

Disability Studies Meets Equity

Exploring intersections between the disability studies movement and education and employment equity in Universities.

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The aim of this workshop is to foster discussion about the potential impact of the social model of disability on equity programs. It draws on material from the grassroots disability studies movement and disability curriculum approaches to look at ways in which this can be used in employment and education equity programs for people with disabilities in Universities. Equity programs, which are based on a social model of disability, recognise the importance of viewing disability from a disability perspective, planning with people with disabilities rather than for them and engaging in genuine collaborations for institutional change. The workshop aims to foster debate, discussion and experimentation and does not reflect an existing project but may influence the development of future equity projects.

1. Normalcy, impairment, disability and the social model

The most prevalent model used in disability studies is the social-political model of disability, more commonly referred to as the social model of disability. It defines disability as a social construct (Finkelstein 1993; Oliver 1996; Swain, Finkelstein, French, and Oliver 1993). This is in direct contrast to, and challenges, the predominant model used by dominant institutional structures, the individual or medical model of disability (Oliver 1990; 1996) that defines disability as a cause of disease, illness or trauma. The medical model of disability is the dominant paradigm for conceptualising disability in Western countries. The medical model focuses on the impairments of the individual's diagnosed disease, illness or trauma, the assessed 'disabilities' resulting from the functional 'loss' caused by the impairment, and the medical and associated professionals' interventions to normalise these 'abnormalities'. The dichotomy of normal/abnormal and the consideration of disability as other, is the issue that is at the heart of debate in disability studies (Barnes et al. 1999). People with disabilities, argues Charlton (1998), contend that disability is part of what is 'considered normal for a human being' as it is a representation of the diversity of human experience.

The determination of disability as a social construct has been developed from three elements:

1. the lived experiences of people with disabilities;
2. identifying disability as the combination of impairment and socially constructed barriers; and
3. a conceptual clarification designed to facilitate a scientific attack on the barriers that oppress people with disabilities and therefore lead to their impoverishment and social dysfunction.

The important change in orientation reflected in the third point is that it directs attention onto the disabling barriers (Swain et al. 1993). This is opposite in approach to the medical model that focuses on the inadequacies of the 'problem' individual.

One of the tenets of the social model of disability is that disability is the product of social structures. The social model does not deny an individual's impairment but instead states that the resulting disabilities are a product of socially constructed barriers that exclude and segregate people with impairments from participation in mainstream social activities. It firmly places disability on the social, economic and political agendas rather than located in the impaired body. This has seen the

focus of study move from the 'problem' individual and the 'personal tragedy' of their impairment to the oppression of the disabling environment and prevailing 'hostile social attitudes' (Barnes 1996:43). As Barton (1998:56-57) states,

...to be a disabled person means to be discriminated against. It involves social isolation and restriction. This is because of an essentially inaccessible socio-economic and physical world (Finkelstein, 1994). Disability is thus a significant means of social differentiation: the level of esteem and social standing of disabled people are derived from their position in relation to the wider social conditions and relations of a given society. Particular institutions have a crucial influence on social status including the level and nature of employment, education and economic well-being.

Thus Universities need to go beyond improving access at entry stages and providing accommodations to recognising their role in the creation of identities, opportunities and social status of people with disabilities.

In sociological terms, this view of disability has similarities to the oppression of women, indigenous people, race, ethnic minorities, gays and lesbians that is constructed by a patriarchal, white, heterosexual and ableist hegemony (Barnes et al. 1999). In all cases the focus is on the 'problem' individual (deviant, ill, unproductive or lazy) (Linton 1998). The social model contrasts this by arguing that 'disablement' is a product of the structure of society (means of production, institutions, politics, physical environment, welfare system and values). As such, the social model of disability challenges the individualistic, normative value systems that have dominated social policy formation, including education for people with disabilities. Educational institutions are complicit in the policy orientation identified by Priestley (1998) – that is favoring charity over civil rights, professional hegemony over user power, individual rehabilitation over collective needs and segregation over inclusion. The 'personal tragedy theory of disability' (Oliver 1996) has also dominated professional training offered by Academies.

2. Social Model of Disability in Higher Education

In order to demonstrate the link between social model of disability and equity objectives, I will briefly discuss four developments – one is an inter University network, while the others are initiatives at UTS.

2.1 Social Relations of Disability Research Network (SRDRN)

In 1996 a group of people working in universities in the Sydney area - many of them academics with impairments - set up the Social Relations of Disability Research Network. The Network is now Australia-wide with international participants, and is made up of hundreds of university teachers, researchers, senior students, and researchers in community and government organisations, who share an interest in creating new knowledge and understanding about disability. The Network holds regular open seminars every month addressed by both established and new scholars, and conferences each year or so. The *Disability with Attitude* Conference held in 2001, was remarkable for its inclusive format, and wide attendance. The Network has now moved to establish the Australian Disability Studies Institute (ADSI). An important aim will be to foster and promote cross-disciplinary studies in research and education in relation to strategic disability issues specifically from a social perspective. Participation in this network as a practitioner or an academic provides opportunities to link theory and practice. A recent seminar by researchers involved in action research and the newly established Indigenous Disability Advocacy network, and a seminar on queer and disability challenged and deepened participants understanding of disability.

