

Creating an inclusive environment with and for Disabled workers

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Creating an inclusive environment is to remove the barriers that prevent disabled people's participation in work and wider society. It is using inclusive non-discriminatory language and involves actively listening to and engaging with disabled people. It also requires a change in the culture of organisations and has at its heart, the social model of disability.

Social Model of Disability

There are many different models of disability and UCU and the wider trade union movement have adopted the social model of disability that looks at the ways in which society is organised and the social and institutional barriers which restrict disabled people's opportunities, for example:

A disabled person who cannot use the stairs wants to get into a building with a step entrance. The social model recognises that this is a problem with the building, not the person, and would suggest adding a ramp / lift to the entrance.

The social model was developed by disabled people and aims to identify and remove the barriers that prevent disabled people accessing education, work, and services and living independently. Under the social model it is not the responsibility of the disabled person to solve the barriers and the potential problems they face - there is a collective responsibility for society to remove barriers and provide access.

The social model makes a distinction between an impairment and a disability. Impairment is described as "a characteristic or long-term trait, which may, or may not, result from an injury, disease or condition". The impairment itself is not the disability but the barriers that prevent people with an impairment from having full access, disable that individual. The difficulty experienced by people with an impairment when the barriers put up by society interact with their impairment to deny them access or participation.

A person with an impairment may or may not be disabled in different contexts e.g. if full access is provided and an inclusive environment exists for example, level access and fully accessible toilets and staff who are positive about disability, then an individual with an impairment is not necessarily disabled in that context.

In language, the social model uses “disabled people” and not “people with disabilities”. The social model is empowering, uses inclusive language, views disabled people more positively and creates for a more equal society.

The social model is often compared to the medical model or the charity model of disability and by comparing these different model approaches to disability, we can see how disabled people are treated.

The medical model is generally how society identifies disabled people – this is usually based on their mental or physical impairment. If we use the same scenario above, the medical model says that it’s the disabled that is the problem or the impairment needs a cure, rather than the need for a ramp or lift.

The medical model presents the person as the problem and says impairments are something to be cured. The medical model says that a disabled person isn’t like ‘normal’ people, that they require constant care, makes little or no contribution to society or needs to be cured. It uses language that is disempowering, negative and is ableist in its very nature.

It is a so-called "deficit model" that labels the person and can be seen that the individual themselves is “faulty” in some way. The following demonstrates the two models:

Social Model says the problem is the disabling world:

- Poor job prospects
- Badly designed buildings
- Stairs not ramps no lifts
- Special schools
- Isolated families
- Inaccessible transport – no parking places

- Discrimination
- Few sign language interpreters

Medical model says the problem is the disabled person:

- Is housebound
- Confined to a wheelchair
- Can't walk
- Can't get up steps
- Can't see or hear
- Is sick / looking for a cure
- Has fits
- Needs help and carers

The language of the medical model of disability is to use “people with disabilities”. It is designed to put the person at the centre and describe a diagnosis, e.g. Tom is a person with a disability/condition, “they have MS”. It is something that describes the person and how they are “different”. A person’s medical condition or impairment is viewed as the disability, therefore, the way to resolve a person’s disability is for medical professionals to ‘treat’ or ‘cure’ their condition and in that way they can fit in with society, instead of society adapting to be inclusive.

If a disabled person cannot be ‘cured’, or ‘adapted’ to fit into the world as it is, the medical model accepts their exclusion. It is a way of viewing disability that implies that it is the person’s impairment that is the cause of their disadvantage or exclusion and that the lack of access or disadvantage is a problem for the individual disabled person to resolve, rather than being the responsibility of wider society.

The charity model of disability views disabled people as tragic, vulnerable and deserving of pity, needing money and help to make life better for them. As with the medical model, the charity model says that non-disabled people know what is best and what has to be done and that disabled people are the grateful passive recipients of charity.

Both the medical and the charity model disempowers disabled people and instead of removing barriers, places more barriers for disabled people. Barriers, including attitudes and perceptions around disabilities can make it impossible or very difficult for disabled people to access jobs, buildings or services.

Removing these barriers is the best way to include millions of disabled people in our society. Watch our film on the [social model of disability](#) and discuss how branches can adopt the social model.

