People with Disabilities

BACKGROUND

In 2001, the U.S. Census Bureau reported that 52.6 million (nearly 20 percent of the population) people have some level of disability and 33 million (nearly 4 percent of the population) have severe disability. With medical advances and an aging population, that number grows daily. A study by the Population Reference Bureau states that “due to better trauma care . . . severe brain injuries and spinal cord injuries account for an estimated 80,000 new disabilities a year” (Fujiura, 2001). The disability community consists of a wide array of individuals from all races, ages, and genders with a tremendous variety of backgrounds and life experiences. The term “disability” itself is difficult to define; people with disabilities vary widely and experience physical, sensory, and cognitive impairments, as well as mental, physical, and chronic illness. Disabilities can be acquired, congenital, physical, cognitive, or a combination of multiple conditions. The experience of disability may be different for each person. Disabilities may be visible; in some instances disabilities are invisible and are not readily apparent to others. Functional limitations from disabilities range from none to profound. Many disabilities are temporary; however, once acquired, most are lifelong. Numerous polls and studies have documented that people with disabilities, as a group, are relegated to an inferior status in our society and are severely disadvantaged socially, vocationally, economically, and educationally (Americans with Disabilities Act of 1990 [ADA] [P.L. 101-336]). What is considered a disability at a certain point in time derives from informal and formal societal processes whereby subjective definitions of disability become objective and socially accepted. For example, much of the general public think of disability as the person’s type of physical impairment or functional limitation before the reference to the person, such as a “blind man,” “paralyzed woman,” or “mental patient,” all of which are derogatory. In the past socially acceptable labels used to describe people with disabilities were even more demeaning, with terms like “invalid,” “cripple,” “moron,” or “crazy.”

During the past 40 years, social attitudes and policies in the United States have slowly begun to recognize the civil rights of people with disabilities. Since the late 1960s, Congress has passed more than a dozen laws addressing issues related to people with disabilities. These laws include the Architectural Barriers Act of 1968 as amended (P.L. 42 U.S.C. §§ 4151 et seq.) Title VII of the Civil Rights Act of 1968 (P.L. 90-284) and the Fair Housing Amendment Act of 1988 (P.L. 42 U.S.C. §§ 4151 et seq.) which addressed fair housing issues, and the Mental Health Bill of Rights Act of 1985, which expanded state protection and advocacy systems to cover mental illness, and the Americans with Disabilities Act of 1992. Yet these laws continue to afford only limited protection to people with disabilities. For example, the Rehabilitation Act of 1973 (P.L. 93-112) prohibited discrimination and mandated affirmative action in employment and education for people with disabilities in the federal government and with any organizations or entities receiving federal assistance or contracts. In 1975 the Education for All Handicapped Children Act (P.L. 94-142) provided federal funds to states that provided appropriate and free public education to children with disabilities. In 1986
amendments to the Education for All Handicapped Children Act expanded educational services, from birth, to all children with disabilities. Numerous reauthorizations have expanded this law, such as the Individuals with Disabilities Education Act (IDEA) (P.L. 90-247). The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103) further enhanced treatment and care for people with developmental disabilities.

Although these laws worked to address the inequities affecting people with disabilities, a common limitation was that they offered protection only in activities and programs involving the government. In recent decades, people with disabilities have become an active political force in the United States (De Jong, 1979). Simultaneously, direct consumer involvement saw the disability rights movement grow with the development of the independent living (IL) movement in the early 1970s. IL applied this model to the political process of gaining civil rights for people with disabilities (Berkowitz, 1987). Whereas traditional culture and traditional models of professional treatment focused on individual pathology of people with disabilities, IL focused on discrimination of an oppressed minority group and societal responses as the root of their problems. The disability rights movement and the IL movement, specifically, were founded on the belief that people with disabilities have the right to participate fully both in society and in the development and implementation of social policies affecting people with disabilities. The advocacy efforts of people with disabilities, joined by people without disabilities, created a sociopolitical force that resulted in the passage of the ADA (P.L. 101-336). With enactment of the ADA, people with disabilities for the first time were afforded rights in all segments of society. The content of the legislation is clearly addressed in the purpose of the act:

- to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities
- to ensure that the federal government plays a central role in enforcing the standards established in the act on behalf of individuals with disabilities
- to invoke the sweep of congressional authority, including the power to enforce the fourteenth amendment and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities. (ADA, 2, 204)

The evolution of the disability rights movement continues today. The Rehabilitation Act Amendments of 1992 established the purpose of Title VII (P.L. 94-1442) as mandating the “creation of statewide networks of Centers for Independent Living,” with the goal of ensuring greater involvement and authority of people with disabilities in services delivery and program management. The New Freedom Initiative is a comprehensive program to promote the full participation of people with disabilities in all areas of society. The aim of the initiative is to increase access to assistive and universal design technology, expand educational and employment opportunities, promote home ownership, integrate Americans with disabilities into the workforce, expand transportation options, and promote increased access into daily community life (http://www.whitehouse.gov/infocus/newfreedom/).

