

# **A DISABLING IDEOLOGY: CHALLENGING THE NEOLIBERAL CO-OPTATION OF INDEPENDENT LIVING UNDER THE NDIS**

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On behalf of the disabled people's independent living movement (ILM), Brisenden (1998: 26) argues that 'the equality we are demanding is rooted in the concept of control; it stems from our desire to be individuals who can choose for themselves'. The rhetoric of choice and control has been central to the rollout of the National Disability Insurance Scheme (NDIS) in Australia, commencing in 2013. The National Disability Insurance Agency's (NDIAs) (2018[1]: 4) 'vision of the NDIS is to build a competitive and contestable marketplace that is flexible and responds to the choices and preferences of participants.' The NDIS seeks to deliver choice and control over disability services by operating as a cash for care scheme (Yeandle & Ungerson 1997: 2), by directly paying participants to act as consumers in a state-managed market for disability services.

However, while the demand for independent living arose through a collective experience of disablement, it is unlikely to be satisfied by a scheme which atomises its participants (Thill 2015). Additionally, 'insufficient attention has been paid to the importance of workforce training and development, as a crucial precondition for high quality service delivery' (Ryan and Stanford 2018: 6). This article presents the ILM and the union movement as both in tension with the NDIS's individualised approach. It further presents how the NDIS pits these two movements against each other, but also presents opportunities for an emancipatory resolution reached through solidarity.

**Edwards, T. (2019)**

**'A Disabling Ideology: Challenging the Neoliberal Co-optation of  
Independent Living under the NDIS'**  
*Journal of Australian Political Economy*  
**No. 83, pp. 32-59.**

## Context

Almost 1 in 5 (4.3 million) Australian citizens and permanent residents are disabled (ABS 2015). Of this number, around 460 000 are under 65 and have a ‘permanent and significant’ impairment, making them eligible for the NDIS (NDIA 2018[1]: 10). Aboriginal and Torres Strait Islander people are nearly twice as likely to be disabled as non-indigenous people (ABS 2015). Around 1 in 5 disabled people have a mental or behavioural impairment compared to 4 in 5 with a physical impairment (ABS 2015). Almost 2 in 3 disabled people require assistance with daily activities (ABS 2015). Disabled people are around 30 percent less likely to be employed than non-disabled people, and 1 in 12 disabled people reported discrimination or unfair treatment over 12 months (ABS 2015). While 37 percent of those employed are managers and professionals, 45 percent of disabled people are living near or below Australia’s poverty line (ABS 2015, PWC 2011: 3). Outside of the state, disabled people are represented independently, by their families, disability workers, and diverse government-funded Disabled People’s Organisations (DPO) (see DPOA 2019).

Prior to the NDIS, disability services were predominantly set within programmes determined by States and Territories (AIHW 2017: 3). Community sector organisations competitively tendered for ‘block funding’, then disabled people could apply for access to services. Community sector ‘shared accommodation’ existed alongside separately funded state-operated shared accommodation. That system was challenged by the 2010-2020 *National Disability Strategy*, intended to support Australia’s compliance with the UN *Convention on the Rights of Persons with Disabilities* which recognises rights to social inclusion, independence and freedom of choice (Buckmaster & Clark 2018). The Productivity Commission’s framework for the NDIS emerged from this strategy (PC 2011, Buckmaster & Clark 2018).

Under Australia’s federal system and the *NDIS Act 2013*, the NDIS is governed by a council of Commonwealth, State and Territory ministers and treasurers (NDIA 2018). The no-fault NDIS will more than double service funding, receiving a projected \$22 billion by 2020, split halfway between state and federal governments (COA 2015: 234, Carey *et al.* 2018: 21). The independent NDIA is authorised to rollout the scheme and approve individual support packages considered ‘reasonable and necessary’ for reaching participant-set goals, objectives, and aspirations

(Buckmaster & Clark 2018). The state-managed market for services thus consists of demand levers, for example, disabled people's individual packages, and supply levers, for example, registered organisations and maximum prices for services determined by the Reasonable Cost Model (RCM) (Cortis *et al.* 2017: 4). Organisations are predominantly community sector not-for-profits; however, for-profits are emerging including 'Uber-style' platforms (David & West 2017: 337-8). Under individual State and Territory agreements, state-run shared accommodation is transferring to the community sector, and the last institutions continue the process of closing (e.g. FACS 2017, FACS 2015: 78). Following pressure from diverse stakeholders, in March 2019, the Liberal-National Party federal government announced price increases for disability support work of up to 15.3 percent (NDIA 2019), despite the official plan to deregulate prices over time (NDIA 2018[2]: 6).

Analysing the NDIS from a political economic perspective needs careful consideration. This can proceed in three steps: examining how the NDIS relates to the state, disabled people and disability workers.

### **The NDIS and the state**

The cash for care disability programs which sprung up in Europe in the 1990s, Ungerson (1997: 375) argues, arose from an ideological alliance between the independent living movement (ILM) and the neoliberal 'new right'. The new right supported independent living because it 'promote[s] the key objectives of choice and efficiency, which, the new right argues, are uniquely available through the operation of markets' for disability services (Ungerson 1997: 375). Ungerson presents the ILM as a powerful social force in the cash for care transformation: politically they are 'centre stage', while '[t]he new right appears to be in decline currently in Europe, although their legacy of marketized services holds firm'. The political success of cash for care was due to its resonance with neoliberal values. In Australia, the NDIS marketisation of disability services was led through parliament by Australian Labor Party politicians, showing that the new right far from monopolises neoliberal policymaking. To complicate matters further, ALP Prime Minister Julia Gillard (2012: final para.) argued that 'The NDIS will stand alongside the minimum wage, the age pension, Medicare and universal superannuation as one of the great Labor pillars of social justice.' A more nuanced political economic view of the

NDIS could see it as having been built in the context of 'neoliberalisation that is significantly conditioned by the inherited institutional architecture of any given nation-state' (Cahill 2014: 119).

