5

Writing everyday life into law: the ‘household duties test’, disabled women, social security, and assumed normality

Gareth Millward

Introduction

The first payments of Housewife’s Non-Contributory Invalidity Pension (HNCIP) were made in 1977. It was designed for married and cohabiting women who were ‘*continuously* incapable of [their] normal household duties for at least 28 weeks; and *continuously* incapable of paid work’ over that same period.[1] It represented a landmark for the Disablement Income Group, a ‘poverty lobby’ organisation founded in the 1960s by two self-identifying housewives in Godalming, Surrey, to campaign for comprehensive social security benefits for all disabled people.[2] HNCIP represented the Group’s peak and was the latest in a raft of benefits created after 1970 for ‘the civilian disabled’ – including Incapacity Benefit, Attendance Allowance, Mobility Allowance and Non-Contributory Invalidity Pension (NCIP). HNCIP was the first benefit to recognise the needs of disabled married women, a demographic that did not fit well with the insurance-based ethos of post-1948 Beveridgean welfare.

These other benefits evolved over time but essentially still exist through their descendants, Employment and Support Allowance and Personal Independence Payment. HNCIP, however, was withdrawn in 1984. In part, this was because the Department of Health and Social Security (DHSS) knew that it could face legal challenges. Britain was now subject to the terms of the 1978 European Council directive on equal treatment for men and women,[3] itself a result of growing acceptance legally and culturally across the European

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

Economic Community (a predecessor of the European Union) that welfare systems that prioritised male wage earners at the expense of other citizens were no longer acceptable.[4] Unlike NCIP – available to unemployed disabled single women and men – claimants had to show that they were incapable *both* of work *and* of their ‘normal household duties’. To determine this, the DHSS made claimants undergo a ‘household duties test’. This leads to the question: how did the state define ‘normal household duties’ for disabled women in the 1970s and 1980s?

This chapter interrogates the logic behind HNCIP and the ‘household duties test’ to show how the British social security authorities attempted to translate ‘common sense’ assumptions about domestic labour, women’s lives, disability, and employment into coherent gatekeeping procedures. Or, rather, it is about the circulation of different common senses, visions of what the welfare state was or ought to be that were taken as ‘true’, but which differed among the various groups that had a stake in the development and implementation of policy.[5] For, while benefit authorities had one set of assumptions about the ‘purpose’ of disability benefits and what constituted ‘a disabled person’, people who identified as disabled – and may even have been identified as ‘disabled’ by other social services – had different expectations about what they needed, what they were entitled to, and what represented ‘fair’ treatment.

HNCIP’s short life from 1977 to 1984 provides a fascinating window onto these issues. The welfare state underwent significant political turmoil in this period, leading to the end of what some historians refer to as Britain’s ‘classic welfare state’.[6] After the mid-1970s, social services had to contend with the oil crisis, restricted financial capacity, and ideological reforms under Margaret Thatcher’s Conservative government. At the same time, pressure from ‘the poverty lobby’ on behalf of groups who had ‘lost out’ in the 1948 welfare state settlement stimulated demand for new benefits. The administrative machinery tried in vain to incorporate these demands with rights-based discourses from second-wave feminists, the nascent social-model disability movement, and equalities legislation in Westminster and Brussels. The tribunals and complaints initiated by various constituencies across the HNCIP period, as Jackie Gulland’s research into ‘incapacity’ as a gendered concept has shown, provide historical evidence of multiple definitions of disabled womanhood.[7]

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

They also reveal articulations not just of how the welfare state *was* but of how it *ought to be*.[8]

What was 'HNCIP'?

Breaking down the initialisation shows the contradictions within HNCIP, the government's assumptions about women's lives, and its implications for claimants.

First is 'H', or 'housewife'. Explicitly, this was a benefit designed only for 'married or co-habiting' women.[9] The post-1948 welfare system was built on the assumption that citizens would normally form nuclear families headed by a male 'breadwinner'.[10] He would pay National Insurance contributions entitling the family to unemployment and sickness-related benefits if he could not work, and a pension for both him and his wife in retirement. The wife, meanwhile, would perform unpaid domestic labour. Ordinarily, then, the 'housewife' was not entitled to any form of disability benefit because household income should not be materially affected by her incapacity. Although rigidly gendered boundaries between domestic and paid labour were softening in many households around this time, the common sense of social security bureaucracy still worked on the 1940s assumptions of domestic economics.[11]

Under the 1948 system, married women automatically paid a lower rate of National Insurance (until this was equalised in 1977) on the assumption that they would retire earlier than their husbands and take more career breaks, so full-rate benefits were not as important to the family budget. If a wife worked, she could claim sickness benefit, though even here there were inequalities. Married women had the choice to pay the full rate of National Insurance (single women automatically paid the higher rate), but they were also much more likely to be ineligible for full-rate benefits because employment gaps to raise children or look after elderly relatives were common.[12] This was assumed to be the natural state of family affairs. While Britain, like other European states, had developed laws around equal pay and treatment (such as the 1970 Equal Pay Act), this did not overcome the other structural factors that led to discrepancies in wages.[13] If a wife did earn, that work was likely to be lower paid (even for the same labour performed by a man), of lower status, and considered

