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From quotas to sanctions: The political economy of rehabilitation in the UK

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4.1 Introduction~~INTRODUCTION~~

This chapter examines UK social policy ~~in the UK as directed at~~toward people who are out-of-work on a long-term basis due to a chronic illness or disability (Gabbay et al.~~,~~ 2011). A 'disability', in this context, is defined as an illness or impairment that limits the usual activities of daily living, including work ability (Organisation for Economic Cooperation and Development~~,~~ (OECD) 2009~~:~~, p. 11). Across advanced market democracies, poor health is a significant risk factor for unemployment, as well as remaining unemployed. In 2018, ~~in the UK,~~ the UK employment rate~~s of~~ for people with a disability ~~are~~ was 51%, compared to 81% ~~of~~ for those without an illness or disability (House of Commons Library~~,~~ 2018). There ~~is~~ was also a small gender gap, with women with a disability having a slightly lower employment rate ~~of 51%~~ than men with a disability (51% vs. 52%) (House of Commons Library~~,~~ 2018). People with a disability in the UK are also 50% more likely to work part-time: 24% of people with disabilities were working part-time compared to 36% of people without disabilities (House of Commons Library~~,~~ 2018). However, disability-related unemployment is also unequally distributed both socio~~-~~economically and geographically ~~distributed~~. Men and women from lower educational or occupational backgrounds are significantly more likely to experience disability-related unemployment in the UK, as well as~~—~~ ~~and~~ in other European countries (Pope and Bambra~~,~~ 2005; Bambra and Pope~~,~~ 2007). The employment of people with a disability in the UK is also geographically skewed, with the lowest rates in de-industriali~~s~~zed areas reflecting wider patterns of ill health and unemployment (Norman and Bambra~~,~~ 2007). In 2018, for example, the employment rate ~~was highest~~ for people with a disability was highest in ~~the~~ South East ~~of~~ England (58%)~~,~~ and lowest in Scotland (45%), Wales (43%), ~~the~~ North East ~~of~~ England (41%), and Northern Ireland (35%) (House of Commons Library~~,~~ 2018). Poverty, social exclusion, ~~as well as~~and downward social mobility are also important issues for people with a disability in the UK (Bambra 2011a).

As in ~~Like~~ most other advanced market economies, the UK state provides financial support to individuals whose unemployment is ~~then,~~ disability-related, ~~unemployment carries an entitlement to receipt of financial support from the UK state~~ in the form of sickness and disability pensions (~~as described in~~see Box 1) (Bambra~~,~~ 2 2011b). Rates of receipt of these disability-related benefits have increased rapidly since the 1970s: in the UK, they have increased from 0.5 million recipients in 1975 to 2 million in 2018, ~~–~~meaning that around 7% of the UK working age population ~~was in~~currently receive~~spt of~~ disability-related benefits (Office for National Statistics~~,~~ 2 2018). This accounts for over 10% of UK social security expenditure and~~,~~ almost 2% of gross domestic product (GDP) (Gabbay et al.~~,~~ 2011). The probability of returning to work after ~~being in~~ receiving~~pt of~~ long-term health-related benefits is just 2% annually (~~Organisation for Economic Cooperation and Development~~OECD~~,~~ 2 2003~~,~~; 2009), with most recipients who have been workless for six months or more having only a 20% chance of returning to work within five years (Wardell and Burton~~,~~ 2 2006). The most common causes of long-term sickness absence in the UK are musculoskeletal conditions (including obesity-related ~~conditions~~) and mental health problems (including drug and alcohol addictions) (Black~~,~~ 2 2016).

Box 1: ~~The~~ Main ~~UK D~~disability-related ~~S~~social ~~S~~security ~~B~~benefits in the UK (1994 to date)

Incapacity Benefit (1994-2008) replaced Invalidity Benefit in 1994. It was a non-means-tested social security cash benefit, paid to people in the UK who were medically certified as ~~being~~ incapable of work due to illness or disability and who had contributed sufficient National Insurance payments. Incapacity Benefit was paid at a higher rate than usual unemployment benefit (c.33% higher). It was similar in remit to the long-term sickness and disability insurance schemes of other Western countries, such as the USA's Social Security Disability Insurance and the disability pensions of Germany and Sweden. There were three rates of Incapacity Benefit. In the ~~including two~~ short-term, ~~rates:~~ a lower rate ~~which~~ was paid for the first 28 weeks of sickness, and a higher rate for weeks 29 to 52. The third~~,~~ ~~(a~~ long-term~~)~~ rate~~,~~ applied to people who had been sick for more than a year; this group ~~and~~ comprised the largest number of claimants. Incapacity Benefit could be received up to pensionable age. It was discontinued in 2008 and gradually replaced for new and existing recipients with the Employment and Support Allowance.

Employment and Support Allowance (2008-~~2017~~date) was introduced in 2008 to replace Incapacity Benefit. It has a two-tier system of benefits, based on~~.~~ ~~Those judged (via~~ a medically~~-~~administered Work Capability Assessment.~~)~~ Those judged unable to work or with limited work capacity due to the severity of their physical or mental condition receive a higher level of benefit with no conditionality. By contrast, ~~T~~those ~~who are~~ deemed 'sick but able to work' – the work-related activity group ~~–~~ only receive an additional Employment Support premium if they participate in employability initiatives. Those who fail to do so ~~Failure to participate in such programmes results in the removal of the Employment Support component and recipients~~ are ~~then~~ only entitled to the basic Employment and Support Allowance (paid at the same rate as unemployment benefit – Jobseeker's Allowance). Since 2010, receipt of Employment and Support Allowance for the 'work-related activity' group is limited to a maximum of one~~1~~ year.

Universal Credit (since 2017) is a single working~~-~~age benefit which replaced Jobseeker's Allowance (unemployment benefit), Income Support (means-tested social assistance), and Employment and Support

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Allowance (disability-related benefit) from 2015 (Department for Work and Pensions~~, 2~~ 2010b). Compulsory work-for-benefit, as well as a 'claimant contract' with benefit sanctions (of three~~3~~ months', six~~6~~ months', ~~and~~ or up to three~~3~~ years' benefit removal for ~~those benefit~~ recipients who refuse to ~~take up~~accept a job offer), are key components of Universal Credit, ~~–~~and they apply to recipients of all, ~~benefit recipients~~ including disability-related, benefits ~~ones~~.

