

Critical Elements of the Social Model of Disability: Implications for Students with Disabilities in a South African Institution of Higher Education

A. K. Tugli¹, E. K. Klu² and Kea Morwe³

¹*Department of Public Health, School of Health Sciences, University of Venda, South Africa*

E-mail: Augustine.tugli@univen.ac.za

²*Department of English, school of Human & Social Sciences, University of Venda,
South Africa*

E-mail: asongkwesi@gmail.com

³*Institute of Youth and Gender, School of Human & Social Sciences,
University of Venda, South Africa*

KEYWORDS Social Model of Disability. Medical Model. Barriers. Educational Context

ABSTRACT The social model of disability seeks to ensure that people with disabilities participate on equal basis with others in every sphere of life. Thus for students with disabilities, the model underpins the options available to them in order to maneuver their ways through barriers embedded in institutions of higher education. In South Africa, most educational institutions are barriers in the first place because they have not been purposely built and designed to accommodate students with disabilities. For that matter, students with disabilities have to weigh the nature of their impairments vis-à-vis their participation in educational programmes. Against this background, this paper first looks at what the Social Model of Disability seeks to mean for persons with disabilities. In addition, it critically analyses the elements of the model in the light of the perceived identified barriers that can impact on the functioning of students with disabilities in an institution of higher education in South Africa. Above all, the paper also makes a number of recommendations that will address some of the barriers identified in the model.

INTRODUCTION

Issues surrounding disabilities and people with disabilities have gone through different phases of conceptualization and perceptions by societies, from ancient to modern times, in different ways (Leshota 2013). Besides this, the phenomenon of disability has remained too complex to handle. To place disability in the universally accepted context, the World Health Organisation (WHO) developed the International Classification of Functioning, Disability and Health (ICF) for application to various aspects of health (WHO 2001). This was meant to explain that disability is an umbrella term which covers impairments, activity limitations, and participation restrictions including attitudinal barriers (Taking IT Global 2013).

Educational institutions have also had their share of different categories of disabilities. According to Weedon et al. (2008), educational legislations and policies have led to a marked increase in the proportion of students with disabilities participating in educational institutions. Among this group of students are different cat-

egories of developmental, psychological, and neurological impairments (People with Disability Australia (PWDA) 2014).

These categories of students have issues that cut across physical, cognitive, affective, social and psychological spectrum of special needs. Their presence in the educational setting requires reasonable adjustments to be made to accommodate their learning and disability needs. Marriot and Gooding (2007) argue that these students are not a homogenous group, but have a wide range of needs, expectations, interests and circumstances that impact on their quality of life.

PWDA (2014) points out that, despite the recognition by the UN and the United Nations Convention on the Rights of People with Disabilities (UNCRPD) that persons with disabilities must fully enjoy all human rights and fundamental freedoms with respect to accessibility to the physical, social, economic and cultural environment, health, education, etc., barriers in society still prevent them from enjoying such rights and freedoms. Against this background, the Social Model of Disability seeks for adaptation of society and its organizational and environ-

mental designs to accommodate all forms of human diversity including disabilities.

The Social Model of Disability

The Social Model of Disability is a ‘new’ thinking which views disability as the creation of society. The model was initially introduced in the mid-seventies by a “disabled” lecturer, Mike Oliver, who adapted it from a booklet published by the Union of Physically Impaired Against Segregation (UPAIS) titled *Fundamental Principles of Disability* (Best Resources for Achievement and Intervention Neurodiversity in Higher Education (BRIANHE) 2006; Watson et al. 2012).

According to Brunton and Gibson (2009), the Social Model of Disability emerged in opposition to what was purported to be a damaging ‘Medical Model’ which conceives disability as primarily a medical problem, entailing personal tragedy and requiring treatment. Proponents of the Social Model argued that while the ‘impairments’ of people with disabilities were physical, their ‘disability’ was a social phenomenon – the product of environmental, economic and cultural barriers erected by oppressive society. This argument tends to separate disability from impairment and equate disability to barriers imposed by society and social construction. Thus, impairment only becomes a disability by virtue of inadequate and discriminatory social arrangements including attitudinal barriers that prevent people with impairments from maximum participation in society (BRIANHE 2006; Connection to Community Leadership (CCL) 2007; Ransom 2009; Brunton and Gibson 2009).

What can be deduced from the philosophy of the Social Model of Disability is that it considers people with disabilities as an integral and indispensable part of society. This means that they have roles to play in all human endeavours and development, and that the barriers that prevent them from playing such roles are created by society.

The adoption of a Social Model of Disability marks an important theoretical paradigm shift from the individualistic medical model with its emphasis on diagnosis, treatment and rehabilitation to a more permissive social justice system (Leshota 2013). These are analysed and explained in educational context below.

