People with Disabilities

BACKGROUND

It is estimated that one in three people will, at some time during their lives, acquire a disability. Disabilities vary widely and include physical, sensory, and cognitive impairments, as well as mental, physical, and chronic illness. Disabilities may be visible; in some instances disabilities are invisible and are not readily apparent to others. Other disabilities may be created by the devaluation and discrimination of people who are perceived to have a disability, such as people who are HIV (human immunodeficiency virus) positive or people who have survived cancer. 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, occupy an inferior status in our society and are severely disadvantaged socially, vocationally, economically, and educationally (Americans with Disabilities Act of 1990). This view of people with disabilities has relegated them to a minority status within American society. People with disabilities have been present in every society and culture since the beginning of recorded history. Yet unlike people from other diverse groups, people with disabilities have been ostracized within their own societies and therefore have been subjected to pervasive discrimination and oppression. People with disabilities have historically had few legal protections and in fact have been subjected to laws that have denied them their rights as citizens. Longmore (1987) recounted the experiences of people with severe disabilities who attempted to live independently:

Severely disabled adults . . . must spend their lives confined to families’ homes or imprisoned in institutions . . . The very agencies supposedly designed to enable severely physically handicapped adults . . . to achieve independence and productivity in the community become yet another massive hurdle they must repeatedly battle but can never finally defeat. (p. 153)

During the past 30 years, social attitudes and policies in the United States have slowly begun to recognize the civil rights of people with disabilities. Society’s view of people with disabilities has begun to evolve from one where they have been devalued, viewed as dependent, and segregated from the general population to one where they are active participants in all areas of society with the ability to make decisions and control their own lives. Since the late 1960s, Congress has passed more than a dozen laws addressing issues related to people with disabilities. These laws range from the Architectural Barriers Act of 1968 to Title VII of the Civil Rights Act of 1968 (P.L. 90-284), which addressed fair housing issues, and to 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. Numerous reauthorizations have expanded this law, such as the Individuals with Disabilities Education Act (IDEA) (P.L. 90-247). In that same year, the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103) further enhanced treatment and care for people with developmental disabilities. In 1986 amendments to the Education for All Handicapped Children Act expanded educational services, from birth, to all children with 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 a minority 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 IL movement specifically and the ever growing disability rights movement 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 Americans with Disabilities Act of 1990 (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 provide clear, strong, consistent, enforceable standards addressing discrimination against individual disability
- to insure 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 term “disability”—like other human attributes—is a social construct and is open to interpretation and modification by social and political processes. The general term “disabled” has no generic meaning in many cultures. Conditions that are considered self-evident as disabling in one culture are inconsequential in others (Halantic & Berge, 1995; Sargent, 1982). To define disability within the confines of law the ADA defines an individual as disabled when he or she “(a) has a physical or mental impairment that substantially limits one or more of the major life activities of the individual; (b) has a record of such and impairment; or (c) is regarded as having such an impairment” [ADA, 42 U.S.C. §12102(2)].

An individual’s “major life activities,” although undefined in the body of the ADA itself, include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and participating in community activities (Tuvim, 1991).

The power of the disability rights movement continues today. The Rehabilitation Act Amendments of 1992 established the purpose of Title VII (P.L. 94-1442 [1977]) 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.
ISSUE STATEMENT

In the past 25 years, the number of people with severe disabilities has increased by 70 percent and continues to grow as the baby boom generation enters middle age, a time when the risk of acquiring a disability jumps sharply (Vachon, 1989). One in three people will develop or acquire a disability. At least 49 million people with disabilities live in the United States today (ADA, 1990). With medical advances and an aging population that number grows daily. Historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, discrimination against individuals with disabilities continues to be a serious and pervasive societal problem. These negative societal attitudes continue the forced institutionalization of people with disabilities, deny them rights to enter intimate relationships and have children, subject them to ridicule, and prohibit them from fully participating in U.S. society. Even with the ADA, many architectural and attitudinal barriers remain in the workplace, in the community, and in educational and public institutions. Churches, schools, work sites, buses, trains, theaters, museums, government buildings, and much more still remain inaccessible to people with disabilities. Compliance with the ADA is continually challenged by employers and business owners, as well as others. Reasons for resistance to compliance range from fear of financial hardship to fear that people with disabilities are a risk to business both as employees and as consumers. The negative attitudes regarding people with disabilities as needy, less productive, frightening or distasteful to others, and mostly poor continue to facilitate discrimination and segregation. This is evidenced in the current court systems, where case law regarding interpretation of and compliance to the ADA abounds. The more common trend in the courts is strict interpretation of the ADA in favor of the defendants, not the person with the disability.