Concern over the rising numbers of disability-related benefit recipients has meant that in the UK, ~~like~~ as in most other European countries, disability-related benefits have had a high political profile over the last three decades. This has led to substantial changes to rehabilitation medicine, vocational services, and the social security support provided to ~~on the basis of~~ disabled~~ility~~ people. Rehabilitation medicine in the UK is both clinical (provided by the National Health Service (~~–~~NHS)) and vocational (provided by the Department for Work and Pensions (DWP)). ~~Rehabilitation Medicine in the UK~~It can be broadly divided into: neurological rehabilitation (including brain, spinal cord, and peripheral nerve conditions and injuries), musculoskeletal rehabilitation, and mental health conditions (Royal College of Physicians~~, 2~~ 2010). The latter two conditions account for over 60% of unemployment amongst people with a disability. All areas of clinical rehabilitation medicine practice include the management of pain, health and employment behaviours, emotional disturbances, and cognitive issues (Royal College of Physicians~~, 2~~ 2010). In ~~T~~the provision of rehabilitation services, ~~in~~ the UK lags behind other European countries: ~~though with,~~ for example, it has only 0.26 rehabilitation specialist doctors per 100,000 population, compared to 1.88 in Sweden and 2.87 in France (Ward~~, 2~~ 2005). Rehabilitation medicine also works closely with vocational rehabilitation services to promote employment opportunities for disabled adults of working age, working in liaison with occupational medicine, occupational therapists, vocational services, and employers (Royal College of Physicians~~, 2~~ 2010).

This chapter focuses on the vocational aspects of rehabilitation medicine in the UK, examining key policy regime shifts in the UK context. ~~–~~It outlin~~esing~~ the moves away from the *passive welfare* of the 1970s and 1980s (typified by compulsory employment quotas and passive welfare benefits); through the *active welfare* of the 1990s and 2000s (including antidiscrimination legislation, welfare to work, and active welfare benefits); to the *workfare* approach entrenched in the present system and accelerated under austerity (typified by benefit sanctions, benefit cuts, and compulsory work-for-benefit). These significant social policy shifts are then analysed from a political economy perspective, ~~–~~exploring the broad context of ~~the~~ neoliberal restructuring of the state and the specific issues of ~~the~~ reassertio~~n~~g ~~of~~ labour discipline and ~~the~~ reclassifyingication ~~of~~ people with a disability from 'deserving' to 'undeserving' subjects (Bambra and Smith~~, 2~~ 2010; Bambra~~, 2~~ 2011a; Schrecker and Bambra~~, 2~~ 2015).

4.2 The Evolution of UK Disability Policy~~THE EVOLUTION OF UK DISABILITY POLICY~~

This section summarizses the historical evolution of UK social policy for people with a disability ~~in the UK~~ from 1944 to ~~the present~~ today. It identifies and outlines four key and distinct phases: (1) 'passive welfare';~~,~~ (2) 'active welfare'; (3) 'towards workfare'; and (4) 'austerity'. The effectsiveness of these policy changes on the employment of people with a disability are also examined, noting their limited impacts ~~that they have had~~.

4.2.1 Passive ~~W~~welfare (1970s to 1990s)

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The first phase of UK public policy towards the employment of people with a disability ~~in the UK~~ was framed by the Disabled Persons (Employment) Act ~~of~~ 1944, under which ~~set up supported~~ employment programmes (such as Remploy), medical rehabilitation services, and the post-war employment quota were established (Fig. ~~ure~~ 4.1). In the 1970s, these measures were supplemented ~~with~~ by ~~a number of~~several ~~specific~~ health-related ~~out-of-work~~ cash benefits for out-of-work individuals, such as Invalidity Benefit in 1971 (renamed Incapacity Benefit in 1994). ~~Cash benefits claimed on the basis of i~~Ill-health~~-~~based cash benefits were higher than ~~those paid on the basis of~~ unemployment benefits, ~~in~~ which recogni~~zed~~tion ~~of~~ the long-term nature of ill health and the additional associated costs ~~that it can involve~~ (Bambra~~, 2~~ 2011a). ~~During t~~The social security reforms of the 1980s and early 1990s placed~~,~~ additional restrictions ~~were placed~~ on these cash benefits (e.g. the introduction of the 'all work' test in 1994). However, ~~a radical shift of policy,~~ fuelled by growing government concerns about the costs of disability-related benefits, alongside pressure from disability campaign groups ~~in relation to~~regarding social exclusion (Barnes~~,~~ 1991), a more radical policy shift occurred in the mid-1990s.

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Fig~~ure~~ 4.1. ~~:~~ 'Passive Welfare' Phase of UK Disability Policy (1944 to 1994). (Adapted from Bambra et al. 2005)

1944	**Disabled Persons (Employment) Act** ~~Set up~~Launched the post-war disability employment quota of 3% for employers with over 20 staff. Some vocational services initiated and special, initially sheltered, employment started ('Remploy')~~.~~
1970	**Chronically Sick and Disabled Persons Act** Improved access to local authority public buildings and services
1971	**National Insurance Act** Invalidity benefit ~~set up~~established
1973	**Employment and Training Act** Introduced employment rehabilitation centres and resettlement officers
	Social Security Act Attendance Allowance introduced~~:~~ ~~–~~ subsidi~~es~~~~es~~ for ~~the~~ costs of home care/assistance
1975	**Social Security Benefits Act** Introduced the Mobility Allowance: ~~–a~~ cash benefit paid for transport costs
	Social Security Pensions Act Non-Contributory Invalidity Pension (later known as Severe Disablement Allowance)
1980	**Social Security Act** Reduced benefit levels
1991	**Disability Living Allowance and Disability Working Allowance Act** Disability Living Allowance combined the Attendance and Mobility A~~a~~llowances~~,~~ ~~-~~Disability Working Allowance: ~~–~~wage top-up for low-paid workers (replaced with ~~a~~ tax credit in 1999)
	Placement, Assessment and Counselling Teams (PACTs) Vocational preparation and placement services (renamed Disability Service Teams in 1999)

~~Source: Adapted from Bambra et al (2005).~~

The Disability Discrimination Act ~~of~~ 1995 (and subsequent amendments) abolished the post-war disability employment quota and instigated ~~favour of~~ a more rights-based approach to the employment of disabled people (Oliver and Barnes~~,~~ 1998). This Act ~~saw the beginning of~~introduced a distinction in social policy between people with a legally recogni~~z~~sed disability (including *limiting* long term illnesses) and those with other forms of chronic illness. Key features of ~~T~~the Disability Discrimination Act 1995 (later subsumed into the wider Equalities Act ~~in~~ 2010) ~~–is~~are ~~described~~ presented in Box 2~~)~~.