Implications of the Elements of the Model for Students with Disabilities in IHEs

Barriers Emanating from Inaccessible Environment (Environmental Design)

A person’s environment has a huge impact on the experience of disability, and inaccessible environments create barriers to participation and inclusion (WHO 2011). UNESCO (1997) intimates that universities consider accessibility the biggest problem in accommodating students with disabilities. Access to facilities in the learning environment is critical for students with disabilities especially, the mobility and visually impaired. Inaccessibility and un-adapted universal designs for the use of students with disabilities will exclude them from academic and social participation.

Barriers Emanating from Lack of Useful Education

WHO (2011) posits that education contributes to human capital formation, and is thus a key determinant of personal well-being and welfare. Denying persons with disabilities from accessing equal educational opportunities due to their disabilities will deny them the necessary skills and knowledge needed in the job market. Inferior education will also render students with disabilities uncompetitive in social standing. This issue must be viewed seriously in educational institutions; because for students with disabilities to be able to achieve their economic potential and fully contribute to the national economy, it is essential that higher education is accessible to all (Muscular Dystrophy Campaign 2012).

Barriers Emanating from Discrimination in Employment

A number of studies (Mitra and Sambamoorthi 2006; Mitra 2008; World Bank 2009; Organisation for Economic Cooperation and Development (OECD) 2010) have revealed that working age persons with disabilities experience significantly lower employment rates and much higher unemployment rates than persons without disabilities due to a number of factors related to discrimination and prejudice. According to Muscular Dystrophy Campaign (2012), academic

qualifications have become more important in securing employment in an increasingly crowded job market. Discrimination, therefore, against people with disabilities employment has social and economic costs (WHO 2011). Addressing this issue, employers will get to understand that people with disabilities can also contribute positively to the economic development and social upliftment for themselves and society. In the light of this, educational institutions need also to understand that discrimination in any form on campuses is legally and morally unjustifiable and can be counterproductive. It is therefore, important for such institutions to provide good and quality education for all students so that they can be competitive and employable.

Barriers Emanating from Poverty

Poverty and disability are intrinsically linked and form a vicious cycle. Poverty is a cause and a consequence of disability (World Bank 2005; African Child Policy Forum (ACPF) 2011). This calls for special arrangement on the part of most educational institutions to empower students with disabilities to break the vicious cycle of poverty and disability. In addition, underfunding of educational institutions can limit the provision of essential resources for students with disabilities. The resultant issue will be the perpetuation of poverty. The link between poverty and disability leads to exclusion from many spheres of human endeavor and in return creates disability and disempowerment.

Barriers Emanating from Inaccessible Transport

Mobility is a need for everyone especially those with disability. According to Muscular Dystrophy Campaign (2012), 30% of inter-campus transport is not accessible to students with disabilities. UNESCO (1997) also alludes that problems of mobility occur around in and out of campuses, lecture halls etc. In the learning environment, adaptable form of transportation should be made available for the physically and visually impaired learners to have free and quick movements to access venues, hostels etc.

Barriers Emanating from Inaccessible Information

Information and communication technology products such as computers, phones, audio-

visual devices, internet etc. can be of immense importance to people with disabilities but high costs, un-affordability and un-availability of these technologies can limit access for people with disabilities (WHO 2011). Of course, in educational institutions, these products can provide alternative but effective information dissemination means of reaching the disadvantaged students who may find it difficult to receive tuition and updates through the normal student-lecturer interface. A hitch in information flow in educational institutions will create communication gap that will disadvantage students with special educational needs. Easy access to information will give students with disabilities a sense of belonging in the learning environment as well as an easy means of having their pertinent issues pertaining to their well-being heard and addressed. It will also contribute to a better understanding of disability issues. For example, the lack of captioning, audio description and sign language interpreters can limit information access for students who are deaf and hearing impaired.

Barriers Emanating from De-valuing

De-valuing is a form of stigmatization where people with disabilities are often dismissed as incapable of accomplishing any tasks without the opportunity to display their skills and talents (Office of Disability Employment Policy 2013). This type of attitude in the learning environment can lead to under-performance and loss of sense of achievement on the part of students with disabilities.

Barriers Emanating from Segregated Services

Availability of disability support services and the awareness of these services to people with disabilities are crucial in their civic participation and social capital development (Williams et al. 2008; WHO 2011). Making services accessible to people with disabilities often benefit their non-disabled counterparts as well. Segregation of services in the learning environment, therefore, will lead to discrimination and fragmentation of the social structure of the educational institution. In addition, this will be a recipe for exclusion in academic and extra-curricular activities of vulnerable people especially the students with disabilities. Students with disabilities need

to be seen as an integral part of academic community rather than a separate entity requiring segregated services. Reasonable academic adjustment should be made based on accommodating all human diversities and differences for all students alike, not just those with disabilities.

