

UKDHM2020

# Access:

How far have  
we come?

How far have  
we to go?



I.T.  
FOR ALL

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INFO POINT



# Models of disability

## Medical



## Social



<https://www.inclusionlondon.org.uk/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/>

View of medicine as a cure-all

Support levels decrease progressing through the system

Cultural differences in attitudes to disability

No incentive or disincentive for abiding

Wider societal attitudes are not neutral – not raised in a vacuum

## Idealised system

- Reasonable adjustments built into default teaching
- Staff aware of the model, their own biases, rights of students
- Equal access to reasonable adjustment at all levels

Lack of compensation for time to create accessible content

Belief in “handouts”

Requires disability support to know how to accommodate within your field

# Some statistics: disabled people in academia

UG	PGT	PGR	Staff
13%	9%	8%	4%

# Some statistics: P+A vs population

	Non-male	Non-white	Disabled
P+A students	30%	16%	15%
UK population	51%	14%	18%



## More complex:

- Transient: eg some mental health, broken bones pass with time
- Variable: not all constant
- Identity: some mental health/conditions not seen as “disability”
- Collection differences

# Disabled identity

## **Medical (US Department of Labor “Voluntary Self-Identification of Disability Form”)**

- Blindness
- Deafness
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Impairments requiring the use of a wheelchair

## **Social (Wright State University Office of Disability Services)**

- Visual Impairments/Blindness
- Hearing Impairments
- Other Health Impaired
- Other (multiple disability, deaf/blind)
- Physical Disability

# Identity of physics

- Brilliance
- Socially awkward
- Apolitical
- Erasure of identities to fit in
- “Doesn’t matter who you are, as long as you can do the work”
- Meritocracy