Miller and Hayward (2017: 142-3) present the NDIS, paradoxically, as a massive funding increase amidst austerity. They argue that the state's real rationale for the NDIS is to attract 'new sources of growth and employment' in the 'post-manufacturing and post-mining boom'. Conversely, the state's rationale for marketising disability services is questioned, considering failings in the vocational education market. They therefore suggest that the NDIS' neoliberal elements – 'insurance, investment, individual choice and markets' – are a politically correct 'privatised guise' hiding more rational Keynesian-style state interventions. According to Millar and Hayward (2017: 143), 'We now live in a twilight zone caught between a commitment to private markets that are not well suited to deliver excellent social policy outcomes and the reality of governments needing to increase their levels of intervention and subsidy to make them work.' They implicitly characterise neoliberalism according to the normative neoclassical framework of competitive 'free' markets, assuming that state interventions and economic planning represent departures from neoliberalism.

Cahill (2014: x) is critical of such characterisation, arguing that the state was always central to the development of capitalism, and neoliberalism is no different. While Miller (2017: 97) suggests the convergence of monetarist policy with state financed and managed markets is novel, Spies-Butcher (2014: 26) argues that Medicare's private practice model already embodies a 'philosophy [...] that governments could retain control in a privatised economy'. Presenting neoliberalism as a set of irrational ideas, Cahill (2014: xi) warns, offers 'unfounded optimism to progressive forces about the imminent decline of neoliberalism', foolheartedly thought to be achieved by presenting 'better' ideas to policymakers. For example, the Productivity Commission's instrumental 2011 report failed to represent submissions highlighting risks to workers (Macdonald & Charlesworth 2016: 634-7), reflecting its neoliberal 'common sense'. Therefore, the NDIS is hybrid because marketisation is 'structured and constituted' by the 'norms, conventions and rules' embodied in Australia's institutional arrangements, including universal human rights and capitalist profit motives arising from class and social struggle (Konings 2008: 255). Economic decisions about the NDIS are therefore value-based and political, not purely rational nor pragmatic.

## The NDIS and disabled people

Despite Brisenden's (1998: 26) call for choice and control, Thill (2015) questions the emancipatory potential of a services market. According to Ungerson (1997: 375), the ILM and the new right jointly argued that, by empowering disabled people as sovereign consumers of services, direct payments 'could chip away at, if not topple, economic and cultural oppressions'. This argument stems from a long history of abuse and control over disabled people within state-determined services which provided little to no choice or independence. For example, Australia's landmark 2009 *Shut Out* report revealed that disabled people significantly viewed services as a 'barrier to, rather than a facilitator, to their social participation' (David & West 2017: 336). However, sceptical that markets will deliver independence, Thill (2015: 15-17, 23) contrasts voice, 'emerging from the collective claims of social movements', with consumer choice, which is 'individualistic and market driven'. Thill argues that 'by making choice and control (rather than voice and listening) the main strategies for service reform, the NDIS places the burden for systemic change onto individual disabled people'. Thill therefore historicises independent living as a collective achievement of disabled people, suggesting that the NDIS risks undermining collective voice by positioning disabled people as consumers. Under the NDIS, disabled people 'are more likely to be offered limited opportunities for consumer choice rather than rights to recognition, presence, participation and voice in the public sphere'. The argument is that by formulating independence through market logic, where social change occurs by voting with your wallet, the goalposts for independence are moved and the concept becomes less emancipatory. The NDIS is portrayed as 'a liberalism that enshrines personal choice as the baseline of political emancipation' (Power 2009, in Woodhead 2012: 247).

Needham and Dickinson (2018: 736, 742, 745) argue that the political success of the NDIS relied on its 'social investment' policy narrative, based in the actuarial mechanisms used in calculating funding. In contrast to disability welfare, traditionally targeted at the immediate needs of a minority group, the NDIS represents cost-effective social investment insuring the greater public against the calculated risk of future impairment. According to one official, the NDIS is a 'system that rigorously managed costs, a system that knew how to get the benefits of early intervention'. The investment narrative is also championed by the Productivity

Commission (2011: 7, 54-5): 'from an *economic* perspective, the benefits of the NDIS will exceed the costs', thus the state is constructed as a corporation rationalising funding according to projected returns. Needham and Dickinson argue that social investment is in tension with human rights because it shifts the focus from disabled people's immediate needs to future social risk. This tension is presented in contrast to Thill's (2015) tension between citizen versus consumer, as Needham and Dickinson (2018: 736) argue that 'aspects of citizenship and consumerism are intertwined – there is an emphasis on customized services as well as rights and inclusion – suggesting that the policy is aimed at a hybrid citizen-consumer'. However, just as the consumer subject is empowered, within limits, to participate socially, investment benefits some disabled people by focusing on early intervention and outcomes. This suggests that both tensions (citizen/consumer and investment/human rights) are dialectical, in opposition but also reinforcing each other.

