Accessibility and Acceptance for Wheelchair Users: *Barriers and Solutions*

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DECLARATION FORM

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DECLARATION

I certify that the whole of this work is the result of my individual effort, and that all sources have been acknowledged.

Signed…. A M Levett (Student)

Date …… 1st May 2020

DECLARATION

I am satisfied that this work is the result of the Student's effort.

Signed…. *Phillip Morgan* **(Lecturer)**

Date……. 1st May 2020

ACKNOWLEDGEMENTS

Firstly, I would like to thank my two children Jade and Josh, and son in law Martyn for your love, encouragement, and patients throughout these last three years, love you. Also, my Mother and Stepfather for your unconditional love and support always believing in me when I did not, thank you.
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ABSTRACT

The objective of this literature review is to analyse how people with disabilities are perceived in society as well as the limitations they may face in the community.
People with disabilities have experienced biased crimes, genocide in the Nazi Holocaust and have been persecuted throughout most of history (Barnes, 1997). However, despite various legislative interventions since 1995 with the 'Disability Discrimination Act' and more recently, with the 'Equality Act 2010' inequality continues to exist among individuals with disabilities, therefore, causing the social disparity.
However, Oliver (1983) who created the concept of the 'social model of disability' argued that it was not the person's 'impairment' that cause oppression but, the way society has been structured that has made people with disabilities an oppressed group. Therefore, with over 110 million people in the world that have some kind of disability and 7.7 million disabled people living in the UK, the need to analyse the bias and inequalities disabled people challenge is much needed to create a harmonious society where everyone is equal (WHO, 2018; Department for Work and Pensions, 2020).

ACRONYM

BSL	British Sign Language
CSDH	Commission on Social Determinants of Health
DDA	Disability Discrimination Act
EHRC	Equality Human Rights Commission
LA	Local Authority
NHS	National Health Service
SENDA	Special Educational Needs and Disability Act
UK	United Kingdom
UNCRPD	UN Convention on the Rights of Persons with Disabilities
USA	United States of America
WHO	World Health Organization

1. INTRODUCTION

The purpose of this research is to analyse how individuals with disabilities are perceived in society and the restrictions they may face in the community. However, due to different challenges individuals with disabilities have, this dissertation will focus primarily on wheelchair users in the United Kingdom (UK) and the difficulties they may face in society.

The World Health Organization (WHO) (WHO, 2018) reports that some 110 million people worldwide have some kind of disability. As a result, the rates of disability are also increasing due to people living longer. Consequently, individuals with disabilities are also having less access to health services and therefore report unsatisfied healthcare needs (WHO, 2018).

Consequently, due to the inequalities in society, individuals with disabilities have been protected under the *Disability Discrimination Act 1995 (DDA);* however, DDA now applies only in Northern Ireland. In England, Scotland and Wales, the DDA has been amended by the *Equality Act 2010*.

Therefore, people are protected if they have a physical or mental disability that has a 'substantial' or 'long-term' adverse impact on their ability to undertake normal day-to-day activities.

Therefore, this dissertation will answer the questions which are stated below-

- Critically explore if wheelchair users are disadvantaged within the built environment.
- To see if the way society is built restricts wheelchair users.
- How the public perceives disabled people.
- Investigating people's views and interpretations of people who are wheelchair users.
- To comprehend how they affect the individual in question regarding their mental health and well-being.
- Investigating statistics already carried out regarding wheelchair users.

To explore these issues, the Literature Review will initially outline critical concepts and terminology relating to individuals who use a wheelchair and other individuals with a life challenge regarding their disability. Policies and legislation that has been outlined to protect people with disabilities. Societal approaches to wheelchair users and individuals with disabilities, there will also be a consideration of the Medical and Social Model of disability. Additionally, alternative perspectives for wheelchair users, for instance, adopting a change in attitude and become conscious of how things work by implementing a modern and effective way to do things to support individuals with disabilities.

Therefore, the Discussion will consider three themes which have arisen from the Literature Review and the implications for individuals and communities. Such as access for individuals with a disability in society. Acceptance and compliance, as well as disability versus ability.

Finally, the Conclusion will resume the dissertation and propose a recommendation for future change.

2. LITERATURE REVIEW

2.1. Introduction

The purpose of this literature review is to research social approaches within positivism critically. Therefore, examining environments as well as the mental health and well-being of the person with a recognised disability/life challenge regarding their restrictions in society. Additionally, how the public perceives people who are wheelchair users and the economic strain it puts on businesses to provide disabled access. For example, Sarah Newton, *cited in* (Department of Work and Pensions, 2018), argues that companies are losing out on £249 billion a year by not improving accessibility in their companies for disabled consumers and their relatives.

However, society's understanding of disability and our cultural reactions poses several challenges, not only to academics and the public but also to policymakers and social change advocates. Through implementing a life-course methodology, this dissertation offers an alternative method for thinking about disability (Green, 2017). Therefore, taking this perspective is critical in underlining how disabling communities and practices impact people of any age in various ways—for example, children, young people, adults, and the elderly.

The UNCRPD acknowledges that 'disability is an evolving concept.' (UNCRPD, 2006, p. 1). Therefore, additionally stating individuals with disabilities, including those with long-term physical, mental, intellectual or sensory impairments which, when interacting with various barriers, may obstruct their full and active participation in society on an equal footing with others (UNCRPD, 2006, p. 4).

However, defining disability as an interaction indicates that disability is not the individual's attribute in life (WHO and World Bank, 2011). As there is not a single definition of disability, defining disability can be complicated as its 'complex,

dynamic, multidimensional and contested.' (Mitra, 2006; WHO and The World Bank, 2011, p. 3).

However, as there is approximately 15 per cent of the worlds populous that have a disability (WHO and World Bank, 2011). Developing countries where there is greater exposure to natural disasters and lack of health service provisions have a higher percentage of disabled individuals: which accounts for 1 in 5 people, or 20 per cent of the world's population (WHO and World Bank, 2011).

2.2. Language – Terminology

Emotive words applied to individuals with a disability such as 'afflicted', 'restricted', 'stricken', 'sufferer', 'unfortunate' and 'victim' appear to reflect the adverse reactions of a person to an individual with a disability (Corcoran, 1977 *cited in* Clark and Marsh, 2002). Correspondingly, words such as 'housebound,' 'wheelchair-bound' and 'confined to a wheelchair' are controversial and ambiguous, since wheelchairs are items of equipment that are efficient rather than restrictive (Darrow, 2014). Indeed, Darrow (2014) argues that many individuals with disabilities do not see themselves to be victims, as many rarely think about their disability continuously throughout the day.

However, there are many reasons why the concept of disability is particularly controversial. Therefore, the word 'disability' over the past century has been used to reference a particular group of people in society (Wasserman *et al*., 2011). Despite the fact that the word 'disability' was a synonym for the word 'inability' in historic times, the 'Oxford English Dictionary' only acknowledged these two delineations as late as 2006 (Boorse, 2009). Thus, as a consequence, there have been many misperceptions

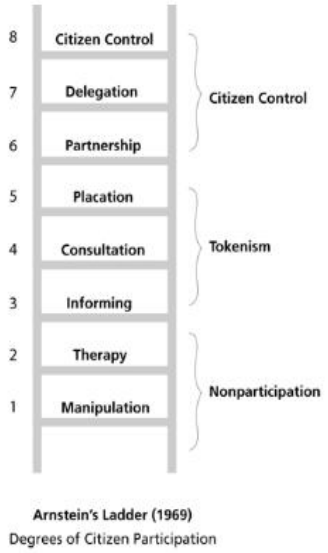
about the current definition of ‘disability’ (Wesserman *et al*., 2011). Therefore, conceptual constructs can be perplexed by the interaction between the older, standard everyday definitions and newer, advanced definitions (Wesserman *et al*., 2011).

Amid arguments that the word ‘disabled’ mainly refers to one’s lack of ability, an implication aspect is retained in which individual disabilities are used to assert ‘others’ supremacy over the ‘lesser’ (WHO, 2011). Therefore, the Office for Disability Issues (2018), voice using the words ‘disabled people’ and not ‘the disabled’ is considered the correct terminology to use as a collective description. Their work is both compliant and complicit in accepting of ‘labels’ permitted by those with power and control, i.e. the ‘abled’ decision-makers, the benevolent others (Selart, 2010). Thus, a considerable amount of disability terminology has existed for many years that lacks the social construction of disability that is now considered offensive by many in the civil rights movement among British disabled people (Clark and Marsh, 2002). Therefore, terms coined and perpetuated by people working in professions such as education, theology, and welfare (Clark and Marsh, 2002).

Consequently, the use of correct terminology is nothing more than an act of respect and empathy, the fallacy of people articulating that “*terminology is always changing”* and expressing “*political correctness gone mad”* (England Athletics, n.d). The argument, therefore, is behind using acceptable language that has not altered since the *Disability Discrimination Act 1995* was implemented. However, inclusion is now a core factor of policy discourse at the EU level, nationally and locally, especially concerning environmental resources (Collins and Ison, 2006). While the nature, sense and intent of participation have diversified it has become a social norm, Arnstein's ‘citizen participation ladder’ (Arnstein, 1969) showed that much ‘participation' does nothing to facilitate a power redeployment; therefore it can be argued that it may be

time to ‘leap off’ the ladder. In doing so, it proposes that incorporating social learning is a paradigm change in policy-making analysis and practises (Collins and Ison, 2006).

Image 1 - Citizen Participation Ladder



The Citizens Handbook (n.d).

However, Mallett and Slater (2014, p. 91) argue that ‘language’ is essential for the individual perception of disability, as beliefs and assumptions are formed by terms that people use. Such, in effect, influence on what degree people are accepted. The language used is not a debatable issue of what is or is not ‘politically correct;’ the language used may have a profound influence on the lives of those being ‘othered’ (Titchkosky, 2007). Furthermore, language should not only be used as a means of communication but also as a means of control by which individuals can pursue interests and demonstrate everyday skills (Bourdieu, 1991). Therefore, a Bourdieusian structure will include enabling infrastructure required to expose the hidden aspects of marginal relations that affect the lives of an individual with a disability (Bourdieu,

1990). For instance, one in three individuals with disabilities feels they face preconceptions in society (Dixon *et al*., 2018).

