack of political influence by social model proponents in Australia, a proposition supported by Banks and Kayess (1998). In the absence of pressure to change, the medical definition, which is (arguably) the one generally used by the public, may have been deemed appropriate. Alternatively, it may have been chosen because the Australian Bureau of Statistics uses a medical model definition, a justification given in other state policies (Western Australia, 2000). A more cynical interpretation is also possible. I suggest that by constructing disability as fixed in people, and unrelated to social or environmental factors, which only influence the experience of disability, the impetus to change these factors is lessened. Were the Government to include these factors in a definition of disability, they would perhaps be accepting some of the responsibility for disabling people, hence increasing the pressure to remove disabling barriers. Although the plan focuses on changing environmental and social factors, any failure to deliver these changes is not a failure to alleviate disability, but rather a failure to alter experiences of disability – arguably a lesser crime.

The overall shape of the models that emerged from the plans may be linked to the definition used. The influence of the definition begins by shaping Government Roles, Management and Resources. In a policy informed by the social model, one would
expect all three to become tools for barrier reduction, as in the English plan. On the other hand, one might expect a policy using a medical model definition to be directed towards individual support provision in a linear fashion, as represented in the SDP. So, whilst Government Roles, Management and Resources emerged as categories in both plans, differences in purpose and underlying ideology results in dissimilar interactions with other categories. Additionally, the use of a social model definition in the English plan is accompanied by a clear sense of purpose and strategies consistent with such a definition, which I believe creates logic and cohesion within the policy. In contrast, whilst the SDP uses a medical model definition, the accompanying strategies more closely align with a social model approach, and these do not appear to have a clear, guiding aim. I believe this mix of ideologies creates inconsistency and a lack of cohesion within the policy.

The ends to which Government Roles, Management and Resources are directed in the models are different. Although this partly reflects the definition of disability used, these ends are embedded in broader political ideologies and strategies. In particular, the concepts of Choice, Inclusive Communities and Rights in the SDP, and Independent Living and Opportunity Society in the English plan, and the relationships between these ideas, are complex and filled with various assumptions. These categories are explored, beginning with Choice, then Rights, and Inclusive Communities. Finally, the overall implications for the SDP and English plan are considered.
5.2.2 Choice

*Choice* emerges as a significant, independent category within the SDP. It is constructed in two ways throughout the plan, relating either to self-determination, or to the individual’s choice about services, supports, or other resources. The latter construction is the dominant one in the SDP. Choice does not emerge as an explicit category within the English plan, but is integral to both *Independent Living* and *Opportunity Society*. *Independent Living* and *Opportunity Society*, like *Choice* in the SDP, are related to both choice over resources and to self-determination, the latter being more strongly weighted in the English plan. However, they are also related to removal of social barriers to choice and independence. Locating the concept of choice in contemporary political and social discourses enables a deeper exploration of the ideologies underpinning the constructions of choice in each plan.

Where the categories *Choice, Independent Living* and *Opportunity Society* relate to choice over resources, I contend that this represents a consumerist construction of choice embedded in neoliberal and capitalist ideologies (described in Section 3.2). Such a construction, may appear positive and empowering, but is highly problematic in light of the aforementioned concerns about consumerist choice. Given the necessity of many supports and services for people with disabilities in their daily lives, I believe that constructing them as consumers of such services is inappropriate. Rather, it would be more appropriate to consider these resources as rights that they are entitled to as equal citizens. Additionally, if people with disabilities are allowed more choice about resources and supports, what impact, given the high levels of unmet need, will this have upon equity and the distribution of such resources? Neither plan
addresses how increased consumer choice can be reconciled with equity concerns. The SDP does discuss resource limitations, and the necessity for services to be targeted to those most in need, but needs are assessed by outsiders thereby narrowing the scope for individual choice (see Victoria, 2002a: 19).

Unlike the English plan, the SDP does not appear to address the barriers to consumerist choice for people with disabilities, and in both there is a lack of strategies to increase choice. Despite frequent occurrences of the terms choice and individual needs in the SDP, the only specific objectives related to these ideas are: the introduction an individualised planning and support model based on needs and choices; an increasing of the range of options for educational support; and increased housing options (Victoria, 2002a: 19, 45). There are no specific performance measures accompanying these objectives, bringing into question the Government’s commitment to offering these choices. Considering the difficulties with the ideologies underpinning consumerist choice, and the lack of strategies to support this within the SDP and the English plan, I question whether either plan will enable people with disabilities to exercise this kind of choice.