The NDIS presents another tension between choice versus care, according to Malbon, Carey, and Dickinson (2017). They draw from Mol (2008) who theorises this tension for diabetes patients, arguing that consumer choice creates poorer outcomes than care, idealised as a 'process-based relationship' with 'strong mutual communication and adaptation' between patients and caregivers (Malbon, Carey & Dickinson 2017: 3). However, Mol's 'choice versus care' binary changes character in relation to independent living for disabled people because care is associated with a history of paternalistic services complicit in human rights abuses. Independent living challenges the 'medical model' of disability which casts disabled people as patients and legitimises determination over their lives by government bureaucrats, doctors and social workers (Brisenden 1998). Malbon, Carey, and Dickinson (2017: 13) argue that, despite choice being central to the original NDIS design, the sharing of accountability for service quality exists through a logic of care, resulting in a 'hybrid scheme'. This analysis alludes to a common criticism of governments for using independent living as a convenient excuse to outsource their responsibility over disabled people to the market (Slorach 2016: 238, Gooding 2016: 41), continuing their historic abuse of this responsibility. The NDIS 'participant' terminology indicates that users can choose to participate in a different system, which is untrue for the vast majority who rely on it. While care is problematic for independent living, its institutional apparatus protects disabled people against the market's vicissitudes.

### **The NDIS and disability workers**

One of the sharpest tensions presented by the NDIS is between the commodification of services and the conditions of disability workers. Macdonald and Charlesworth (2016: 639) argue that the more cost-containment underpins cash for care, the more working conditions are eroded. They find that the under-pricing of services through the Reasonable Cost Model (RCM) devalues and deskills work; according to one service provider, 'one of the biggest problems is the same low rate even for complex clients [...] there's not much money left over to develop a workforce. In the longer-term we just won't have the skills'. Green and Mears (2014: 32) see a rift between the identity of support workers in Australia, 76 per cent of whom have 'at least a Certificate III qualification [...] and a) growing demand for career paths', and the reality of the scheme, which offers low pay, few training and career-path opportunities, and tends toward casualisation. The Fair Work Act and industry award are in tension with the RCM but still effectively regulate it to maintain workers' wellbeing, therefore services are never fully commodified. However, the award is under pressure and increasingly difficult to enforce; as one service provider observes, 'the existing sector awards just don't match the flexibility the clients want' (Macdonald and Charlesworth 2016: 640).

While challenging the non-market Fair Work institution, commodification reinforces other non-market institutions against the labour rights of women. Two feminist policy analysts interviewed by Miller (2017: 106) argue that the RCM undervalues the 'behind the scenes' work of community services, continuing the historic undervaluing of 'women's work'. By devaluing the work of a female dominated industry and thus lowering women's social status, the RCM is intertwined with patriarchy and challenges the Australian Services Union's (ASU) successful Equal Pay campaigns. This contrasts with the effects of early cash for care programmes which formalised and remunerated formerly unpaid care work performed at home (Ungerson 1997: 362-3). That care commodification once challenged patriarchy, while now Equal Pay is embedded in Fair Work, further demonstrates the dialectical nature of these tensions.

The ideological tensions embodied in the NDIS reflect movements between political economic forces of commodification, social protection, and emancipation. While the NDIS represents a gateway for disabled people out of historically oppressive care institutions, cash for care shapes

and limits the scope of independent living and challenges existing institutional protections for disabled people and disability workers. Therefore, while elements of the NDIS embody market principles like consumer sovereignty and economic rationalism, the scheme is structured and deployed by social and cultural institutions embedded in struggle. This characterisation of neoliberalism as ‘always embedded’ in society stems from Polanyi’s (1944, in Fraser 2014: 543) argument that the commodification of labour, land and money is socially destructive and necessarily met by an oppositional movement to regulate it. Fraser (2014: 551) complicates Polanyi’s classic ‘double-movement’ of commodification versus social protection by adding a ‘third pole of social movement’: emancipation, which recognises challenges to non-market institutions which are historic sites of domination and oppression. Fraser’s retheorisation of Polanyi thus explains the hybrid, dialectical nature of the NDIS as it embodies tensions between market versus state, consumer versus citizen, insurance versus human rights, choice versus care, and commodification versus workers’ rights. While Fraser’s triple-movement reveals the social struggles producing tensions, it does not explain the historical processes whereby ideologies and social groups become dominant and maintain power despite contradictions. To explain that, and to strategize the emancipatory resolution envisaged by Fraser, this article will employ Gramsci’s concept of the integral state.

### **Political economic framework**

How do the ideological tensions in the NDIS relate to historical change in the disability sector? Why haven’t all these contradictions torn the scheme apart and transformed it into something new? The Italian Marxist theorist and political leader, Antonio Gramsci grappled with these types of questions in the 1920s and 1930s amidst failing revolutions and what he paradoxically saw as the working class consenting to their own exploitation. He asked how ‘coercion and consent interrelate to enable the stability and reproduction of the capitalist organization of society’ (Cahill 2007: 221). In developing an explanation for this phenomenon, Gramsci brought together an appreciation of ‘ethico-political principles alongside economic factors’, treating ideology as ‘something historically produced, as a ceaseless struggle’ (Gramsci 1996, in Morton 2005: 446). Gramsci explored the ‘who’ of power and the ‘connection between class identity



and the realm of ideology' (Morton 2005: 443) and therefore his theories are a method of understanding Fraser's triple-movement within the flesh and blood struggles of distinct groups of people. Gramsci prompts us to 'consider how changing production relations give rise to particular social forces that become the bases of power within and across states and within a specific world order' (Cox 1987, in Bieler & Morton 2004: 89). This approach is germane to analysing the relationships between social forces and changes in the production of disability services and can identify the processes through which social groupings generate themselves while in struggle over the NDIS. This method of class analysis is 'generative', it stresses 'the processes building social groupings, rather than the categories they produce; and on the activity of people, not merely their location in social space' (Connell 1977: 5).

