Disability Culture and Identity: Leveraging Your Role in Creating More Inclusive Work and Learning Environments

Rachel Adams, Michele Cooke, & Peter Dutilloy
Framing the Session: Community Values & Cultural Norms

- Access needs/Considerations for our session
  - Visual descriptions
  - State name at start of speaking
  - Offering a hybrid option
  - Captioning available to all participants
  - ASL interpreting available to in person participants

We are not perfect at this. We are always learning.
Framing the Session: Positionality

Disabled experiences are unique to individual/fluid and dynamic experience:

- Age of disability
- Diagnosed/Undiagnosed (age of diagnosis)
- Disclosed/Undisclosed
- Intersectionality with socio-economic status and other marginalized identities
- Perspectives on social frameworks of disability
- Association with disabled community (e.g. Alliance Against Ableism and UMAIDA)
Learning Goals

1. Differentiate between Medical and Social model of disability
2. Describe or identify ubiquity of accommodations/access needs that already exist in your day to day
3. Practice identifying accessibility barriers in your own environment
4. Imagine ways of collaborating that integrate access from the ground up
Mentimeter poll results

What is your role on campus?

- Staff (supervisor): 16
- Faculty (non-admin): 8
- Graduate student: 1
- Administrator: 7
- Undergraduate student: 1
- Staff (not a supervisor): 25

Total: 50 respondents
Mentimeter poll results

- I identify as having a disability or chronic illness: 2.5
- I am very familiar with different models of disability: 2.8
Myth: “I don’t have disabled students or colleagues right now so this isn’t something I need to consider.”

Not all disabilities are outwardly apparent.

Only 30% of undergrads with disabilities register with disability services offices (NECS)

Only 39% of employees with disabilities have disclosed to their manager (Jain-Link and Kennedy, 2019).
Work and Learning Spaces are not Comfortable for Individuals with Disabilities

At UMass to what extent do you feel you belong

### UNDERGRADUATES

<table>
<thead>
<tr>
<th>Disability Category</th>
<th>To no extent</th>
<th>To some extent</th>
<th>To a great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability, ADD, or A...</td>
<td>9%</td>
<td>51%</td>
<td>40%</td>
</tr>
<tr>
<td>Mental Health Disability</td>
<td>13%</td>
<td>60%</td>
<td>25%</td>
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<tr>
<td>Sensory Disability</td>
<td>9%</td>
<td>51%</td>
<td>40%</td>
</tr>
<tr>
<td>Mobility-related Disability</td>
<td>12%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>More than one disability</td>
<td>13%</td>
<td>57%</td>
<td>24%</td>
</tr>
<tr>
<td>Another Disability</td>
<td>12%</td>
<td>50%</td>
<td>37%</td>
</tr>
<tr>
<td>No Disability</td>
<td>7%</td>
<td>53%</td>
<td>40%</td>
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### GRADUATE STUDENTS

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<tr>
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</thead>
<tbody>
<tr>
<td>Learning Disability, ADD, or A...</td>
<td>14%</td>
<td>50%</td>
<td>36%</td>
</tr>
<tr>
<td>Mental Health Disability</td>
<td>16%</td>
<td>67%</td>
<td>17%</td>
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<tr>
<td>Sensory Disability</td>
<td>7%</td>
<td>70%</td>
<td>30%</td>
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<tr>
<td>Mobility-related Disability</td>
<td>30%</td>
<td>80%</td>
<td>13%</td>
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<tr>
<td>More than one disability</td>
<td>14%</td>
<td>58%</td>
<td>12%</td>
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<tr>
<td>Another Disability</td>
<td>14%</td>
<td>54%</td>
<td>31%</td>
</tr>
<tr>
<td>No Disability</td>
<td>3%</td>
<td>58%</td>
<td>34%</td>
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Undergraduates

Sense of belonging "To a great extent" by Race and Disability

- **Asian**
  - Identify as having a disability: 18%
  - Identify as not having a disability: 32%

- **Black**
  - Identify as having a disability: 15%
  - Identify as not having a disability: 17%

- **Latinx**
  - Identify as having a disability: 22%
  - Identify as not having a disability: 29%

- **Multiracial**
  - Identify as having a disability: 22%
  - Identify as not having a disability: 35%

- **White**
  - Identify as having a disability: 32%
  - Identify as not having a disability: 45%

- **International**
  - Identify as having a disability: 34%
  - Identify as not having a disability: 36%

UMassAmherst Academic Planning and Assessment
Sense of belonging in campus climate survey