Therefore, to challenge unacceptable terminology in society, the Office for Disability Issues (2018) have constructed a list of words to 'use and avoid' that are regarded as acceptable terminology to use. Thus, terminology and use of language is a meaningful way to support equality in society (Table 1).

Table 1: Language and Disability

Avoid	Use
(the) handicapped, (the) disabled	disabled (people)
afflicted by, suffers from, victim of	has [name of condition or impairment]
confined to a wheelchair, wheelchair-bound	wheelchair user
mentally handicapped, mentally defective, retarded, subnormal	with a learning disability (singular) with learning disabilities (plural)
cripple, invalid	disabled person
spastic	person with cerebral palsy
able-bodied	non-disabled
mental patient, insane, mad	person with a mental health condition
deaf and dumb; deaf mute	deaf, user of British Sign Language (BSL), person with a hearing impairment
the blind	people with visual impairments; blind people; blind and partially sighted people
an epileptic, diabetic, depressive, and so on	person with epilepsy, diabetes, depression or someone who has epilepsy, diabetes, depression
dwarf; midget	someone with restricted growth or short stature
fits, spells, attacks	seizures

(Office for Disability Issues, 2018).

2.3. Disabilities and Ability: Policy, Legislation and Reality

Locating the discourse surrounding 'Disability' and 'Ability' the Bible offers a starting point and relevant concerns that may reflect as one of the first examples of anti-discrimination laws. In the third book of the Old Testament, indeed the Bible, the author of the book of Leviticus says that:

> *Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord'* (The Holy Bible Leviticus, 19:14).

Therefore, this notable verse accentuates that people should not intimidate the deaf or cause harm to a blind individual. For instance, a deaf person could not hear such a 'curse', nor could a blind person see the 'block' (The Holy Bible Leviticus, 19: 14). Therefore, the writer of the Leviticus (The Holy Bible, 19:14) reminds Israelites to 'fear their God' who hears and sees how people are treated. In today's terms, for example, employees with disabilities do not inherently need to have the same office equipment as someone without disabilities; however, they do need to be offered employment opportunities to the full extent of their efficiency as stated in the *Equality Act 2010*. Moreover, this command in the Leviticus (The Holy Bible, 19: 14) is not that the people of God should be charitable to those, but that the sanctity of God gives all people that he created the appropriate opportunities.

Therefore, Anti-discrimination legislation can be seen as a partial solution to the problem. Even within a society free of barriers and other forms of prejudice, people need social, cultural, and economic rights (Hvinden, 2009). Individuals require housing, schooling, employment, and social involvement, which is valid for all human beings and thus, for people with disabilities (Hvinden, 2009).

Nevertheless, since disability often leads to help requirements, it is apparent that people with disabilities may need more than fundamental human rights. Welfare policies and legislation in the past have failed to recognise and promote people with disabilities as human beings (Hvinden, 2009). Therefore, personal assistance laws and personal budgets have shown that even traditional social policies could give disabled people a choice and control (Degener, 1991 *cited in* Degener 2016, p. 5).

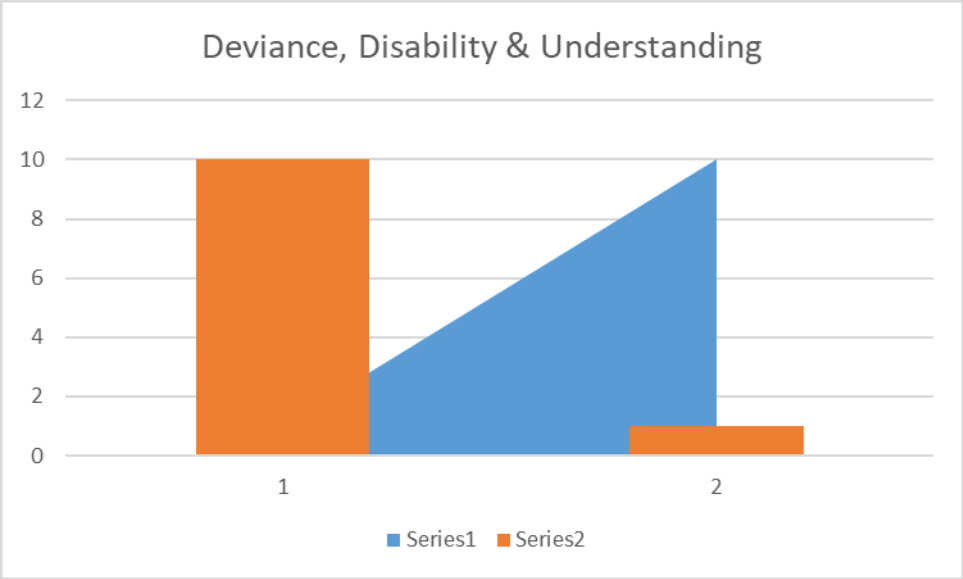
In many areas of society, individuals with disabilities have the right not to be discriminated against; therefore, the main component of the *Disability Discrimination Act 1995* was to make service providers mindful that it was illegal to discriminate disabled people on their premises (Wilson, 2015). Consequently, on 1 Oct. 2004, service providers had to take appropriate measures to eliminate, modify or to provide a reasonable way of avoiding a physical feature that made it difficult or relatively harder for people with disabilities to use the service (Wilson, 2015). However, on 1st October 2010, the *Equality Act 2010* was established and replaced many of the DDA 1995 concepts (Wilson, 2015). Therefore, in order to avoid a disabled person being 'substantially disadvantaged' when accessing services and facilities, the obligation of providers of 'goods, services and facilities' was substituted by the obligation to achieve 'reasonable adjustments' (Wilson, 2015). Nevertheless, the *Equality Act 2010* does not clarify what 'reasonable adjustments' this may imply; however, it can be determined by different circumstances for certain services providers. For example, 'reasonable adjustments' for a large business such as a bank may be different for a small local shop, it is what is 'practical' for the service providers 'situation' therefore, businesses will not be expected to make 'adjustments' if they are 'unaffordable or 'impractical' (*Equality Act 2010 cited in* Wilson, 2015, p. 5).

Additionally, the CSDH (2008) reported that the health of individuals with disabilities might be influenced by environmental issues such as safe drinking water, nourishment, poverty, conditions of employment, weather, and access to medical care. However, WHO (2011) argue, the environment can be modified to aid health conditions and improve the outcomes for those individuals living with disabilities and these improvements may be brought about through legislation such as changes in policy, community development and technological advances. For example:

- Making sure there is sufficient access in the built environment and transportation
- Signage for the benefit of individuals with sensory impairments
- Access to education, health, rehabilitation, and support networks
- Access to job opportunities (who, 2011).

However, since the fundamentals of sociology are focused on understanding how society works and offering insights into people-to-people relationships, within more comprehensive sociology, involvement with a disability as a social relationship rather than being individualistic remains negligible. At the same time, theorists like Shakespeare (2006) and Thomas (1999) agree that limitation is a complicated ‘relationship’ involving personal and environmental issues. Therefore, perceptions of understanding and appreciating being 'lesser' within the psyches of those without deficit diverges, i.e. the more significant the disability, the more challenging it is for a non-disabled individual to fully comprehend the life-challenges faced by the 'person with the disability’ (Shakespeare, 2016; Thomas, 1999).

Diagram 1: Deviance, Disability and Understanding



Environmental factors comprise of a broader set of issues other than just physical and access to information. Policy and service delivery structures, such as the regulations on the provision of services, may also cause barriers (Miller *et al.*, 2004).

Review of funding for public health services in Australia, for example, showed that the payment for health care providers did not consider the extra time frequently needed to provide care to people with disabilities (Smith, 2000). Thus, the hospital was disadvantaged by the funding system, which only disbursed the hospital a fixed amount per person (Smith, 2000).

However, in the UK, the NHS was based on the concept of ensuring fair access for everyone to healthcare (Rivett, 1998). Thus, Wenzl *et al.* (2015) argue that the NHS should strive further for more healthcare access and a decrease in health disparities. The degree to which this can be enforced or empirically validated by specific policies, however, is debatable (Morris *et al*., 2005). Powell and Exworthy (2003) contend that many of the NHS policies aimed at ensuring an excellent service rely on the quality of service instead of any access aspect. However, there is a difference between the

documented objective of fair access and the functional objective of equality (Powell and Exworthy, 2003). The Department of Health (2010) 'Equality and Excellence' framework places service accessibility at its foundation, however, it has failed to recognise the diverse requirements of individuals for healthcare or the various services available to them.

Nevertheless, in the UK, there are substantial disparities in provisions of available health care, unmet requirements, and outcomes in health (Ellis and Fry, 2010). However, there is insignificant information for individuals with a disability about access to healthcare (Popplewell *et al*., 2014). Therefore, the evidence available indicates that individuals with a disability report more inadequate access to facilities and lesser experiences with the facilities received and requirements are not met (Popplewell *et al*., 2014). They characteristically face multiple obstacles, both systemic, economic, and societal (Popplewell *et al*., 2014).

Furthermore, research of access to health care in Europe has established institutional obstacles also.- for example, long waiting lists, booking appointments failures, and complicated appointments procedures (Scheer *et al.*, 2003). Thus, making it difficult and complicated for individuals with a disability to arrive early for appointments and manage the complicated systems (Scheer et al., 2003). Even though discrimination may not have been intended, the system does indirectly prevent people with disabilities, by not considering their needs (Scheer *et al.*, 2003).

Although it is necessary to consider not only personal bias but also practises in society to understand oppressive forces affecting individuals with disabilities fully (Oliver, 1996). Thus, human rights and legislation are symbiotic and are vital to safeguard those considered at risk of discrimination via legislation (Brown, 2014). To support this Bynoe (*cited in* Brown, p. 129) stated 'laws can provide the means to define civil

and political relationships in society, and, where these are unequal or are non-existent, to modify or to create them.' Therefore, legislation on anti-discrimination regulates services and accessibility to sectors such as education and employment (Brown, 2014). However, anti-discrimination laws, as evidenced by *The Sex Discrimination Act 1975* and the *Race Relations Act 1976*, were widely supported by marginalised groups.