Choice, Independent Living and Opportunity Society also relate to self-determination, which I believe is an individualist construction of choice (see Section 3.2). As with consumerist constructions of choice, self-determination may appear to be a positive inclusion in disability policy. However, unless the preconditions for being able to lead a self-chosen life are present, ideologies of individualism become unrealistic, and potentially problematic. In the SDP, where choice is about self-determination, it is supported by no concrete strategies or objectives. Whilst the SDP addresses the issue
of improving accessibility of services, transport and buildings, this is directed towards facilitating community inclusion and participation rather than promoting choice. The SDP mentions supporting people to make choices about their lives, but how this is to be done is unclear. As expanded upon below, *Choice* articulates poorly with other concepts in the model. By not addressing many of the individual and social factors that may inhibit self-determination, this construction of choice within the SDP appears to be rhetorical rather than a genuine policy objective, and may result in only those who already have opportunities being able to enjoy a self-chosen life.

In contrast, by embedding choice as self-determination within *Independent Living* and *Opportunity Society*, the English plan has related the idea to a range of others, including rights to freedom, individualised funding arrangements, provision of opportunities and *Barrier Removal*. The plan recognises impediments to choice for many people with disabilities, and has used research to guide multiple strategies to improve the situation. The English plan also provides a justification other than simply moral imperative to enhance self-determination: *Independent Living* and *Opportunity Society* are assumed to deliver economic benefits to the whole of society. Overall then, I argue that the English plan more convincingly uses this construction of choice by incorporating it within the major categories in the plan and supporting it through strategies, research and justifications.

5.2.3 Rights

*Rights* emerges as a specific category in the model of the SDP. The category relates to the various ideas outlined in Table 1. In contrast, the model of the English plan
does not contain a category called *Rights*. However, both *Independent Living* and *Opportunity Society* incorporate elements of rights discourses within them, including notions of protection and respect, entitlement to various services, choice, freedom and empowerment, and addressing disadvantages.

I contend that the SDP takes a generally passive approach to rights, by relying on strategies of individual advocacy, complaints mechanisms, legislation, and encouraging others to respect the rights of people with disabilities. The only specific objectives related to rights are: to improve access in local communities to advocacy services, and services for people with disabilities who have experienced violence; and to increase the awareness of justice agencies and communities about disability issues (Victoria, 2002a: 33, 39). These are positive steps, but they do little to ensure people’s rights are actually fulfilled.

Whilst it is stated on page 29 of the SDP that choice and opportunities are rights, I believe that there are no specific strategies to significantly enhance choice and opportunity. The SDP does address some aspects of accessibility, which could be considered an active approach to rights. However, the current barriers to access are framed as preventing community inclusion and participation, and affecting the experience of disability, rather than conferring broader disadvantage or impinging upon rights to freedom and well-being. As such, accessibility is not directly considered a rights issue. The overlap of *Rights* and *Inclusive Communities* in the model of the SDP occurs because it is assumed that such communities would respect the rights of people with disabilities. However, as I will argue, individual rights, particularly choice rights, sit uneasily with the concept of *Inclusive Communities*. 

Overall, the issue of rights, whilst present in the SDP, is piecemeal and generally passive. Neither choice nor welfare rights are actively promoted. Rights articulates awkwardly with Inclusive Communities, and does not relate strongly to Choice.

While incorporating passive strategies to protect and respect rights, I believe the English plan takes a more active approach to rights through the notions of Opportunity Society and Barrier Removal. Social barriers are seen within the plan to result in disadvantage and impair opportunity and life chances, which may be interpreted as an infringement of rights. By outlining clear strategies to remove barriers and provide opportunities, welfare rights are recognised as necessary to enhance individual independence and freedom. These strategies also relate to Independent Living, which is accompanied by its own concrete strategies and objectives that I believe facilitate choice rights. I posit that the English plan more convincingly addresses rights than the SDP, by embedding the concept within its major categories and supporting it with strategies that are more likely to guide the fulfilment of rights.