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Box 2: Disability Discrimination Act 1995 (now subsumed into ~~the wider~~ Equalities Act~~,~~ 2010)

The 1995 ~~UK Disability Discrimination~~ Act ~~(DDA)~~ made it illegal to discriminat~~e~~i~~on~~ on the grounds of physical or mental disability or limiting long-term illness ~~illegal~~: since ~~the~~ its implementation ~~of the DDA from~~in 1996~~,~~ ~~onwards~~ it has been unlawful to ~~'"~~*discriminate against disabled persons in connection with employment, the provision of goods, facilities and services, or the disposal or management of premises* ~~"'~~. Employers are required to make '*reasonable adjustments*' to work and premises to cater for people with a disability.

~~Under t~~The Act~~,~~ defines disability ~~is defined as~~: ~~"'~~*a physical or mental impairment that has a substantial and long-term adverse effect on ~~[~~the individual's~~]~~ ~~his/her~~ ability to carry out normal day-to-day activities*~~"'~~:

- *Physical impairment – ~~this~~ includes weakening or adverse change of a part of the body caused through illness, by accident or from birth such as blindness, deafness, heart disease, the paralysis of a limb or severe disfigurement.*
- *Mental impairment – ~~this~~* can include learning disabilities and all recogni~~z~~sed mental illnesses.
- *Substantial - ~~this~~* does not have to be severe, but is more than minor or trivial.
- *Long-term adverse effect – ~~that~~* has lasted or is likely to last more than 12 months.
- *A normal day-to-day activity – ~~that is, one that affects one of the following:~~* mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.

4.2.2 Active ~~W~~welfare (1990s to 2000s)

~~Although t~~The UK welfare state has always contained a~~n certain~~ element of active welfare~~:~~ ~~(~~for example, many of the initial post-war cash benefits, such as pensions, were only available to those who had previously paid ~~social insurance contributions in the form of n~~National Insurance ~~payments~~ contributions (~~[~~Fulcher and Scott~~, 2~~ 2003~~]~~)~~.~~ However, ~~in more recent decades~~ this ~~element~~ feature has become more prominent and far reaching in recent decades. In the second phase of government action, people with a disability or long-term condition were re-conceptualizsed as a key group of working-age benefit recipients and, as such, ~~they were~~became the targets of *activation* policies and subject to ~~a number of~~ diverse active labour market policies ~~–~~(ALMPs). 'Activation' has also emerged as ~~one of the~~a dominant reform theme~~s of reform~~ across other European welfare states~~,~~ with benefits and services for working-age people ~~of working age~~ becoming more focused on re-connecting recipients with the labour market~~,~~ ~~and~~ requiring ~~recipients~~ them to ~~be '~~activel~~y' in~~ seek~~ing~~ employment (Houston and Lindsay~~, 2~~ 2010). In the UK, for example, the early ALMPs of the Disability Working Allowance, the New Deal for Disabled People, and the Access to Work programme ~~were~~ all ~~early active labour market policies~~ targeted ~~at~~ people with a disability in the 1990s (Fig.~~ure~~ 4.2). These interventions generally tried to overcome the different barriers faced by ~~which~~ people with a disability or chronic illness ~~face~~ when trying to enter employment, including: lack of experience or skills; employers' uncertainty ~~from employers~~; problems with physical access to work; and concerns over pay, hours~~,~~ and conditions (Goldstone and Meager~~, 2~~ 2002). However, the majority of interventions focused on the ~~were~~ supply ~~-~~side ~~focused~~, with little consideration of ~~account taken for~~ actual labour market demand (Bambra~~, 2~~ 2006). In this period, participation by ~~people in receipt of~~ benefit~~s~~ recipients was largely on a voluntary basis (Bambra et al.~~,~~ 2005).

4.2.3 Towards 'workfare' (2003 to 2010)

Despite a rapid increase in the use of ALMPs in the UK since the 1990s, the employment rate for people with a disability remained very low. In the 2000s, there were still over 2.5 million people ~~in~~ receivingpt ~~of~~ disability-related benefits in the UK. They remained~~,~~ therefore~~,~~ at the centre of the welfare reform agenda, with the

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benefits of (re)employment for health and well-being increasingly ~~being~~ emphasi~~z~~sed in policy circles (Black~~, 2~~ 2008). Voluntary ~~E~~engagement with ALMPs was replaced ~~ceased to be voluntary as~~by compulsory engagement and conditionality ~~became~~ in the new policy approach. In 2003, for example, pilots for the Pathways to Work programme ~~pilots~~ introduced compulsory Work Focused Interviews for all new benefit recipients (Fig.~~ure~~ 4.3). ~~and, m~~Most significantly, in 2008, Incapacity Benefit was phased out for new recipients and replaced with the two-tiered Employment and Support Allowance ~~–~~(ESA) (see Box.1).

Using a new test administered by the private sector ~~administered test (by~~ first Atos~~, between and , and~~then Maximus ~~since~~), called the Work Capability Assessment (WCA), the ESA required all but the most severely sick or disabled recipients to be work-ready by, for example, ~~taking part in~~undergoing rehabilitation or retraining (Warren et al.~~,~~ 2014). All existing Incapacity Benefit recipients were gradually re-evaluated and moved onto ESA or the lower-value Jobseeker's Allowance (unemployment benefit). ~~The use of~~Contracting private sector providers to deliver the WCA has been criticized ~~qued on the basis that it~~for incentivizing~~sed companies to turn down~~ claim~~s~~ rejection, as well as being ~~that it was~~ expensive, impersonal, mechanistic, and ~~lacked~~ insufficiently transparent~~,cy and led to~~with a high rate of appeals (Warren et al.~~,~~ 2014). The ESA introduced new distinctions between disability-related recipients: (1) those deemed 'fit for work' ~~–~~ were immediately transferred onto the lower-paying Jobseeker's Allowance (~~which is~~ a very conditional benefit worth around a third less in cash per week); (2) those deemed ~~to be~~ too 'incapacitated' for work were placed on the ~~Employment and Support Allowance~~ESA with a 'support' premium and ~~with~~ no conditionality (~~only a minority of~~few recipients met the threshold for this classification); and (3) ~~whilst~~ those considered 'sick but able to work' were placed on ~~Employment and Support Allowance~~ESA with a 'work-related activity' premium (see Box 1). Those in the third group who ~~F~~failed~~ure~~ to engage in compulsory 'work-related activity' ~~for group 2 resulted in a~~ lost~~s~~ ~~of~~ the premium and received only the ESA ~~placement on the Employment and Support Allowance~~ basic rate (worth a third less than the 'work related activity' benefit).