In addition to the continued struggle of people with disabilities to obtain their newly defined civil rights, little protection has been extended to the safety of their pension and public welfare rights. 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.

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 emphasized pathology, deficit, and malfunctioning. For example, the oldest definition of disability relies on the medical model, according to which disability is a chronic disease requiring the 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. Progressive or current 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 in which a social worker may simply involve the client in the decision making about the treatment plan up to a model in which people with disabilities define the goals of such a plan. People with disabilities may become experts assisting others as well.

The minority group–civil rights model identifies people with disabilities as members of a minority group, with clear civil rights, who seek legitimate political action. The cultural pluralism model identifies people with disabilities as a community of multifaceted individuals whose disability is just one trait among many (“Communication,” 1991). By identifying people with disabilities as “people first,”
we make the presence of a disability a characteristic, not the individual’s sole identity. 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 and is willing to take action with people who have disabilities in advocating for their rights to participate fully and equitably in society. These rights include the freedom, to the fullest extent possible, of all people with disabilities to live independently, to enjoy the rights of full societal membership, to exercise self-determination, and to have full participation in issues related to education, housing, transportation, work, health care, social services, and other public accommodations.

NASW recognizes people with disabilities from a strengths perspective. The focus on abilities rather than limitations enhances the scope in which social work services are provided. NASW acknowledges the importance of joining forces with and seeking guidance from people with disabilities as we work together to advocate for rights. NASW is committed to alleviating any existing physical and attitudinal barriers that exist within the profession of social work and the community at large. NASW also recognizes that its own strength is enhanced by including social workers with disabilities in all areas of the professional organization, including policy-making boards, staff and administrative positions, and the board of directors.

The *NASW Code of Ethics* (1996) clearly defines the general principles and ethical responsibilities in work with clients and colleagues, as well as in social workers’ roles as professionals and as members of society. NASW recognizes the right to self-determination and maintains that all people, with or without disabilities, have a right to control their own destinies. NASW is committed to the implementation of full participation of people with disabilities and advocates for their inclusion in decision making in all of arenas of social work practice, policy, and planning.

NASW will work to ensure that society continues to work toward equal opportunity in society, in independent living, and in self-sufficiency for people with disabilities. To ensure full participation of people with disabilities, NASW supports the following principles:

**Independent living, housing, and transportation.** People with disabilities and families who have members with disabilities have the right to fully participate in decision making regarding their own living conditions and to live in environments that are age appropriate and maximize independence and self-determination. To live independently, people with disabilities need accessible and affordable housing, environmental modifications, specialized services, in-home care, and/or other accommodations. When any of the aforementioned are needed because of physical, cognitive, or other disability, NASW recognizes that, to the extent possible, the person with the disability should determine how and from whom care and assistance are provided. NASW promotes supported living environments with rights to appropriate continuum of care for people with disabilities.

A critical component of living independently is the availability of transportation, including accessible parking in close proximity to services and employment. Public transportation must be easily and readily accessible to people with disabilities. NASW advocates for the availability and accessibility of alternative transportation options when required to ensure maximum independence.