Branches are encouraged to take the following steps:

- Adopt the social model of disability at your next branch / regional committee meeting

- Include disabled people in the planning of events and policy changes. This is important as the lived experiences of disabled members can strengthen branch organisation and participation and disabled members can feed in their valuable perspectives

- Review policies and practices to ensure that they reflect the social model – examples can include but is not limited to how language is used to describe disabled people and the use of appropriate images

- Watch our short film to raise awareness of the importance of adopting the social model of disability social model of disability

- Use the TUC online learning tool on the social model

Ableism: words, actions and attitudes matter

The social model of disability focuses on the ways in which society is organised, and the social, institutional, communication and attitudinal barriers which restrict disabled people's opportunities. The social model sees the person first and argues that the barriers they face, in combination with their impairments, are what disables them.

The social model emerged in opposition to the medical model which focuses on the idea that disabled people are broken and need fixing because there is something 'wrong' with them and views disability as the limits that restrict participation in society on an equal level due to institutional, environmental and attitudinal barriers. An impairment is the physical, sensory or cognitive difference with which the disabled person lives. It describes a long-term condition that has an impact on daily life.

Challenging discrimination against all marginalised communities is central to the work of the union. Disabled people have long campaigned for equality and inclusion in all areas of society and still continue to do so, including challenging and opposing derogatory terms that perpetuate the systemic oppression against a group of people based on their differences from the perceived norm.

Ableism is a system of discrimination that oppresses disabled people. It assumes a non-disabled 'norm' rather than recognising and supporting everyone in all our diversity.

It is manifest in a range of barriers that prevent disabled people from full participation in their communities and workplaces, from living independent lives and from accessing opportunities that non-disabled people take for granted.

Ableist language is, unfortunately, widely prevalent in society. It is sometimes used intentionally to insult, and other times takes the form of the casual use of negative stereotypes, phrases and assumptions about disabled people.

Here are some examples of ableist language:

- Using the word 'lame' to describe something disappointing
- "That's dumb!"
- "What are you, blind?"
- "What is wrong with you?"
- "Are you mentally ill?"
- "You seriously need help?"
- "What a nut job?"
- "Psycho!"
- "How can you be so stupid?"
- "Falling on deaf ears!"
- "Ha-ha, I'm so OCD"

- Doesn't have a leg to stand on"
- "Take 5 mins to stretch your legs" – more commonly used during online meetings
- Calling someone a moron, retard, idiot, spastic, mental, imbecile
- Using phrases like 'that decision was crippling', or, telling an online audience to 'take 5 mins to stretch your legs '

This list is by no means exhaustive, and many of these phrases are widely used, often without recognising their impact on disabled people. The use of inclusive language is important to all oppressed groups.

The use of discriminatory language not only causes offence, it holds back disability equality and threatens long fought for gains.

It must not be used by others to belittle, or to silence the voices of disabled people. Anyone who uses discriminatory language should be challenged; this is where the social model of disability reinforces the importance of addressing the barriers that prevent disabled people from being included in work and social settings - including within UCU meetings. It applies to both members and staff alike.

In conjunction with UCU Disabled Members' Standing Committee, the following are preferred terms to use when speaking about disability and disabled people and follows the social model:

- Use **disabled people** not “the disabled”, “people who are disabled” or “people with disabilities”
- Use **has a condition / impairment** not “suffers / suffering from” or “is afflicted with”
- Use **wheelchair user** not “wheelchair bound” or “confined to a wheelchair”
- Use **learning disability** not a “Downs Syndrome child/adult” or “special needs child/adult” or “high/low functioning”
- Use **non-disabled** not “able-bodied”

Avoid using:

- Normal and/or abnormal
- Afflicted with or suffering with or from
- Handicapped, invalid
- Has a mental age of ... - this type of language relates to the medical model of disability
- Brave, special, or inspirational as this implies that a disabled person is inspirational just because they are disabled, which is patronising

While the above list is not exhaustive, it serves as a guide. As a general rule, avoid using passive language which implies that disabled people are victims – language needs to respect the fact that disabled people are active individuals in control of their own lives. If you are in any doubt about terms to use, speak first with a disabled person, it's better than making assumptions!

Deafness and Visually Impaired

Deaf (capital “D”) is a political category and many Deaf people view themselves as a linguistic minority. Furthermore, the Deaf community often reject the term “impairment”, as used in the social model, as Deafness is part of their culture and not regarded as an impairment, deficit or absence of hearing.

As with the Deaf community, many blind people are happy using the term “blind”, while others may prefer to use “visually impaired”.

