**Disability as an Asset: tackling disabling practices in Universities and in the National Health Service.**

Outline paper for CMS conference

Val Williams, Wendy Merchant, Andrew Sturdy, Stuart Read, Victoria Mason (University of Bristol). [Val.williams@bristol.ac.uk](mailto:Val.williams@bristol.ac.uk)

1. **Background:**

* Disability is routinely viewed as a problem: despite the more progressive thinking in Disability Studies, practices within organisations are constrained by a deficit perception of disability, rather than an asset-based perception.
* Disability services are generally premised on providing ‘support’ to the individual (Roulstone et al., 2014). The vast majority of research about employment and disability focuses on a) vocational rehabilitation (Wagner et al., 2011); job search techniques, ways of providing employment support services (Lexen et al., 2013); and supports once people are in work (Rogan et al., 2000).
* There is a very detailed literature on ‘how to’ support people with particular impairments, even though some groups still feel marginalised here – for instance those with autism (Wehman et al., 2016; Townsley et al., 2014), and people with intellectual disabilities, for whom the employment rates are the very lowest amongst disabled people in the UK, standing presently at 6% of the learning disabled population (Office for Disability Issues, 2014).
* However, a social model approach to the issues of employment would focus less on the way we ‘work on’ the individual’s skills, and more on the way we might re-shape the market and the workplace itself (Roulstone, 2004). Specifically, for the purposes of this paper, we are interested in the subtle barriers that might exist for disabled people both to gain employment in organisations, but also to be valued and accepted as equal contributors – indeed, assets - within a varied workforce. We will give some examples of the social practices which constrain or marginalise the roles that are played by disabled staff in universities and in the NHS, and will discuss some ideas about how these practices could be tackled and changed.

1. **Getting Things Changed**

* This paper emerges from a large ESRC funded project which focuses on social practices and change. Despite the policies, we often find that practices remain unhelpfully framed, so that disabled people are made to feel the ‘misfits’ (Garland-Thomson, 2011).
* Three of our research strands are particularly relevant to the issues faced by disabled people in organisations.
* Working in partnership with Disability Rights UK, we are looking at the way disabled people can make changes to the way services are commissioned and provided. One of the ways this may happen is through simply employing more disabled staff in the National Health Service (NHS), and indeed there is policy and guidance (NHS Staff Council, 2014) about this, which has been produced by an ‘Equality and Diversity’ group operating at the highest level in NHS England. The policy covers the rights of disabled employees, the need for employers to make ‘reasonable adjustments’ and in general to eliminate discrimination.
* At the same time, we are investigating the ‘reasonable adjustments’ which health services are legally obliged to make, to accommodate disabled patients in the NHS. These reasonable adjustments are linked to the organisational ‘culture’, which in turn can be altered dramatically by the understandings and life experience of disabled members of staff.
* Thirdly, and most central to this paper, we are collecting data from a process of change within a university, both from the point of view of disabled students and also – more importantly for this paper, disabled staff. Local institutional policy regarding disabled staff follows the Equality Act 2010, in avoiding discrimination against disabled staff, creating a positive working environment, and (just as in the NHS) providing ‘reasonable adjustments’ for disabled employees.

1. **Understanding and tackling disabling barriers**

* Our project is built on two main theoretical planks. One is the social model of disability, which despite its frequent critics, remains central to our approach. Oliver’s (1990) and Finkelstein’s (2004) insights about social oppression did not refer to conscious bias or discrimination, but more to the ways in which society unwittingly excludes disabled people by tacit assumptions about the ‘norm’. As Oliver (2013) argued, the built environment for instance has traditionally not taken into account the full diversity of all its members.
* Social practices themselves can have a similar exclusionary effect. Here we draw on the work of Reckwitz (2001), Shove et al., (2012) and Blue et al. (2017). A social practice refers to anything which is routinely done by social actors, involving as Shove and colleagues emphasise, the competences of human actors, material resources, and importantly – certain types of meaning or significance. To that, we would agree with Schatzki (2017) that the language used within practices really matters, and in organisational contexts particularly, can constitute a form of power (Fairclough, 2015).
* The methods in our project are very varied, across the different strands, but all draw on a social constructionist, qualitative standpoint. In the study we are conducting within the university, the method is largely auto-ethnographic. Disabled staff and disabled students are reflecting on their own experiences, via narrative interviews and group writing. At the same time, there is a focus on participatory action research here, as in the Disability Rights strand, where research teams are taking action on the barriers they perceive, and reflecting on the changes which are being made. The strand on ‘reasonable adjustments’ in the NHS for instance is holding two rounds of ‘change workshops’ to bring practitioners together and to initiate change. Several of the strands are collecting some basic data via interviews, with a thematic analysis of the interviews, and we are fortunate across the project in having groups of disabled people involved, whose insights are brought to bear in allowing us to consider what really needs to be changed, from their own experience.