~~In addition,~~Also during this period, a new 'fit note' replaced the old ~~G~~general ~~P~~practitioner-administered 'sick note' (~~Department for Work and Pensions~~DWP~~, 2~~ 2009). The 'sick note' ~~which was~~ traditionally used by ~~G~~general ~~P~~practitioners (primary care physicians) to certify sickness absence operated on a zero-sum basis: an individual was either too sick to work or well enough to work. The aim of the 'fit note' was ~~instead intended~~ to assess fitness for work, as opposed to sickness~~.~~ ~~The fit note~~ adding~~s~~ the option of being partially fit for work if certain issues ~~were~~ are taken into account, including a phased return to work, altered hours, amended duties, and workplace adaptations. The ~~intention of the~~ fit note was intended to reduce the number of people on short-term sickness absence who then lose their employment and become long-term benefit recipients. ~~The fit note~~It was also intended to address concerns that ~~G~~general ~~P~~practitioners were too close to their patients and too keen to sign people off ~~–~~ 'on the sick' ~~–~~ (particularly in areas or times of high unemployment~~)~~ (~~Organisation for Economic Cooperation and Development~~OECD~~, 2~~ 2009).

Although these ~~new~~ reforms clearly built on the previous period of active welfare reform, the addition of such overt conditionality for people ~~in~~ receiving~~pt of~~ disability-related benefits marked a new turn ~~with~~in ~~the~~ UK social policy, ~~context –~~ signalling a clear break ~~with~~ from the voluntary nature of previous participation in ALMPs (Bambra and Smith~~, 2~~ 2010). ~~It t~~Therefore, it arguably marked the beginning of a third phase of policy towards the employment of people with a disability, ~~and one which could be considered as~~distinguished by a move towards ~~making~~ subjecting these recipients ~~subject~~ to a form of 'workfare' (Bambra~~, 2~~ 2011a). Indeed, in a ~~government~~ report titled *Building Bridges to Work*, ~~t~~the government explicitly stated that ~~"~~ *'the old-style, passive, incapacity benefits have been replaced by the new, active Employment and Support Allowance'* ~~"~~ (~~Department for Work and Pensions~~DWP~~, 2~~ 2010~~:~~, p. 7). ~~in a bid~~The aim was to create a ~~"~~ *'something for something'* ~~"~~ approach that ~~aims to~~ widens ~~"~~ *'the right to support and deepens the responsibility to take up this support: individuals have the responsibility to move towards and into work, in return they should get the help they need to do so'* ~~"~~ (~~Department for Work and Pensions~~DWP~~, 2~~ 2010~~:~~, p. 21).

4.2.4 Austerity (since 2011)

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Please check this revision.

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The term 'workfare' ~~is used to~~ refers to those welfare reforms that ~~have~~ linked participation in employment programmes to ongoing receipt ~~the maintenance~~ of benefits ~~receipt~~. Workfare is, thus, the obligation on welfare recipients to 'earn' their benefit payments via compulsory participation in training or compulsory 'work-for-benefit' style employment, ~~(~~including compulsory ~~voluntary~~ work for charities~~)~~ (Burghes~~,~~ 1987; Gibson et al.~~,~~ 2018). Workfare originated in the USA ~~and most well-known are~~with the Clinton-era reforms of 1996, when the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) introduced sanctions and benefit limits for millions of poor Americans, particularly lone mothers and their children: the so-called '99ers' (as benefit receipt is limited to 99 weeks). The PRWORA was considered a success, as welfare rolls more than halved in the first five years, from 12.2 million in 1996 to 5.3 million in 2001. However, the social and economic costs for individuals ~~are~~ have been far more problematic, with only around 10-20% of those leaving welfare rolls actually ~~getting work~~finding employment that pays above the federal poverty line (Bambra~~, 2~~ 2011a).

Similar ~~'~~workfare~~.'~~ style reforms for disability-related benefits were enacted in the UK from 2010 onwards as part of the national austerity programme (Fig.~~ure~~ 4.4). In economics, 'austerity' refers to reducing budget deficits in economic downturns by decreasing public expenditure, particularly on welfare, and/or increasing taxes (Bambra et al.~~,~~ 2016). Since 2010, the UK government~~, as a~~ has responded~~se~~ to the economic recession that followed the 2007/8 global financial crisis~~,~~ by implementinged a programme of austerity. This has been characterizsed by large scale cuts to central and local government budgets, health-care (NHS) privatisZation, and associated cuts ~~in~~ to welfare services and benefits. Reductions in ~~to~~ local government budgets and welfare cuts have hit the poorest parts of the country hardest (Beatty and Fothergill~~, 2~~ 2016), and the effects of tax and benefit reforms haves largely been regressive, with low- income households of working age losing the most (Browne and Levell 2010). ~~-~~Working-age benefits ~~were~~ have been particularly targeted, ~~—~~including disability-related benefits, with reductions, restrictions, and the introduction of sanctions (Bambra~~, 2~~ 2016; Bambra et al.~~,~~ 2016).

ESA ~~itself~~ was reformed ~~further~~ in 2011, ~~which meant that~~limiting entitlement to ESA to one year for recipients in the 'work-related activity' group ~~saw their entitlement to Employment and Support Allowance limited to one year~~. After one~~a~~ year, they had no right to insurance-based benefits (not even Jobseeker's Allowance), and ~~therefore~~ so bec~~o~~ame reliant on support from their family, charities, or means-tested public assistance (Income Support). For the great majority of recipients, ESA ~~therefore~~ thus became a temporary benefit, ~~—~~designed to 'activate the aspirations' of recipients and encourage them to look for and take up paid work, ~~and~~ marking a shift in the 'culture' of incapacity benefits' from 'invalidity to employability' (Bambra~~, 2~~ 2011a). In 2012, a 'claimant contract' with benefit sanctions (of three~~3~~ months', six~~6~~ months', ~~and~~ or up to three~~3~~ years' benefit removal) was introduced for all 'active' benefits; the sanctions~~-~~ applied to ~~those~~ recipients who refused to ~~take up~~accept a job offer or missed their appointments with vocational services. In 2015, the value of the 'work-related activity' element of ESA was reduced to the level of Jobs~~-S~~eeker's Allowance, thus removing ~~(JSA) levels losing~~ the ~~previous~~ premium of a 33% higher rate ~~of~~ in weekly ~~cash.~~income.