Nevertheless, legislation prohibiting discrimination against individuals with disabilities have taken longer to reach legislation (Brown, 2014). To clarify, Cameron (*cited in* Brown, 2014, p. 129) argued 'the Conservative Government under Margaret Thatcher argued that, while gender and race were legitimate rights issues, disabled people had charity instead.' Therefore, with the Conservative Government belief that individuals with disabilities only needed 'charity' it consequently, overshadowed the real challenges of complete equality in society (Brown, 2014).

Moreover, The *Disability Discrimination Act 1995* was the result of an extensive and political movement; however, it did not come without criticism (Barnes *et al*., 1999). Gooding (1996, p. 1) argued, people from the *Disability Discrimination Act* (DDA) campaign called it a 'sham' and a 'bigot's charter' with people having no apparent knowledge of the disability discrimination process. Barton (2001, p. 18) additionally argued that the DDA was centred on the traditional idiosyncratic viewpoint of disability, rather than being based on the social model of disability.

Furthermore, this can be attributed to the fact that education was not taken into consideration by the DDA, as the *Special Educational Needs and Disability Act 2001* (SENDA) was not passed until 2001. Therefore, SENDA encouraged local government departments to endorse disability actively (Brown, 2014). Nevertheless, legislation has continued to progress in more recent years with the *Equality Act 2010*

and replaces the DDA proposals. However, it is not exclusive for individuals with disabilities but for all those who have 'protected characteristics' (Appendices, 6.2).

In the fight for reform and progress of disability services, the Disability Movement promotes the representation of the voices of disabled individuals as a requirement. In England, a report from the Prime Minister Strategy Unit (2004) outlined the degree of change which was expected, such as:

- Individuals with disabilities should be at the centre of how certain health services are structured and provided.
- Disabled people's services should be tailored to represent the variety of individual disabled people's needs.
- Disabled people should, therefore, be active in-service design and planning – but should retain the opportunity to present a clear critical challenge.
- Individuals with disabilities will have enhanced discretion over the services and benefits they seek, with strategic resources necessary for archiving informed decisions (Adapted from- Prime Minister's Strategy Unit, 2004, p. 25).

2.4. Societal Attitudes to Wheelchair Users

Previously, the medical condition of an individual with a disability was believed to be the leading cause of their social exclusion; a methodology referred to as the 'medical model' (Oliver, 1998). Ineffective legislation and policies, discourteous attitudes, poor media images, inaccessible buildings and information resulted in alienation and repression for many disabled people (Oliver, 1998).

Consequently, for several years, the wheelchair has seen as an essential but undesirable item of medical equipment; nonetheless, the wheelchair is the representation of disability (Sapey *et al*., 2004). Although less than ten per cent of individuals with a disability uses a wheelchair, they are viewed as patients subject to specialist assessment and recommendation, rather than people with interests and the right to choose (Sapey *et al*., 2004). Whereas much may have changed in recent years,

the image of a wheelchair user as someone dependent on others is still prevalent, notably in the care departments (Sapey *et al*., 2004).

Image 2- Wheelchair User and her Carer

Image- Competition and Markets Authority (2018).

Images similar to the one illustrated above can be found on websites for nursing and residential care (Competition and Markets Authority, 2018). Therefore, such images display wheelchair users as happy and comfortable in a 'sick role' situation (Parsons, 1951). For example, the stethoscope around the woman's neck confirms the notion of medical dependency; however, few people would challenge the connexion (Sapey *et al*., 2004). Undeniably, the two 'dependencies'- wheelchair and medical- do coincide with each other; however, that is not necessarily always the case (Sapey *et al*., 2004). For many wheelchair users, their lack of mobility is the consequence of untreatable impairments and therefore have no interaction with health care professionals. For instance, it has been acknowledged that many wheelchair users have experienced out-dated approaches from health care professionals. Such as not being spoken to directly but rather the healthcare professional speak over them and communicate to the

accompanying person instead ‘othering’ the individual with a disability (Cameron, 2014).

Therefore, many people with physical disabilities encounter ‘staring’ while in public areas and have an ambience of being ‘othered’ from non-disabled people (Renwick *et al*., 2018). Although staring is usually seen as uncomplicated and something to be ‘overlooked’, it has been reported, that being ‘stared’ at may have implications for the individual (Renwick *et al*., 2018). Berger (1996, p. 135 *cited in* Renwick *et al*., 2018) articulated, ‘being stared at somehow creates a sense of shame, as though the soul suddenly assumes a face and must hide it, turning away wordless, cast off.’ Therefore, as Berger (1996 *cited in* Renwick *et al*., 2018) implicated, staring can be a social interaction that is both effective and expressive. It entails sending a message from the person staring (‘starer’) to the person receiving the stare (‘staree’) through the eye gaze (Garland-Thomson, 2009). Despite the fact that it may stigmatise someone by ‘staring’, Goffman (1963) therefore argues, to ‘stare’ at somebody may make them withdrawn from society. However, Garland-Thomson (2006) argues, if an individual does ‘stare’, it may be because they are intrigued, confused, or even offended by the presence of the ‘staree’. However, regardless of intent, a stare may establish a personal and confrontational correlation between both the ‘starer’ and the ‘staree’ (Garland-Thomson, 2006). Yuen and Hanson (2002) additionally contend while many people in the general population receive ‘stares’; people with noticeable disparities such as a wheelchair user, find that the experience of being stared at maybe even more complicated, as the ‘starer’ can ‘other’ the ‘staree.’

Furthermore, Dixon *et al*. (2018, p. 6) notating for Scope reported, one in three disabled people experienced disability discrimination in society, and regularly encountered acts of ‘negative behaviours’ from other non-disabled people, for

instance, wheelchair users finding people not holding the door open for them and allowing the door to swing back on them. However, people's attitudes towards disabled people found that in 2000, 37 per cent of disabled people and 34 per cent of non-disabled people felt there was a significant amount of discrimination relating to disability; nevertheless, the 'gap' decreased by 2018 with 32 per cent of disabled people and 22 per cent of non-disabled feeling that disabled people are still discriminatory in society (Dixon *et al*., 2018, p. 16). Therefore, changing peoples 'attitudes' towards disabled people is fundamental to their well-being and eliminating discrimination will always be a challenging process (Dixon *et al*., 2018).

2.5. Models

The definition of 'disability' was initially presented in theological discourses within the traditions of 'Western Judeo-Christian Society' (Humpage, 2007). Therefore, disability was considered to be an act of a higher being viewing disability itself as an opportunity for 'miracles to happen'. However, as medical and scientific awareness grew, the 'Judeo-Christian' methodology on disability was replaced. Doctors and scientists were brought in as 'cognitive authority' to cure those 'disabled' (Humpage, 2007). Although there have been several depictions of disability throughout history, many have been dismissed because of discrimination (Donoghue, 2003). However, the most prominent models of disability throughout English-speaking countries have been the 'medical and social models' of disability (Kafer, 2013). Moreover, both models advanced during the 1970s and 1980s in the UK and the USA (Kafer, 2013).

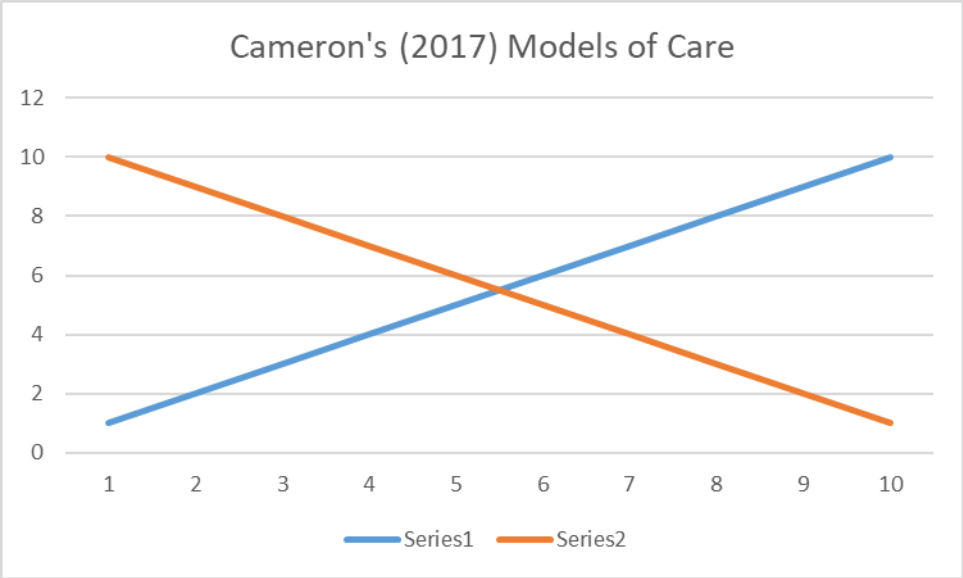
In the methodology of the 'medical model', disability is described as an 'individual or medical' condition due to reduced functionality which is viewed as 'impaired' (Mitra, 2006). Therefore, disability can be regarded as a consequence of impairment of the body's functions and structure which may have been caused by illness, trauma or

medical disorders (Forhan, 2009). In the medical model, intervention for individuals with disabilities seeks to remove the cause of or fix the disability (Roush and Sharby, 2011). Therefore, 'fixing' impairment may be considered as the safest way to gain independence. However, those who do not want to be 'fixed' are treated as fractious (Roush and Sharby, 2011).

Consequently, the main concern with this approach is that medical professionals may not consider what individuals with disabilities need or want. Instead, they create 'labels' mainly based on the individual's bodily function (Barton, 2009). Therefore, during the 1980s, Oliver (1983) devised the concept of the social model of disability. Oliver (1983), focused on the idea of the 'individual model' versus 'the social model', which was derived from the UPIAS (1976) publication '*Fundamental Principles of Disability'*. However, Oliver (1983) argued that it was not the persons 'impairments' that was the foremost cause of disability, it was the way society has been structured that has made people with disabilities an oppressed group.