1. **Experiences of disabled staff in universities**

* What we are finding in our project is that disabled staff members in our own university, far from being considered ‘assets’, frequently have to struggle with disabling experiences. For instance, the government funded “Access to Work” scheme (Department for Work and Pensions 2017) aims to ‘provide practical and financial support’ (p. 1) to support disabled employees to stay in work; however, it has to be navigated by each individual applicant, in order to obtain materials, resources and adaptations to buildings. This can include managing the timesheets of support workers, submitting monthly claims and dealing with lengthy queries from the DWP regarding these claims. People have reported spending 3 – 3.5 days per week “administering their disability”.
* Drilling down to the social practices of the organisation, ‘Access to Work’ support has to interact with other practices, such as the process to book travel. People have found that the organisational system does not take into account what has to be done to book access for a disabled traveller. The UK train system for instance requires disabled passengers to make a phone call in advance of their journey, to book a wheelchair space or other access arrangements.
* Social practices in organisations often depend on particular people, meaning that every member of staff’s journey through the system is an individual one, and without shared (organisational) knowledge of the process.. Disabled staff members reported their reliance upon having a supportive line manager to guide them through the process of applying for adaptations or support. The Staff Disability Forum is trying to ensure that one manager in the University is designated as an ‘expert’ support to Access to Work applicants.

Reflecting on these issues through the lens of social practice theories, we can see that ‘competence’ or knowledge really matters. Organisational knowledge cannot be vested solely in individuals. Further, the fact that individual disabled members of staff have to administer their own support system reinforces the view that those staff members are potential ‘deficits’ to the organisation. Ironically, although the system is intended to supply extra resources and adjustments for disabled people to work, we are finding that the practices in putting these into place actually prevent the individual from contributing as much as they could.

Like all actions based on the notion of ‘reasonable adjustments’, the UK Access to Work scheme is all about fitting a square peg into a round hole. Even if it worked perfectly, we would still be left with organisational practices which are fundamentally unchanged, and which are devaluing and exclusionary to disabled staff. What we would prefer is to advocate for more fundamental change.

1. **Discourses of difference**

* Our research study is fundamentally an action-based project, in which we aim to make change happen, as well as to understand that change. In doing that, we have been particularly interested in the way certain discourses are brought to bear, as justifications or ‘rationalisations’ of what is going on.
* For instance, senior managers have claimed that “It’s all about fairness”, which can easily become equated with ‘doing the same for all members of staff’.
* When asked about access in new build within the University, the first response from senior management was: ‘Well, our building stock includes many listed buildings…’. This type of talk becomes a defensive mantra, absolving the University of any responsibility.
* If disabled staff need something extra, then it is assumed that disabled staff are always going to need ‘special’ consideration, that they have certain needs. The logic then follows, that disabled staff constitute a burden to the organisation, specifically at times of austerity and cuts. Unfortunately, this identification of difficulty leads many to set out to prove themselves by working at an increased rate, as Robillard (1999) noted on developing motor neurone disease: “I felt that the return to the university was a time in which I had to prove myself” (p. 146).
* In the NHS, we have encountered similar points. ‘Diversity’ is framed as a goal within the workforce, but there are assumptions built in to the discourse, that achieving diversity will require resources, support and again – special consideration. In order to deliver that, consultants are bought in, who effectively shield organisational managers from the reality of disabled people’s lives. The messiness and confusion caused by a real interaction with a disabled member of staff is avoided, as one ‘change agent’ has recounted: “it will never get any....anywhere near to levels of discomfort and unpredictability you might have if you share space with three disabled people, because they will just dish out what their everyday experiences are”. Instead, discourses of inclusion and involvement become part of the managerial rhetoric.