~~Then, in 2011, with~~With ~~the announcement of~~ the phased rollout of the new Universal Credit benefit, which began in 2013 and continues today (see Box 1), ESA ~~itself was~~ is being gradually abolished ~~with a rolled-out transfer of existing recipients on to the new benefit between 2013-2019~~. Universal Credit ~~(UC)~~ is a single working- age benefit intended to ~~which~~ replace~~d~~ Jobseeker's Allowance (unemployment benefit), Income Support (means-tested social assistance), and ~~Employment and Support Allowance~~ESA (disability-related benefit) ~~from 2015~~. Compulsory work-for-benefit and the claimant contract are key components of Universal Credit, ~~—~~and they apply to ~~all~~ recipients of all benefits ~~recipients~~, including disability-related ~~ones~~payments. Other significant welfare reforms applied to all working age benefits (such as the under-occupancy charge [more commonly referred to as the 'Bedroom Tax'][]) ~~which were applied to all working age benefits,~~have also impacted on disability-related benefit claimants (for a full overview of austerity and welfare reform, see Schrecker and Bambra~~, 2~~ 2015).

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4.2.5 *Employment effects of policy changes*

The shifts from passive to active/workfare approaches to disability support were justified by politicians and policymakers in as means to terms of increaseing the employment and labour market participation of people with a disability. However, various evidence reviews of the effectiveness of such ALMPs and restrictions to benefit entitlements restrictions have found very little evidence that they have actuallyof enhanced positive contribution to the employment of disabled people with a disability (Bambra et al., 2005; Bambra, 2 2006; Barr et al., 2010; Clayton et al., 2011, 2012). For example, one review concluded that "'*no large-scale programme has demonstrated through a scientifically rigorous study that it improves employment rates by more than a few percentage points*"' (Bambra, 2 2006); whilst another found that benefit restrictions have had no positive impacts on employment (Barr et al., 2010). UK policy has largely focused on supply-side measures, —rather than trying to increase employer demand (Bambra, 2 2006, 2011a).

Supply-side ALMP interventions (such as training, work placements, advice and support services, or in-work benefits) are concerned with increasing the availability and work readiness of individuals with a disability. Accordingly, they and are designed to overcome some of the employment barriers which faced by people with a disability face, particularly in terms oftheir lack of skills or work experience, and financial uncertainty about the transition into paid employment. The UK evidence suggests that some training and advice interventions can have small positive impacts on employment rates, depending on the characteristics of participants, such as 'job-readiness' or type of illness, as well as the local labour market context (Bambra et al., 2005). However, given the small-scale and poor-quality nature of the of intervention evaluations, were such that it is impossible to determine if the improved employment chances were due to the effectiveness of the interventions themselves or to external factors, such as a general upturn in employment rates in the early 2000s. There was is little evidence that in-work benefits were effective in increasing employment (Bambra, 2 2006).

More Further workfare-style interventions (including benefit restrictions, sanctions, and conditionality) can also be considered as another a type of supply-side ALMP intervention, –albeit a very radical one, which that aims to increase the employment of disabled people with disability by making it harder for them to survive outside the labour market. Barr et al. (2010) performed Aan international systematic review of the employment effects of restricting entitlements to welfare benefits for people with a disability, considering in the UK, Canada, Denmark, Sweden, and Norway. They concluded that: "'*there is insufficient evidence, and what there is [is] equivocal, to indicate whether [restrictive] changes in benefit eligibility requirements ... will have an impact on the employment of people with disabilities and chronic illness in well- developed welfare states*"' (Barr et al., 2010, p1106). Further,Another international research study also suggests that conditionality interventions raise employment rates in non-disabled people, but lowers them among disabled people (Baumberg, 2 2017). When examiningResearch in the UK context,links the WCA has been associated withto increases in poordeterioration in mental health amongst those assessed (Barr et al., 2016), and benefit sanctions have been associated with decreased return to work amongst disabled people (National Audit Office, 2016). and aAlthough the evidence is inconclusiveunclear as to why this is the case, there is somea suggestedion explanation for this latter finding is that people completely drop out of the system, preferring to suffer economic hardship or rely on unreported income or support from local authorities, charities, or friends and family (National Audit Office, 2 2016).

Demand-side ALMP interventions (such as financial incentives for employers, disability discrimination legislation, and accessibility interventions) focus on increasing the demand for disabled workers amongst employers (Bambra, 2 2006). They are attempts to combat the other type of employment barriers faced by people with a disability: employer uncertainty and the physical difficulties of workplaces. Demand–side interventions have been less well used within the UK context (Bambra, 2 2006,; 2011a),. The UKwith evidence base suggestings that such interventions have only a very limitedtheir impact on employment has been very limited. For example, financial interventions designed to incentivizse employers were ineffective because they did not adequately off-set the perceived risks and costs of employing a disabled person (Bambra, 2 2006). Likewise, Ddisability legislation likewise had no effect on employers' recruitment decisions, (with the majority

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of employers unaware of its employment provisions~~)~~ (Roberts et al~~,~~ 2004)~~;~~ ~~and that~~ the employment gap between those with and without a health condition or disability actually increased after the ~~introduction of the~~ Disability Discrimination Act was introduced (Pope and Bambra~~,~~ ~~2~~ 2005). Only accessibility interventions (workplace adjustments) appear to have a more positive employment impact, but ~~there was very low~~ uptake ~~across~~ by employers has been very low (Clayton et al~~,~~ 2012).