However, the 'social model' does not come without criticism. Brittain (2004) argues that if society were structured under the social model, it might not significantly reduce the well-being of a person with disabilities in specific social structures. Indeed, challenges may be eliminated if the perceptions of people with disabilities were to be shifted. However, the formation of a social policy that focuses on eliminating environmental barriers may be needed to challenge these issues (Brittain, 2004). Even though under the *Equality Act 2010*, it is against the law to discriminate somebody because of their disability, there is still prejudice in society. However, another critique of the social model is its separation from having to deal with disabilities and its effects (Crow, 1996). Despite the fact, campaigners have advocated for a 'social model' society and have enabled many people with disabilities to play a

part in society (Oliver, 1990). There is, however, an essential aspect for the 'medical model' (Morris, 2004). Therefore, it is essential to remember that medical professionals may have a significant role in addressing people with disabilities challenges. Thus, implementing a comprehensive approach to allow individuals to conduct everyday activities and encourage social cohesion by adjusting to their surroundings (Reynolds, 2005). Therefore, medical professionals have been educated to 'heal and care' rather than help people with disabilities with autonomy (Morris, 2004). However, the social model does neglect many aspects of disability, such as the physical and psychological pain of impairment. In other words, the challenge in terms of obtaining human rights for people with a disability may be over, but the personal battle of just getting up in the morning persists (Crow, 1992). Crow (1992) additionally argues that people with disabilities will always be disabled, no matter how accommodating society is regardless of the framework of the social model.



Although the 'social model of disability' has made a considerable exertion for the 'rights of disabled people' as active members of society, many theorists propose that the focus on external barriers in the community neglect the impact of disabling barriers that operate more individually (Reeve, 2014). Therefore, Thomas (2007)

created an extended social contextual concept of impairment, which provides a connexion to both formal and informal forms of social injustice. Thus, Thomas (2007) definition of ‘disablism’ is a type of social injustice, including the social implementation of limits on the activities of people with disabilities and the systematic degradation of their psycho-emotional well-being. Moreover, there are also clear connexions with other forms of social inequality, such as racism and sexism, when employing the word 'disablism' instead of 'disability' (Reeve, 2014). Therefore, the concept of 'disablism' acknowledges the effect in the lives of the people with disabilities, such as the barriers disabled people face in society and obstacles in their ‘psycho-emotional’ thoughts (Reeve, 2014). Consequently, the aspect of ‘psycho-emotional disablism’ arises from the connection that an individual with a disability has with others or with themselves, which Reeve (2014, p. 123) identifies as ‘direct psycho-emotional disablism’. Therefore, relatives, acquaintances, practitioners or strangers sometimes can be the unintentional perpetrators of this kind of disablism, for example:

- Not inviting a disabled child to a family event because they may be ‘disruptive.’
- Making jokes or staring at an individual with a disability because they use a wheelchair or have difficulty in walking (Reeve, 2014, p. 123).

Such concepts concerning ‘direct psycho-emotional disablism’ are amplified by cultural stereotypes and perceptions about the ‘undesirable status of disability’, especially in the west, where capitalism requires a balanced, secure, and self-sufficient body and mind (Reeve, 2014).

However, a new model emerged from the UNCRPD; the implementation was the ‘human rights model of disability’ (Kafer, 2013). Therefore, the ‘human rights model’ is primarily based on the social model of disability; however, it additionally aims to

change unequal processes and procedures (Al Ju'beh, 2015). Thus, forming the foundations of many policy and practices on disability constitutional rights (Kett and Twigg, 2007).

2.6. Alternative Perspectives for Wheelchair Users: Challenging the Status Quo

Interactional models understand that disability should be seen as neither medical nor cultural as individuals who experience problems because of their limitations due to the surrounding environment (Cameron, 2014).

Therefore, the decision to venture into public areas can be an emotionally challenging one for many wheelchair users. Thus, the need for independence and the benefits it presents may often collide with anxiety (Cahill and Eggleston, 1994). Therefore, individuals with disabilities have depicted the concept of independence in terms that unequivocally represent respect for independence, rather than a desire not to use other people's support (Vernon and Qureshi, 2000). Independence does not equate to someone doing activities for themselves; instead, it reflects on someone that has control and choice of their own lives. It is a method of cognition which is not focused on physical ability (Barnes, 1991). Thus, the definition of independent living can be broad, as it encompasses the full scope of human and civil rights (Morris, 1993). It includes the right to have intimate relationships, to be a parent, the right to fair access to activities such as schooling, training, work and leisure and the right to engage in social cohesion (Morris, 1993).

Consequently, many wheelchair users face numerous challenges in the community, particularly while out shopping. Such as narrow doorways, uneven pavements, and unanticipated curb drops may cause a wheelchair to topple over, leaving the

individual with injuries or humiliation (Cahill and Eggleston, 1994). Thus, the busy and narrow aisle can make it difficult for wheelchair users to avoid knocking products off shelves, knocking into other shoppers or trying to move in front of onlookers around tight corners (Cahill and Eggleston, 1994). Despite the fact that wheelchair users do not want such anguish, many become impervious as they face these anxieties regularly (Gross and Stone, 1964).

Additionally, barriers in a building environment are also a significant concern for people with disabilities. Many industrial and public buildings for wheelchair users are inaccessible (Imrie, 2004). Research indicates that the preservation of inaccessible structures is related to the architect's lack of knowledge of the architectural needs of people with disabilities and the developers' failure to include suitable designs into buildings (Imrie and Hall, 2001). Therefore, with architects having no or little expertise, building regulations tend to treat the design for people with disabilities as an ‘add-on’ instead of essential to good building design (Imrie, 2004).

Furthermore, with the vast amount of housing in the owner-occupation market that is inaccessible, this effectively forces people with disabilities into social housing or private organisations (Thomas, 2004). Therefore, making independent living difficult because of the lack of appropriate design features (Imrie, 2004). Previously, Part M of the Building Regulations set the legal requirements for people with disabilities living in England and Wales (Imrie, 2004, p. 279). However, it did replicate the labels people with disabilities have, defining building for people with disabilities as ‘impairment- specific’ and people ‘needing special care’ (Imrie, 2004, p. 279). However, in the most recent, Part M of the Building Regulation manifesto, it expresses ‘the approach route should be safe and convenient for everyone, including older and disabled people and some wheelchair users’ (HM Government, 2010: 1.3).

Although Barnes (2003) argues that people in society need to have an understanding of disability-related issues to challenge the barriers people with disabilities may encounter. Therefore, the Building Regulations Policy (HM Government, 2010: 1.3) needs to change the framework from '*some'* wheelchair users to '*all*' wheelchair users.

Despite the fact, the *Equality Act 2010* sets out that any business offering products and services must make 'reasonable adjustments' to ensure that everyone can access their services, it, therefore, does not explain what 'reasonable changes' are. Therefore, with stringent policies and too many 'get-out' clauses and exemptions in the law, equality for all is improbable and often presents challenges for people with disabilities (Clark, 2007; Imrie and Hall, 2001). Consequently, violating their constitutional rights (Imrie and Hall, 2001).

2.7. Conclusion

In conclusion, Hahn (*cited in* Oliver and Barnes, 1998, p. 36) argued 'fundamentally disability is defined by public policy. In other words, disability is whatever policy says it is.' Indeed, this is evident as many people became 'disabled' in the 1980s (Roulstone and Prideaux, 2012, p. 16). Thus, when the 'Conservative government' chose to transfer people with disabilities from 'unemployment' to 'Invalidity Benefit' it, therefore, decreased unemployment rates (Roulstone and Prideaux, 2012, p. 16). Therefore, the need to 'challenge the status quo' for individuals with disabilities is paramount. An additional factor in raising is the language people use while referring to an individual with a disability. Therefore, the words spoken is essential for the individual perception of disability, as the words used by other people may shape

societies opinions and beliefs (Mallett and Slater, 2014). Consequently, having a profound effect on the lives of people being 'othered' (Titchkosky, 2007).

Therefore, 'othering' a person with a disability may lead to them suffering from low self-esteem and social exclusion, notably while being 'stared' at (Partridge and Robinson, 1995). Moreover, Garland-Thomson (2009) argues that people do often stare at particular 'things' which they find to be unusual or different. However, staring makes certain people feel ostracised and cast out of society, such adverse implications of staring have been documented. For example, the Galvin (2005) analysis, looked at the identity of people with disabilities from the viewpoint of 92 individuals with varying disabilities, found that 'staring in public' contributed to the partakers' emotional state of isolation by society and incidences of negative self-perceptions.

Various people with disabilities, however, face many barriers not only in society and the physical environment but, also what they can and cannot purchase (Lawson and Matthews, 2005). Therefore, for people with disabilities to have full access to goods, manufacturers need to consider how their products can be used for people with disabilities (Lawson and Matthews, 2005). An additional barrier is the obstacles people with disabilities face in employment. Consequently, Branfield and Maynard Campbell (2000) argue that it is the employers' reluctance to make changes. Thus, research has discovered that interventions such as flexible hours and job-sharing support people with disabilities to remain in work (Branfield and Maynard Campbell, 2000). However, Clark (2014) argues that restrictions on employment may have a significant impact on people with disabilities mental health and well-being as being unemployed is linked to poverty.

Nevertheless, Barnes (2003) argues that understanding 'impairment-related' needs is necessary to recognise the challenges and possible solutions to these barriers.

Therefore, challenging stereotypical views, these perceptions may bring an end to misguided empathy or false assumptions of people with disabilities. Such as newspaper articles about 'benefit scroungers' (Clark, 2014). To illustrate, Political Editor Macer Hall (2011) reported in the 'Express Newspaper' using the headline '*Blitz on benefits: 887,000 uncovered fiddlers*.' Therefore, reporting there was an uproar over the 'British Sicknote Culture' after new 'Whitehall' figures discovered that three-quarters of people claiming 'Incapacity Benefits' were not entitled (Hall, 2011). Consequently, with these negative representation of disabled people in the mass media, there is a need for change. For Instance, 32 per cent of disabled respondents voice that there is much bias against people with disabilities in the UK (Dixon *et al*., 2018, p. 5).