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

'extras' contra the 'meaningful' wage of the husband, regardless of the actual gross or relative value of that income.[14] In the late 1970s, the social security system had yet to fully respond to the significant changes in levels of women's paid employment over the second half of the twentieth century.[15] However, the Disablement Income Group and others pressured the government to both recognise and provide for the needs of disabled people whose assumed 'normal' earning patterns did not fit the National Insurance model of welfare, including married and cohabiting women.[16] By the 1970s, therefore, it was also common sense that disabled people, regardless of their gender or marital status, should receive support from the state. This created tensions within the system.

This leads us to 'NC': 'non-contributory'. HNCIP was among several new benefits emerging in the 1970s for disabled people without National Insurance contributions. This was a core demand of the Disablement Income Group and other poverty-lobby organisations, which argued that disabled people were much less likely to be able to maintain employment consistently enough to qualify for benefits. The Beveridgean model was designed to offer higher levels of sickness and injury benefits in return for weekly National Insurance contributions as a way of maintaining work ethic.[17] Those without consistent contributions were entitled to only a subsistence level of benefit, although the National Assistance Board (later the Supplementary Benefits Commission) could provide discretionary grants to disabled people when their expenses were clearly higher than those of non-disabled persons.[18]

The irony was that the very impairments affecting individuals' abilities to build National Insurance contributions were the reason they needed higher levels of financial support in the first place. Disabled people, especially those whose impairments began before adulthood, were discriminated against by employers, the education system, employment structures, and liberal capitalism's expectation of self-reliance through paid labour. They were less likely to be able to maintain regular employment (and therefore full National Insurance records). Yet they were also entitled to little statutory support unless they were injured at work or in the armed forces.[19] In 1971, Incapacity Benefit was introduced for unemployed disabled people with National Insurance contributions, while Attendance Allowance in 1971 and Mobility Allowance in 1975 provided non-means-tested benefits to

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

disabled people regardless of National Insurance status to cover the ‘extra costs’ associated with living with an impairment. NCIP (1975) was available to unemployed disabled men and single women without contributions. In this sense, HNCIP was also designed as a ‘loss of earnings’ benefit, though with some fundamental contradictions.[20] Housewives were not considered ‘earners’, at least not in a meaningful sense. Claimants had to prove they were incapable of work, but this was not enough to qualify. They also had to prove they were incapable of ‘normal household duties’, a double test that did not apply to single women or men. This hinterland between ‘extra costs’ and ‘loss of earnings’ was contradictory even within the common sense of the social security authorities. And while HNCIP met some of campaigners’ expectations by providing support for disabled people, the double test left this definition of ‘disabled housewife’ open to challenge.

This leads to ‘IP’, or ‘invalidity pension’. This benefit was designed to be paid over the long term. To access it, claimants were subject to gatekeeping procedures to determine ‘invalidity’.[21] The combination of ‘H’ and ‘NC’ created problems for the DHSS. Tests of marriage (or cohabitation) and of ability to work were commonplace, the latter usually determined by a report from a doctor, or a secondary medical examination where the DHSS doubted the claim’s medical legitimacy.[22] But the DHSS had no previous experience of measuring whether an individual could perform the tasks expected of a housewife. Indeed, it had no experience of even defining what a ‘housewife’ was ‘supposed’ to do, and was attempting the task at precisely the same time that feminist writers and activists were challenging dominant assumptions about married women, ‘housewifery’, and domestic labour.[23] Applying the logic of ‘invalidity’ or ‘incapacity’ for paid work to domestic labour was inherently problematic. Doctors and benefit administrators made judgements on ‘incapacity’ based on the individual’s past work experience, current medical conditions, and the likelihood of employers to offer the claimant work. Such judgements were subjective and open to challenge, but there was at least a century of bureaucratic machinery and precedent to lean upon.[24] Yet any test of domestic work had to make assumptions about the type of labour, frequency and length of performance, and extent of its necessity to the maintenance of a household – while simultaneously generalising this to *all* British families. How the

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

government chose to implement this test demonstrates its assumptions about everyday life for married women, disabled or not.

What was the 'household duties test'?

While a doctor's note was enough to satisfy the 'incapable of paid work' criterion, the DHSS felt the need to assess domestic labour differently. On top of the 'sick note', the DHSS asked a doctor, usually the claimant's general practitioner, to rate the claimant's capacities in four main areas: 'shopping', 'meals', 'washing and ironing', and 'cleaning'. Claimants were asked to evaluate themselves on the same criteria to determine where there might be disagreement. Within these categories, questions covered intellectual and physical disabilities. For example, under 'shopping' the DHSS asked about the claimant's ability to 'decide what to buy', 'get to the shops', 'collect what [they] want', and 'get the shopping home'.[25] In each case, claimant and doctor had to answer if the claimant was 'able to do it all', 'most of it', 'a little of it', or 'not able to do it at all'.