4.3 The political economy of UK disability policy

~~THE POLITICAL ECONOMY OF UK DISABILITY POLICY~~

~~Adding conditionality, in the form of~~Through compulsory involvement in ALMPs, sanctions, and time-limits on benefit receipt, ~~in terms of~~ UK policy on disability-related benefits has clearly abandoned ~~marks a clear break with~~ the 'passive' approach that ~~dominated~~ characterized ~~UK policy for the majority~~most of the post-war period. However, embracing conditionality ~~it~~ is ~~in keeping~~consistent with the reform of other UK out~~-~~of~~-~~work benefits (such as the reforms to unemployment benefit of the 1980s and 1990s) and changes to disability-related benefits elsewhere, such as in Australia, the USA, and other EU countries ~~in the European Union~~ (~~Organisation for Economic Cooperation and Development~~OECD~~,~~ ~~2~~ 2009). In the UK, these welfare reforms are usually presented (by politicians from both the centre~~-~~left and centre~~-~~right) as ~~being initiated on the grounds~~attempts to ~~of~~ reintroduc~~e~~~~ing~~ recipients to the labour market or ~~providing an~~ incentiv~~i~~ze unemployed ~~for~~ people ~~who are out of work~~ to ~~look for~~seek and return to work. However, ~~the application of~~ a political economy perspective ~~approach~~ provides an alternative explanation ~~seeing~~ for these disability reforms, framing them as a key part of ~~the~~ wider neoliberal restructuring of the welfare state; ~~and~~ specifically, they contribute to ~~in terms of the~~ reasserti~~o~~ng ~~of~~ labour discipline and ~~the~~ reclassifyingication ~~of~~ people with a disability ~~from 'deserving' to~~as the 'undeserving' poor (Bambra and Smith~~,~~ ~~2~~ 2010; Bambra~~,~~ ~~2~~ 2011a; Schrecker and Bambra~~,~~ ~~2~~ 2015).

4.3.1 The ~~N~~neo-liberali~~s~~zation of the ~~W~~welfare ~~S~~state

The different phases of disability policy in the UK reflect wider trends in the general development of the welfare state. Indeed~~, more generally~~ ~~with~~ the most recent shift towards workfare ~~representing~~ is the culmination of the neo-liberali~~z~~sation project to 'hollow out' the welfare state (Rhodes~~,~~ 1994).

For most of the ~~19th~~ nineteenth ~~C~~century, there was minimal state provision of welfare beyond very basic ~~"~~'poor relief~~"~~', ~~– the provision of~~comprising basic food rations and shelter (often provided via institutions, such as the English workhouse system). Beyond these provisions, welfare came via family members or charity (particularly the Church). This began to change in the early ~~20th~~ twentieth century with the introduction of rudimentary ~~and highly selective (non-workers which included most women were typically excluded from such schemes)~~ state~~-~~organi~~z~~ed welfare systems, which provided basic pensions, unemployment, and sickness benefits funded via social insurance payments (e.g. the 1911 National Insurance Act in the UK or the Bismarckian welfare reforms of 1880s Germany). Such schemes were highly selective in terms of population coverage, typically excluding non-workers, and therefore most women.

It was not until after the Second World War (1945) that a more comprehensive welfare state ~~– what is~~ often ~~referred to as~~termed the 'Keynesian welfare state' ~~–~~ was established in most market democracies. To a greater or lesser extent, this 'golden age' of welfare state capitalism was characteri~~s~~zed by centralism, universalism, and Keynesian economics. Keynesian economic models entailed ~~(~~ active macroeconomic management by the state, such as interventionist fiscal policy, a large public sector, and a mixed economy), full (male, able-bodied) employment, ~~and~~ high public expenditure, and the promotion of mass consumption via a more redistributive tax and welfare system. There was also ~~a~~ mainstream political consensus in favour of the welfare state and the redistribution it encompassed. In the ~~'~~golden age~~'~~ of welfare state expansion (1940s to 1960s), Western countries experienced significant improvements to public housing and~~,~~ health-care, ~~with~~ and workers enjoy~~ed~~ing their highest ever share of national income ~~ever~~ (Schrecker and Bambra~~,~~ ~~2~~ 2015).

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However, ‘Ggolden age’ welfare states varied though considerably in the services they provided and the generosity and coverage of social insurance and welfare benefits (Esping-Anderson, 1990). Broadly speaking, tThe UK welfare states was a broadly liberal welfare regime (alongside like the other Anglo-American countries of Australia, Canada, Ireland, New Zealand, and the United StatesUSA). State provision of welfare was fairly minimal;, social insurance benefits were modest and often attracted had strict entitlement criteria; and recipients were often subject to means-testing, with and receipt was stigmatiszed. In this model, even in the post-war period, the dominance of the market was encouraged by the state only guaranteeing only a minimum level of state support, and alongside by the subsidiszing of private welfare schemes. A stark division existed between those, largely the poor, who relied on state aid (largely the poor) and those who were able to afford private provision.

This ‘golden age of the welfare state’ effectively ended with the economic crisis of the 1970s (when rising oil prices combined with high inflation and high unemployment), combined with and the simultaneous rise of neoliberalism – or ‘market fundamentalism’ – as the dominant political and economic ideology (Schrecker and Bambra, 2 2015). The fundamental presuppositions of neoliberalism are as follows: (1) that markets are the normal, natural, and preferable way of organiszing human interaction; (2) the primary function of the state is to ensure the efficient functioning of markets; and (3) institutions or policies that lead towhose outcomes different from those thatwhat would be expected from in a functioning market require justification (Ward and England, 2 2007). The core tenets of neoliberalism remained on the margins of mainstream politics in the wealthy world until the 1970s (Harvey, 2 2005). At that point, the economic uncertainties of ‘stagflation’ – the simultaneous occurrence of high inflation and high unemployment – [“‘*created a newly receptive climate among both elites and, in many countries, electorates*’”] (Schrecker and Bambra, 2 2015, p13).

The literature offers Vvarious narratives of the advance of neoliberalism can be found in the literature. One regards neoliberal policies as pragmatic responses to a changing global economic environment, that was largely outside the control of individual national governments. Under these new conditions, neoliberal policies were the only ones that ‘worked’ (Fourcade-Gourinchas and Babb, 2 2005). Another views neoliberalism as a political project aimed at the restoringation of the class power of business (capital), which that had been eroded by the rise of the welfare state and associated redistributive policies (Harvey, 2 2005). It is clear, however, that neoliberalism is best understood as having multiple dimensions, including: concrete policy programmes and innovations (e.g. scaling back the welfare state);, more general reorganizsation of state institutions (e.g. privatizsation and contracting-out);, and an implicit ideology that gives primacy to the individual, as opposed to the collective. The latter is —exemplified by Margaret Thatcher’s (in)famous comment: that “‘*there is no such thing as society, only individuals and their families*’” (Ward and England, 2 2007).