Gramsci's Marxist theory of politics responded to a loss of faith in historically deterministic interpretations of Marxism and the need for a 'political strategy of transformation' into socialism (Hobsbawm 1982: 26). Gramsci argues that the ruling class maintains supremacy through a combination of coercion, understood as the physical domination of the state, and consent, produced by the perpetuation and reinforcement of the dominant ideology through civil society. He argues that institutions like the Church, education and unions have a cultural impact on social relationships and the way people interpret and participate in work and society. Today, there is much discussion of how mass media, advertising, and social media impact on how we form identities and connect with each other. Additionally, the community sector, which includes disability support and advocacy, children's out of home care, women's refuges, and LGBTIQ+ rights organisations, has an important role in social reproduction materially and ideologically. Gramsci (1971: 244) writes, 'the state is the entire complex of practical and theoretical activities with which the ruling class not only justifies and maintains its dominance, but manages to win the active consent of those over whom it rules'. This extended conception of the state, known as the integral state, emphasises the political purpose of the perpetuation of ideology through the institutions of civil society, which function as hegemonic apparatuses. In this respect, the NDIS perpetuates dominant ideology and has a role in maintaining neoliberal hegemony, its core value to the ruling class. The integral state is ethical and cultural because it functions to shape the ideology of the population to support the needs of production and thus the interests of the ruling class (Gramsci 1971: 258). However, because

ideology cannot erase people's own observations and experiences, 'The dominant group is co-ordinated concretely with the general interests of the sub-ordinate groups' (Gramsci 1971: 161). Therefore, the integral state presents a broad subject of analysis for questioning the class nature of social participation in the neoliberal transformation of the disability sector.

The diffusion of power throughout the integral state gives groups which do not organise as the working class a vital role in the class struggle over ideology and the productive sphere. This is because the maintenance of hegemony partly relies upon the ability of the dominant ideology to garner popular support. As such, Gramsci's theories are sensitive to the historical role of new social movements, galvanised through collective identity, in the ascendance of neoliberalism. Cahill (2014: 131) argues that 'rarely have neoliberal policies of privatisation, deregulation and marketisation been popular', and therefore asks whether 'neoliberal policy norms have been internalised outside of elite circles', asking further, 'to what extent has neoliberalism become hegemonic?' However, Fraser's triple-movement provides a schema for the co-optation of identity politics into the politics of neoliberalism, seen as the dismantling of oppressive non-market institutions and the emancipation of individuals by market forces. The production of hegemony through the unification of diverse groups into a 'national and popular collective political will', known as an historical bloc, prompts consideration of the role of disabled people as a social force in neoliberal transformations. The reproduction of the dominant ideology to incorporate the struggles of subordinate groups is known as 'passive revolution'.

This article understands disability through the Social Model, recognising the collective identity of disabled people generated through the social process of disablement. This is necessary for understanding the social force generated by disabled people and the role of ideology in their oppression. The Social Model was developed by Western disabled activists in the 1970s and 1980s who increasingly dismissed 'the individual, medicalized understanding of disability [...] and] reflecting on their experiences of discrimination [...] focused on the organization of society rather than individual functional limitations or differences' (Oliver & Barnes 2012: 164). The Social Model uses the term 'disabled people' because people are disabled by a society which 'fails to remove barriers and facilitate participation of people who have needs due to body impairments' (Fisher & Jing 2008: 172). Shakespeare (2014: 46) criticises the Social Model because it 'overstates the social creation of disability,

and fails to give an adequate account of the complexities of disabled people's lives'. Disabled people are diverse; many would reject the notion of a collective identity. However, the ILM is testament to their collective agency, recognising that, for society to accommodate for diverse impairments, the discrimination perpetuated through disability services must end, as a vital component to challenging a disabling society. By acknowledging the social construction of disabled people's experiences and identities, the Social Model enables a discussion of 'disabling ideology'.

How does the ruling class exercise intellectual and moral leadership to generate popular support for neoliberalism? How do the working class and disabled people exercise their own leadership to build power as well? Gramsci (1971, in Vacca 1982: 37, 62) argues that a class organically develops 'intellectuals which give it homogeneity and an awareness of its own function not only in the economic but also in the social and political fields', and thus intellectuals are the link between hegemony in civil society and the productive sphere. The function of intellectuals is therefore the generation of social groupings with subjective accounts of their material interests such that they cohere into an historical bloc, which is the political constitution of hegemony, or conversely a counterhegemonic force. Intellectuals arise out of the historical development of a class or social force but are not necessarily members of that group. Gramsci (1971: 9) argued that, because everybody 'contributes to sustain a conception of the world or to modify it', they are intellectuals. However, only some have 'active participation in everyday life as an agent within the economic, political, social, and cultural fields acting as a constructor, organiser, and 'permanent persuader' in forming or contesting hegemony' (Gramsci 1971, in Morton 2007: 91-2). A generative class analysis (Connell 1977: 5) of the NDIS therefore focuses on the activities of intellectuals in their ideological leadership of social groups such as disabled people, disability workers, and the public.

What activities of intellectuals have led the construction of the NDIS materially and ideologically? What activities could challenge that construction for an emancipatory resolution? Through an historical analysis of existing primary and secondary sources, this article presents the activities of intellectuals as moments in the formation and contestation of historical blocs. The relationship between neoliberalism and the disability rights movement in Australia is analysed by exploring the process of deinstitutionalisation, broadly the replacement of large

psychiatric institutions with decentralised community support. Primary sources, including the 1983 *Richmond Report*, an interview and inquiry submission from the Every Australian Counts campaign, the Productivity Commission's 2011 *Disability Care and Support* report, and NDIA policies, are examined alongside secondary sources. At the same time, the Australian Services Union (ASU) and Disabled People's Organisations (DPO) are challenging the neoliberal NDIS framework by collaborating based on shared interests. The potential for them to challenge neoliberal co-optation is assessed through a primary source analysis of the ASU campaign for a Portable Training Entitlement System (PTES), an employer-led counter-campaign, government submissions, media articles, and an ILM counter-argument, plus secondary source analysis. Recommendations to the ASU and DPOs are then made based on the analysis of this data, informed by the theoretical models discussed above.