Although Barnes (2003) argues that people in society need to understand disability-related issues to challenge the barriers people with disabilities may encounter. Consequently, the Building Regulations policy (HM Government, 2010: 1.3) needs to change the framework from '*some'* wheelchair users to '*all*' wheelchair users. Nevertheless, with stringent policies affecting individuals with disabilities, it often presents challenges (Clark, 2014). However, with rigid laws and legislation around the framework of people with disabilities are often faced with hurdles (Clark, 2014). Thus, conventional 'primary care' structures often create barriers in the decisions and independence in their lives (Morris, 1993). In the UK, individuals with disabilities with high care requirements face obstacles in moving to another location because they currently cannot take their support services with them (Clark, 2014). However, current care charging systems creates barriers to the wealthy by financially penalising people with disabilities who need support that have savings or assets (Clark, 2006).

For example, Age UK (2020), express that if a person's 'means' is above £23, 250 people are likely to pay their care fees.

3. DISCUSSION

3.1. Introduction

This section of the dissertation will involve identifying three key themes for individuals with a disability: access, acceptance and compliance, and disability versus ability. Consequently, people with a life challenge regarding their disabilities have historically been discriminated against (Barnes, 1997). For example, gaining access to housing, businesses, and society as a whole. Despite the fact, there has been numerous legislation over the last 50 years, means of transport, and the built environment continues to discriminate against people with disabilities (Heaton, 2014). However, disability is a concept with many different aspects and, as yet there is no single definition of disability that has reached international coalition (Wasserman *et al.*, 2016). 'Disability' has customarily been used either as a synonym for 'inability' or as a suggestion to enforce 'rights and powers' legitimately (Wasserman *et al*., 2011). However, there are many different characteristics which are considered a 'disability'. According to the *Equality Act 2010* (2010b), Section 6 part 2 (2) specifies that a person is disabled if they have a 'physical or mental impairment' that has a significant and long-term negative impact on their ability to perform necessary 'day-to-day activities.' Additionally, impairments such as cancer, a visual impairment, multiple sclerosis, HIV, or severe long-term disfigurement are also automatically regarded as having a disability in the *Equality Act 2010* (2010b) Section 6, part 6 (1) and (2).

Despite the fact that the fact individuals with disabilities are entitled to all human rights, they too often face extreme discrimination based on prevailing social norms, biases, stereotypes, and lack of understanding (Lord *et al*., 2012). Social attitudes are, therefore, necessary because they largely determine to what extent the personal,

cultural, educational, and psychological needs of individuals are (Lord *et al*., 2012). Thus, people who perceive and express the concept of disability profoundly influence the perceptions, mindset, and attitudes of others toward the fundamental rights of persons with disabilities (Lord *et al*., 2012).

However, one concern that needs to be raised has media representation of disabled people moved on since the 1990s. Bowler (2009 *cited in* Cameron, 2014, p. 96) agrees that media representation has evolved and there are numerous positive examples of TVs enhanced presence of disabled people. However, Whiteman (2009) reported that children's TV presenter 'Cerrie Burnell' (Image below) had numerous complaints after her 'visual appearance' made children have nightmares due to her being born without her right hand which raises the argument of 'disability raises discourse' (Whitman, 2009).

Image- Cerrie Burnell Children's Television Host

Disability raises discourse

By BOBBIE WHITEMAN

A children's TV host with one hand is prompting a heated debate in Blighty about disabilities — and what may frighten the kiddies.

Cerrie Burnell, who was born without her right hand and does not use a prosthesis, was hired last month to present BBC children's channel CBeebies.

Since then, some parents have complained that her appearance scares their tykes.

CBeebies' own online message board is full of comments from parents, most of them backing the 29-year-old Burnell.

But a minority say their kids are scared by her visual appearance and have nightmares after seeing her on TV.

Burnell, who has a 4-month-old daughter, says, "Children come up to me in the street every day and say 'What's that?' I wouldn't say they're frightened, but certainly they're inquisitive."

CBeebies' controller **Michael Carrington** says simply, "Cerrie is warm and natural and we think that in time all mums and dads and children will love her as much as we do."

Cerrie Burnell's disability raised concerns among some parents concerning her on-air appearance.

(Whiteman, 2009)

Consequently, understanding can be a dynamic process shaped by several factors. Thus, observation as a child may play a key role in deciding how and what children understand (Fryling *et al*., 2011). However, several different psychological theories comprehend how and why people learn (Bandura, 1977). Bandura (1977) proposed a hypothesis of social learning that suggests observation and modelling may play a primary role in this process. Therefore, as Whiteman (2009) reported that children were upset about seeing 'Cerrie Burnell' on TV due to her impairment 'theory on social learning' may play a part. For instance, if a child watches TV showing people with various disabilities as 'normal' then seeing individuals with a disability may become a 'normality' (Bandura, 1977).

Consequently, Hayakawa and Hayakawa (1990) argue that it is not through personal experiences that create these attitudes but through comments produced by 'others' that define mindsets and biases against individuals with disabilities. Newspapers can especially form theories and prejudices as they conversationally describe and depict certain groups of people (Haller *et al*., 2006). Barnes (1994) reflected on the fact that individuals with a disability on television or film were seldom seen as the main character or acting as successful people in society. Therefore, they did not perform where they appeared to be in education, as educators, being a parent or in employment. However, they did portray characters, that defined their disability (Barnes, 1994). Cumberbatch and Negrines (1992) study 'Images of Disability on Television' detailed, out of 44 game shows they had watched not one had a disabled contestant participating.

3.2. Access: Public Access versus Public Purse

In many areas of society, people with disabilities have the right not to be differentiated. Therefore, on the 1st of October 2010, the *Equality Act 2010* was formed and replaced many of the DDA 1995 concepts (Wilson, 2015). Therefore, in order to avoid an individual with a disability being 'substantially disadvantaged' when accessing services and facilities, the obligation of providers of 'goods, services and facilities' was substituted by the obligation to achieve 'reasonable adjustments' (Wilson, 2015). Nevertheless, the *Equality Act 2010* does not clarify what 'reasonable adjustments' this may imply; however, it can be determined by different circumstances for certain services providers. For example, 'reasonable adjustments' for a large business such as a bank may be different for a small local shop, it is what is 'practical' for the service providers 'situation' therefore, businesses will not be expected to make 'adjustments' if they are 'unaffordable or 'impractical' (*Equality Act 2010 cited in* Wilson, 2015, p. 5).

However, access is a vital issue that prohibits disabled people from engaging thoroughly in society (Heaton, 2014). In the UK, for example, even though legislation was introduced over 40 years ago, structures and transport networks continue to discriminate (Heaton, 2014). Nevertheless, during 1970 Alf Morris oversaw the first legislation in the world to make it illegal to discriminate on the grounds of disability (Campbell and Oliver, 1996). Therefore, the *Chronically Sick and Disabled Persons Act 1970* was a ground-breaking achievement and a paradigm shift for many (Campbell and Oliver, 1996). Nonetheless, during 1977 the maxim for the 'Silver Jubilee Committee' on access for disabled people read '*Can disabled people go where you go?*' as local councils began to look at services provided (Heaton, 2014). Thus, realising that in many cases, their methodology to disabled

people would have to move from 'care and control' to 'choices and rights' (Oliver and Barnes, 2012). Consequently, this was evident from the emerging movements in the field of disability rights, detonated by the social model of disability (Oliver and Barnes, 2012). However, for the most recent Diamond Jubilee in 2012, the committee may have easily reused the 1977 motto as many disabled people still had 'no go' areas (Heaton, 2014).

Consequently, construction and design are two hidden societal issues that may have a philosophical impact on disabled people's access (Heaton, 2014). For example, trains, many individuals with disabilities, mainly wheelchair users, have limited space and have to request a portable ramp. Thus, many wheelchair users may not be able to travel if another wheelchair user is also on the train due to the lack of space (Heaton, 2014). An Additional challenge a wheelchair user faces is if they decide to visit the cinemas or theatre, which yet again provides inadequate access by isolating them from other people (Heaton, 2014). Consequently, online booking procedures, if a wheelchair user requires accessible seats or space, they have to request by telephone, once again, causing access difficulties due to restricted opening hours and the extra cost of phone calls (Heaton, 2014).

Furthermore, the social model is based on the concept 'that people are disabled not by their bodies but by their inaccessible environments' (Kafer, 2013, p. 129). Therefore, many researchers consider that this notion hindered the development of a more egalitarian understanding of disability studies (Kafer, 2013).

Notwithstanding the concerted efforts in many parts of the world to eliminate physical barriers on public transport, research also illustrates problems (Park and Chowdhury, 2018). Therefore, a new USA analysis with more than 4000 respondents revealed that

difficulties on public transportation are both ‘physical and attitudinal in nature’ (Bezyak *et al.*, 2017, p. 52).

3.3. Acceptance and Compliance

Many individuals with disabilities in the UK who can live independently cannot do so because landlords refuse to make communal areas, such as corridors and stairways, accessible (EMRC, 2016). Therefore, during 2016, the Commission for the EHRC (2016) established an official review on housing for people with disabilities. Thus, the investigation examined if the accessibility of available and adaptable housing and support services fulfilled the rights of disabled people to live independently (EHRC, 2016). However, housing is one of the core components of living independently; nevertheless, many disabled people live in places which do not meet their ‘basic needs’ (EHRC, 2016). Furthermore, for a person to fulfil their 'psychological needs,' individuals first need to achieve their 'basic needs’ (Maslow, 1943). For instance, having food, water, and shelter; therefore, if these needs are met, higher levels on the hierarchy can be reached to accomplish ‘self-actualisation’ (Maslow, 1943). Hence, the importance of immediate measures to ensure that future housing resources are accessible for all and for disabled people to have some choice and control of their own lives (EHRC, 2016).