Such questions, however, were clearly dependent upon an individual's circumstances. Later generations of disability activists drew upon a social model of disability that emphasised the discriminatory effects of society upon people with impairments rather than locating disability as an inherent 'fault' within an individual.[26] The intellectual roots of this model were brewing at the same time as HNCIP was formulated. In 1975, Vic Finkelstein's seminal paper imploring readers to imagine how a society where the majority used wheelchairs would disable someone who could walk was published. (In this world, low ceilings and doors would constantly injure non-wheelchair users, but an unsympathetic medical establishment would do nothing for them and had no incentive to try.)[27] A year later, the Union of the Physically Impaired Against Segregation published its manifesto that formed the basis of the social model and laid bare this new rights-based movement's disagreements with organisations working on behalf of – rather than led by – disabled people.[28] These ideas became more mainstream at the end of the 1980s, but the underlying concept that built environments disabled people circulated widely in late-1970s Westminster, including in two committees launched under Prime Minister James Callaghan.[29]

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

Simply put, distance to the nearest shop, whether it was uphill or involved scaling flights of stairs, and how many public transport networks had to be navigated, affected a person's ability to 'get to the shops' just as much as any specific mobility or intellectual impairment; while the amount of shopping required depended upon the size of the family, and ability to accomplish any of these tasks also depended on the potential help that could be solicited from friends or other family members. The DHSS's assumptions about 'normal' domestic life in Britain could not account for such variety, leaving the eligibility criteria open to interpretation and challenge.

Challenging the system

The evidence from appeals tribunals deposited in The National Archives as part of the DHSS's policy files provides ample evidence of these inconsistences and protests. Tribunal decisions required the collection of many types of evidence, including the claimants' oral and written testimonies of their daily lives, familial relationships, and difficulties with paid and domestic labour. Gulland's insightful research has also demonstrated the wealth of information that can be traced through the archive from these sources, especially with regard to HNCIP.[30] Their gendered approach to the question of incapacity has further shown how these sources betray the prejudices of the social security authorities and how these fit within the longer history of exclusion in the welfare state.

We must be mindful, however, not to treat such sources as typical of all disabled experience. As Mike Oliver argues, the parsimony of the British benefits system required (and requires) disabled people to present themselves as helpless and vulnerable in order to meet incapacity criteria, a practice that ignores and obscures disabled people's capabilities, contributions, and rich lives that have nothing to do with medicine or impairment.[31] Gulland also emphasises 'the particular gendered humiliation of married women being forced to "admit" that they were unable to keep their houses clean or to feed their husbands and children to an imagined acceptable standard'.[32] These files further mediate the claimants' voices through official machinery, presenting issues as a dispute rather than as diversely organised individual reflections of the kind one might find in an

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

oral history or Mass Observation directive. Beckie Rutherford's research on Gemma, a network of disabled lesbians, explores these women's interactions and discussions of their multifaceted experiences; she shows that for these disabled women, disability was not a singular, all-encompassing identity that dominated their lives at the expense of all others.[33] This insight can get lost if we examine only those sources in which disability and impairment were the sole topics of conversation.

Furthermore, the DHSS explicitly retained copies of these tribunal documents because they exemplified 'edge cases' which fell into legal grey areas and tested the limits of gatekeeping criteria (either in the authorities' or the claimant's favour). They are therefore not even typical of HNCIP cases. Still, in treating these files as 'complaints' articulating perceived failings in HNCIP's systems and places where common-sense expectations about qualification had broken down, historians can read these records 'against the archival grain' to gain insights into different constituencies' assumptions about which disabled housewives 'deserved' access to benefit.[34] In these 'edge cases', claimants and authorities articulate what they considered *ought to be* 'normal'.

One of the more striking examples of the impossibility of generalising about women's experiences comes from Gulland's discussion of a South Asian woman awarded HNCIP (after appeal) on the grounds that preparing food and hand-laundering clothes was more difficult and time-consuming for her than for a white British housewife.[35] As noted in the previous section, the questionnaire-style appraisal of 'how much' a claimant could perform was entirely dependent upon what domestic tasks were considered 'typical', either for the individual or for some imagined 'average' woman. If living a 'typical' South Asian life made this woman 'atypical' in the eyes of the DHSS, this says something fundamental about the racialised 'normality' of British lives under the welfare state.[36]

In these tribunal records, insurance officers regularly made the point that they did not dispute the claimant's inability to work or that they were disabled according to common-sense cultural definitions – but officers did deny that claimants were 'substantially' incapable of housework according to the benefit criteria.[37] That was the sole definition of 'disabled' that mattered in these cases. A common objection focused on whether a claimant's condition was really