5.2.4 Inclusive communities

Inclusive Communities emerges as a strong theme in the SDP, and the ideas it encompasses are outlined in Table 1. A full description of Inclusive Communities can be found on page 35 of the SDP. According to the SDP, community membership depends on where a person lives, their interests, family background or religion (Victoria, 2002a). The concept appears to be embedded within the broader Victorian Government goals related to community building and social capital. Like Choice and
Rights, Inclusive Communities does not emerge as a category in the model of the English plan, but in this case is not incorporated in other thematic categories. Instead, the plan provides the alternative concept of an Opportunity Society. Like Inclusive Communities in the SDP, Opportunity Society in the English plan is part of broader government objectives.

In light of the ideologies that underpin Inclusive Communities, its adoption by the Victorian Government in the SDP is questionable. There is no evidence that such communities will be inclusive and supportive of people with disabilities. Inclusive Communities appears to be based on bounded conceptions of community, and on the foundations of civic republicanism and social capital, which emphasise homogeneity and may be of an exclusive and exclusionary nature. Additionally, it is unclear as to how the strategies proposed in the SDP related to Inclusive Communities will facilitate inclusion. Living in the community, participating in recreational activities, and being able to access community services does not mean that people will experience a sense of belonging or build networks with others.

In relation to previously institutionalised people with intellectual disabilities, empirical evidence indicates that whilst community-based accommodation leads to better care and physical surrounding, the social and psychological environment is not significantly different to institutions (Bostock et al., 2004). This has been attributed to assuming that there is a relationship between spatial location and social connectedness and inclusion (Carnaby, 1998). Exclusion has in the past manifested as ‘not-in-my-back-yardism’ by surrounding residents (Bostock et al., 2004; Gleeson, 1996). Additionally, whilst Inclusive Communities aims to build social ties, evidence
points out that, because resource limitations restrict where and with whom people can live, social networks can be disrupted (Carnaby, 1998). Overall this evidence suggests that overcoming the barriers to community inclusion requires more than physical presence and participation in activities; there are deeper social and structural issues that must be addressed (Gleeson, 1996).

Even if such *Inclusive Communities* could be created, I would contest the desirability of this outcome given the focus on collective responsibility and the potential conflicts with choice, individual freedom, and rights as outlined in Section 3.4. I believe that *Inclusive Communities* therefore represents a problematic category within the SDP, both in its ideological underpinnings, and in its conflicting relationship with *Choice* and *Rights*.

As discussed in Section 3.5, there are many questions remaining about what an opportunity society comprises, and therefore the implications for people with disabilities are uncertain. However, I would argue that, ideologically, the concept articulates well with others in the thematic model of the English plan. Because it relates to the looser concept of society, and focuses on individual empowerment and freedom rather than collective responsibility, it avoids many of the problems that are encountered in the concept of *Inclusive Communities* in the SDP. It is also associated with clear, research-based strategies. As for the other categories within the model of the English plan, I argue that *Opportunity Society* is more convincing than its counterpart, *Inclusive Communities*, because of the coherence it offers to the whole plan.
5.2.5 Interrelationships

In the model of the SDP, I contend that several of the relationships between categories are problematic and filled with assumptions. There is an assumed link between *Choice* and *Rights* because the plan states that people have a right to “exercise choice and have control over their lives” (Victoria, 2002a: 29). Although linked, *Rights* are not clearly related to *Choice* within the SDP. *Choice* is generally consumerist rather than embedded in rights to liberty and freedom, and the limitations to both consumerist and individualist choice for people with disabilities (and lack of comprehensive strategies to overcome this) make questionable any assumption that *Choice* is a right. That *Inclusive Communities* could be relied upon to *Support*, and protect and respect the *Rights* of people with disabilities depends, firstly, on such communities being established, and secondly that they would include people with disabilities. As it lacks clear strategies, objectives and performance measures that directly address these preconditions, it is unlikely that the SDP will facilitate this outcome.