The elections of the Thatcher’s Conservatives government of Margaret Thatcher in the UK in (1979), (and of Republican USA president Ronald Reagan as US president (in 1980), and or Helmut Kohl as in West Germany Chancellor in (1982) represented key turning points. The political consensus of the golden age began to break down as governments started to dismantle and restructure the welfare state. The ‘reforms’ were characterizsed by the privatiszation and marketiszation of welfare services; entitlement restrictions and increased stricter qualifying conditions for welfare benefits;, and a shift towards targeting and means testing; cuts or limited increases to the actual cash values of benefits; modified funding arrangements (with a shift away from business taxation and towards consumption taxes); an increased emphasis on an active, rather than a passive, welfare systempolicies; deregulation of the economy, with the promotion of labour market flexibility, supply-side economics, and a desire to minimizse public social expenditure; and the subordination of social policy to the market demands of the market (Bambra et al., 2010). This significantly reduced the support provided to people when they are out of work. Analysis of the unemployment replacement rate – For example, in the UK the percentage of an average worker’s wage that would be replaced by unemployment benefits – provides a telling illustration. (the unemployment replacement rate)In the UK, the rate for one earner supporting a partner and two children declined from 69% in 1971 to 36% in 1990. For a single worker with no dependents, the decline was even more dramatic,: falling from 54% in 1971 to 20% or less from 1990 onwards (Scruggs et al., 2014).

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This neoliberal restructuring of the welfare state has been analysed by some commentators as a shift from Keynesian welfare state capitalism, which could afford and required a high level of public welfare expenditure, to a system of 'workfare state capitalism', in which high welfare expenditure is considered ~~to be~~ incompatible ~~to~~ with a profitable economy (Jessop~~,~~ 1991). ~~Workfare state capitalism is characterizsed by decentralizsation and welfare pluralism (with a strong role for the private sector), the promotion of labour market flexibility, supply-side economics, the subordination of social policy to the market demands of the market, and a desire to minimizse social expenditure.~~ Like welfare states, there are variants on the workfare model, reflecting the ongoing influence of historical ~~constraints presented by the policy hangover of existing~~ welfare ~~state regime~~ structures and politics, alongside inter-state variations in public opinion ~~between countries~~ and regime differences ~~by regime~~ in policy responses to common challenges (Jessop~~,~~ 1991). ~~T~~The neo-~~L~~liberal workfare state emphasizses ~~the~~ privatizingsation ~~of~~ state enterprise and welfare services and ~~the~~ deregulatiоng ~~of~~ the private sector (Jessop~~,~~ 1991).

Since the 2007/8 financial crisis, the austerity policiesy ~~of austerity~~ pursued by the UK government haves led to further welfare state reforms ~~along~~ advancing the neoliberal model, ~~– what has been~~ termed neoliberalism 2.0 (Schrecker and Bambra~~,~~ 2 2015). The financial crisis ~~of 2007~~ was ~~a result of~~triggered by a downturn in the US~~A~~ housing market, ~~which led to~~inducing a massive collapse in financial markets across the world. Banks increasingly required state bailouts: for example, ~~(e.g. in the UK~~ the retail bank Northern Rock was nationalizsed in the UK, whilst ~~in the USA~~ Lehmann Brothers investment bank filed for bankruptcy and the mortgage companies Freddie Mac and Fannie Mae were given major government bailouts in the USA~~)~~. Stock markets fell precipitously ~~posted massive falls which continued~~ as ~~the~~ effects in the 'real' economy began to be felt, with unemployment rates ~~of over~~exceeding 10% in the USA and the Euro-zone. In 2009, the International Monetary Fund ~~(IMF)~~ announced that the global economy was experiencing its worst period for 60 years (Gamble~~,~~ 2 2009). The global economic recession continued throughout 2009 and 2010. ~~and w~~Although~~hilst~~ many wealthy governments injected liquidity into their economies (so-called quantitative easing), ~~it~~ this was ~~also~~ accompanied in many European countries (including the UK, but most notably ~~in~~ Greece and Spain) by escalating public expenditure cuts~~: austerity~~.

~~The UK, whilst not as~~Though less affected ~~as~~ than the Eurozone by the financial crisis and subsequent recession, the UK still embarked on a programme of austerity. ~~Here, t~~From~~he~~ 2010 to 20-15, the ~~C~~coalition government ~~(~~of the Conservatives and Liberal Democrats~~) and then the Conservative majority government elected in 2015,~~ enacted large-scale cuts to central and local government budgets, increased health service (NHS) privatizsation, ~~as well as~~and made ~~making~~ steep ~~reductions in~~cuts to welfare services and benefits (including those for people with disabilities). It has been estimated that ~~T~~the UK welfare reforms enacted up to 2015 will take nearly £19bn a year out of the economy by 2020 (Beatty and Fothergill, 2016). This is equivalent to around £470 a year for every working-age adult ~~of working age~~ in the country. The biggest financial losses arise from reforms to disability-related benefits, estimated at ~~(~~£4.3bn a year~~)~~ (Beatty and Fothergill~~,~~ 2 2016). In England, ~~L~~local government spending (which includes social care) also fell by nearly 30% in real terms between 2008 and 2015 ~~in England~~. With the austerity programme continuing since the Conservatives won an electoral majority in 2015, ~~T~~this is the wider neoliberal context within which UK disability and rehabilitation policy has developed.

4.3.2 Reasserting labour discipline and no longer deserving

Regarding UK disability policy, ~~There are~~ two ~~particular~~ trends ~~with~~in the wider neo-liberalizsation of the welfare state require particular attention~~that need to be emphasised in relation to disability policy in the UK~~: the reassertion of labour discipline and the shift from "'deserving"' to "'undeserving"' poor (Bambra and Smith~~,~~ 2 2010). The reforms to disability-related welfare benefits can be conceptualizsed as ~~part of the trend of~~ reasserting labour discipline and instilling the work ethic, accompanied by~~; whilst there is also~~ a notable shift in ~~categorisation and~~ the language ~~in terms of~~for classifying disability-related benefit recipients, who are ~~now as~~

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no longer perceived as deserving of public/welfare state support. This discourse and the associated policy changes impact on all people with a disability, particularly people those with poor mental health (and other 'hidden disabilities') or musculoskeletal problems. However, whilst those with very complicated or severe disabilities (e.g. as a resulting from of an accidents or terminal conditions such as cancer) receive more public sympathy and support, they are still subject to the same surveillance regime and poverty level benefits (see, e.g., for example The Independent, 2 2016, March 17).