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

'continuous'. Benefits relying on hard definitions of 'capable' or 'incapable' often display the 'snapshot' problem. A medical examination may give an indication of a person's capability on only that specific day. For those experiencing fluctuating or episodic conditions, it is difficult to 'prove' what is typical for that individual.[38] A Yorkshire woman in her early forties with Ménière's disease told her tribunal, 'I do not know when I will have an attack as there is no warning', but this was not considered acceptable evidence of incapacity. Yet a woman in Scotland in her mid-forties who had experienced a stroke was able to demonstrate that a 'typical' day left her unable to perform housework. 'It is absolutely illogical after eight years […] not to realize that my general condition of health is not stable and that in fact I do not lead a normal housewife's life,' she argued. In South West England, a woman in her early fifties was denied benefit because her heart condition did not stop her from doing most housework, providing she could do it sitting down. The fact that her husband needed to help her prepare for these tasks was not considered strong enough evidence. As a woman from the English North West (early fifties) recounted: 'my doctor says you can't get a true picture from the little boxes you tick'.

In attempting to convince tribunals to award benefit, claimants expressed anger and disappointment. The claimants appear convinced of their moral entitlement to support from the welfare state on the grounds of disability. For, it should be noted, there was no denial in these cases as to whether the women were disabled. They all qualified on the 'incapacity for work' criterion and were clearly limited in their ability to perform 'domestic duties'. The question for the tribunal was whether they were incapable *enough* to qualify, based on the regulations.[39] Thus, being disabled by both social definitions and other welfare state agencies, yet somehow not disabled enough for HNCIP, created a common-sense paradox which left claimants frustrated.

A woman in her late fifties in the West Midlands wrote that the decision to deny her benefit was 'a Disappointment […] it shows no one is Ready to help you when you are down'.[40] Another in her late forties in the East Midlands emphasised that her doctor's report 'proved that I am getting more incapable of performing normal House hold duties', while a Yorkshire woman stated 'if I am turned down again […] my MP is taking it up'. There is also evidence of

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

the ‘humiliation’ that Gulland and Oliver identified. A husband wrote on behalf of his wife (mid-thirties, East Anglia) that ‘she has a great deal of personal pride which seems to have been misplaced when answering the questions put to her’ and that she ‘tends to think about what she was able to do rather than her capabilities now’. Another claimant (East Midlands, mid-fifties) argued that the assessor had overestimated her abilities because her daughter had come round that morning to tidy the place up in preparation for receiving company.

This general sense of unfairness pervades the testimonies. The claimant from the West Midlands could not understand why the social services would give her a bus pass if she was not clearly disabled and in need of support. If this was a benefit for disabled housewives and she had been assessed as disabled and a housewife, it was common sense that she should qualify. Another, in Manchester (late fifties), had not heard about the benefit until she was hospitalised and complained in part at this injustice. Further, lack of access to the benefit worsened the problems that had caused some claimants to apply in the first place. A claimant in the East Midlands (mid-thirties) with two young children was known to social services and had been forced to flee her abusive husband. She claimed HNCIP would help her set up a new life, but she was deemed ineligible for benefit (regardless of her other social work needs) because the injuries sustained while rescuing her children from the husband were not deemed serious enough. Another in South East England in her mid-fifties with impaired vision found housework tasks very difficult in part because she did not have many modern appliances and aids that would allow her to live more independently. She won her appeal and stated that ‘the pension will enable me to get […] gadgets’ not available through other health or social services. Meanwhile one doctor told the tribunal that a woman near London (mid-fifties) was disabled, but that part of her complaint was that she was dissatisfied with her council house and convinced her accommodation was making her condition worse. Claiming the benefit and appealing was, he considered, a way for her to draw attention to this fact.

In this last example, part of the claim was based on the claimant’s depression. The DHSS officials in the tribunal files tended not to be sympathetic to people with such conditions. One commissioner argued that the London woman was physically capable of performing

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

household duties, but her general attitude – not clinical depression – was preventing her from doing so. A woman in Lancashire (mid-twenties) was also denied her claim based on a severe mental health condition, while another in Yorkshire (mid-fifties) was assessed as capable despite severe depression. The tribunal did not deny the diagnosis, though 'there is no medical evidence for it', but it was thought that her 'unwillingness' to perform housework 'may spring from her character'. The lack of physical incapacity in these cases was deemed to trump mental health conditions that, de facto, made it impossible for these women to perform housework. This demonstrates the lower priority given to mental health as a disabling factor in 1970s healthcare and welfare, but also suggests a rigid focus in the HNCIP on 'capacity' as a physical issue. A perceived lack of 'effort', regardless of any reasons backed up by psychological diagnoses, disqualified these women.