### **The NDIS and passive revolution**

The ILM originated from the campus activism of disabled students in the 1960s, whose dormitories at the University of California were segregated into a medical wing (Shapiro 1993). The students formed a collective called The Rolling Quads and successfully lobbied for support to live independently with their fellow students. They redefined independence 'as the control a disabled person had over his [sic] life [... instead of] by the tasks one could perform without assistance' (Shapiro 1993: 51). Drawing on their experiences of discrimination by university counsellors and wanting to break from the paternalism of bureaucratic services, 'The Rolling Quads realized they would have to think of themselves as consumers of state services, not as clients' (Shapiro 1993: 49). 'New social movements' like the disabled people's movement and feminist politics are characterised by a cultural politics focusing on empowerment and the challenging of exclusion and stereotypes, over the satisfaction of material needs (Oliver & Barnes 2012: 173-4). Other recent examples are the Marriage Equality campaign endorsed by corporate Australia (AME n.d.) and the Slutwalk movement which restated the gains of sexual liberation without examining market interests (Woodhead 2012: 241-2). However, Oliver and Barnes (2012: 173-4) argue that many groups organising through collective identity have still 'stressed the importance of overturning disadvantages in the distribution of income and wealth,

welfare benefits and the labour market'. This is true of the Australian disability rights movement, which has emphasised inclusion and empowerment through the provision of well-funded disability services.

Disabled people's right to live independently has increasingly been accepted into Australian political discourse, although this hasn't always prompted state action. The advancement of independent living here can be viewed through an often-sporadic process of deinstitutionalisation. While deinstitutionalisation embodies several sometimes-conflicting ideologies, it is concerned with independent living because disabled people cannot live independently in an institution (Brisenden 1998: 27). Institutions are a materialisation of the medical model which disqualifies the notion that disabled people can or should live independently in the community. This lack of self-determination led to 'Chilling public stories exposing abuse and violence of people with disabilities within large psychiatric institutions' during the latter 20<sup>th</sup> century, and 'had a profound impact on public consciousness' (Finnane 2003, in Gooding 2016: 37). The 1983 NSW *Richmond Report* represents a comprehensive official proposal for deinstitutionalisation based on a normalisation agenda. The report derived its findings from premises such as that,

it is desirable for people to have as many opportunities for social and physical contact in the normal community environment as possible, irrespective of their level of physical, intellectual or social functioning [...] further, they have a right to these opportunities (Richmond 1983: 18).

While *Richmond* sought valued roles for disabled people in the 'normal' community, independent living requires changing communities so they accept disabled people's intrinsic value (Elder-Woodward, d'Aboville & Duncan-Glancy 2015).

*Richmond* facilitated the first wave of deinstitutionalisation in NSW, a process that proved piecemeal and incomplete (Wiesel & Bigby 2015: 184). In contrast, the closure of Victorian institutions was hastened by the election of the Liberal Party state government in 1993, led by Jeff Kennett, committed to 'client empowerment' and the cutting of public expenditure on institutions (Meadows & Singh 2003: 63, Gooding 2016: 40). According to Gooding (2016: 40), 'This included expanding community-based treatment, care and support services and involved sub-contracting service delivery to private providers'. The service 'consumer' terminology had first appeared in the 1992 *National Mental Health Policy*, which transferred some responsibility for mental health management to

individual consumers and their families (Gooding 2016: 41, Henderson 2005: 249). Requirements on community organisations to navigate onerous competitive tendering processes progressively increased, incentivising them to maintain low service costs and wages, and to grow, homogenise, and bureaucratised (ASU 2015: 9, Henderson 2005: 251). Deinstitutionalisation is now tied to the NDIS (Wiesel & Bigby 2014: 192) as institutions continue to close, the state entirely ceases service delivery, and opportunities for community participation theoretically improve. However, this is complicated because the NDIS is highly bureaucratised and organisations benefit more than ever from economies of scale (Green and Mears 2014: 30).

From 2011, the Every Australian Counts campaign moved the public by presenting disabled people's ongoing lack of support and dignity. Former ALP Minister John Della Bosca appealed to Australian values on national radio, saying, 'we like to think of ourselves as people who are committed to fairness. It's unfair, what's been happening for a long time is unfair and we have a once in a generation opportunity now' (ABC 2011: 7:15). Della Bosca emphasised that the NDIS broke from welfare toward an insurance approach to disability, promoting the NDIS as in everybody's interest. The substantial framework of the scheme was developed by the Productivity Commission, which justified the marketisation of services and direct payments to participants through the notion of consumer sovereignty. The Productivity Commission (2011: 50-3) describes the NDIS as a 'consumer choice model' where 'providers would compete for custom' and participants would "shop' around'. The promise is that the market will deliver 'empowerment of people with a disability [... and this is] a driver of quality service provision'; a framework perpetuated in key NDIA (2016, 2018[1], 2018[2]) policies. While service providers previously marketed themselves to the state for funding, they would now more directly appeal to consumers. Every Australian Counts supported this framework through its parent NGO's submission to the Productivity Commission, while mobilising tens of thousands of supporters (NDCA 2010, Steketee 2013: para. 22). In doing so, it consolidated a national and popular ethic of independent living delivered through a marketised and insurance framework, making the NDIS a rare example of public consensus in an era where no prime minister since 2007 has completed a full term.

The Productivity Commission's framework for the NDIS reflects neoliberal doctrine that 'all social problems have a market solution' (King

2012: 251). Fraser (2016: 281-2) calls the alliance between emancipation movements and financialisation 'progressive neoliberalism':

In place of the New Deal coalition of unionized manufacturing workers, African-Americans, and the urban middle classes, he [Clinton] forged a new alliance of "symbolic workers" and entrepreneurs, suburbanites, and new social movements, all proclaiming their modern, progressive bona fides by embracing diversity, multiculturalism, and women's and LGBTQ rights.