1. **Managerial power and disabled people as change agents?**

* Fleming & Sturdy (2009) demonstrate how the encouragement of individuality within organisations can become a form of subtle ‘neo-normative control’ (p. 571). The various forms of organisational control, as set out in Fleming & Sturdy (2009: 572) can all be seen within current practices relating to disabled staff in the health and university sectors. As Fleming & Sturdy (2010:3) point out, values-based discourses in tightly controlled workplaces can be unwittingly subverted to fit the goals of the institution. We are finding that this type of commodification of disability may be happening within the NHS, at least, where the Equalities goals are flagged up as central to the more human face of the NHS.
* **‘**Co-production’ is now a popular word in disability arenas, particularly in social and health care; by involving people with ‘lived experience’ of disability, the solution to particular problems will, presumably, be rooted in that experience. Individual staff in the university use the Staff Disability Forum as a means of sharing their difficulties and gaining advice and support. It has become a hub where experiences are shared and advice given, for instance about the ‘Access to Work’ scheme. However, this idea can itself be taken over by management, and (without any ceding of power or ownership) can be used as a type of unconscious smokescreen. Moreover, getting involved in co-production can suck in the ‘misfits’, so that they too become part of the normalising discourse. As Giddens (1988) put it, ‘Any group of persons – prisoners, primitives, pilots or patients – develop a life of their own that becomes meaningful, reasonable and normal once you get close to it’ (p. 270).
* In the NHS, we have some positive examples at grassroots level from workshops held about reasonable adjustments. One NHS employee who has a learning disability himself participated in a workshop – his role is to ensure that adjustments really meet the needs of patients with learning disabilities. Others in the workshop felt that this should happen more widely, and would enable a culture change within the organisation.
* However, we know at ‘top level’ that meetings of the Equality and Diversity Group have been conducted without disabled people present; similarly in the university sector, it is quite possible to have a meeting *about* co-production itself, solely from the point of view of non-disabled academics. In the latter case, the symbolic devaluing of that (non-inclusive) co-production discussion is that it can then take place in non-accessible room spaces.

1. **A positive way forward**

* What can we suggest as ways forward to break through these invisible barriers? Disability can and does bring a different layer and level of experience, and can help bring insight into disability issues. However, that asset-based approach to disability is often lost in the actual experiences of disabled staff, both in the NHS and in universities. When an organisation promotes ‘diversity’, it cannot expect everyone to be the same. This might sound obvious, but the assumption of sameness is built into the way organisations work, and productivity at an individual level is assumed to be a reasonable expectation.
* One way is by the process of co-production itself. Much depends on who initiates and pushes forward the partnership work involved: if the concerns of disabled staff are raised actively by a disabled staff forum, for instance, then the individuals involved can increase their power to have a voice within the organisation. The University of Bristol staff disability forum were instrumental in identifying challenging, and changing, proposed changes to the staff car parking policy which would have seen disabled staff charged for their permits. This process in itself casts disabled staff members as ‘assets’, as people with active agency and as sources of solutions, rather than as problems.
* By taking a social practice approach to change, we can better understand how to alter naturalised ways of carrying out the business of the organisation. For instance, we can question why the refurbishment of teaching spaces does not routinely include podiums which can be accessed from a wheelchair.
* The most important way to move forward is to tackle the meanings which underpin exclusionary practices. In both the NHS and in universities, the business of the organisation involves professionals (staff) and clients (students or patients). The ‘disability’ category is far more often discussed (and put into practice) in relation to the latter; however, by joining up both points of view (professional and lay ‘clients’), we can simply create a better and more inclusive organisation. The value of disabled staff in this process is that they are not just pushing at the door to beg for special consideration; they are then assets who will improve the way in which the organisation achieves its core business, or providing services to a diverse population.