Barriers Emanating from Prejudice

According to Rieser (2011) and the Office of Disability Employment Policy (2013), the most difficult barriers to overcome are attitudes founded on ignorance and prejudice about people with disabilities. In a study among some universities in Anglo-phone African countries, UNESCO (1997) reported that attitude problems towards students with disabilities ranked third among other problems in universities. Some of the problems included non-disabled students' refusal to share a room with students with disabilities, and lecturers' refusal to change their teaching methodologies to accommodate students with disabilities. Attitudes such as these will help entrench and perpetuate discrimination and stereotyping of students with disabilities in educational institutions.

Barriers Emanating from Lack of Autonomy

Autonomy is a human rights issue that guarantees self-determination. According to Burns and Grove (2009), self-determination implies that human beings are capable of controlling their destiny; hence they should be treated as autonomous agents who have the freedom to conduct their lives as they choose without external controls. Autonomy for students with disabilities in the learning environment can boost their confidence and morale and be treated with dignity and respect.

Barriers Emanating from Dependency Syndrome

Though students with disabilities need continuous support and assistance in their day to day functioning, some tend to create a "dependency syndrome" during their studies (UNESCO 1997). In as much as assistance is acknowledged, sometimes overdependence on it can be counterproductive. It can erode self-reliance and destroy the sense of taking initiatives among stu-

dents with disabilities. Disability is not synonymous with inability; and as such, students with disabilities in educational institutions are not prepared for employment purposes only but also for independent living and self-reliance. From this perspective, dependency syndrome can be eliminated or minimized if educational institutions can provide the necessary rehabilitation and capacitating programmes that encourage independent living. In addition, readdressing issues of access, adaptation of facilities and environment as well as ensuring availability of assistive devices can serve as a basic impetus for this group of students to thrive on their own efforts.

DISCUSSION

The Social Model of Disability alludes that disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. It emphasizes the "disabling barriers" that arise from the attitudinal, economic, social and environmental factors that prevent persons with disabilities from experiencing equality of opportunity with non-disabled counterparts (Barnes et al. 1999 cited in Williams et al. 2008).

The Social Model is underpinned by the principle of identifying barriers and developing solutions, and on the flip side it values the dignity of a person irrespective of one's disability status (Rieser 2011; PWDA 2013). Based on these principles, the Social Model is meant to be empowering and developmental. It, therefore, seeks to patronise disability and makes it as an indispensable part of society because disability in this model is perceived as a social creation and requires social intervention and solution. In addition, Brunton and Gibson (2009) argue that persons' impairment must be seen as physical while their disability should be considered as a social construct and a phenomenon (see also Leshota 2013). By identifying barriers that inhibit the full participation of people with disabilities in society, the Social Model of Disability has exerted a lot of impact and influence on developing the human rights approach to disability. CCL (2007:5) argues that the Social Model of Disability has fundamentally changed the way in which disability is perceived and has had a major impact on promulgation of progressive inclusive educational legislations and policies

across the world. For example, in South Africa, (Department of Higher Education and Training 2012), among the legislations and policies that emanated from the Social Model perspective are the *South African Schools Act No 84 of 1996*, the *White Paper 6 of 2001 on Special needs Education and Building an Inclusive Education and Training System* as well as the *White Paper 3 of 2007 on the Transformation of the Higher Education System*. All these acts and policies were geared towards inclusion, equity and equal access across the education landscape for students with disabilities.

Similarly, in Australia, the Disability Services Act of 1986 provides a comprehensive framework for funding and provision of support services for people with disabilities. This is underpinned by the social justice values founded in the social Model of Disability (PWDA 2013).

CONCLUSION

In the educational environment domains such as physical environments, infrastructural designs, facilities, curriculum, support system, services, teaching pedagogy as well as institutional culture and practices can lend themselves to barriers that can pose as crippling obstacles for students with disabilities. From the Social Model of Disability perspective, the onus is on the affected institutions to make the necessary institutional adjustments to meet the needs of all students with disabilities so that they can conveniently participate in all learning activities. Furthermore, the products emanating from the Social Model of Disability include recognition of human rights for persons with disabilities. Hence in the affected institutions, academic lives of students with disabilities will be easier if institutional barriers are removed and in accordance with the precepts of the Social Model of Disability.

RECOMMENDATIONS

Based on the premise that the Social Model of Disability was developed not only with the aim of acknowledging barriers within society but to ensure that these barriers are removed so that people with disabilities can have equal opportunities. The paper recommends the following:

Raise awareness of the needs and challenges of people with disabilities in communities

Encourage all people to observe and live up to the expectations of the norms and standards spelt out in existing disability legislations and policies in particular societies.