Fraser's progressive neoliberalism represents an historical bloc aligning the ruling class with new social movements, encapsulating the NDIS as an alliance between neoliberal policymakers and the disability rights movement. However, Fraser's (2016: 262) argument that this 'left behind' workers risks, obscuring their subjugation during capitalism's post-WWII 'Golden Age' and its connection to disabled people's struggles now. This can justify workers' wholesale rejection of new social movements and their emancipatory elements, as exploited by Trump.

Gramsci (1971: 119-120) argues that the corporatist reorganisation of capitalism in the 1930s, the foundations of the Golden Age, represents passive revolution because it only regulated profit. In the Australian post-war welfare order, capitalist dominance was secured by 'managing economic incoherencies and social tensions by expanded state intervention, and cementing the classes with an ideology of anti-communism and development' (Connell & Irving 1980: 292). The development of corporate headquarters, 'the visible expression of class power, the symbols of a new ascendancy', and the outer suburbs with their dependence on cars and household commodities were both expressions of cultural modernity and its tenets of development, uniformity, and rationalism (Connell & Irving 1980: 297-8). These same doctrines legitimised 'the exclusion of the socially disruptive' into the 'imposing, and forbidding, architecture of the asylum' (Morrall & Hazelton 2008: 89-96). Psychiatrists, 'the social control experts' who medicalised disability via their powerful positions in institutions, were emblematic of 'the broad shift towards conservatism of Australian intellectuals' during that era (Morrall & Hazelton 2008: 89-96, Connell & Irving 1980: 298). Under the NDIS, their dominance is displaced by actuaries and policymakers at the Productivity Commission and NDIA who maintain a new model of disability based on consumerism. Can disabled people live independently through the NDIS built by these new ruling intellectuals? While welfare corporatism promoted full employment, giving workers an opportunity to

organise, neoliberal-era corporatism since the 1983 *Prices and Wages Accord* treats inflation as a greater evil than unemployment (Humphrys 2018[2]: 51). Nevertheless, the interests of capital have remained dominant throughout. Progressive neoliberalism represents a reorganisation of capitalism through a reformed intellectual leadership who co-opt the progressive demands of new social movements.

The co-optation of independent living is realised through a core individualist ideology that runs constant throughout passive revolution, working to marginalise disabled people from control over disability services. This ideology originates from the systemic exclusion of disabled people from the labour process under capitalism. The historic requirement for 'individuals to sell their labour [...] necessitated a break from collectivist notions of work', and thus valued 'the non-disabled individual', and hence 'gave rise to the ideological construction of the disabled individual' (Oliver & Barnes 2012: 79-81). This construction facilitates the medicalisation of disability, which sees individual physiology rather than society as the problem of disablement. Principally during the Keynesian-Fordist era, this legitimised control over disabled people's lives by the medical professionals who 'knew best'. However, under the NDIS, individualist ideology is reproduced by 'enveloping' (see Humphrys 2018[1]: 53, 56) independent living within consumer subjectivity. Theoretically, the NDIS creates more opportunities for collective action by enabling some disabled people to use their individual support packages to participate. However, consumerism poses a cultural challenge to collectivism; success is understood individually because it is achieved through the privileged ability to purchase commodities, instead of collectively achieved through solidarity. That individual packages are state funded is relevant if the ILM can harness universality as an organising tool: otherwise, the understanding is that packages are determined individually. Cash for care redirects disabled people's fight for services away from the state, and towards disability workers and service providers from whom participants seek to extract value for *their* money. Thill's (2015: 25-6) recommendation for new NDIS processes which 'listen' to collective voice may partially address this cultural issue, but risk succumbing to Cahill's (2014: xi) methodological trap of presenting 'better ideas' to the state without engaging with struggle. It is difficult to determine the extent to which consumer subjectivity is internalised. The medical model was internalised and accepted only to an extent, with



disabled people increasingly rejecting it, as shown through the ILM and deinstitutionalisation.

While the NDIS is partly the result of disabled people's collective action, independent living is threatened if disabled people then view it as an individual process. Paradoxically, the Rolling Quads' demand to be treated as consumers was successful because they collectively gained political power within the university. The dominance of individualist ideology makes consumerism the path of least resistance for the ILM, but ultimately this disrupts genuine control over services. By constraining independent living, capitalist individualism is intertwined with the social process of disablement and is a disabling ideology. The co-optation of independent living allows the NDIS to function as one apparatus of neoliberal hegemony, adding to the legitimacy of marketisation, deregulation and privatisation, and a neoliberal understanding of human rights, in other industries and movements. These outcomes reflect the class and social relations within which neoliberalism is embedded and maintain the dominance of the capitalist class over production and ideology. In achieving this, capitalism, through the activities of intellectuals arising from the historical development of the capitalist class, creates its own stability. Gramsci's passive revolution is premised on the understanding, from Marx's *Critique of Political Economy*, that 'no social formation disappears as long as the productive forces which have developed within it still find room for further forward movement' (Sassoon 1982: 136). Passive revolution is the restructuring of production and its ideology when it is faced with contradictions, including those presented by new social movements. Large psychiatric institutions are ruins of our Keynesian-Fordist past, where care was centralised and mass-produced, and the lack of choice required a 'modernist trust in expert systems' (Giddens 1991, in Connell 2007: 56). But despite the neoliberal (counter-)revolution, the new consumer model of disability disrupts the collective capacity of disabled people, challenging the future of independent living by impeding the movement's ability to control services politically.