The categories *Choice* and *Inclusive Communities* are not only contentious themselves, but they may also create a fundamental incoherence within the SDP. As argued in Section 3.6, particular constructions of choice and community may work against one another, and it is precisely these constructions that have been adopted within the SDP. I do not believe that the SDP manages to reconcile the two categories, and I posit that these underlying ideological conflicts explain why no explicit link emerged in the model.
The mixed models of disability that underpin the SDP – a medical model definition with several social model strategies – sit uneasily within the categories of the SDP. Whilst the medical model definition of disability is consistent with the category Support, it may conflict with Choice and Rights. Although in theory Choice and Rights articulate well with the social model, the social barriers to these have not been specifically targeted, but may be reinforced by Inclusive Communities.

In contrast, I claim that the links, overlaps and assumptions in the English plan are less problematic. The overlap of Independent Living and Opportunity Society is justifiable because the underlying ideologies are consistent and mutually reinforcing. They both have the individual as the focal point, and although the plan may be more influenced by capitalism and neoliberalism than the utopian proposals by Beck and others, it appears to have resolved the conflict between choice and social justice in the manner they suggest: by basing both concepts on human rights. This is not merely through protection and respect of rights, but by actively enabling the fulfilment of rights through Barrier Reduction and increased opportunity. Such an approach is also consistent with the social model definition used in the plan.
6. **Conclusions and future research**

This paper, through the use of content and thematic analyses, has modelled the themes within the SDP, and for comparison, the English plan, enabling a structured approach to critical analysis of ideologies underpinning these themes and the interrelationships between them. This research makes a unique contribution to the field in two respects. Firstly, the use of formal qualitative methods to develop thematic models of the plans is a novel approach to the evaluation of disability policy. Secondly, this appears to be the first critical analysis of the SDP.

Through this analysis, it has emerged that the SDP is based on ideologies that are contentious, and create overall policy incoherence. This has been highlighted through contrast with the English plan, which I contend is more ideologically sound and consistent. *Choice, Rights and Inclusive Communities* were the major thematic categories analysed in the SDP. Drawing on contemporary social theory, I have argued that the ideologies that underlie these categories are problematic, and that there is a general lack of concrete strategies and specific, measurable objectives in the SDP to support them. I have outlined that the assumptions that *Inclusive Communities* will *Support* people with disabilities, and protect and respect the *Rights* are flawed; that the assumed link between *Choice* and *Rights* is weak; and that there are potentially unresolvable tensions between *Choice* and *Inclusive Communities*. The use of a medical model definition of disability, whilst simultaneously attempting to use some social model strategies, adds to the inconsistencies within the SDP. Ultimately, the problematic and incoherent ideologies underlying the SDP may make the achievement
of policy goals difficult, calling into question the Plan’s soundness as a ‘vehicle’ for realising the Government’s objectives.

In contrast, *Independent Living, Opportunity Society* and *Barrier Reduction* were the major categories analysed in the English plan. Although these categories were not extensively explored, they appear to be underpinned by less problematic ideologies, and they are supported by the strategies that are proposed, which are (or will be) related to specific, measurable objectives. Additionally, I have argued that there appears to be a synergistic relationship between all three categories that is bolstered by the use of a social model definition of disability. I contend that the document offers an example of a more ideologically sound and coherent disability policy, and is therefore better placed to direct the achievement of government goals and objectives.

There are several avenues for future research. The models developed in this study could be tested using a broader range of techniques, and the method of building thematic models could be used to evaluate other policies. A comprehensive history of disability policy in Victoria (which I was unable to locate) would be valuable for researchers and policy-makers. Whether or not Australian policy is consistent with global movements towards rights-based approaches to disability policy would be a timely investigation. And there appears to be little research regarding the experiences and desires of people with disabilities and their families and carers in Victoria, and the limited research that has been done pertains largely to intellectual disability (Johnson and Danelutti, 2000). Until further research is completed, it remains uncertain whether policies, including the SDP, reflect the concerns of people with disabilities.
Only time will tell if the SDP is an adequate vehicle for achieving government objectives. Although it will be interesting from an academic perspective to observe developments over the next seven years, ultimately people with disabilities, their families, carers, and service providers will have to bear the burden of policy failures. The issues of unmet need, discrimination, and systematic social exclusion cannot be reduced to a discussion about social theory – they are a reality experienced by thousands of Victorians every day. It is for this reason that the adequacy of the SDP is so critical; if it is inadequate, the current reality may not change.