Although, many individuals with disabilities face exclusion in society; one exclusion they frequently encounter is from the ‘mainstream economy’ (Sapey, 2004). The exclusion from employment and insufficient levels of financial support, such as government benefits are also a raise of concern. Thus, a study on disability and unemployment in the UK has indicated that individuals with disabilities are more likely to be unemployed (Barnes, 1991). Consequently, if they are employed, they are

more likely to be in low paid and less respected professions (Barnes, 1991). Similar findings can also be found in the USA (Sapey, 2004). Therefore, both countries have a higher likelihood of unemployment if they are amongst disabled women, disabled people from ethnic origins or those with little education (Sapey, 2004). Consequently, these exclusions result from barriers that are both structural and assumptions that individuals with disabilities are incapable of performing competently (Sapey, 2004). Smith and Twomey (2002) additionally argue that one in three households in the UK has at least one disabled adult residing in the property.

However, as mentioned previously, individuals with disabilities are often unemployed and, commonly have to rely on benefits payments (Green, 2017). Therefore, during 2018, Mayhew (2019, p. 6) conveyed that 50.9 per cent of disabled people aged 16 to 64 were employed, while 80.7 per cent of non-disabled people were in employment during the same year. Consequently, disabled people are six times more likely to be denied an interview even if they have relevant expertise (Hyde, 2006). Therefore, Green (2017) argues that, even with the 'reasonable change' provisions specified in the *Equality Act 2010*, employers are nonetheless often displeased with providing specialist assistance. Nevertheless, mass media stereotypes of disabled people as dependent and pitiful are exacerbated by disability organisations that galvanise such ‘images’ to generate optimum donations (Green, 2017).

Consequently, not helping individuals with disabilities change the views that potential employers may have (Green, 2017). Therefore, as the medical model views individuals with disabilities as ‘unfortunate victims’ the social model readily recognise that the majority of people are affected by unfair policies and insufficient social provisions (Green, 2017). Thus, changing the employer’s perspective from

thinking that people with disabilities are unable to do the job as their 'disability' prevents them from doing so is complex (Green, 2017).

However, the Department of Work and Pensions (2020) is working towards encouraging employers to employ disabled people. Therefore, with over 7.7 million people of working age in the UK who are disabled or have a medical condition; a business should be encouraging individuals with a disability to apply as it can help too-

- Increase the number of high-quality applicants
- Generate a working population that represents a diversity of clients it provides as well as the community in which it is based
- Add additional skills to the business, such as the ability to use BSL, which could result in significant savings (Department for Work and Pensions, 2020, 1.2).

Moreover, the cost of creating such adjustments to accommodate disabled staff is often minimal (Department for Work and Pensions, 2020).

An additional scheme the UK Government has established is the 'Disability Confident' which creates a 'movement for change' that encourages employers to 'think differently about disability.' Therefore, asking businesses to take steps in approving the way they employ, maintain and improve disabled people lives (Department for Work and Pensions, 2014).

'Disability Confident' works with employers to:

- Improve knowledge among employers of individuals with disabilities and the advantages that disabled people can introduce to their industry.
- Gradually expand the number of employers across all sizes, industries and areas around the UK.
- Make a substantial effort to the development of employing 1 million more disabled people by 2027 (Department for Work and Pensions, 2020, 1.2).

Although, the Department for Business, Energy and Industrial Strategy (2019), reports that there were 5.9 private businesses in the UK during 2019. There was, however, only 17,000 businesses that signed up for the ‘Disability Confident’ scheme (HM Government, n. d).

3.4. Disability versus Ability

People with disabilities have been subject to bias crime, genocide in the Nazi Holocaust and been historically oppressed through most of history (Barnes, 1997). Despite the fact that there have been numerous legal measures, people with a disability continue to suffer discrimination, thus, creating social inequality (Goggin and Newell, 2003). Therefore, the social model explicates that it is not the persons ‘impairment’ that was the leading cause of their disability. However, it was the way society was constructed that caused an oppressed society (Oliver, 1990). Consequently, disability campaigners have used various methods to change the perception of inequality in society (Harpur, 2012). Therefore, one function that has been used is the language people can use in society (Harpur, 2012).

Mallett and Slater (2014, p. 91) argue that 'language' is essential to the human understanding of disability since the words used by people can shape perceptions and beliefs. However, society creates these challenges by turning the persons ‘impairments’ into a disability (Harpur, 2012). Wheelchair users, for example, often feel treated as if they have a mental health issue or have learning difficulties who are without emotions, interests or opinions (Wright, 1983). Therefore, the social model is the approach that is most common with people interested in the consequences and treatment of disabled people. Oliver argues that ‘it is the society that has to change not individuals’(1996, p. 37).

However, the social model was developed as a progressive Marxist paradigm that recognises capitalism as a prime cause of disabled people becoming disadvantaged (Oliver, 1994). Under this fundamental analysis, people with disabilities will never be free from their discrimination until a more egalitarian structure replaces capitalism (Oliver, 1994).

Therefore, Marx emphasised the notion that the human body is an active and creative organism capable of prolific development and understanding of potential physical capabilities (Bengtsson, 2017). Nonetheless ‘alienation’ has changed the body into an object of production in response to the ideology of a capitalist system that 'destroys the dignity of the labouring individual’ (Harvey, 2000, p. 108). Although researchers have analysed health and illness regarding Marx’s hypothesis, it is, however, challenging. Therefore, Marx’s comprehensive analyses that specifically address the perception of disability which is centred on in-depth studies of his works. However, Collyer (2015) used Marx’s literature to appraise his perspectives on ‘health-related’ issues concerning Marx’s overall hypothetical structure. Therefore, Marx argued that the capitalist system changed the human body as well as human nature showing how ‘sickness and illness’ contribute to working-class living conditions (Collyer, 2015).

As Finkelstein (*cited in* Bengtsson, 2017, p. 152) reported, disability has, to some degree, 'come to mean unable to work’ and dependence, a view that has been seen in comparison with the ‘industrial revolution.’ At the same time, the social model has been criticised for its devaluating behaviour for disregarding factors such as gender, ethnic origin or different disabilities, and for trying to demote individual experiences (Shakespeare, 2006).

3.5. Conclusion

To conclude, throughout history, people with disabilities have been subjected to discrimination and, indeed, still endure prejudice in current times (Barnes, 1997). While progress has been made, the overall image that emerges from this research is that people with a disability still face barriers in society. The UHRC (2017, p. 3) argue that 'it is a badge of shame' that millions of people with disabilities in the UK have not been viewed as equal human beings and continue to be deprived the necessary privileges that non-disabled people overlook. Despite various legislative interventions, people with disabilities continue to suffer oppression, thereby increasing social disparities (Goggin and Newell, 2003). Access, however, is a crucial problem which prevents people with disabilities from altogether participating in society (Heaton, 2014).

Therefore, the social model is the most common paradigm for individuals involved in the welfare of people with disabilities. Oliver (1996, p. 37) argues that 'it is the society that has to change not individuals.' However, the social model does not come without a reproach. Therefore, it is essential to note that the medical model may play a significant role in addressing the issues facing people with disabilities. Thus, to implement a comprehensive strategy to allow individuals to carry out daily activities and promote social unity through adaptation to their environment (Reynolds, 2005).

Despite an increased understanding of disability and some developments in the physical environment for wheelchair access, it has been documented that 'stigma' is still associated with the use of wheelchairs (Walker, 2013). In this situation, stigma is known as the 'discrepancy between what society expects and what is seen' (Rush, 1997, *cited in* Walker, 2013, p. 179).

However, The Global Goals (2015) and the 2030 Strategy for Sustainable Development emphasise on the benefit of making communities sustainable, safe, and inclusive. Therefore, expressing the importance of having accessible and sustainable transport systems for all people, in particular by increasing public transport with a specific emphasis on the needs of those in disadvantaged circumstances, such as people with disabilities (Global Goal, 2015). Indeed, this is vital as WHO (2018) argue that there are approximately 110 million people globally with some kind of disability. Moreover, there are 13.9 million people with disabilities that live in the UK (Department for Work and Pensions, 2018, p. 7).

4. CONCLUSION AND RECOMMENDATIONS

In conclusion, for the literature review, it can be identified that people with disabilities are oppressed in society. Notwithstanding previous health policies and legislation, people with disabilities are still not being acknowledged and accepted as individuals (Hvinden, 2009). However, with too many 'get-out' clauses and exemptions in the law, egalitarianism for everyone is questionable and often causes difficulties for individuals with a disability (Imrie and Hall, 2001).

Although Oliver (1983) had done a great deal for the rights of disabled people with his theory of the 'social model.' It, thus, does not come without criticism as there is an essential aspect for the 'medical model' (Morris, 2004). Therefore, the social model does not consider the physical pain of their disability. In other terms, Crow (1992) argues, even though challenges to people with disabilities has been challenged in the sense of obtaining human rights; however, the personal battle of getting out of bed still exists. Crow (1992) additionally argues that people with disabilities will always be disabled, regardless of how inclusive society is, hence the importance of the medical model also.

However, the challenge of changing people's perceptions of people with disabilities will additionally be a complicated process. Nevertheless, notions such as 'direct psycho-emotional disablism' are exacerbated by cultural assumptions and perceptions of 'undesirable status of disability' especially in the West, where capitalism requires a healthy, stable, and self-sufficient mind and body (Reeve, 2014).

Therefore, 'othering' a person because of their disability may lead to low self-esteem and social exclusion, mainly while being 'stared' at (Partridge and Robinson, 1995). Therefore, as Berger (1996, p. 135 *cited in* Renwick *et al*., 2018) argued 'being stared at somehow creates a sense of shame, as though the soul suddenly assumes a face and

must hide it, turning away wordless, cast off.' However, regardless of the intent of the stare, it can create a personal and antagonistic correlation between the 'starer' and the 'staree' (Garland-Thomson, 2006).

