Bodies, Buses and Bureaucracy: reflections on common interests in disability rights and service provision.

Dr Ruth Butler

Department of Social Sciences
An overview

• Theories of disability – have they alienated service providers?
• The embodied nature of disabled people’s experiences
• Decentring disabled people in disability research
• Considering the embodied experiences of service providers
• A need for dialogue – common goals and common barriers?
The impact of the Social Model of Disability

Oliver (2006, 7)

• ‘This turned our understanding of disability completely on its head and argued that it was not our impairments that were the main cause of our problems as disabled people, but that it was the way society responded to us as an oppressed minority.’

As Dewsbury et al (2004, 145) note:

• The ‘Social Model’ [...] has undoubtedly been the dominant paradigm in researching and understanding disability in recent years – ‘redefining disability in terms of a disabling environment, repositioning disabled people as citizens with rights, and reconfiguring the responsibilities for creating, sustaining and overcoming disablism.’
• Now seminal texts which supported this turn in understanding reflected upon the significance of the industrial revolution in increasing the disablism, people with impairments experience (Oliver 1990, Barnes 1991). Urbanisation, capitalism, the commodification of labour, and theories of social Darwinism, amongst other national/international economic, political, cultural and social shifts have been acknowledged as significant factors in the increasing marginalisation and discrimination of people with impairments in Western Society (Barnes 1991, Oliver 1990, Swain et al 2006).

• Recognising the impact of such major social changes Oliver (1993), in ‘The Politics of Disability’ states that disablism is ‘created by the institutions, organisations and processes that constitute society in its totality’ (ibid: 65).
• In this context is there perhaps a sense that ‘institutions, organisations’ / businesses, service providers have sometimes been depicted as the enemy?

• In this context have we focussed too much on the voices of previously silenced disabled people?
• This paper questions whether we have inadvertently failed to listen to, marginalise or even silence the voices of some service providers in recent years.

• Literature more commonly cites policy documents or publicity material as evidence of service providers, and by association their individual employees beliefs, values and practices.
Are we forgetting the original complexity of the Social Model of Disability?

• One of the core texts, Oliver’s (1991) ‘The Politics of Disablement’ considers:
  
  • Social factors
  
  • Economic factors
  
  • Political factors
  
  • Impairment

Yet as he has acknowledged it has been critiqued
Turning to embodied experiences

• Frank (1991: 36) argues that the body is “the ‘rock bottom’ unit of social explanation”. It is the basic building block of human society, and hence fundamental to the social sciences (ibid).
The range of influences on disabled people’s lives: theories of the body

• Frank (1991), for example, suggests that anyone’s experiences ‘are constituted by the interactions between discourses, institutions and corporeality’ (Butler and Bowlby 1997: 418).

• Corporeality – Whether a body is impaired or not there is a flesh which is formed in the womb, transfigured (for better or worse) in its life, dies and decomposes” (Frank 1991: 49).
Experiences of corporeality and accessible transport

• Corporeality:
  • “I don’t use public transport, because I’m agoraphobic”

• Disability Now (1995, 26)
  • “I keep reading that although I have multiple sclerosis (MS), I must blame all my problems on society, because according to the social model of disability it is society that is causing them.

Well I reckon that, while society has a lot to answer for, it is the demon MS, that is causing me the most difficulties
• ...Even if all the buses were to be made accessible (and I hope they will be), and all buildings adapted to the needs of disabled people, and all forms of discrimination outlawed, I would still be very limited in what I could do. I cannot ever imagine getting down to the bus stop in the wind and rain and getting on a bus, however accessible. “
Social discourses

• Discourses – nature, death, animality, othering, evil, beauty, inadequacy

• Frank (1991) stresses the constant two way interaction between the existence and presentation of the body and society. He points out that the body is ‘both medium and outcome of social ‘body techniques’” and society ‘both medium and outcome of the sum of those techniques’ (Frank 1991: 48). As well as often complying too social expectations, bodies are also actively involved in the construction of such expectations.