This research process has perhaps generated more questions than answers, not only related to disability policy, but also to the broader and more elusive issues confronting contemporary governments and Western societies. How can governments implement ideas such as choice and inclusive communities, and what tangible objectives and performance measures can accompany this? How can governments reconcile competing demands for increased individual liberty and choice with demands for increased security? Is an active human rights approach the answer? What is the role of government in modern society – is it the state’s responsibility to deal with these issues? We are facing new and diverse challenges, but also great opportunities to find novel ways of addressing injustice, inequality, and inequity. To discover these, we must discuss, debate, and question. It is to this process that this paper is offered.
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Appendix A: Development of the SDP, the policy cycle, and constraints on policy

According to official DHS documents, the creation of the SDP passed and will pass through several distinct phases. This policy process is illustrated below:

*Indicates that while consultation preceded the Solution Development phase, the extent to which this informed the draft and final Plans is uncertain.

**The question marks show that these are intended activities.
This process appears to closely follow that of the ‘policy cycle’, the mainstay of contemporary Australian public policy-making (Bridgman and Davis, 2004). The major steps in the policy cycle are: issue identification; policy analysis; identification of policy instruments (for example, legislation); consultation; coordination; decision; implementation; evaluation; and a return to issue identification (Bridgman and Davis, 2004; see also Stewart, 1999: 79). Whilst the initial steps in this cycle are not discussed in DHS documents, it is probable that they occurred. The English plan also appears to follow this model, and unlike the SDP, all steps are discussed in the document (United Kingdom, 2005).

The policy cycle has been commended for many reasons, including its emphasis on process, the introduction of consultation, its ability to reflect the complex, ongoing and unresolvable nature of policy, and its focus on outcomes (Stewart, 1999; Hughes, 1998; Bridgman and Davis, 2004). However, criticism has been levelled at this model for its ignorance of the subtleties of politics, its linearity and artificiality, restrictive range of policy actors, its neglect of broader social and political trends, and its over-emphasis on decision-making (Bridgman and Davis, 2004; Hughes, 1998). The cycle incorporates elements of two views of policy analysis (analysis being the method of selecting an appropriate policy): the ‘rational comprehensive model’ and ‘incrementalism’. These two approaches are contrasted below.
Rational Comprehensive Model v Incrementalism:

(Lindblom, 1959: 81)

<table>
<thead>
<tr>
<th>The Rational Comprehensive Model</th>
<th>Incrementalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem identified</td>
<td>1. Problem emerges/ is identified</td>
</tr>
<tr>
<td>2. Goals, values, and objectives clarified, then ranked/organised</td>
<td>2. Goal, value and objective selection occurs simultaneously with empirical</td>
</tr>
<tr>
<td>3. All possible ways of achieving these listed</td>
<td>analysis possible ways of achieving these</td>
</tr>
<tr>
<td>4. Comparison and contrasting of policy options with goals</td>
<td>3. Not all outcomes, policy options, or values can be or are considered,</td>
</tr>
<tr>
<td>5. Selection of policy that most closely matches goals, i.e. the most appropriate means to an end</td>
<td>since policy-makers have limited time and are never completely rational or</td>
</tr>
<tr>
<td></td>
<td>informed of all options.</td>
</tr>
<tr>
<td></td>
<td>4. Previous policies are primarily observed, and policy options considered</td>
</tr>
<tr>
<td></td>
<td>are limited to those that differ only marginally. Stakeholders push for their</td>
</tr>
<tr>
<td></td>
<td>policy preference to be adopted.</td>
</tr>
<tr>
<td></td>
<td>5. Selection of policy that can be agreed upon by most/all stakeholders, i.e.</td>
</tr>
<tr>
<td></td>
<td>consensus is the test of ‘good policy’</td>
</tr>
</tbody>
</table>