Find appropriate words and use them! Try replacing words such as ‘crazy’ and instead use, absurd, surprising and unpredictable. Small changes like these are important if we are going to challenge deeply rooted ableist assumptions about the value of disabled people’s lives that can make a huge difference for a disabled person.

Taking these steps can help to ensure that disabled people are not excluded from conversations at work or within the union. It is up to each of us to take responsibility and address where we are failing to meet our collective standards, and move to being in a place where conversations are inclusive and promote good practice.

Do...

- Use the Accessibility Checklist to ensure that meetings and events, online and in person, are accessible and that they allow for full inclusion

- Try to embed good, inclusive and accessible practice in everything you do – this will be good for everyone and it will mean that disabled people are not singled out
- Listen to the voices of disabled people as they are best placed to advise on their needs
- Remember that disability is intersectional, seek out different views

- Challenge disability discrimination wherever it raises its head

- Be respectful of individual experiences

- Promote the social model of disability – watch our short film

- Challenge your own assumptions

- Promote disability equality

Don't...

- Challenge a disabled person about their disability when they disclose

- Assume you know what a disabled person needs

- Speak on behalf of a disabled person unless they ask you to do so
- Ask intrusive questions about a disabled person's health or what they can or cannot do
- Expect a disabled person to teach you everything about how to be inclusive
- Assume that a disabled person's life is any less diverse, complex, happy or sad than that of a non-disabled person

Ableism creates a hostile environment - it 'others' disabled people by suggesting that they are not equal or valued. It allows others to make life changing decisions for disabled people about their health, education and how they live their lives. Ableism is not natural, it is the product of particular ways of working and living built around a non-disabled 'norm'. It is in our power to create an accessible society that values and provides opportunities for everyone.

Not challenging ableism, in everyday conversations and actions, reinforces the ideas and stereotypes that oppresses, isolates and marginalising disabled people. As a trade union, it is our responsibility to call out ableism whenever and wherever we see it.

Mental Health

The culture and environments in which we work can impact on our mental health. If we work in an environment that is hostile, pressurising and negative, that will undoubtedly have a bearing on how work is delivered; stress levels will increase and yes, mental health will suffer from bouts of depression, anxiety to more serious forms of mental ill health. It is therefore imperative that the culture and environment of our workplaces change.

During the lockdown period, Covid-19 and its uncertainties has added a new layer to an already stretched area that has seen an unequal playing field in how different communities access and receive mental health support.

The ONS, Opinions and Lifestyle Survey looking at depression and the coronavirus, show that between January and March 2021:

- 1 in 5 adults experienced some form of depression in early 2021
- 4 in 10 disabled people were more likely to experience some form of depression than non-disabled people
- 4 in 10 women aged 16-29 years experienced depression compared with 26% of men
- Adults of mixed ethnicity or 'any other ethnic group' appeared more likely to experience some form of depression (35% and 32% respectively) than white adults (20%)

Source: Coronavirus and depression in adults, Great Britain – Office for National Statistics (ons.gov.uk)

In academia, the Education Support Teacher Wellbeing Index 2020 surveyed over 3000 education staff and found:

- 74% of all education staff have experienced behavioural, psychological or physical symptoms due to their work
- 62% of staff described themselves as stressed
- 57% of education staff would not feel confident in disclosing unmanageable stress/mental health issues to their employer
- 31% of all education staff have experienced a mental health issue in the past year

Source: Education Support Teacher Wellbeing Index 2020

But far too often, many employers fail to recognize mental health as a priority by failing to provide adequate support in the workplace. If employers are to take this issue seriously, then mental health must be at her heart of all policy decisions that impact on workers.

Mind Matters

As part of World Mental Health Day 2021, (observed annually on 10 October), UCU launched our new mental health and wellbeing blog 'Mind Matters'. The blog is a space for members to share their experiences and reflections on the issue of mental health and wellbeing,

as well as it being a catalyst for branches to use as a starter for conversations and for removing the stigma associated with mental health.

We are also keen for the blog to have an intersectional dimension and would welcome contributions from all communities represented by the membership.

Due to the issues that we anticipate being discussed, the 'Mind Matters' blog will remain open to UCU members only and you will be required to login with your membership number and surname. If you do not have your membership number to hand, please send a blank email to mynumber@mercury.ucu.org.uk.

