

Calls to cut bureaucracy in benefit provision may actually work to prevent access to benefits for those that need them the most.

As the government plans to overhaul benefit support for disabled children, [Tim Linehan](#) warns that while the current system suffers from 'institutional pessimism', misguided attempts to cut bureaucracy may undermine the ability of parents, schools, and doctors to adequately care for children.



The consultation for the government's disability green paper, [Supporting Aspiration for Disabled Children](#) has now closed. Heralded as the greatest overhaul of disability support for over 30 years, the bill proposes, among other things, to offer personal budgets to all families with a disabled child by 2014.

Introducing personal budgets would foster personal responsibility. Being enabled to take responsibility for your life or your child's life is a fundamental requirement of wellbeing.

Reviewing the entitlement and the process of benefits payments in general is key to the coalition government's strategy to reduce costs. Earlier this year it introduced its [crackdown on incapacity payments](#). In pilot areas in Aberdeen and Burnley, around 30 per cent of those who had been claiming benefit were considered well enough to work, with some early indications suggesting that the figure was as high as 70 per cent of the 1.5 million who draw the benefit. These figures may be exaggerated, and numerous examples of injustices have been raised by charities and other services. Nevertheless, there has long been concern that incapacity payments have been made too easily. The now-defunct New Deal for Disabled People and [Pathways to Work](#) programmes were attempts to move people from incapacity benefit into employment.

Research on [incapacity benefit reform](#) found that the UK has a higher proportion of inactive men at work than most other European countries. In the 1970s 10 per cent were inactive because of disabilities. By the late 1990s, this figure had risen to 40 per cent. One of the reasons offered for this phenomenon is that when doctors made assessments, they were influenced by their patients' chances of finding work. As the demand for skilled employment grew, unskilled patients were thus shifted from unemployment to incapacity benefits. But as well as being costly, these well-meaning actions were damaging because long-term unemployment does more [harm to health](#) and wellbeing than could ever be offset by an increase in benefits; providing, of course, that work is available.

The appropriation of benefits for other purposes was highlighted in its review of special education needs provision last year when Ofsted accused schools of grotesquely [exaggerating the level of special education needs](#) in order to increase their income. It said that almost 500,000 children were misdiagnosed with special needs. Baroness Warnock, whose [landmark report](#) first identified the need to support children with special needs in mainstream schools back in 1978, was incensed, accusing schools of 'institutional pessimism'.

Her well-chosen phrase illustrates how over-diagnosis, however well-intentioned, can undermine belief in what a child can achieve. It's an example of bad faith for an institution to prioritise its own needs over the child's needs, claiming to represent children's interest while at the same time undermining them. Furthermore it disguises the nature of a child's problem and in doing so undermines strategies to help her.

The means of distributing these benefits have different characteristics. One is a bespoke direct payment delivering money directly to the family. The second is an unconditional welfare benefit which has been adapted by GPs to meet a different set of needs than those it was originally intended to meet. The third is channelled through a support provider, the school, which has appropriated the benefit for its own ends. These examples show that the more parties involved, the more complex the administration of the payments and the greater the risk "institutional pessimism" seeping through.

Misguided interpretations of benefits are unhelpful. They limit the funds available for those who could most benefit from them, they disguise the nature and extent of the need, and they hide unmet need. This is of particular importance at a time of savage cuts when more than ever there is a need to target limited resources to those most in need.

But there is also a warning. Even the direct payments proposed in the Green Paper require process and bureaucracy. These two concepts are highly unfashionable at a time when ministers are briefed by their

spin-doctors to promise no cuts to “front line services” in the full knowledge that they cannot be run without backroom support. The lesson here is not to run down bureaucracy. The processes by which benefits are distributed is an integral part of the benefits system and its fair administration. They may indeed appear to add to costs. Yet through targeted, patient and careful support benefits will empower children and the families who most desperately need it.

Benefits are in the sights of the government not just because it wants to cut costs. Culturally there is a mood of “institutional pessimism”; a widespread belief that benefits often don’t get to the people who need them. This gives politicians a licence to cut even further. If professionals such as doctors and teachers do not follow the processes around entitlement they will be giving these cuts their tacit approval.