• Social discourses if not internalised by disabled people, influence the views of those observing them, non-disabled and disabled, whatever their role in society, service provider or not.
Experiences of social discourses and accessible Transport

• Social Discourse:

• ‘Because parking becomes such a huge kudos, status thing [...] people got so annoyed that I had a parking space right outside the front door when the only other people who had guaranteed places were managing directors. Managing directors were fine at that level, it was other co-workers; they couldn’t stand it.’
Institutions

• Institutions – constituted in and through discourses, as well as being sites where discourses are instantiated and modified

• Social discourses about disability (as well as other social groups) also influence the nature of the institutions within which they occur and are equally influenced by those institutional contexts. Frank (1991: 49) argues that there is a relation of ‘mutual elaboration’ between discourses and institutions. ‘Institutions are constituted in and through discourses, and discourses are instantiated and modified in institutional sites’.
• it should equally be noted that when institutions operate effectively, with an awareness of the social model, policies of integration, and a visibly evident awareness of disability which can go with positive practices, they can influence public opinions for the better.
Experiences of institutions and accessible transport

• Institutions:

• ‘I don’t think a lot of drivers know how to use, park to use the low floor things properly. It is a fat lot of use if there’s a gap to the pavement.’

• One of the most common complaints to the DRC’s helpline before it closed was that buses would not stop to pick them up due to time issues.
• The nature of the disablism which impaired service users can experience are the result of discourse, institutions and the interactions between the two with which they, the corporeal body, interface. It is important to reflect upon this point, not just in order to consider what needs to be addressed to improve the situation from disabled people’s perspectives, but also in order to consider how the interactions of corporeality, discourses and institutions can affect individual service providers as they seek to meet disabled clients’ needs.
The need to decentre disabled people?

• Is there an irony in focusing primarily, if not only, on the voices of disabled people whilst recognising the impact of economic, social and political factors upon their embodied experiences and the service providers with whom they interact?

• Is this an irony which has been recognised in other area of social research – in gender studies, and in childhood studies?
Decentring the female voice

• Whilst recognising the power imbalances in operation, scholars in Gender Studies have discussed the importance of hearing the voices of both men and women if the lives of either are to be fully understood (Kimmel et al 2005). The male gender, and hence, men’s experiences are as fluid as those of women, and equally influenced by their interactions with other individuals, social discourses and institutions, just as much as women’s.

• Men’s voices should not be replaced, by those of the women with whom they interact, but rather heard alongside them, in more balanced discussions of human society, if we are to make sense of its complexity.
A focus on the body in relation to service providers

• Researchers have sort to understand the nature and implications of the interactions of the corporeal impaired body with the social, cultural, economic, and political environment in which it is located. I wish to suggest that service providers may similarly be thought of as ‘bodies’ which face an equal complexity of experiences as they too seek to operate within a social, cultural, economic and political environment which influences and constrains them, as much as they may influence it and others within it.

• Some environmental constraints, I wish to suggest, may be mutual obstacles to disabled people and service providers alike in their shared desires for quality services.
Business Studies recognise the need to consider different perspectives

• Scholars in Business Studies have warned of the dangers of failing to investigate businesses full working complexities through a range of investigative processes. Mingers and Brocklesby (1997: 492) point out that in Business Studies research:

• ‘Adopting a particular paradigm is like viewing the world through a particular instrument, such as a telescope, an x-ray machine or an electron microscope. Each reveals certain aspects, but is completely blind to others’.

• Webster and Hung (1994: 54) acknowledged that:

• ‘We all tend to be egocentric – we see things from our point of view. To deliver quality or customer service, it is often important to see things from the customer perspective.’
This shift in thinking in service management has been of significant value to disabled service users and reflects many service providers adoption of the social model of disability in their operating strategies over the past twenty years or so. However, no-one would suggest that the voices, needs and motivations of service providers have never been without influence. Whilst listening to and meeting customers needs can be in any businesses interests, balancing the books (if not making a profit), the limits of infrastructures and other resources, and the restrictions of government legislation (e.g. health and safety or planning regulations) are always powerful influences upon practice.

Understanding the sometimes conflicting motivations of service providers and the impact of interacting micro and macro scale actors, including their own structures, social discourses and other institutions, upon service providers is necessary if they are going to develop to the benefit of the user.
The other side to the story: considering the influences on service providers

• Businesses/service providers as bodies:
• Law (2001) amongst others has referred to analogies of the body when considering businesses.
• Corporeality:
• Premises, gardens, rolling stock and so on are ‘formed’, by craftsmen and women if not nature, ‘transformed (for better or worse)’ in their lifetime, and often eventually ‘die’, and ‘decompose’ as Frank (1991) suggests the human body does.
• As with impaired human bodies some things can be “corrected”. For example, building structures can be adapted. Ramps, Braille signage, tactile paving stones or automatic doors, amongst other features may be added to improve accessibility. Steps which it should be noted have been supported by improvements in Part M of the Building Regulations. However, some things cannot be easily changed. The physical environment in some specific places may mean steep inclines are difficult to avoid. In other instances legislation can prove a hindrance.