One of the reasons why these tribunals exist in the DHSS files in this form is that HNCIP was under heavy scrutiny. Disability organisations argued that HNCIP was fundamentally unfair because of the double test, while the DHSS felt that far more women were eligible for the benefit than originally intended. As with other disability benefits and policies in the 1970s – such as the fund established by Prime Minister Edward Heath's government in 1973 to provide support for the victims of the thalidomide scandal, or the Vaccine Damage Payments Scheme under Callaghan in 1979 – the DHSS worried that loose criteria would enable other interest groups to use legal precedent to expand schemes too far and cause financial problems for the Treasury.[41] For voluntary organisations, particularly the umbrella group Equal Rights for Disabled Women Campaign (ERDWC), the capacity to perform domestic work should have been supplementary evidence of incapacity and need for support, not an additional barrier to benefit. If incapacity for work was the primary issue in NCIP cases, so should it be for HNCIP. If a duties test were to exist at all, then assessors should focus on the claimant's limitations rather than dismissing appeals because the claimant was able to do some tasks without too much difficulty. The Disability Alliance on behalf of ERDWC supported one woman's case to test this looser interpretation of the law.[42] The DHSS strongly opposed this case. It estimated such an interpretation could triple expenditure on the benefit.[43] The Labour government changed the law in 1978 to enforce the stricter interpretation of 'substantial', and to ward

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

off bad publicity from campaign groups delayed making any further decisions by referring the matter to the National Insurance Advisory Committee and asking them to produce a report.[44] By the time it was published in 1980 there had been a change of government and the poverty-lobby coalitions that had succeeded in pushing for the expansion of disability benefits had lost much of their momentum.[45]

The end for HNCIP came from external sources rather than these direct pressures from claimants. In 1978, the European Economic Community passed a resolution that men and women must be equal under the law for social security purposes. Member states were given six years (or until December 1984) to reform their systems.[46] The UK anticipated a legal challenge against HNCIP, given that the double test applied only to married women. Although never tested in court, the DHSS was advised by its lawyers that the government would almost certainly lose in any action against it.[47]

'Severe Disablement Allowance'

The European position made things awkward for the Conservative government. It had, for the most part, wanted to leave disability benefits alone in its restructuring of the welfare state.[48] Maintaining coverage (even expanding it when finances allowed) had been part of the Conservative Party's 1979 election manifesto, with more social security cuts focused on stigmatised groups such as unemployed people and single parents.[49] For the Conservatives, it was common sense that disabled people as 'the deserving poor' ought to have access to some form of benefit.[50] Yet simply removing the household duties test would potentially increase the cost of the benefit to £275 million per annum, or 8 per cent of all disability benefit expenditure.[51]

The government responded by creating Severe Disablement Allowance (SDA), a new benefit payable to all men and women who could show they were incapable of working and were '80 per cent disabled'. This restricted who could make new SDA claims, affecting many disabled married women – but these restrictions, however unfair campaigners considered them, did not fall foul of gender discrimination rules.[52] There was still a second test that did not apply to National Insurance Incapacity Benefit claimants – but, based on gender, everyone was (in theory) equally disadvantaged.[53]

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

In the transition from HNCIP to SDA, all women who qualified for HNCIP (around 54,800 people) automatically qualified for the new benefit without having to go through new gatekeeping procedures.[54]

The concept of a percentage of disablement was borrowed from systems used in Industrial Injuries, War Pensions and Vaccine Damage Payments schemes. It leads to questions of how one can judge a specific percentage of disablement, especially as social models of disability were becoming more widely recognised in the 1980s. What is zero or 100 per cent disablement, and what normative assumptions necessarily underpin that judgement? Moreover, in practice such measures were linked to the ability to perform paid work, not the capacity to participate in wider society or to perform domestic work. They were designed to measure injuries to male breadwinners and did not necessarily work well for other impairments in other economic circumstances. Just like the 'household duties test', the '80 per cent disabled' criterion was full of subjective judgements dressed in the language of 'objective' medical testing.[55]

Still, the government did not escape the European Court unscathed. A 1987 case determined that 'it is not disputed that the transitionary provisions [from HNCIP to SDA] are contrary to the principle of equal treatment',[56] but because HNCIP was abolished before the six-year deadline no further action could be taken. There was, however, a twist. New applications to SDA were not accepted from all potential claimants until November 1985, meaning there was one year in which many married women who qualified for HNCIP on the 'incapable of work' criterion (as applied to single women and men) were denied SDA. The European Court ruled this discriminatory, meaning thousands of women became entitled to SDA. Though some of those women would have been able to claim SDA anyway through other criteria, other estimates of expenditure suggest that 3,000 to 4,000 new claimants now became eligible, costing the government around £4–5 million.[57]

Conclusions

HNCIP's demise reflected changing attitudes towards social security in Britain and Europe in the 1970s and 1980s. The idea that one group of people should be denied state support because of their

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

inability to perform 'household duties' was clearly discriminatory and against the principle of gender equality under the law. In an era when public attention and protest at the gendered burden of domestic labour coincided with high-profile legal scrutiny of equal pay and equal treatment, it is perhaps surprising that HNCIP was even created.[58] It was a benefit caught between two impulses: despite resistance from equal treatment campaigners, it at least finally acknowledged the discrimination against married women built into a 'breadwinner model' welfare state that had long neglected the economic effects of disability.[59] The crude nature of the Beveridgean National Insurance system meant that it was fundamentally incapable of resolving this tension.