**ISSUE STATEMENT**

A common experience that the vast majority of people with disabilities share is that of social and economic injustice. People with disabilities often have difficulty with social and economic issues, including employment, income, health care, housing, and full participation in their communities. Although there are tens of millions of people with disabilities—actually having a disability can be a very solitary experience. Negative attitudes regarding people with disabilities (for example, that they are needy, less productive, dangerous, frightening, or distasteful to others), continue to facilitate discrimination and segregation. Other challenges may be created by the devaluation and discrimination of people who are perceived to have a dis-
ability, such as people who are HIV-positive, people who have a mental illness, or people who have survived cancer. Services are often interrupted and do not comprehensively continue throughout their lifetime. Many people with psychiatric diagnoses are inappropriately or forcibly treated (National Council on Disability, 2000).

Although it is certainly true that social and economic justice issues are intrinsically connected to race and gender, those same issues are just as relevant to disability. Many adults and children with disabilities are denied or cut off from benefits and live in serious income inadequacy and poverty (Axin & Levin, 1992) with inadequate health care, food, and shelter. The U.S. Census Bureau 2001 noted that the presence of a disability lowers income and increases the likelihood of poverty. The poverty rate for people with disabilities is 28 percent compared with 8.3 percent of the general population. According to the National Organization on Disability, 2002, people with disabilities are more likely to put off or postpone medical care because of cost (28 percent compared with 12 percent) even though they may be insured; since 1994 this differential has increased 13 percent.

Social workers have worked with the disability rights movement throughout their struggle in a variety of roles, including self-advocacy. Historically, however, professionals and helpers have abrogated decision making by people with disabilities and denied them self-determination (Salsgiver & Mackelprang, 1993). The traditional model emphasizes pathology, deficit, and malfunctioning and relies on the medical model, according to which disability is a chronic disease requiring various forms of treatment (Roth, 1987). Although this definition no longer is used exclusively, it still has an overwhelming effect on disability issues and on people with disabilities by inappropriately viewing them as passive, dependent, and deficient. More progressive models used to identify and work with people with disabilities view the person as participating in and contributing to society (“Communication,” 1991).

A core social work value is that of self-determination. Accordingly, this principle is a model in which social workers work with clients, rather than providing services for them. This approach encompasses a continuum that ranges from involving the client in the decision making about the treatment plan to having people with disabilities define the goals of such a plan. People with disabilities may define program objectives in organizations where they are themselves employed as decision makers, only using professionals for their specialized expertise and for access to resources. People with disabilities may become these experts, assisting others as well.

Contemporary views of disability have moved beyond focusing on the disability to focusing first on the person. One example is the use of people first language—placing the individual first rather than the disability (for example, people who have a mental illness rather than the mentally ill). By identifying people with disabilities as “people first,” we make the presence of a disability a characteristic, not the individual’s sole identity while honoring their right to self-determination. Social workers, along with people with disabilities, must affirm the practice of self-determination and use of appropriate language that places people first in all areas of social work practice and the community at large. Although people with disabilities may be handicapped by environmental or individual or societal attitudes, they are not “disabled” or “handicapped” people.

**POLICY STATEMENT**

NASW supports

- a national policy that ensures the right of people with disabilities to participate fully and equitably in society. This participation includes the freedom, to the fullest extent possible, to live independently, to exercise self-determination, to make decisions about their living conditions and treatment plans, to obtain an education, to be employed, and to participate as citizens.
- state and federal funding to allow people with disabilities to participate fully and equitably in society with appropriate supports to meet individual needs.
the right of people with disabilities to have public access to goods and services available to others, including transportation and reasonable accommodations to provide ready access to buildings throughout the community. Physical access includes internal and external building access (for example, ramps, doors, rest rooms, drinking fountains, and elevators), telecommunications, and alternate means of communication (for example, Braille, sign-language interpreters).

the right of people with disabilities to a basic level of income that allows all people with disabilities to have the necessities of life and to participate in the community.

the right of people with disabilities to pursue vocational and occupational opportunities in accessible environments with reasonable accommodations, in accordance with laws that ensure nondiscriminatory access to employment.

the right of individuals with disabilities to affordable, accessible, and comprehensive health care.

the right of individuals with disabilities to have early and continued access to individualized appropriate education and vocational opportunities that are accessible in the least restrictive environment possible.

the development of social workers’ expertise in partnering with people with disabilities, by the study of disability history, culture, research, best practices, and civil rights in the curriculums of schools of social work and in continuing education.

the inclusion of social workers with disabilities in all areas of the professional organization, including policy-making boards, staff and administrative positions, and the board of directors.

advocacy in collaboration with people with disabilities and their families to reduce discrimination, stigma, and restriction of rights based on inaccurate perceptions of individuals with disabilities in their communities and in society.

REFERENCES


Silver Spring, MD: National Association of Social Workers.


Policy statement approved by the NASW Delegate Assembly, August 2008. This policy statement supersedes the policy statement on People with Disabilities approved by the Delegate Assembly in 1999 and 1993, the policy statement on Handicapped Persons: Rehabilitation approved in 1967, and the policy statement on Handicapped Persons: Rights and Needs approved in 1977. For further information, contact the National Association of Social Workers, 750 First Street, NE, Suite 700, Washington, DC 20002-4241. Telephone: 202-408-8600 or 800-638-8799; e-mail: press@naswdc.org