• For example, restrictions may be placed for historical and aesthetic reasons on the alterations allowed to listed buildings, however beneficial and/or desirable they may be.
• The impact of institutions and/or social discourses on service providers in comparison to the individual human body are perhaps even more complex and work at many levels from the macro to the micro, from the whole organisation to individual employees.

• When contemplating the importance of individual ‘bodies’ it is essential that we remember that it is such human bodies, as much as the physical infrastructure, policies and practices of an organization which constitute a service provider. Indeed, policies, regulations, buildings and vehicles are created by human bodies (Frank 1991).
Discourses and service providers

• The significance of what Oliver (1990) calls the ‘turn’ in our ‘understanding of disability’ lies in the recognition of the power of disablism, the power of social discourses and institutions in the lives of people with impairments, but those social discourses and institutions also affect service providers and their employees.

• Efficiency, quality, reliability, service, expectations of service users
• ‘Good customer care has a key role to play in removing barriers faced by disabled people... Disabled people face attitudinal barriers as well as physical ones when they try to use the transport network. The key to removing these barriers is not a matter of design or engineering, it’s about changing staff attitudes.’

• Bert Massie, Former Director of the Disability Rights Commission (November 2005)
• ‘Some establishments made certain flexible working policies universal to avoid appearing to give disabled staff ‘special treatment” (Simm et al 2007: 73)

• “Manchester City Council has adopted the social model of disability and is working towards removing or altering as many barriers as possible to disabled people.” (http://www.manchester.gov.uk/info/200041/equality_and_diversity/106/disabled_people/5, accessed 1/3/2011)

• To what extent such statements reflect genuine motivation and practice as opposed to political correctness and public relations exercises may of course be open to question

• Some managers remain ignorant of the social model of disability
From recent experience of a study of service provision for disabled people in a city in the north of England, I noted the uncomfortable nature of service providers in engaging with researchers. Requests for interviews with service providers, or even the completion of anonymous questionnaires were met with defensive responses, with genuine fear of criticism or even legal action expressed.
• As I have argued elsewhere (Butler 2004), for example, town planners are people. Open to the pressures and influences of the same social discourses as we all are.

• Equality and diversity training, knowledge of DDA requirements, awareness of available support to improve services to disabled people, and so on are undeniably of assistance in improving service provision

• There is also a need for change and cooperation from other service users
The impact of institutions on service providers

• The Department for Health
• The Health and Safety Executive
• Passenger Groups
• Trades Unions
• Under the Disability Discrimination Act the Government has set 2017 as the date by which all buses must be accessible, and 2020 as the date by which all trains must be accessible. (Time to Get Equal 2006)

• Under current legislation bus and train service providers can have their rights to run services withdrawn if they do not meet timetabling targets

• However, failure of buses to stop to pick up wheelchair users can be the price for this.
• ‘It is vital that public transport ensure accessibility for all individuals. Much progress has been made toward improving accessibility to public transport, however implementation of policies to improve accessibility of transport has proven difficult and slow in many urban areas. One of the key barriers to progress in many cities has been a lack of co-ordination between local authorities and public transport operators’ European Conference of Ministers of Transport (ECMT) 2004: 1)
The need for dialogue

• Oliver (2006) argues that disability theory should be developed to both put the practical lessons of the social model into action and to incorporate the complexities of different disabled people’s circumstances. I would suggest that it should also recognise the complexities of service provider’s circumstances.

• Identifying common goals
• Disabled people and service providers both have a vested interest in, and personal knowledge of different elements of effective service delivery. Hence they both have a valuable input to make to research in the area if they are heard on equal terms with a recognition of the positions from which they are speaking.

• I wish to suggest that it is time for a discussion about the nature of the influences upon the operations of service providers, and the barriers they may face in seeking to most effectively respond to their disabled clientele.