All stakeholders, including those in institutions of higher education should create enabling environments that will ensure adequate social accommodation of all persons with disabilities.

REFERENCES

- African Child Policy Forum (ACPF) 2011. *Educating Children with Disabilities: Towards a Policy of Inclusion*. Addis Ababa: The African Child Policy Forum.
- Best Resources for Achievement and Intervention Neurodiversity in Higher Education (BRIANHE) 2006. The Social Model of Disability. From <info@brainhe.com> (Retrieved on 2 October 2011).
- Barnes C, Mercer G, Shakespeare T 1999. *Exploring Disability: A Sociological Introduction*. Cambridge: Polity Press.
- Brunton K, Gibson J 2009. Staying the Course: The Experiences of Disabled Students of English and Creative Writing. From <http://www.tinyurl.com/klqclb> (Retrieved on 10 March 2012).
- Burns N, Grove SK 2009. *The Practice of Nursing Research*. Missouri: Saunders Elsevier.
- Connections for Community Leadership (CCL) 2007. *Models of Disability*. Michigan: Michigan Disability Rights Coalition.
- Department of Higher Education and Training 2012. *Green Paper for Post-school Education and Training*. Pretoria: Government Printer.
- Leshota LP 2013. Reading the national disability and rehabilitation policy in the light of Foucault's technologies of power. *African Journal of Disability*, 2(1): 1-7.
- Marriott A, Gooding K 2007. *Social Assistance and Disability in Developing Countries*. West Sussex: Sightsavers International.
- Mitra S 2008. The recent decline in the employment of persons with disabilities in South Africa, 1998-2006. *South African Journal of Economics*, 76: 480-492.
- Mitra S, Sambamoorthi U 2006. Employment of persons with disabilities: Evidence from the National Sample Survey. *Economic and Political Weekly*, a41: 199-203.
- Muscular Dystrophy Campaign 2012. 17 August 2009 Access to Higher Education- University Challenge. From <http://www.mdctrailblazers.org/campaigns/147> (Retrieved on 13 January 2013).
- Office of Disability Employment Policy 2013. Attitudinal Barriers for People with Disabilities. From <http://www.ncwd-youth.info/external-ink?url=http://www.dol.gov/odep/pubs/ek99/barriers.htm> (Retrieved on 12 February 2013).
- Organisation for Economic Cooperation and Development (OECD) 2010. *Sickness, Disability and Work: Breaking the Barriers- A Synthesis of Findings across OECD Countries*. Paris: OECD.

- People With Disability Australia (PWDA) 2014. *The Social Model of Disability*. Strawberry Hills, Australia: PWDA.
- Ransom B 2009. *Missing Voices: Children with Disabilities in Africa*. Addis Ababa: The African Child Policy Forum.
- Rieser R 2011. Developing the Capacity of Disabled People's Organizations in South Pacific Commonwealth Island Countries with Regard to the United Nations Convention on the Rights of Persons with Disabilities: Training Pack. United Kingdom Disabled Peoples' Council (UKDPC). From <www.WorldofInclusion.com> (Retrieved on 20 September 2011).
- Taking IT Global 2013 Disability Culture. From <<http://issues.tigweb.org/disabilityculture>> (Retrieved on 6 February 2014).
- United Nations Educational Scientific and Cultural Organisation (UNESCO) 1997. *Disabled Students at Universities in Africa*. Harare: Sub-regional Office for Southern Africa.
- Watson N, Roulstone A, Thomas C 2012. *The Routledge Handbook of Disability Studies*. London: Routledge.
- Weedon E, Riddell S, Fuller M, Healey M, Kelly K, Georgeson J, Roberts H 2008. *Disabled Students in Higher Education: Experiences and Outcomes*. London: Routledge.
- Williams B, Copestake P, Everley J, Stafford B 2008. *Experiences and Expectations of Disabled People*. London: Office for Disability Issues.
- World Bank 2005. *A Note on Disability Issues in the Middle East and North Africa (MENA)*. Geneva: The World Bank.
- World Bank 2009. *People with Disabilities in India: From Commitments to Outcomes*. Washington: World Bank.
- World Health Organisation (WHO) 2001. *The International Classification of Functioning, Disability and Health (ICF)*. Geneva: World Health Organization.
- World Health Organisation (WHO) 2011. *World Report on Disability*. Malta: WHO Library Cataloguing-in-Publication Data.
- Yeo R, Moore C 2003. Including disabled people in poverty reduction work: Nothing about us, without us. *World Development*, 31(3): 571-590.