It is this very tension that makes the benefit so interesting and provides historians with an opportunity to see these knotty debates playing out in public discourse. The tribunal documents show how disabled women understood their own disability and the unfairness of a system that ostensibly claimed to provide for them, and yet whose specific eligibility criteria denied them support. When it appeared that this common-sense tension might be resolved by the ERDWC's legal challenge, the government sought to restrict eligibility still further. The creation of the benefit suggests that the Labour government saw benefits for disabled housewives as 'a good thing'; but when the financial realities of providing that support became apparent, the need to protect the Treasury triumphed.

These tribunal cases provide rare testimony from disabled women themselves about this curious social security benefit. The range of medical conditions and personal circumstances described in these documents is notable. Across the UK there was no 'typical' life for a disabled housewife. Women had 'good days' and 'bad days' which crude medical assessments based on 'tick boxes' could never properly assess. At the same time, common experiences in life and through other arms of the welfare state bureaucracy allowed thousands of women to identify as housewives. Being unable to 'perform household duties' was self-evidently reason to need help. These claimants hoped to get that from the state, though it is notable how often other family members such as 'daughters' and 'husbands' come into their testimony to demonstrate their needs. As Gulland argues, if housewives were supposed to be able to look after the home, disabled women could see their inability to do so as a sign of failure.[60]

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

In the end, much like the 1990s decision to equalise the pension age for men and women, in removing one form of discrimination other forms emerged. Hugh Pemberton notes that one reason why women were entitled to a pension at sixty rather than sixty-five was because they tended to have more health issues than men and were more likely to have taken time away from work to raise children or care for elderly relatives. For much of their working lives, they had been unable to access full National Insurance benefits, unless they chose to pay a greater percentage of wages that were statistically likely to be lower than their husbands' in contributions.[61] A differentiated pension age was not equal under the law but did acknowledge and seek to redress other forms of gender and disability discrimination baked into the welfare state and capitalist economy. Thus, while the creation of HNCIP and the 'household duties test' was itself discriminatory, it was part of a wider acknowledgement of disabled women's disadvantages as identified by the Disablement Income Group and others. Similarly, its complete removal in 1984 complied with gender equality legislation on administrative grounds but left women at a disadvantage because of the focus of its replacement on paid, rather than domestic, labour. In failing to acknowledge this aspect of many British women's everyday experiences, the burden of discrimination simply shifted emphasis.

Acknowledgements

This research for this chapter was funded by the Wellcome Humanities Postdoctoral Fellowship 'Sick Note Britain', WT 208075/Z/17/Z at the University of Warwick. The author wishes to thank the editors of this volume, Martin Moore, and Hannah Elizabeth for their guidance in preparing the manuscript.

Notes

1 Original emphasis. The National Archives (hereafter TNA): PIN 15/4481, DHSS Leaflet NI 214, NCIP for Married Women, June 1977, pp. 1–2. Copy also consulted in Peter Townsend Collection, University of Essex (hereafter PTC): 78.19.

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

2 Jameel Hampton, *Disability and the Welfare State in Britain: Changes in Perception and Policy 1948–1979* (Bristol: Policy Press, 2016); Gareth Millward, 'Social security policy and the early disability movement – expertise, disability and the government, 1965–1977', *Twentieth Century British History*, 26:2 (2015); Paul Whiteley and Stephen Winyard, *Pressure for the Poor: The Poverty Lobby and Policy Making* (London: Methuen, 1987).

3 European Council, Council Directive 79/7/EEC, 19 December 1978.

4 Ann Shola Orloff and Marie Laperrière, 'Gender', in Daniel Béland, Kimberly J. Morgan, Herbert Obinger, and Christopher Pierson (eds), *The Oxford Handbook of the Welfare State*, 2nd edn (Oxford: Oxford University Press, 2021).

5 On how common senses circulate in policy discussions and can conflict between groups drawing on different forms of expertise, see Gareth Millward, '"A matter of commonsense": the Coventry poliomyelitis epidemic 1957 and the British public', *Contemporary British History*, 31:3 (2017).

6 Anne Digby, *British Welfare Policy: Workhouse to Workfare* (London: Faber, 1989); Rodney Lowe, *The Welfare State in Britain since 1945* (Basingstoke: Palgrave Macmillan, 2005); Hampton, *Disability and the Welfare State in Britain*.

7 Jackie Gulland, 'Extraordinary housework: women and sickness benefit in the early-twentieth century', *Women's History Magazine*, 71:1 (2013); Jackie Gulland, 'Conditionality in social security: lessons from the household duties test', *Journal of Social Security Law*, 26:2 (2019); Jackie Gulland, *Gender, Work and Social Control: A Century of Disability Benefits* (London: Palgrave Macmillan, 2019).

8 On the use of 'complaint' as a window onto these concepts, see Daisy Payling, '"The people who write to us are the people who don't like us": class, gender, and citizenship in the Survey of Sickness, 1943–1952', *Journal of British Studies*, 59:2 (2020).

