

Disability Inclusion

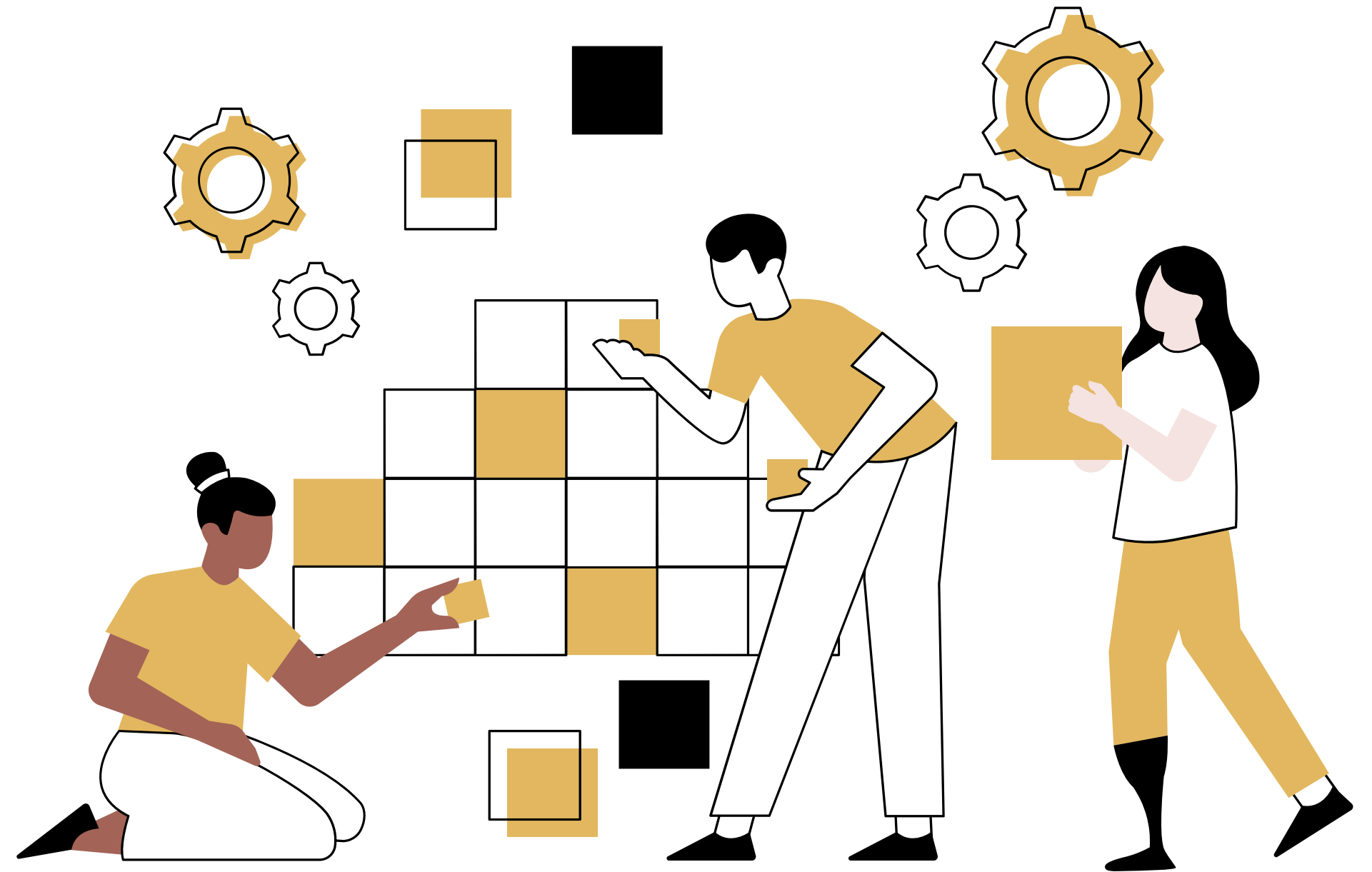


Photo: Three people working together with building blocks surrounded by gears

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Land Acknowledgment

UBC Vancouver is on the traditional, ancestral and unceded homelands of the Musqueam.