You can access the blog and further information on how to contribute and where to seek support should you feel anxious or overwhelmed, visit the [Mind Matters mental health blog](#).

Maintaining good mental health is important in every aspect of our lives. If you are feeling overwhelmed or require support, please contact:

- 999
- [The Samaritans](#) 116123(Free call)
- [MIND](#) 0300 123 3393
- [Education Support](#) 08000 562 561 (free call) 07909 341 229 (text phone)

- Women's Aid

- Refuge / info@womensaid.org.uk

- Black African & Asian Therapy Network

- Switchboard

- LGBT Foundation

Branches are reminded of UCU resources on supporting members and reps, including:

- Supporting members with mental health conditions and issues

- One in Four-a UCU briefing on mental health at work

- Taking care of yourself-Covid-19-guidance-for-members

- Taking care of yourself (2)

Disability Confident

Many employers have signed up to the Government's Disability Confidence Scheme – this is where businesses and organisations have made a commitment to improve the recruitment, retention and opportunities for disabled workers by providing action plans on how they plan to address this. The Disability Confidence Scheme replaced the previous two-tick scheme for disability equality and in order for.

The scheme has 3 levels:

Level 1 Employers are required to identify and carry out an action that will make a difference for disabled people

Level 2 Employers will be required to assess their organisations around two themes:

1. Getting the right people for the organisation
2. Keeping and developing people

Level 3 Acting as a Disability Confident leader by:

1. Having their self-assessment validated
2. Demonstrated what has been done as a Disability Confident leader

Is your employer a member of this scheme? If the scheme is applied properly, the premise is for disabled workers and prospective disabled workers to have positive and inclusive experiences to their working lives. However, it should not be seen as a tick-box exercise.

We would like to encourage branches to:

- Check to see if their employer has signed up to the scheme - [Disability Confident employer scheme - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Work with disabled workers to establish what changes can be made to ensure that the working environment is inclusive and to present this to employers

Accessibility

Accessibility is important for all disabled people. It allows for full engagement in all areas of life, it shifts the focus from the disability to the person, it allows for inclusion. Putting accessibility front and centre, when organising an event means that the needs of disabled people with a visible or hidden disability have been thought of to allow full participation.

UCU is committed to the social model of disability and to removing or reducing the barriers disabled people face at work and in society. The accessibility checklist below identifies key areas for branches to consider in making events fully inclusive and accessible for disabled people.

The Accessibility checklist covers:

- Advertising
- Breaks
- Catering
- Doors
- Emails
- Entrances
- Evacuations
- Exits
- Feedback
- Information
- Lanyards
- Lifts

- Lighting
- Online platforms
- Parking
- Pathways
- Registration desk
- Requirements
- Rooms
- Seating
- Signage
- Sound
- Staff
- Stage
- Stairs
- Toilets
- Websites

The accessibility checklist can be accessed here [UCU - Accessibility checklist for events](#) - to use, simply click on each heading for points to consider when planning and organising your event.

UCU thanks Lucy Burke and colleagues at Manchester Metropolitan University for developing this valuable resource.

Organising and Recruitment

Organising is the heartbeat of the union. Every opportunity, for example, awareness days, training, having a coffee or industrial action, should and must be seen as an opportunity to organise union members and to engage with non-union members.

Any campaigning should involve a whole union and intersectional approach in tackling these and many other barriers and challenges facing disabled members at work, the impact on careers, mental and physical health and well-being, accessing reasonable adjustments in the workplace to making workplaces accessible and ensuring those who need to continue to work from home or to get disability leave where not possible.

With the barriers and challenges mentioned above, it is increasingly urgent to work with disabled workers to defend and extend rights and equality at work. We encourage branches to have discussions in your branch, to raise awareness and to network with Disabled people, campus unions and Disabled People's Organisations to campaign for disability equality in our workplaces.

Tips for organising and campaigning

- Include disabled people in the planning of events and policy changes. This is important as the lived experiences of disabled members can strengthen branch organisation and participation and disabled members can feed in their valuable perspectives
- Remember that disability is intersectional, seek out different views

- Make meetings and events accessible - Use the Accessibility Checklist to ensure that meetings and events, online and in person, are accessible and that they allow for full inclusion

- Work with disabled members to establish disabled workers networks

- Conduct a mapping exercise to identify numbers of disabled workers and issues. Ensure that you follow UCU's guidance on Data Protection