9 Hereafter 'married' is used to reflect DHSS terminology, but the political significance and history of cohabitation must be remembered, while separated married women not living with their husbands were considered 'single' for benefit purposes. See Neville Harris, 'Unmarried cohabiting couples and Social Security in Great Britain', *Journal of Social Welfare and Family Law*, 18:2 (1996); Rebecca Probert, *The Changing Legal Regulation of Cohabitation: From Fornicators to Family, 1600–2010* (Cambridge: Cambridge University Press, 2012); Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford: Oxford University Press, 2012).

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

10 Jane Lewis, 'Gender and the development of welfare regimes', *Journal of European Social Policy*, 2:2 (1992); Ben Jackson, 'Free markets and feminism: the neo-liberal defence of the male breadwinner model in Britain, c. 1980–1997', *Women's History Review*, 28:2 (2019).

11 Laura King, '"Now you see a great many men pushing their pram proudly": family-orientated masculinity represented and experienced in mid-twentieth-century Britain', *Cultural and Social History*, 10:4 (2013); Jon Lawrence, *Me, Me, Me: The Search for Community in Post-war England* (Oxford: Oxford University Press: 2019), especially pp. 19–40.

12 Labour Party, *Towards Equality: Women and Social Security* (London: Labour Party, 1969); Hugh Pemberton, 'WASPI's is (mostly) a campaign for inequality', *The Political Quarterly*, 88:3 (2017); Jackson, 'Free markets and feminism'; Alice Hall and Hannah Tweed, 'Curating care: creativity, women's work, and the Carers UK Archive', *Journal of Contemporary Archive Studies*, 6 (2019).

13 Orloff and Laperrière, 'Gender'.

14 Dolly Smith Wilson, 'A new look at the affluent worker: the good working mother in post-war Britain', *Twentieth Century British History*, 17:2 (2006).

15 Helen McCarthy, *Double Lives: A History of Working Motherhood in Modern Britain* (London: Bloomsbury, 2020); Laura King, 'How men valued women's work: labour in and outside the home in post-war Britain', *Contemporary European History*, 28:4 (2019); Stephen Brooke, 'Gender and working class identity in Britain during the 1950s', *Journal of Social History*, 34:4 (2001).

16 Disablement Income Group, *Creating a National Disability Income* (London: DIG, 1972); Hampton, *Disability and the Welfare State in Britain*.

17 William Henry Beveridge, *Social Insurance and Allied Services (Cmd. 6404)* (London: HMSO, 1942); Deborah A. Stone, *The Disabled State* (Philadelphia, PA: Temple University Press, 1984); Deborah A. Stone, 'Physicians as gatekeepers', *Public Policy*, 27 (1979).

18 Hampton, *Disability and the Welfare State in Britain*.

19 Disablement Income Group, *Creating a National Disability Income*; Disability Alliance, *Poverty and Disability: The Case for a Comprehensive Income Scheme for Disabled People* (London: Disability Alliance, 1975); Michael Oliver and Colin Barnes, *The New Politics of Disablement* (Basingstoke: Palgrave Macmillan, 2012).

20 On this distinction see Tania Burchardt, *The Evolution of Disability Benefits in the UK: Re-Weighting the Basket* (London: Centre for Analysis of Social Exclusion, 1999).

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

21 Stone, *The Disabled State*; Gulland, *Gender, Work and Social Control*.
22 Gareth Millward, *Sick Note: A History of the British Welfare State* (Oxford: Oxford University Press, 2022).
23 Ina Zweiniger-Bargielowska, 'Housewifery', in I. Zweiniger-Bargielowska (ed.), *Women in Twentieth-Century Britain* (Harlow: Longman, 2001).
24 Gulland, *Gender, Work and Social Control*.
25 TNA: PIN 15/4481, DHSS Leaflet NI 214.
26 Michael Oliver, *The Politics of Disablement* (London: Macmillan Education, 1990); Jane Campbell and Michael Oliver, *Disability Politics: Understanding Our Past, Changing Our Future* (London: Routledge, 1996); Tom Shakespeare, 'The social model of disability', in Lennard J. Davis (ed.), *The Disability Studies Reader*, 2nd edn (London: Routledge, 2006).
27 Vic Finkelstein, 'Phase 2: discovering the person in "disability" and "rehabilitation"', *Magic Carpet*, 27 (1975).
28 The Disability Archive, University of Leeds: 'The Union of the Physically Impaired Against Segregation and the Disability Alliance discuss fundamental principles of disability' (1975).
29 Peter Large, *'Can Disabled People Go where You Go?' Report by the Silver Jubilee Committee on Improving Access for Disabled People* (London: HMSO, 1979); Committee on Restrictions Against Disabled People, *Report by the Committee on Restrictions Against Disabled People* (London: HMSO, 1982).
30 Gulland, 'Conditionality in social security'; Gulland, *Gender, Work and Social Control*.
31 Michael Oliver, 'Speaking out: disabled people and state welfare', in Gillian Dalley (ed.), *Disability and Social Policy* (London: Policy Studies Institute, 1991).
32 Gulland, 'Conditionality in social security'.
33 See chapter 10 in this volume, and Beckie Rutherford, 'Disabled women organising: feminism and disability rights activism', *British Library* (19 October 2020): www.bl.uk/womens-rights/articles/feminism-and-disability-rights-activism (accessed 17 November 2021).
34 Payling, '"The people who write to us"'; Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, NJ: Princeton University Press, 2010).
35 Gulland, 'Conditionality in social security'.
36 Nick Kimber, 'Race and equality', in Pat Thane (ed.), *Unequal Britain: Equalities in Britain since 1945* (Oxford: Oxford University Press, 2010); Satnam Virdee, *Racism, Class and the Racialized Outsider* (Basingstoke: Palgrave Macmillan, 2014); Millward, *Sick Note*.