Go beyond the protocol piece (acknowledging whose lands you're on), commit to restorative, redistributive, and caring work.

It is crucial to reflect on the ties between colonialism and ableism.

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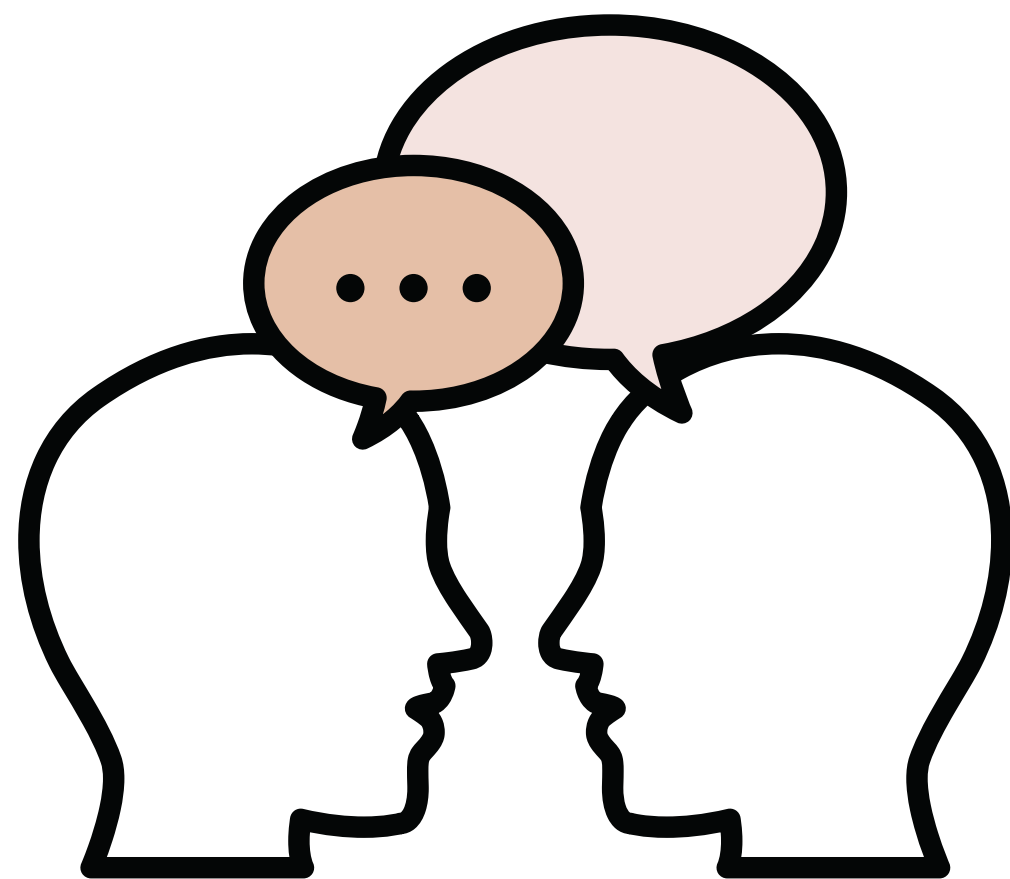


Photo: the outline of two heads facing each other, with speech bubbles above each head.

Terminology

Person-first vs. Identity-first

Impairment

an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function.

Disability

the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.

University of Leeds

Accessibility

is proactive and strives to remove barriers during the design stage of an event, program, space, experience or service.

Accommodation

is reactive and strives to remove barriers caused by inaccessible design. This ensures people with disabilities have the same access as people without disabilities.

Centre for Workplace Accessibility

Disabled Employee Support

Current and prospective employees

Private, confidential person-centred support

Funding

Workplace Accommodation Fund (WAF)

Funds accessibility solutions

Does not fund standard office equipment

Accessibility Consultations

Support for departments to remove barriers to accessibility

CWA

- Job seekers
- General disability inclusion and accessibility Inquiries
- Accessibility support (removing disability related barriers in the workplace)
- Projects that enhance disability inclusion literacy

SAW/RTW Program

- Acute disabilities, injuries or illnesses
- Time off of work/disability leaves
- Advise on Duty to Accommodate
- Formal Workplace Accommodation Plans and processes
- Medical information requested from healthcare practitioner(s)



Social Justice: What's disability got to do with it? #Dis

Ford Foundation



SOCIAL JUSTICE: WHAT'S DISABILITY GOT TO DO WITH IT?