**References**

Blue, S.J. & Spurling, N.J. (2017) ‘Qualities of connective tissue in hospital life: how complexes of practices change over time’. Chapter in *The Nexus of Practice* edited by Alison Hui, Theodore Schatzki & Elizabeth Shove.London: Routledge.

Department for Work and Pensions (2017) *Access to Work.* https://www.gov.uk/access-to-work/overview

Fairclough, N. (2015) *Language and Power (*3rd ed). London: Routledge.

Finkelstein, V. (2004) Representing Disability. Chapter 2, pp 13-20 in Swain, J., French, S.. Barnes, C. and Thomas, C. (eds.) *Disabling Barriers – Enabling Environments (2nd ed.) .* London: Sage.

Fleming, P. and Sturdy, A. (2009), ‘"Just be yourself!": Towards neo-normative control in organisations?’, *Employee Relations,* Vol. 31 Iss: 6 pp. 569 – 583.

Fleming P. & Sturdy, A. (2010) “Being yourself” in the electronic sweatshop: New forms of normative control.’ *Human Relations,* DOI: 10.1177/0018726710375481

Garland-Thomson, R. (2011) “Misfits: A Feminist Materialist Disability Concept.” *Hypatia* 26 (3): 591–609.

Giddens, A. (1988) Goffman as a Systematic Social Theorist. Chapter 9, pp 250-279 in P. Drew and A. Wootton (eds) *Erving Goffman: Exploring the Interaction Order.* Polity Press, 1988.

Lexen, A., Hofgren, C. and Bejerholm, U. (2013) ‘Support and process in individual placement and support: a multiple case study’. *Work,* 44: 435-448. DOI 10.3233/WOR-2012-1360

NHS Staff Council (2014) *Guidance relating to disability for the NHS.* London and Leeds: NHS Employers.

Office for Disability Issues (2014) *Official Statistics: Disability facts and figures.* https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures

Oliver, M. (1990) *The Politics of Disablement.* Basingstoke: Macmillan.

Oliver, M. (2013). “The social model of disability: thirty years on.” *Disability & Society,* 28 (7): 1024-1026.

Reckwitz, A. (2002). “Toward a Theory of Social Practices: A Development in Culturalist Theorizing.” *European Journal of Social Theory* 5 (2): 243-263.

Robillard, A. (1999) *Meaning of a Disability: the lived experience of paralysis.* Philadelphia: Temple University Press.

Rogan, P., Banks, B. and Howard, M. (2000) ‘Workplace Supports in Practice: as little as possible, as much as necessary’. *Focus on Autism and other Developmental Disabilities,* 15 (1): 2-11.

Roulstone, A. (2004) ‘Disability, Employment and the Social Model’, pp 18-34 in Barnes, C. and Mercer, G. (eds), *Disability Policy and Practice: applying the social model.* Leeds: The Disability Press.

Roulstone, A., and Williams, J. (2014) ‘Being disabled, being a manager: “glass partitions” and conditional identities in the contemporary workplace.’ *Disability & Society,* 29 (1): 16-29. http://dx.doi.org/10.1080/09687599.2013.764280

Schatzki, T. (2017) ‘Sayings, Texts and Discursive Formations’, Chapter 9, pp 126-40 in A. Hui, T. Schatzki and E. Shove (eds) *The Nexus of Practices: connections, constellations, practitioners.* Oxford: Routledge

Shove, E., Pantzar, M. & Watson, M. (2012). *The Dynamics of Social Practice: everyday life and how it changes.* London: Sage Publications.

Townsley, R., Robinson, C., Williams, V. and Beyer, S. (2014) *Research into Employment Outcomes for Young People with Autistic Spectrum Disorders.* Welsh Assembly Government

Wagner, S., Wessel, J. and Harder, H. (2011) ‘Workers’ Perspectives on Vocational Rehabilitation Services’. *Rehabilitation Counselling Bulletin,* 55 (1): 46-61.

Wehman, P., Brooke, V., Brooke, A., et al. (2016) ‘Employment for adults with autism spectrum disorders: a retrospective review of a customized employment approach’. *Research in Developmental Disabilities,* 53-4: 61-72. http://dx.doi.org/10.1016/j.ridd.2016.01.015