### **Challenging co-optation**

The consumer model also hurts workers; the NDIS devalues and deskills disability work and poses this as necessary for independent living. Cortis *et al.* (2017: 28) show that prices set through the RCM are predicated on

the under-classification of workers, under-estimation of time needed for services, and of costs to ‘develop and maintain quality staff and services’. While economic rationalism has driven welfare policy for decades, the legitimisation of an explicitly market, insurance and investment logic as the solution to independent living provides new opportunities for labour market deregulation. Interviews with workers and providers show that ‘some employers have downgraded or ‘frozen’ staff classifications [...] as a result of NDIS prices’. The ASU (2018: 6), the main union for NDIS workers in most States and Territories, claims that ‘many providers are seeking to reduce NDIS workers’ pay and conditions either through restructures or setting up new organisations to deliver disability support.’ Casualisation and job insecurity is growing dramatically, partly so employers can shift the risks of underfunding onto workers, but also because of increased flexibility demanded by some NDIS participants (Cortis *et al.* 2016: 2, ASU 2018: 7, Macdonald and Charlesworth 2016: 640). Cash for care institutes a dichotomy whereby workers seeking to increase their labour value are pitted against participants seeking to maximise consumption. Price increases set for July 2019 may subtly reduce pressure on wages and conditions, but standards are already impacted, and the structural pressures still exist (NDIA 2019).

Pressures on wages and conditions drive a wedge between disabled people and disability workers and pose challenges for the independent living and union movements. The NDIS offers disabled people (and workers) a hopeful escape from the previous system, characterised as ‘underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports’ (PC 2011: 2). Gibilisco’s (2019: ch. 2 p. 1) painful account of his time in shared accommodation, ‘life over which I have no control’, is testament to these findings. It is a cruel temptation that choice and control be packaged with worker exploitation. When workers were pitted against disabled people in consultations over Canadian cash for care, unions united against its implementation (Cranford, Fudge & Tucker 2005: 99-100). Unions rejecting independent living succumb to the dichotomy presented by cash for care, allowing themselves to be isolated by the state which sides with disability rights activists. Conversely, there is the possibility for solidarity. ‘Due to the interpersonal nature of the work, the fates of the workers and the clients/consumers may be linked’ (Cranford, Fudge & Tucker 2005: 104). Leading Australian DPOs, in a submission to the Fair Work Commission, argued that,

Low pay and insecure employment would make disability support work an increasingly unattractive career path and lower the level of skills and commitment in the already strained workforce [...] Devaluing the work of disability support workers devalues the lives of the people with disability they support (PWDA & ACDA 2016: 3-4).

The interpersonal nature of the work gives disability workers and NDIS participants a unique opportunity to organise; by acting collectively they could turn consumer choice against employers desperate to keep participants. The ASU's campaign for a Portable Training Entitlement System (PTES) recognises shared interests by addressing the devaluation of disability work and the risk this poses to service quality. Under the PTES, workers would receive inductions, Certificate III training, and then accumulate credits to choose from nationally accredited training. For the NDIS to,

Fulfil its potential in improving the lives of people with disabilities [...] Workers need an opportunity to accumulate skills, and that requires some basic assurances of stability and predictability in future employment. By providing disability support workers [...] with a mechanism to accumulate recognised and portable qualifications, the training strategy proposed here could play an important role in stabilising and uplifting the whole sector's employment practices (Ryan & Stanford 2018: 13-14).

The PTES involves 'the voices of people with disability' and their representatives in the development of the curriculum, competencies and qualifications, and review of inductions (Ryan & Stanford 2018: 60-61, 53, 42). The system costs 'less than one cent for each dollar' of NDIS funding, or 'averaging about \$190 million per year', reasonable for addressing a serious issue (Ryan & Stanford 2018: 8).

To raise working conditions, the campaign succumbs to the industrial relations 'ideology of professionalism, [...] the doctrine of higher knowledge validating higher privilege' (Connell 1980: 301), an ideology embedded in the Fair Work regime. To win Equal Pay through the Fair Work Commission, the ASU relied on professional standards in the community sector meeting those in the government sector, and the union for early childhood educators is using a similar tactic (ASU 2010: 1, UV 2017: 6-8). Despite this problematic class division, the campaign for a PTES represents a subject for analysis of the relations between class forces and disabled people in the production of services. Sensing the risk of increased worker bargaining power, employer groups are advancing their

own rival training system. However, their training can be employer specific and is not industry accredited, meaning there is no requirement for employers to recognise it (NDP 2018). The NDIS Quality and Safeguards Commission, the ‘new cop on the block’ policing disability workers, does not provide the substantial training necessary for a quality service. Neither will the NDIS Royal Commission; while identifying abuse is important, proper workforce support is fundamental to addressing it.

The notion that professionalism promotes independent living is challenged by the ILM on the basis that it will reduce flexibility and give disability workers control over services (Elder-Woodward, d’Aboville & Duncan-Glancy 2015: 268). This argument draws inherent contradictions between choice and control for disabled people as consumers and job security/conditions for disability workers. Independent living challenges the unionist notion of worker control. However, the anti-worker position is also problematic for independent living, which requires social change so that all roles are valued (Oliver 1994, in Elder-Woodward, d’Aboville & Duncan-Glancy 2015: 266), including disability work. Therefore, anti-workerism risks perpetuating disabling political economic structures. In contrast, training can assist workers to empower disabled people and advocate against the highly professionalised and bureaucratised service administrations. Australian DPOs (PWDA & ACDA 2016: 2) recognise the benefits of having reliable, trained disability worker/s who a disabled person knows and trusts, instead of a rotating door of casual staff. Ultimately, achieving the radical goals of independent living requires challenging the ideology of professionalism. Nevertheless, to achieve this requires solidarity between disabled people and workers, as is occurring to some extent through cooperation to resolve divisions between DPOs and the ASU.