This comparison illustrates that whilst structured, rational processes such as the policy cycle may be easy to produce in paper, in reality policy implementation may resemble incrementalism: small changes are made based on consensus, rather than rational, strategic decisions (Bridgman and Davis, 2004).
Policy and policy-makers face multiple constraints that the critic may not see or attach the same significance to. Additionally, no government or policy begins with a clean slate, and must work with what they have inherited. Policy-making inevitably involves compromise between various competing interests (Keating, 2000; Lindblom, 1959). Policy constraints may relate to effectiveness, efficiency, appropriateness, and feasibility (Crossfield and Byrne, 1994; Stewart, 1999; Bridgman and Davis, 2004). Trade-offs must be made within and between these areas (Lindblom, 1959). No doubt compromises were made in the development of the SDP, and it is acknowledged that other factors needed to be considered by policy-makers.
Appendix B: History of political movements in disability in Australia

The shape and ideology of contemporary disability policy in Victoria and Australia reflects its historical development. Policies and service programs “have been established over many years, generally on an ad hoc basis in response to specific needs and demands and without any consistent policy framework or philosophy. The result is a complex, fragmented maze of services, each with different administrative and funding arrangements and different target groups and each responsible to different levels of government” (Lindsay, 1996: ii).

Until the early 1900s, the prevailing model of disability, inherited from Britain, was the moral model or law and order approach (Lindsay, 1996). People with disabilities were viewed as being morally defective. Physical and sensory impairment was a sign of disfavour by higher powers, and intellectual impairment and mental illness treated the same way as criminal behaviour (Jongbloed, 2003; Lindsay, 1996). People with intellectual impairments and mental illnesses were feared, and some of these people were segregated in asylums, gaols, and large institutions such as Kew Idiot [sic] Asylum opened in 1887 in Victoria, now known as Kew Residential Services (Public Records Office of Victoria, 2004). The majority of people with intellectual disabilities were (and still are) cared for by families (Bigby and Ozanne, 2001). Non-institutional services were mainly provided by charities and volunteer organisations, with most funding for services coming from the British Government (Lindsay, 1996).
Gradually, disability was considered a health issue, and for almost the next seventy years, the medical model of disability predominated in Australia (Davis, 2001; Parmenter, 1999). This time was punctuated by several major events that had either direct or indirect roles shaping disability policy. In 1901, Federation resulted in a division of responsibilities between Federal and State governments. The split levels of government in Australia created “uncoordinated systems within and across federal and state jurisdictions [leading] to confusion, complexity, buck-passing, and cost-shifting” (Remenyi, 1997: 173), problems which persist today.

During the first half of last century charity and volunteer sectors established disability-specific agencies, such as Deaf and Blind institutions (Lindsay, 1996). Sheltered workshops and hostels were established by some of these organisations, which eventually received financial support from the Federal Government (Lindsay, 1996). This was accompanied by the development of some employment and day services, and a gradual move away from institutionalisation of people with intellectual disabilities began (Lindsay, 1996). However this move was never completed, and many people still live in institutions such as hospitals, nursing homes, hospices or special institutions, which are funded and run by state governments (Bostock et al., 2004; Davis, 2001; Ohlin, 1999; Stancliffe, Emerson and Lakin, 2001). The two World Wars had a major impact on attitudes to disability, and led to the development of many rehabilitation services (Lindsay, 1996; Public Records Office of Victoria, 2004).

The Federal Government gradually became responsible for all income and employment related issues. During the latter half of the 1900s, the Commonwealth
Government introduced a range of legislation related to the funding and delivery of
services for people with disabilities, as well as a variety of income supports and
allowances. Control of education for people with disabilities, traditionally provided
by charities, began to be assumed by Federal and State governments (Lindsay, 1996;

In the late 1960s, Nirje (1969) developed the concept of ‘normalisation’, which was
introduced to Australia by Wolf Wolfensberger (Parmenter, 1999). Normalisation
provides that people with disabilities should be able and allowed to have the same
patterns of life as other members of the community (Nirje, 1969). Both Davis (2001)
and Parmenter (1999) describe the effects this had upon disability policy in Australia,
leading to a greater emphasis on self-determination, individual needs, empowerment,
rights, skill-acquisition, and recognition of discrimination and marginalisation of
people with disabilities. In the 1970s in the USA and UK these ideas were fuelled by
UPIAS and the Independent Living Movement, championing the social model and a
rights-based approach to disability (Davis, 2001; Thomas, 2002). However, in
Australia, the catalyst came later, in 1981, which marked the International Year of the
Disabled Person (IYDP) (Parmenter, 1999; Quibell, 2004; see also Committee for the
International Year of the Disabled Person, 1982). “The year promised to bring about
full participation in society and equality for people with disability” (Quibell, 2004).