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

37 All the cases quoted in this chapter come from TNA: PIN 19/514/4. They are anonymised here, but scholars interested in their provenance can consult the originals. This approach is taken from Roberta Bivins' treatment of sensitive medical information in the hinterland of the public domain in Roberta E. Bivins, *Contagious Communities: Medicine, Migration, and the NHS in Post-War Britain* (Oxford: Oxford University Press, 2015), p. 115, especially note 2.

38 Angela Hadjipateras and Marilyn Howard, *Worried Sick: Reactions to the Government's Plans for Invalidity Benefit* (London: Disability Benefits Consortium, 1993).

39 On this gatekeeping dilemma, see Gulland, *Gender, Work and Social Control*; Stone, 'Physicians as gatekeepers'.

40 In these documents, letters are typed but retain spelling and punctuation from the original handwritten testimonies.

41 Hampton, *Disability and the Welfare State in Britain*; Gareth Millward, 'A Disability Act? The Vaccine Damage Payments Act 1979 and the British government's response to the pertussis vaccine scare', *Social History of Medicine*, 30:2 (2017). On this concept in general see Stone, *The Disabled State*.

42 PTC: 77.02, Disability Alliance Steering Committee minutes, 18 October 1978.

43 TNA: PIN 35/495, Reference of the HNCIP question to NIAC [National Insurance Advisory Committee].

44 National Insurance Advisory Committee, *Report of the National Insurance Advisory Committee on a Question Relating to the Household Duties Test for Non-Contributory Invalidity Pension for Married Women (Cmnd. 7955)* (London: HMSO, 1980).

45 Gareth Millward, 'Invalid Definitions, Invalid Responses: Disability and the Welfare State, 1965–1995' (PhD thesis, London School of Hygiene and Tropical Medicine, 2014), pp. 161–4.

46 European Council, Council Directive 79/7/EEC, 19 December 1978.

47 TNA: PIN 35/96, Introduction of Severe Disablement Allowance, December 1983; Department of Health and Social Security, *Review of the Household Duties Test* (London: HMSO, 1983).

48 On expenditure policy see: Paul Pierson, *Dismantling the Welfare State? Reagan, Thatcher, and the Politics of Retrenchment* (Cambridge: Cambridge University Press, 1994).

49 Conservative Party, *Conservative Manifesto* (London: Conservative Central Office, 1979); Millward, *Sick Note*.

50 Clare Bambra and Katherine E. Smith, 'No longer deserving? Sickness benefit reform and the politics of (ill) health', *Critical Public Health*, 20 (2010).

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access

51 TNA: PIN 35/96, Ministers' SDA Q&A briefing, attached to memorandum 1 December 1983.
52 Disability Alliance, *Severe Disablement Allowance – 'Hard to Claim, Impossible to Live On'* (London: Disability Alliance, 1988).
53 Gulland, 'Extraordinary housework'.
54 Parliamentary Debates (Commons), 18 July 1988, vol. 137, cc. 483–484W.
55 On this debate, see Disability Alliance, *Poverty and Disability*; Oliver, *The Politics of Disablement*; Gulland, *Gender, Work and Social Control*; Millward, *Sick Note*.
56 European Court, Case 384/85, Jean Borrie Clarke v Chief Adjudication Officer, [24 June 1987], ECR 1987-02865, para. 5.
57 Parliamentary Debates (Commons), 5 November 1987, vol. 121, cc. 859–860W; Parliamentary Debates (Commons), 22 April 1988, vol. 131, col. 602W.
58 Wilson, 'A new look at the affluent worker'; King, 'How men valued women's work'; McCarthy, *Double Lives*.
59 Lewis, 'Gender and the development of welfare regimes'; Hampton, *Disability and the Welfare State in Britain*.
60 Gulland, 'Conditionality in social security'.
61 Pemberton, 'WASPI's is (mostly) a campaign for inequality'.

Gareth Millward - 9781526170675
Downloaded from manchesterhive.com at 06/26/2025 10:06:42AM
via free access