There are four salient aspects of the labour discipline thesis for UK disability policy. First, commentators such as Ginsburg argue that the social security benefits system disciplines the labour force by attaching conditions to benefits, which 'ensure that the intransigent worker cannot so easily turn to the welfare state for support' (Ginsburg, 1979). This aspect of the labour discipline thesisreasoning is evident in the UK reforms, as recipients of the Employment and Support AllowanceESA will have to takemust participate in employability schemes in order to receive full benefits. Second, following Piven and Cloward (1971), the reforms can be seen as part of a wider welfare state retrenchment, as whereby welfare provision acts as a means ofserve to 'regulateing the poor'. HenceOn this basis, provision tends to be expanded during at times of political unrest and subsequently reduced once a measure of social peace has beenis restored. For example, in the USA, the civil unrest in of the USA in the 1960s was associated with a subsequent expansion of the welfare state, which, once social order was restored, was followed up by a series of cut backs under the 1980s Reagan administration after social order had been restored. Given thatSince the UK has recently experienced a period of relative 'peace', it might be expected that for welfare benefits would nowto be cut back, with the financial crisis and austerity programme providing a narrative cloak. Third, Katz (1986) argues that the stigma associated with benefit receipt also acts as aserves to discipline upon the labour force, with dependency on state benefits considered not only a misfortune but also a moral failure. The tiered approach of the Employment and Support AllowanceESA system to claimants may heighten this aspect of labour discipline, with those deemed 'sick but able to work' feeling particularly stigmatiszed. Finally, as Byrne (2005)'s work has showncontends (2005), the last two decades' reforms to welfare provision of the last two decades in the UK and elsewhere (particularly the USA) have aimed not been aboutto ending benefit dependency but about to linking benefit receipt more closely to work. The welfare reforms can, thus, be seen as the somewhat logical extension of the usinge of the benefits system to assert the work ethic. The reforms similarly reinforce divisions of who is (*working poor*) and who is not (*non-working poor*) deserving of state support.

The separation of disability-related claims into two distinct categories of deserving and less- or non-deserving is, on the one hand, a logical consequence of the welfare reform philosophy of "'*work for those who can, welfare for those who cannot*'". It also approach to welfare reform and an acknowledgesment that previous, more passive approaches have often exacerbated the labour market exclusion experienced by people with a disability or chronic illness (Barnes, 1991). However, oOn the other hand, the division into two levels of benefits is inevitably tied into notions of the 'deserving' and 'undeserving' poor (Katz, 1986; van Oorschot, 2006). Disability-related benefits were the last in the UK system to be the subject of extensively reformed and, until recently, did not attract as much popular stigma as other benefit types of benefits (most notably lone-parent benefits). This is also the case in other countries, where people in receivingpt of benefits due to ill health or disability have been viewed and treated as more 'deserving' or morally worthy than those in receiptrecipients of other types of benefit (van Oorschot, 2006). Indeed, as Stone arguesd in '*The Disabled State*' (1986), in many Western countries, disability was for a long time considered to be a special administrative category in the welfare states of many Western countries, and one which came with distinctive entitlements in the form of social aid and exemptions from certain obligations of citizenship, such as the duty to work (Stone, 1986, p. 4). Welfare reform in this area can, thus, be seen as a clear move awaydeparture from the more accommodating perspective of the period of 'passive welfare' period, and as a new political discourse which dictates that certain types of disability are less deserving of public support than others.

People with a disability or chronic illness are thus variously categorizsed and re-categoriszed within the 'deserving' and 'undeserving' poor dichotomy. The relations of production which arose from capitalist

industrializsation established a discourse of 'able-bodiedness' which excluded the impaired and the chronically ill from the workplace and the general discourse of employability ~~in general~~ (Oliver~~,~~ 1990; Stone~~,~~ 1986). However, this has been renegotiated at various times and on different terms. For example, the context of the Second World War forced employers to ~~employ~~ recruit groups ~~who were not~~ traditionally regarded as unemployable, such as women or people with disabilities. The Disabled Persons (Employment) Act ~~of~~ 1944 established the long-term sick and disabled as the 'deserving' poor. ~~What is clear i~~In the welfare reforms implemented since the 1990s, ~~has been the renegotiation of~~ this 'deserving' and 'undeserving' dichotomy has clearly been renegotiated. This redrawing was gradual, ~~initially,~~with those ~~who were~~ defined as ~~'~~sick but not disabled~~'~~ ~~were~~ the first to be moved ~~out of~~from the 'deserving' ~~and in~~to the 'undeserving' poor category (the ESA Work Related Activity group). ~~Next, t~~The workfare reforms implemented since the early 2000s then led to nearly *all* people with a disability being ~~put into this~~ recategorized~~y~~ (as the threshold for ~~getting~~ receiving unconditional support became much harder to meet). Further, the programme of austerity, with its associated sweeping benefit cuts ~~across the board~~, started a process whereby even those ~~considered~~ 'deserving' of unconditional support~~,~~ ~~saw~~ had their entitlements ~~levels of that support~~ significantly curtailed~~decreased~~. This has arguably diminished the status of people with a disability and subjected them to significant new levels of surveillance, ~~–~~previously reserved for the able-bodied 'undeserving' poor (Katz~~,~~ 1986).

4.4 Conclusion~~CONCLUSION~~

This chapter has examined vocational rehabilitation services and support for people with disabilities in the UK, ~~–~~placing them within a wider welfare, labour market, and social policy context. It has ~~provided an~~ overviewed ~~of~~ the historical evolution of social policy in the UK ~~in~~ regarding~~s to~~ the employment of people with a disability, ~~–~~considering four key phases: ~~from the~~ passive welfare of the 1970s and 1980s (typified by compulsory employment quotas and passive welfare benefits); ~~through the~~ active welfare of the 1990s and early 2000s (including antidiscrimination legislation, welfare to work, and active welfare benefits)~~;~~ ~~to~~ the workfare approach of the mid-2000s (typified by conditionality and compulsory work-for-benefit); and ~~through to~~ the austerity phase since 2011 (typified by sanctions, reductions, and restrictions). ~~It has analysed t~~These policy changes have been analysed from a political economy perspective, ~~–~~exploring the broader context of the neoliberal restructuring of the welfare state and the specific issues of ~~the~~ reassertion~~g of~~ labour discipline and ~~the~~ reclassifying~~ication of~~ people with a disability from 'deserving' to 'undeserving' subjects. Disability and rehabilitation policy in the UK has shifted radically, particularly since the 1990s. However, the effects of these reforms on employment rates and labour market inclusion has been very limited; instead, ~~and~~ they have ~~thereby~~ only served to further marginalize and stigmatize disabled people.

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Commented [A68R67]: no

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Commented [A72R71]: no

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