Watch on  YouTube

Ableism

Ableism may be defined as a belief system, analogous to racism, sexism or ageism, that **sees persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than others.**

Ableism may be **conscious or unconscious, and may be embedded in institutions, systems or the broader culture of a society.** It can limit the opportunities of persons with disabilities and reduce their inclusion in the life of their communities.

From the Ontario Human Rights Commission

Ableism (Examples)

- Making assumptions about someone's abilities based on their disability/condition/neurotype
- Saying someone is too [insert "positive" adjective] to be disabled
- Inaccessible buildings/infrastructure (i.e. washrooms, entrances)
- Schools/employers refusing accommodations, or deliberately providing them in a way that is not supportive of the needs of the disabled person requesting them
- Assuming laziness when someone disabled/chronically ill frequently needs time off from work/school
- Feeling entitled to the diagnosis/medical details/other information of a disabled person
- Colloquial ableist language ("dumb", "lame", "crazy", "OCD", etc.)
- Immigration policies that are exclusive of disabled people

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The over-medicalization of disability



Photo: A doctor in white coat holding a piece of paper in one hand, and a clipboard in the other. The doctor is holding up the clipboard and looking at it.

Hayes and Hannold (2007) provide 'A Historical Perspective on the Medicalization of Disability':

- Disability became a clinical concept in order to categorize individuals according to work or needs-based systems
- This medical categorization enabled value to be assigned to different groups of people based on their ability to do the 'necessary work'
- Medical categorization lead to the 'othering' of people with disabilities - separating, marginalizing and oppressing them
- The institutionalization of hundreds of thousands of people with disabilities from the 18th to 20th centuries was a direct consequence of the medicalization of disability

The Models of Disability

Medical Model:

- Disability viewed as a structural anomaly
- Medical Professionals viewed as experts and agents of change
- Disabled individual viewed as passive, compliant recipient of services

(Roberts, 2013)

The Social Model:

Disability viewed as imposed upon individuals with impairments by society/the environment

- The outcome of the interaction between a person's impairment and the contextual factors in which they find themselves

Disabled individual viewed as:

- Not defined by their disability
- Having significant expertise in their own condition and needs
- An important agent of change and active participant

(Roberts, 2013)



Ableism and Colonialism

Researcher Audrin Thorn from Western Washington University (2020) found that:

- Ableism and colonialism are deeply entangled
 - I. Colonialism produces impairment
 - II. Eugenics reifies ableism-colonialism
- Differing Western and Indigenous perspectives on impairment are a result of differing values

Indigenous scholars pose that ableism is a **colonial construct**. One way in which this is reflected is that **many Indigenous languages in North America do not have a word that describes the concept of disability** (Ineese-Nash, N, 2020).

Many Indigenous communities believe that **the concept of disability conflicts with Indigenous worldviews**. Historically in some Indigenous communities, disability was a **welcome characteristic** (Lovern, 2008).

Activity

Each of these activities require a certain amount of spoons, try to complete as many of these daily activities as you can with the spoons given to you:

- Taking a shower – one spoons
- Getting dressed – one spoon
- Reading or studying – two spoons
- Doing light housework – three spoons
- Making and eating a meal – three spoons
- Working – four spoons
- Visiting a friend or relative – three spoons
- Going to a healthcare provider appointment – three spoons

Reflection Questions

- Were you able to complete all your daily tasks?
- Did you have “spoons” to spare?
- Did you notice other people had a different number of spoons?
- How did you feel if/when you were unable to complete your daily activities?
- Which activities did you let go of if you didn't have enough spoons to complete them all?

Spoon Theory

Originally created by **Christine Miserandino** to help explain **chronic pain and the resulting impact on daily life**. Has become more widely utilized among other communities since.