2.2 UTS Disability Curriculum Project

One of the authors, Simon Darcy, was seconded on a half time basis for one semester, to undertake a review of existing curriculum relating to disability issues and practice, to consult with key staff and to make recommendations about priority areas for further curriculum development. The review strongly reinforced that teaching of disability related issues and practices within UTS is done so from the perspective of the *problem* of disability residing within the individual, and sees the cause emanating from the functional/psychological losses supposedly arising from the *disability*. It was clear from the study that disability has not been as integrated into curriculums as gender, race, ethnicity, sexuality, age and class issues have. The report suggested a range of strategies, which could be employed to be more inclusive of emancipatory research and curriculum practices (Schlesinger and Taub 1998; Barnes & Mercer 1997; Pfeiffer 1997). The report emphasised the importance curriculum development, and, where appropriate, that modules should be set in context to the future professions of the students. A Disability Awareness program (General and Mental Health focussed) for staff has been ongoing since the time of the report. To date, Library, Security, Exams staff, Academic Liaison Officers, academic staff of the faculty of Law, some customer service staff from faculties and central units, and Information Technology staff have attended. The workshops on mental health awareness have resulted in some staff identifying as having this disability, as well as contributing to better awareness of staff in their relationships with students.

To date there has been no additional central support for developing disability centred curriculum, however, a number of faculties have made steps in this direction since the project.

2.3 UTS Disability Resource Room

Lat year students with disabilities lobbied the University to establish a disability resource room at the UTS city campus. Negotiations began with an adversarial atmosphere, but staff and students worked together to achieve the positive result of a student space. The space is managed by the Student Services Unit, however, a strong feature, which probably contributes to its popularity with students, is the role they have via feedback processes and through the student representatives on the managing group into the philosophy, atmosphere and role of the space. Students use it for quiet study or computer work, to rest, to read and to socialise with other students. Couches and coffee making facilities are provided. In contrast, the library disability support room is “booked” by students one at a time and is therefore used more as a rest space than for the multiple purpose of support, camaraderie and infrastructure support.

2.4 The UTS Human Rights, Social Justice and Equity Awards

This UTS event was introduced in 1999. Staff and students of UTS who have been nominated are judged by a panel and awards are given to the most outstanding nominations in each category. In 2000 several of the winners were people with disabilities, who had been active in promoting the rights and perspectives of staff and students with disabilities. This was an important demonstration of diversity in the University community and recognising the contribution of those who advocate for a voice for people with disabilities. In 2001, a long-standing member of staff in the disability support area was recognised for her student centred approach.

2.5 Collaborations between staff and students at UTS

One of the authors, Carman Parsons, conducted a survey of disability stakeholders in 2000 amid poor communication and low levels of trust between various stakeholders in the University regarding the physical environment and improving access for people with disabilities. This project aimed to contribute to the development of collaborative partnerships and solutions which University

management, property development staff, staff and students with disabilities and their advocates and allies would be comfortable with. Analysis of survey results led to the following conclusions:

- ❑ The need to refine overarching principles pertaining to disability access at UTS
- ❑ The need to define stakeholders in the context of disability access (defining access broadly to include space, technology, involvement in governance and freedom from harassment and discrimination)
- ❑ The need to consult more effectively with staff and students in regard to disability access.
- ❑ The need to move towards collaboration with rather than planning for people with disabilities.

The voice of staff and students with disabilities are included in an adhoc rather than a systematic way and the issue of consultation remains unresolved. An access committee now addresses physical access provisions. Access processes are currently being reviewed.

3. What are the benefits of aligning disability focussed theory and professional practice with equity objectives? How would this change the way we do things?

3.1 Comparison of Social Model and Equity Model:

Social Model of Disability	Equity Model of Disability
<ul style="list-style-type: none"> • Disability centred • Political • Growing • Collaborative • Academic • Inclusive • Links with gender, class, sexuality, race, indigenous • High rates of participation by people with disability • Not highly valued by Universities • Threat to medical model and other professional approaches 	<ul style="list-style-type: none"> • Bureaucratic • Combination of human rights approach and welfare type service provision • Not growing • Professional focus • Reporting requirement • Not highly valued in Universities • Low rates of participation by people with disability • Viewed as add on, not core business • Trying to get past the Deficit model is hard work in wider University

Currently our equity programs swing between a fledgling human rights approach and profession dominated medical model service provision. An example is the approach to understanding mental health issues used in the joint training by Equity and Diversity and Student Services at UTS. Aspects of human rights (anti-discrimination) and psychological/ medical paradigms merged in this program. Student representatives with a mental health condition were involved in the program as guest speakers, but were not involved in the design. The program is not in that sense, nor in its overall framework disability centred.

Meanwhile, students and academics with disabilities *are* using Universities to develop their own “space” and discourse, even this is not having a major impact on curriculum or how equity/ student services programs are run. The link between relevant curriculum and student success has been noted in other areas – such as in courses which are non-traditional for women. Engineering faculties are coming to terms with the fact that cultural change is required to advance this project beyond its current plateau. Similar issues of marginalisation experienced by Indigenous students faced with colonial discourse which disregards their histories and perspectives has had an impact on the

curriculum of a wide range of disciplines. Cultural and curriculum change is needed if Universities are to significantly increase the participation of students with disabilities, to improve the low rate of participation of people with disabilities working in Universities and reverse its role in defining disability as other, as object, as needing rather than contributing.

What other examples are there where a social model of disability underpins programs or courses in Universities? Can we identify what frameworks are being used to include/ involve/ recruit people with disabilities (staff and students) at your University - do they reflect a medical / rehabilitation approach, or social model approach? How would the medical model view physical access barriers, profession dominated curriculum, technological hurdles for people with disabilities? How would the social model view these things?

4. Conclusion

This paper has suggested a number of potential directions which equity practitioners can take to improve the culture of Universities for people with disabilities. These included curriculum development, staff awareness programs, collaborative student centred projects, raising the level of student involvement and ownership of programs and positive events or programs which recognise diversity and the achievements of marginalised groups in society and the University. Equity programs can share with a social model of disability a belief in an inclusive rather than welfare approach to service provision, a belief in the pedagogical benefits of curriculum which connects with students lives and recognises their differences and an inclusive rather than a welfare approach to service provision.

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