Moreover, many wheelchair users have acknowledged that they have experienced outdated methodologies from medical professionals. Consequently, they are not spoken directly, but rather the medical professional speaks about them and communicates with the accompanying person instead; therefore, 'othering' the disabled person (Cameron, 2014). Therefore, 'othering' a person because of their disability may lead to low self-esteem and social exclusion, mainly while being 'stared' at (Partridge and Robinson, 1995). Therefore, as Berger (1996, p. 135 *cited in* Renwick *et al*., 2018) argued 'being stared at somehow creates a sense of shame, as though the soul suddenly assumes a face and must hide it, turning away wordless, cast off.' However, regardless of the intent of the stare, it can create a personal and antagonistic correlation between the 'starer' and the 'staree' (Garland-Thomson, 2006).

<u>Access: Public Access Versus Public Purse</u>

During this theme, it was distinguished that access was a critical issue that people with disabilities face. Therefore, Kafer (2013, p. 129) argues 'that people are disabled not by their bodies but by their inaccessible environments'. Despite the fact that the *Equality Act 2010* declares that service provides must make 'reasonable adjustments' to make their buildings accessible for all. The Act, however, does not explicitly specify what 'reasonable adjustments' are required to guarantee equal access (Wilson, 2105). As a consequence, some ambiguity may emerge about what 'fair access' generally means (Wilson, 2015). Accordingly, Heaton (2014) argues that people with

disabilities may face social exclusion in other ways. Therefore, even if they have access to services, they are usually separated from other people excluding them further. For example, wheelchair users in a cinema or on a train have their own space and may have to sit separately from their family or peers (Heaton, 2014).

Recommendation 1: *The Equality Act 2010* needs to clarify what reasonable adjustments they imply in their policy.

Recommendation 3: The Government needs to help smaller businesses adapt their buildings; so, they can become accessible for all.

Recommendation 3: Public Transport needs to have more spaces for wheelchair users.

Recommendation 4: Cinemas, theatres and sports events need to have areas for wheelchairs so that the wheelchair user can socialise with friends.

Acceptance and Compliance

During this theme, many people with disabilities face exclusion from society by the 'mainstream economy' (Sapey, 2004). Therefore, Barnes (1991) argues that in the UK individuals with disabilities are more likely not to be in employment. Similar findings can be found in the USA also, as many employers believe that people with disabilities are unable to perform competently (Sapey, 2004). Therefore, Green (2017) argues, this may be due to media representation, demonstrating that people with a disability are 'dependent' and 'pitiful.' Additionally, disability organisations that animate these images to generate more donation do not help (Green, 2017). Moreover, with over 7.7 million people that are of working age in the UK who have a disability, generating good images is vital in promoting people with disabilities to get back into employment (Department for Work and Pensions, 2020).

Recommendation 1- Promoting good images that individuals with disabilities are capable of work.

Recommendation 2- Business should be encouraging individuals with a disability to apply as it may benefit their businesses if they are seen to be more diverse.

Recommendation 3- Promoting and encouraging businesses to join the 'disability confident' scheme, as only 17,000 business has signed, out of 5.9 million so far.

Disability versus Ability

Throughout much of history, people with disabilities have been subject to hate crime and prejudice (Barnes, 1997). While there are numerous legislative measures, discrimination between people with disabilities continues to exist and thus creates social disparities (Goggin and Newell, 2003). Therefore, Oliver (1997, p. 37) argues that it was, the society that needed to change and not the person. Thus, the reason was not the person impairment, but how society perceives people with disabilities that created an oppressive society (Oliver, 1997). Therefore, the importance of 'language' that people use in society is imperative (Harpur, 2012). Mallett and Slater (2014, p. 91) argue that 'language' is crucial to the individual awareness of disability since the language used by people can shape opinions and attitudes.

Recommendation 1- The need for stricter legislation, to protect those from discrimination and hate crimes; a need to ensure its eradicated.

Recommendation 2- A need to ensure all new buildings are built accessible for all, ensuring that there are ramps, wide door fittings and working lifts.

Recommendation 3- To promote the positive language to create a positive awareness of disability, creating less stigma ensuring everyone accepts and does not differ those with a disability.

Finally, this dissertation has examined how people with disabilities are oppressed in society. Thus, the need to promote individuals with a disability in a positive way is evident. However, with too many 'get-out' provisions and pretexts in the law, social equality for everyone is debatable and often produces difficulties. Therefore, with approximately 7.7 million people living in the United Kingdom that has a disability, government policies need to address the complexities and inequality of individuals with disabilities to create a more congenial community in which everyone is equal.

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6. Appendices

6.1. Ethics form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

Delete the Guidance Notes at the end of the form BEFORE submitting your application

SECTION A: About You (Principal Researcher)

Full Name:		Anna Margaret Levett			
Tick all boxes which apply:		Member of staff:	☐	Honorary research fellow:	☐
Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student	☐

Faculty/School/Centre:	Yr Athrofa ~(SPYC)
Campus:	Carmarthen
E-mail address:	1703729@student.uwtsd.ac.uk
Contact Telephone Number:	07761561280
For students:	

Student Number:	1703729
Programme of Study:	BA Social Studies: Health and Social Care
Director of Studies/Supervisor:	Phillip Morgan

SECTION B: Approval for Research Activity

Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)		**YES**	☒	**NO** ☐
				Date
If Yes, please indicate source of approval (and date where known): ***Approval in principle must be obtained from the relevant source prior to seeking ethical approval***	Research Degrees Committee		☐	
	Faculty Research Committee		☐	
	Other supervisor P Morgan		☒	**09/10/2019**

SECTION C: Internal and External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines.	
UWTSD Research Ethics & Integrity Code of Practice	☒
UWTSD Research Data Management Policy	☒
British Sociological Association Statement of Ethical Practice 2017. Principles for Social Science Research, The Five Principles set out in the Academy of Social Sciences	☒

SECTION D: External Collaborative Research Activity

Does the research activity involve collaborators outside of the University?		**YES**	☐	**NO**	☒
If Yes, please provide the name of the external organisation and name and contact details for the main contact person and confirmation this person has consented to their personal data being shared.as part of this collaboration.					
Institution	NA				
Contact person name	NA				
Contact person e-mail address	NA				
Has this individual consented to sharing their details on this form?		**YES**	☐	**NO**	☒
Are you in receipt of a KESS scholarship?		**YES**	☐	**NO**	☒
Is your research externally funded		**YES**	☐	**NO**	☒
Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	**YES**	☐	**NO**	☒
	Employed	**YES**	☐	**NO**	☒

Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)	If YES then the permission question below does not need to be answered.	**YES**	☐	**NO**	☒
Permission to undertake the research has been provided by the partner organisation	(If YES attach copy) If NO the application cannot continue	**YES**	☐	**NO**	☒

Where research activity is carried out in collaboration with an external organisation

Does this organisation have its own ethics approval system?	**YES**	☐	**NO**	☒
If Yes, please attach a copy of any final approval (or interim approval) from the organisation				

SECTION E: Details of Research Activity

Indicative title:	Accessibility, Acceptance and Access for Wheelchair Users		
Proposed start date:	16TH October 2019	Proposed end date:	1st May 2020

Introduction to the Research (maximum 300 words)

Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the three points below:

- *Purpose of Research Activity*
- *Proposed Research Question*
- *Aims of Research Activity*
- *Objectives of Research Activity*

Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain

- *What the research activity will add to the body of knowledge*
- *How it addresses an area of importance.*

The purpose of this research is to analyse how individuals with disabilities are perceived in society and the restrictions they may face in the community. However, due to the different challenges people with disabilities have, this assignment will focus primarily on wheelchair users in the United Kingdom (UK) and the difficulties they may face in society.

The World Health Organization (2018) reports that some 110 million people worldwide have some kind of disability. As a result, the rates of disability are also increasing due to the ageing population. Consequently, individuals with disabilities are also having less access to health services and therefore report unsatisfied healthcare needs (World Health

Organization, 2018). Nevertheless, due to inequalities in society, disabled people are protected under the Equality Act 2010 if they have a physical or mental disability that has a ' substantial ' or ' long-term ' adverse impact on their ability to undertake normal day-to-day activities (Legislation.gov.uk.,2010).

Reference list

Health Organisation. (2018). Disability and health. (online) Available at: https://www.who.int/news-room/fact-sheets/detail/disability-and-health (Accessed 8 Oct. 2019).

Legislation.gov.uk. (2010). Equality Act 2010. (online) Available at: http://www.legislation.gov.uk/ukpga/2010/15/section/6 (Accessed 10 Oct. 2019).

Purpose of Research Activity

To critically explore the physically built environment for wheelchair users and the barriers they may face in society how the above question affects the wheelchair user regarding their mental health and well-being as well as how the public perceives those people who live with a disability.

(this box should expand as you type)

Research Question

- Critically explore if wheelchair users are disadvantaged within the built environment.
    - To see if the way society is built restricts wheelchair users.
    - How the public perceives disabled people.
    - Investigating people's views and interpretations of people who are wheelchair users.
    - To comprehend how they affect the individual in question regarding their mental health and well-being.
    - Investigating statistics already carried out regarding wheelchair users

(this box should expand as you type)

Purpose of Research Activity

The purpose of this research is to critically research social approaches within positivism, examining environments as well as the mental health and well-being of the person with a recognised disability/life challenge regarding their restrictions in society. In addition, how the public perceives people who are wheelchair users and the economic strain it puts on businesses to provide disabled access. Consequently, Sarah Newton *cited in* (GOV.UK, 2019) argues, businesses are losing out on £249 billion a year by not improving accessibility in their companies for disabled consumers and their relatives. Therefore, 'five new champions' are joining the present 'fourteen champions' who have already made considerable improvements in enhancing accessibility across a wide range of businesses (GOV.UK, 2018; GOV.UK, 2019). However, Disability Wales (2018) argues that Wales was one of the first countries to implement the Social Model of Disability in 2002 with the first approach of achieving equality among individuals with a disability. Thus, social inclusion can be defined as a method of improving the conditions under which vulnerable individuals and groups participate in society (World Bank, 2019). Consequently, The Welsh Government is committed to increasing social inclusion and supporting those people to live independently (Disability Wales, 2018).