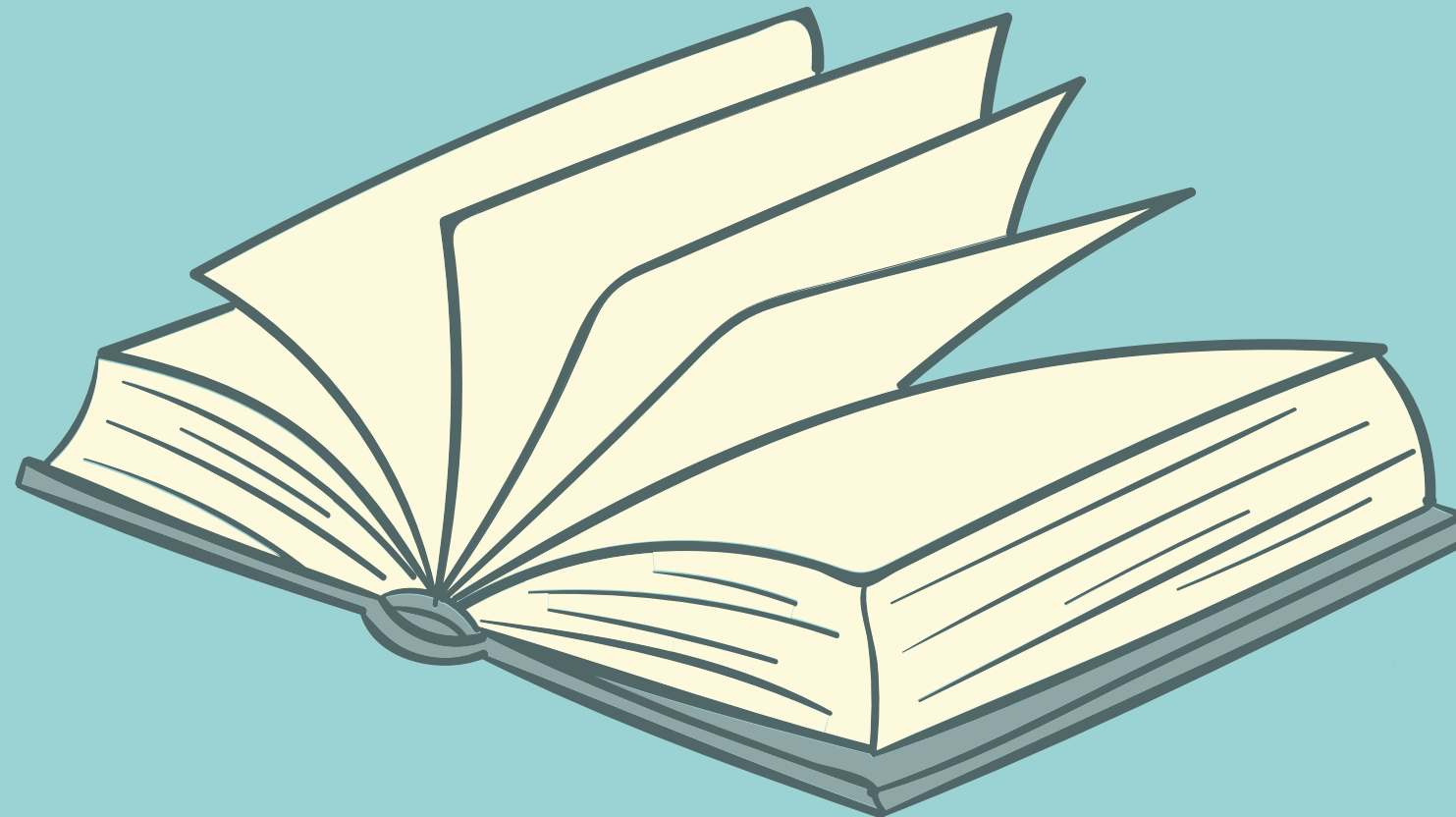
Spoons are used as **an analogy for energy** required to complete daily tasks. Chronically ill/disabled people may have limited “spoons”, **using more spoons than they have may worsen symptoms or leave them unable to do more**.

It **addresses how daily tasks may affect our energy levels differently**, and how chronic health conditions affect our overall capacities.