Gramsci (1971: 181) conceived of ‘economic-corporate’ versus ‘universal’ struggles as distinct ‘moments of collective political consciousness’, the latter important to building an historical bloc aligning workers with oppressed groups. The moment when workers’ interests ‘transcend the corporate limits of a purely economic class, and can and must become the interests of other subordinate groups too’ is the moment in which a counterhegemonic ideology ‘tends to prevail, [...] to propagate itself throughout society – bringing about not only a unison of economic and political aims, but also intellectual and moral unity’ (Gramsci 1971: 181). This struggle, ‘not on a corporate but on a universal plane’, is exercised

when the intellectual leadership of subordinate class and social forces ‘penetrate and subvert the mechanisms of ideological diffusion’ (Gramsci 1971, in Morton 2007: 94, 97). The PTES campaign does this by attacking the notion that markets and worker exploitation will deliver independent living. Furthermore, when it engages with disabled people in collective struggle, it challenges the consumer model of disability. While alignment between the two groups is smaller in scale than Gramsci’s counterhegemonic historical bloc, similar logic applies to legitimising and popularising a more emancipatory discourse within the sector. Ultimately, a wider historical bloc, aligning new social movements with unions ready to take industrial action, is necessary to pose a serious threat to neoliberalism. The Australian union movement’s recent commitments to Marriage Equality, domestic violence leave, refugee rights, and fighting First Nations’ people’s exploitation under the Community Development Program, represent attempts to build such alliances.

Unions and DPOs should collaborate, recognising that building solidarity on shared interests can greatly improve their positions, and there is evidence this is occurring. The submission to the Fair Work Commission by DPOs is one example (PWDA & ACDA 2016). The ASU and DPOs also jointly argued against staffing the NDIS through guest-worker schemes, arguing that precarious employment equals precarious support (ASU & DPOA 2017: 1). Over two hundred people including disabled people attended an ASU organised PTES rally in Western Sydney in October 2018 (Barton 2018). Jointly developed and published positions, beyond government submissions, could engage more people in the movement. However, pervasive individualism in the labour market and the NDIS hinders solidarity, entrenching the consumer model. DPOs allying with unions could lose Liberal-National Party support, hurting immediate interests and dividing disabled people. This is exacerbated by insecure DPO funding under the NDIS, forcing some to rely on State and Territory governments (e.g. SBM 2018: 2). However, the Liberal-National government’s NDIS under-spending scandal gives DPOs an opportunity to reconfigure alliances (Mottram 2019), reflecting the ideological value of universal welfare to building collectivism. Similarly, unions could divide workers if spending member resources supporting disabled people. Nevertheless, the interpersonal nature of the work presents the biggest opportunity for solidarity; disability workers overwhelmingly support disabled people and some disabled people are disability workers themselves (PWDA & ACDA 2016: 2). Values of universalism and

solidarity should be harnessed by leaders to challenge the transactional relationships engendered by cash for care. The ASU should lead by example, encouraging other unions with joint coverage to engage with DPOs, but this can also be challenging. Some of these are old problems; Gramsci (1971: 181) acknowledges that universal struggle is only possible *after* establishing solidarity amongst the immediate group. Nevertheless, the PTES does both by building workers' solidarity around working conditions and their solidarity with disabled people around quality services.

By aligning with each other, disabled people and disability workers could shift discourse in the sector, subverting neoliberal ideology. Whether or not the PTES is implemented following government elections, the campaign reveals an important agenda for challenging the neoliberal co-optation of independent living. Collaboration between the two groups is still emerging, however, and engaging with the 2020-2030 *National Disability Strategy* (see Coggan 2019) could be a strategic means for a strengthened bloc to increase its foothold in the institutional architecture of services and independent living.

## Conclusion

Numerous ideological tensions are embodied within the NDIS, the result of historical struggles between class and social forces. How can we understand and respond to the programme of independent living which emancipates disabled people on the backs of exploited labour? Fraser (2014) provides a framework for understanding the nature of these tensions, represented as a triple-movement between commodification, social protection and emancipation. The commodification of care must be understood with recognition of the oppression wrought through services operating via the medical model of disability.

Independent living in Australia has been simultaneously advanced and constrained through the process of deinstitutionalisation, occurring in the context of neoliberal economic restructuring. Gramsci's concept of the integral state provides a methodology for analysing this process through an analysis of class and social struggle mediated by its intellectual leaderships. The state's response to independent living is the consumer model of disability, which sees disabled people as consumers of services and competitive markets as providing the answer to their problems. This

is part of the process of passive revolution, the co-optation of new social movements into the framework of progressive neoliberalism. The ideological construction of the individual disabled person, arising through our interactions with the labour market, legitimises the atomisation of disabled people in large psychiatric institutions and in the community. Under the NDIS, independent living is presented as consumer choice, whereas genuine choice and control over services results from collectively gaining political power. Unchallenged, the perpetuation of neoliberal ideology through the NDIS makes it one apparatus of ruling class hegemony, legitimising neoliberalism in other industries and social movements.

Neoliberal hegemony is the product of struggle and can be responded to through struggle. The RCM devalues and deskills the work performed by a female dominated industry, threatening the feminist gains of Equal Pay. By presenting worker exploitation as necessary for independent living, the NDIS divides disabled people and disability workers. However, devaluing and deskilling disability work devalues the lives of disabled people. Through campaigns which exercise collective voice and build solidarity between disabled people and disability workers, the ASU and DPOs are leading an emerging bloc which challenges the neoliberal co-optation of independent living under the NDIS. Both groups should continue to explore their common interests and use them to invigorate their pursuit of joint campaigns.

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