**STAFF**

At UMass to what extent do you feel you belong

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<tbody>
<tr>
<td>Yes, I have a disability</td>
<td>13%</td>
<td>61%</td>
<td>26%</td>
</tr>
<tr>
<td>No, I don’t have a disability</td>
<td>8%</td>
<td>56%</td>
<td>36%</td>
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At UMass to what extent do you feel like you can openly share your point of view

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<td>22%</td>
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<td>28%</td>
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<td>14%</td>
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**FACULTY**

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<tr>
<td>Yes, I have a disability</td>
<td>25%</td>
<td>53%</td>
<td>22%</td>
</tr>
<tr>
<td>No, I don’t have a disability</td>
<td>6%</td>
<td>48%</td>
<td>45%</td>
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Note: Disability not well defined in the survey
Part I: Models of disability

- Medical Model
- Cultural Model
- Social Model
- Disability Justice Model

There are strengths and limitations to ALL of these. We identify with these in different ways depending on our backgrounds and lived experiences.

And others…
Medical Model of Disability

- Assumes that disability is an impairment that reduces quality of life
- Sees disability as a personal tragedy
- Focuses on "curing" or managing the disability
- Promotes the view that impairments are problems that people "suffer" with/from
- Assumes that disability is an individual's problem to "fix"
- Diagnosis as key to accommodation

Example: If someone with a mobility disability can’t climb a flight of stairs because they use a wheelchair, the medical model would tend to view the wheelchair or the mobility impairment as the problem, not the steps.
Social Model of Disability

- Assumes disability is something that is imposed by the way society is organized.
- The environments we build and the attitudes we have are what create “disability”
- We've designed things to meet the needs of the non-disabled
- How are we deciding the whose body-minds are worth designing for?
- Society and our attitudes need to change, not individual impairments

Example: If someone uses a wheelchair and can’t climb stairs due to a mobility impairment, the social model of disability would argue that it's the steps that create the disabling barrier and not the individual's need for a wheelchair.
Universal design of environment moves away from retrofits and towards greater inclusion

Barriers to Disability Inclusion

- Physical Environment
- Communication/Information
- Organization
- Society/Attitudes
Physical Barriers

○ Most obvious but...
○ Often neglects disabilities that are not outwardly apparent
  ■ Confrontations between those perceived to be disabled and those who are not.
  ■ Controlled sensory environment:
    ● Lighting
    ● Sounds
    ● Temperature
Communication Barriers

○ Use of Technology
  ■ Microphone
  ■ Captions
  ■ Screen Readers
  ■ Image descriptions
  ■ Alt text
  ■ Readability & use of color

○ Presentation and Participation
  ■ Sign Language interpreting
  ■ Multi modal experiences
Organizational Barriers

- Time & Pacing
  - Have an agenda to prompt and prepare people of what to expect
  - Build in adequate transition time
  - Understanding/experience of time is different for different people.
    - Flexibility
- Provide an adequate amount of time to complete tasks and process information
Social/Attitudinal Barriers

Influences how we understand overall access and inclusion

● Judgement & Expectations of Behaviors
  ○ Stimming
  ○ Making eye contact
  ○ Doodling
  ○ Need to use laptop
  ○ Eating

● How disability is conceptualized
  ○ Deficit?
  ○ Burdensome?
  ○ Diversity?
Part I: Models of Disability

Where have you seen medical v social model with life or work? Is one more prevalent?
Part II: Accommodations and Access Needs

Some access needs are met by default

This room has chairs so you can either sit or stand at the back of the room.

Some accommodations are stigmatized while others are widely accepted.

Needing glasses is not disabling or stigmatizing in the US but can be in countries where glasses are not widely available.
Mentimeter poll

I feel energized right now

3.1

Strongly disagree

Strongly agree
Mentimeter poll

Which of the following do you feel that you can do well right now?

- Walk quickly up a flight of stairs: 43 votes
- Handle conflict: 41 votes
- Read a 10 page report: 45 votes
- Pay attention to a 90 min workshop: 39 votes
Part II: Accommodations and Access Needs

Spoon theory:
Disabled, mad and chronically ill folks spend time and energy navigating their day.
Part II: Accommodations and Access Needs

What can happen when we ask for accommodations?

“You don’t look disabled.”

“Why should I make all these changes for just one person?”

“You asked for accommodation ‘X’ in the past so why are you asking for ‘Y’ now?”

Asking for accommodations can be disabling!
Part II: Accommodations and Access Needs

What is the perfectly accessible to all learning and work environment?

“All accommodations are compatible with each other“

“My workspace is accessible once I’ve ticked all these boxes.“
There are many barriers to disclosure. Better to assume that people have access needs than to assume that the environment is meeting everyone’s needs.