It is worth noting that while having less spoons may be due to disability/chronic illness, it can also be the result of dealing with **ableism and inaccessibility**

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Case Study: Discussion Activity



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Case Study

Goal: To put on the hat of an instructor and identify key concerns regarding disability and inclusion in an academic setting!

We will go over a scenario to explore how unconscious biases, historically embedded & institutionalized habits in teaching practices, representation and intersectionality can influence an individual's sense of belonging to an academic community.

Adapted from the Case Study developed by Alison Jolley (Department of Earth, Ocean and Atmospheric Sciences) and Hanae Tsukada (Equity & Inclusion Office) at the University of British Columbia

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Scenario

You teach a first year geology course. The department program advisor comes to you with a concern that was brought up by a female student in your course. According to the program advisor, the student is really enjoying the course and has decided she wants to major in geology. However, she doesn't feel that she "belongs" in the discipline.

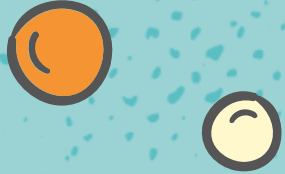
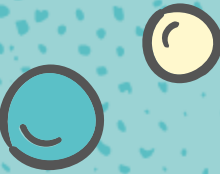
The student says that she doesn't connect with the images that are routinely shown in class as almost every image shown of geologists doing scientific work consists of seemingly able-bodied, bearded men standing on the peaks of rugged mountain ranges.

She hears stories of instructors spending their summers hiking in remote regions, carrying bags full of heavy rock samples up and down steep cliffs. Although the student's issues with accessibility are not overtly visible, and she has severe joint issues and cannot walk without pain even on flat ground for more than a few hours at a time.

Exasperated, the student told the program advisor that she is just going to major in something else, because there's no way she can be a geologist.

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Discussion

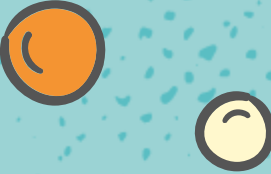
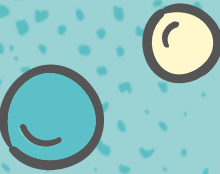
01 From your lens as an instructor, what are the issues highlighted in this scenario?

02 As an instructor, how would you respond to the situation? What could be done to support the student in this scenario?



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Consider how the following played a role in the case study:

Unconscious Biases

Invisible Disabilities

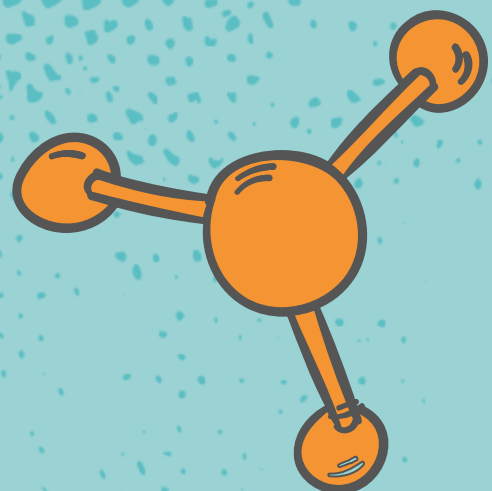
Privacy & Confidentiality

Intersectionality

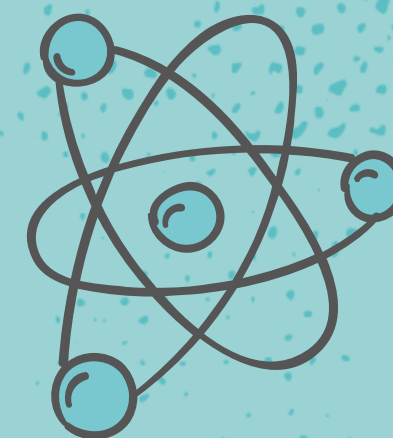
Reality of the Field/Discipline and Advocacy

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TAKE-HOME/LAB/OFFICE QUESTIONS



How do these topics apply to your research community?

How can we be more proactive to resolve issues around these topics before they arise?



UBC WIDE EDI RESOURCES





Increasing Disability Inclusion Literacy

Workplace Learning Courses