**Community accessibility.** NASW endorses the right of people with disabilities to have public access to goods and services available to others. Access is essential to full participation, and social workers should advocate for reasonable accommodations to provide ready access to people with disabilities. Physical access must be made available in all areas, including external and internal building access (for example, ramps, doors, rest rooms, drinking fountains, and elevators). In addition, access to participation includes ready access to telecommunications, alternate means of communication (such
as Braille or sign-language interpreters), and modifications in services delivery. NASW is especially committed to ensuring access for people with disabilities who visit agencies and entities in which the social workers work and in which social services are provided. NASW strongly supports vigorous enforcement of laws to ensure public and private accessibility in its broadest definition.

Education. NASW supports the right of every individual with a disability to obtain an education and advocates for public and private educational entities to ensure the least restrictive environment for people with disabilities in their educational endeavors. Accommodations may be physical, environmental, or programmatic. Education must start at the earliest opportunity. For children this includes early identification, early childhood education programs, inclusive public education, and transition planning before graduation with family support. Education must be provided in a manner that is relevant and accessible to people with disabilities and that allows them to take full advantage of the educational opportunities they choose to pursue. In addition, NASW supports the need for social work educational programs to enhance social workers’ competence in working with people with disabilities and promotes the opportunity to educate people with disabilities to work in all areas of social work. NASW also recognizes the need for the profession to be actively involved in producing knowledge for practice in the area of disabilities. NASW recognizes the need for the endorsement and promotion of the inclusion of disability history, culture, and civil rights legislation in the curricula of all schools of social work and as a priority in continuing education programs and conferences sponsored by NASW organizations and for ensuring accessibility to people with disabilities at all NASW-sponsored or NASW-affiliated activities.

Employment. Since almost 75 percent of people with disabilities are unemployed today (Nerney & Shamway, 1998), it is imperative that preparation for employment begin early. Educational and vocational programs must identify children with disabilities and implement planning that will prepare and provide them with skills for the workforce. Often this planning is provided too late or not at all. NASW supports the right of people with disabilities to pursue vocational and occupational opportunities in accessible environments and to have reasonable accommodations so that they can work toward their fullest potential. Successful employment depends on several factors, including adequate training, environmental and programmatic access, and nondiscrimination. NASW supports vigorous enforcement of laws that ensure nondiscriminatory employment access, particularly the rights provided within the Americans with Disabilities Act. NASW is especially dedicated to ensuring that agencies and entities that employ social workers and provide social work services are accessible and proactive in efforts to employ people with disabilities and to assist people with disabilities in obtaining employment. Adaptation of work settings to enable individuals with disabilities to be fully employed are recommended. Individualized employment plans, directed to the extent possible by the individual and focusing on matching individual strengths and abilities with employment situations, should be developed. NASW supports policy and programming that ensure that people with disabilities are afforded opportunities to engage in whatever productive activities allow for maximum contribution.

In addition to the issues of disability, NASW recognizes that some individuals face discrimination based on prejudices which limit advancement and opportunity. Focus of advocacy includes not only hiring individuals with disabilities but also equitable treatment once employed.

Income and health care. Social work supports the rights of people with disabilities to affordable and accessible health care and to adequate income maintenance. Health care benefits must be comprehensive, ensuring that health and well-being are not compromised because services are unavailable, not affordable, or not acceptable. Whether through employment or public funds, NASW believes a basic level of income must be maintained that allows all people with disabilities to have the necessities of life.

In general, full inclusion of individuals with disabilities includes involvement in the plan-
ning of services, training in self-advocacy, and looking beyond limitations to strengths. NASW recognizes that issues of discrimination based on disability occur globally and works toward positively influencing perceptions toward the goal of accessibility and equity for individuals with disabilities. People with disabilities are represented in every segment of society regardless of gender, age, race, ethnicity, sexual orientation, and socioeconomic background. In light of the trend toward “involuntary outpatient commitment,” careful evaluation must be done to assure protection of consumers’ rights to self-determination and to assure the people’s right to a safe community.

REFERENCES


Policy statement approved by the NASW Delegate Assembly, August 1999. This policy statement supersedes the policy statement on People with Disabilities approved by the Delegate Assembly in 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; e-mail: press@naswdc.org