Creating a space that allows for the possibility of a student/supervisee feeling **comfortable** asking.
Part II: Accommodations and Access Needs

What are examples of ways in which your work environment is made accessible/ meets people’s access needs?
Part III: Inclusive design of work and learning spaces

- Resources can provide helpful guidelines
  - Center for teaching and learning
  - Office of Equity and Inclusion
  - Disability Services (serves students)
  - Accessible Workplace (serves faculty and staff)

- Resist relying on a checklist
- Each situation that arises is an opportunity
Part III: Inclusive design of work and learning spaces

“My workplace must be ADA compliant so there’s nothing else that needs to be done/made accessible”

“I’ve learned/incorporated universal design principles so I don’t need to ask or adapt to other potential accommodations”
Part III: Inclusive design of work and learning spaces

Listening is the first and best thing you can do when it comes to ensuring you respond to a request for an accommodation adequately and appropriately.

- Talk about the effectiveness of potential accommodations
  - Do they have a preference?
  - Does one accommodation meet a single need or several?
  - Is the accommodation sufficient?
- Collaborative and positive process…this is where you get to help: your attitude, your approach, and your willingness to work together can really make a difference.
Part III: Inclusive design of work and learning spaces

“I need x accommodation…”

- “Help me understand. What does x look like for you in this environment?” (inquiry = asking before assuming)
- “Here’s what I can do….” “This is what I need from you” (negotiation)
- “How can we implement this?” (both parties collaborate)
- “How will we know when we need to adjust?” (iterate)
Activity

- Locate your department/unit on a spectrum of allyship
- What are some elements that are and are not accessible within your department/unit?
- Discuss and/or write down 2 things that you’re going to do to make things more accessible
Mentimeter poll: What is one thing that you are taking away from this workshop

- The workshop experience will help me reflect on and pursue additional resources on the topic.
- Check in periodically on how accommodations are serving folks.
- I learned a lot about the definitions and statistics that have helped shift my mindset about how I structure things at work but also my life in general.
- Disability is more universal than I was thinking coming into this workshop.
- There are other ways to think about disability/diversity; not just the physical forms.
- Understanding of stimming. It would have seemed disruptive to me rather than helpful to the person doing it. It could be both, but creatively working it out seems more possible in understanding it.
- How to create a safer and more supportive environment for my supervisees to request accommodations and discuss access needs.
- The need for advocacy for classroom accessibility challenges.
- I have never heard the term Universal Design AND I am reconsidering why a faculty member is always working in the dark!!
Mentimeter poll: What is one thing that you are taking away from this workshop

- The different models of disability and starting to look at barriers.
- How to have an effective conversation about accommodations.
- I think that the upper administration demonstrates a lack of will to change this. Look at what they spend on athletics!! The money is there!!
- Appreciation for and recommitment to pay attention to inclusion.
- Making our spaces accessible can benefit everyone.
- Think outside the box for solutions that are not tradition and more forward/evolve better.
- That this is a step and there are many more. Knocking down barriers is now required.
- More awareness of how different people with disabilities may be affected.
- Statistic showing how under counted people identifying as disabled are
Mentimeter poll: What is one thing that you are taking away from this workshop

- The resources sheet Peter posted looks great and like something I can easily share with colleagues.
- Advocacy and awareness helps to bring change to these issues.
- There are others ways to think about being more inclusive aware from the obvious physical aspects.
- Creativity and communication in meeting challenges.
- That all disabilities aren’t visible.
- I need to reflect and then bring some recommendations to my colleagues and supervisors.
- We are very far away from inclusive practices.
- My current struggles don’t need to be the status quo.
- The university needs to be completely reimagined when thinking about equity minded practices and disability. Individual actions are great, but they are not enough.
Mentimeter poll: What is one thing that you are taking away from this workshop

- The idea of looking at intersectionality (disability + other identities).
- I want to connect with more people on campus around disability awareness.
- I really should get my disabilities on file….
- The excitement that the UMass community has to move forward and make the campus more accessible.
- Looking into the social model of disability and how I can help advocate.
- Being more mindful.
- Hope that things will be better.
- Better understanding of models of disability and allyship.
- Advocacy, keep talking about this within my community.
Take aways

- You can improve the inclusivity and accessibility of your work and learning spaces.
- Consider joining UMass Allies for Illness and Disability Access (UMAIDA)
  - An Employee Resource Group focussed on professional development for faculty and staff with disabilities.
- Consider joining Alliance Against Ableism
  - An informal group working to increase inclusion on campus

Thanks for coming to our session today!