Reference list

Disability Wales. (2018). *Planning for Inclusive Access in Wales: Good Practice Guidance Toolkit*. (online) Available at: http://www.disabilitywales.org/wp-content/uploads/2018/03/WAY-TO-GO-Toolkit-E-with-links.pdf (Accessed 10 Oct. 2019).

GOV.UK. (2018). *Disability champions set to open industry doors.* (online) Available at: https://www.gov.uk/government/news/disability-champions-set-to-open-industry-doors (Accessed 10 Oct. 2019).

GOV.UK. (2019). *New champions to fight for rights of disabled consumers*. (online) Available at: https://www.gov.uk/government/news/new-champions-to-fight-for-rights-of-disabled-consumers (Accessed 10 Oct. 2019).

World Bank. (2019). *Social Inclusion*. (online) Available at: https://www.worldbank.org/en/topic/social-inclusion (Accessed 10 Oct. 2019).

(this box should expand as you type)

(this box should expand as you type)

During this dissertation, the research that will be sourced will be primarily based on literature reviews. Therefore, literature reviews are defined as a relevant, analytical analysis of published research on a particular subject (Aveyard, 2010). However, relevant, and reliable websites will also be used for a small proportion of research such as statistics, policies and legislations. Although a critical analysis of websites will be conducted in order to establish that the data is accurate, three-question will be queried before any information from the websites will be used:

1. Who supports the site?
2. When was it last updated?
3. Which authority do the web writers have?

It is only when these three terms have been met that data from these websites will be used (Fink, 2005 *cited in* Aveyard, 2014).

Although, it is accepted that, as a general rule, literature reviews do not require ethical consent as no data collection will be conducted. While ethical issues arise concerning literature reviews at times, such as a study with distressing or explicit content, this ethics form will outline any ethical risks.

Reference list

Aveyard, H. (2010). *Doing a literature review in health and social care: A practical guide*.2nd ed. Berkshire, Great Britain: Open University Press.

Aveyard, H., 2014. *Doing a literature review in health and social care: a practical guide* 3rd ed., Maidenhead: Open University Press.

(this box should expand as you type)

Location of research activity Identify all locations where research activity will take place.
Desk and computer based. University, library and home. (this box should expand as you type)
Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants.
NA *(this box should expand as you type)*

Use of documentation not in the public domain: Are any documents **NOT** publicly available?	**NO**	☒
	YES	☐
If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with prevailing data protection law of the country in question and England and Wales. NA *(this box should expand as you type)*		

SECTION F: Scope of Research Activity

Will the research activity include:	**YES**	**NO**
Use of a questionnaire or similar research instrument?	☐	☒
Use of interviews?	☐	☒
Use of diaries?	☐	☒
Participant observation with their knowledge?	☐	☒
Participant observation without their knowledge?	☐	☒
Use of video or audio recording?	☐	☒
Access to personal or confidential information without the participants' specific consent?	☐	☒
Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
Investigation of participants involved in illegal activities?	☐	☒
Use of procedures that involve deception?	☐	☒
Administration of any substance, agent or placebo?	☐	☒
Working with live vertebrate animals?	☐	☒
Other primary data collection methods, please explain in this box For example, 'focus groups'. Please indicate the type of data collection method(s) in this box and tick the accompany box.		
Details of any other primary data collection method: (this box should expand as you type)	☐	☒

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

Who are the intended participants: NA	**YES**	**NO**
Students or staff at the University?	☐	☒
Adults (over the age of 18 and competent to give consent)?	☐	☒
Vulnerable adults?	☐	☒
Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
Prisoners?	☐	☒
Young offenders?	☐	☒
Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
People engaged in illegal activities?	☐	☒
Others (please identify specifically any group who may be unable to give consent) please indicate here and tick the appropriate box.		
Other – please indicate here: (this box should expand as you type)	☐	☒

Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
How many participants are expected?	NA *(this box should expand as you type)*
Who will the participants be?	NA *(this box should expand as you type)*
How will you identify the participants?	NA *(this box should expand as you type)*

Information for participants:	**YES**	**NO**	**N/A**
Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☐	☐	☒
Will you tell participants that their participation is voluntary?	☐	☐	☒
Will you obtain written consent for participation?	☐	☐	☒
Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
Will you tell participants that they may withdraw from the research at any time and for any reason?	☐	☐	☒
With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☐	☐	☒
Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☐	☐	☒
If NO to any of above questions, please give an explanation			
NA *(this box should expand as you type)*			

Information for participants:	**YES**	**NO**	**N/A**
Will participants be paid?	☐	☐	☒
Is specialist electrical or other equipment to be used with participants?	☐	☐	☒
Are there any financial or other interests to the investigator or University arising from this study?	☐	☐	☒
Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☐	☒
If YES to any question, please provide full details			
NA *(this box should expand as you type)*			

SECTION H: Anticipated Risks

Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
Full risk assessment completed and appended? **NA**	**Yes**	☐
	No	☒

Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information	
Risk to Participant: NA *(this box should expand as you type)*	*How will you mitigate the Risk to Participant?* NA *(this box should expand as you type)*
If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
NA *(this box should expand as you type)*	
Risks to investigator For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
Risk to Investigator: Investigator may become upset or disturbed by images or research being shared. *(this box should expand as you type)*	*How will you mitigate the Risk to Investigator:* To overcome this, I will refer to student services if I feel the information is disconcerting and affecting my mental health and well-being. *(this box should expand as you type)*
University/institutional risks For example: adverse publicity, financial loss, data protection	
Risk to University: Publication of inappropriate content. *(this box should expand as you type)*	*How will you mitigate the Risk to University:* Be Present at all dissertation meetings. *(this box should expand as you type)*

Disclosure and Barring Service			
If the research activity involves children or vulnerable adults, a	**YES**	**NO**	**N/A**

Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.			
Does your research require you to hold a current DBS Certificate?	☒	☐	☐

SECTION I: Feedback, Consent and Confidentiality

Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
NA *(this box should expand as you type)*
Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
NA *(this box should expand as you type)*
Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
NA *(this box should expand as you type)*

SECTION J: Data Protection and Storage

In completing this section refer to the University's Research Data Management Policy and the extensive resources on the University's Research Data Management web pages (http://uwtsd.ac.uk/library/research-data-management/).

Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	**YES**	**NO**
"Personal data" *means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.*	☐	■
If YES, provide a description of the data and explain why this data needs to be collected:		
NA *(this box should expand as you type)*		
Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**
"Special category data" *means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,* *(h) biometric data (as used for ID purposes),*	☐	■
If YES, provide a description of the special category data and explain why this data needs to be collected:		
NA *(this box should expand as you type)*		
Will the research activity involve storing personal data and/or special category data on one of the following:	**YES**	**NO**
Manual files (i.e. in paper form)?	☐	☒
University computers?	☐	☒
Private company computers?	☐	☒
Home or other personal computers?	☐	☒
Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☐	☒
"Cloud" storage or websites?	☐	☒
Other – specify:	☐	☒

For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of password protection, encryption, anonymisation and pseudonymisation:		
NA *(this box should expand as you type)*		
All Data Storage NA		
Will the research activity involve any of the following activities:	**YES**	**NO**
Electronic transfer of data in any form?	☐	☒
Sharing of data with others at the University?	☐	☒
Sharing of data with other organisations?	☐	☒
Export of data outside the European Union or importing of data from outside the UK?	☐	☒
Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
Publication of data that might allow identification of individuals?	☐	☒
Use of data management system?	☐	☒
Data archiving?	☐	☒
If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and DPA (and/or any international equivalent):		
NA *(this box should expand as you type)*		
List all who will have access to the data generated by the research activity:		
NA *(this box should expand as you type)*		
List who will have control of, and act as custodian(s) for, data generated by the research activity:		
NA *(this box should expand as you type)*		
Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
NA *(this box should expand as you type)*		
Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff)*		
NA *(this box should expand as you type)*		
Confirm that you have read the UWTSD guidance on data management (see	**YES**	☒

https://www.uwtsd.ac.uk/library/research-data-management/)	**NO**	☐
Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding NA	**YES**	☐
	NO	☐

SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants**.** In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice		
Signature of applicant:	A M Levett	**Date:** 09/10/2019

For STUDENT Submissions:

Director of Studies/Supervisor:	P Morgan	**Date:** 16.10.2019
Signature:	Phillip Morgan	

For STAFF Submissions:

Head of School/Assistant Dean:		**Date:**
Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed **ALL RELEVANT** sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (**where appropriate**)
☐	I have attached a full risk assessment (and have NOT completed Section H of this form) (where appropriate) *ONLY TICK IF YOU HAVE* ***ATTACHED A FULL RISK ASSESSMENT***
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Head of School.
☒	I have deleted the guidance notes before submitting the PG2 for consideration

6.2. Appendices 2: *Equality Act 2010*.

Chapter 1. The protected characteristics of the *Equality Act 2010* (2010c)

The following characteristics are protected characteristics-

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

5 Age

(1)In relation to the protected characteristic of age—

(a)a reference to a person who has a particular protected characteristic is a reference to a person of a particular age group;

(b)a reference to persons who share a protected characteristic is a reference to persons of the same age group.

(2)A reference to an age group is a reference to a group of persons defined by reference to age, whether by reference to a particular age or to a range of ages.

6 Disability

(1)A person (P) has a disability if—

(a)P has a physical or mental impairment, and

(b)the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

(2)A reference to a disabled person is a reference to a person who has a disability.

(3)In relation to the protected characteristic of disability—

(a)a reference to a person who has a particular protected characteristic is a reference to a person who has a particular disability;

(b)a reference to persons who share a protected characteristic is a reference to persons who have the same disability.

(4)This Act (except Part 12 and section 190) applies in relation to a person who has had a disability as it applies in relation to a person who has the disability; accordingly (except in that Part and that section)—

(a)a reference (however expressed) to a person who has a disability includes a reference to a person who has had the disability, and

(b)a reference (however expressed) to a person who does not have a disability includes a reference to a person who has not had the disability.

(5)A Minister of the Crown may issue guidance about matters to be taken into account in deciding any question for the purposes of subsection (1).

(6)Schedule 1 (disability: supplementary provision) has effect.