The IYDP inspired a variety of legislation and program review and development,
including the (Commonwealth) Disability Services Act 1986, the Victorian
Intellectually Disabled Persons’ Services Act 1986, and the (Victorian) Disability
Services Act 1991. In the 1990’s the Americans with Disabilities Act was created,
upon which the Australian *Disability Discrimination Act 1992* was based (Drake, 1999). In an attempt to resolve the complexities arising from federation, the first *Commonwealth/State Disability Agreement* was drafted in 1991. This outlined that the Commonwealth Government was solely responsible for administering funding for employment and related services, the States for administering funding for accommodation, respite, recreation, and other support services, and both levels for funding advocacy and research and development activities (Baume and Kay, 1995). In 2003, the third agreement was signed, and whilst updated, the same major divisions remain. The Victorian legislation outlined above continues to guide policy development and service funding and delivery, however this is currently under review. The *Report of Recommendations* (Victoria, 2004) urges the repeal of both Acts and enactment of updated, more appropriate legislation.

Whilst the IYDP stimulated change at the level of the law and some programs, has the potential of that year been realised? Whilst some have noted an increased number of policies based on social justice and human rights, they have also been criticised as promising more than could be delivered (Lindsay, 1996), and this is evidenced by high levels of unmet need reported in several national studies (see Australian Bureau of Statistics, 1999; Ohlin, 1999).

Perhaps most importantly, the issues still being raised by people with disabilities, their families, carers, and service providers demonstrate that much of what may have been achieved has not. Surprisingly, there is a paucity of published literature addressing these issues from Victoria or even Australia. This problem has also been encountered by other researchers (Johnson and Danelutti, 2000). Only three documents exploring
the experiences of people with disabilities in their daily lives could be located: the Consultation Report for the SPD (Victoria, 2000); a study by Johnson and Danelutti (2000), commissioned and funded by the Victorian Government, which used a variety of qualitative techniques and drew on a range of different groups and people; and an independent study by Quibell (2004), based on interviews with people with disabilities and their parents exploring changes (or lack thereof) since the IYDP. The people in each of these illustrates the immense difficulties faced by people with disabilities, it is clear that for most of them the vision of the IYDP has not been realised.
Appendix C: Secondary documents

Secondary documents comprised:

- SDP Consultation Report (Victoria, 2000);
- Draft State Disability Plan (Victoria, 2001a);
- SDP Implementation Plan (Victoria, 2002b);
- Review of Disability Legislation Report of Recommendations (Victoria, 2004);
- documents related to funding and activities on the DHS website (www.dhs.vic.gov.au);
- documents related to community building and policy trends on the Department of Victorian Communities (DVC) website (www.community.vic.gov.au);
- speeches by the Hon. John Thwaites, minister for the DVC (Thwaits, 2004);
- Growing Victoria Together 2001: Innovative State, caring communities (Victoria, 2001b);
- Growing Victoria Together: A vision for Victoria 2010 and beyond (Victoria, 2005b);
- Valuing People: A new strategy for learning disability for the 21st century (United Kingdom, 2001);
- Department of Health/Disability Rights Commission Framework for Partnership Action on Disability 2004/2005 (United Kingdom, 2004); and
- speeches by Tony Blair MP and David Miliband MP (Blair, 2004; Miliband, 2005)
Appendix D: Timeline of procedures

2004

- AUGUST
  - Meeting at The UN
  - Data obtained

- SEPTEMBER
  - Literature Review

- OCTOBER
  - Refining research question, aim and objectives
  - Selection of documents and methodology

- NOVEMBER
  - Writing of draft paper

- DECEMBER
  - Literature Review
  - Synthesis of data and development of argument
  - Document analysis
  - Submission of final report

2005

- JANUARY
  - Email questions to DHS

- FEBRUARY
  - Revision

- MARCH
  - Revision

- APRIL
  - Revision

- MAY
  - Revision