Disability Barriers in Academia: An Analysis of Disability Accommodation Policies for Faculty at Canadian Universities

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Abstract

This article examines disability accommodation policies for faculty at 42 Canadian universities. Although universities in Canada are legally required to accommodate disabled employees, fewer than half of all universities have a written disability accommodation policy available. The search for disability accommodation policies revealed that there is a lack of consistency in policy implementation as well as language and content. The analysis revealed that disability accommodation policies contain overtly medical language and provisions that work to isolate disabled faculty by reinforcing the notion of competency as able-bodiedness and emphasizing the entanglement between disability, health and medicine. This article encourages universities to acknowledge their role in establishing accessible and inclusive workplaces and concludes with recommendations aimed at addressing some of the gaps and inconsistencies in disability accommodation policies.

Keywords

Disability, policy, accessibility, accommodation, academia, faculty, higher education

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Introduction

Most, if not all, universities in Canada have an online accessibility site and policies for academic accommodation for students with disabilities. The increase in disability services for postsecondary students both in Canada and abroad has sparked interest amongst researchers on how students with disabilities navigate the university environment (Borland & James, 1999; Goode, 2007; Harpur & Loudoun, 2011; Mullins & Preyde, 2013). Given the broad range of experiences, many empirical studies focus on specific impairments (e.g. learning, vision, hearing, mobility, mood etc.), while others look at disability collectively as a broader experience of exclusion from the mainstream (see Hampton & Gosden, 2004; Madriaga, Hanson, Kay & Walker, 2011; Demery, Thirlaway & Mercer, 2012; Gibson, 2012; Magnus & Tøssebro, 2014).

To date, the existing literature on disability and higher education has focused primarily on the student experience with less attention placed on examining disability accommodation for faculty. Smith and Andrews (2015) point out that "higher education institutions are often well prepared in terms of accommodation policies and practices for disabled students. Ironically, campuses are often not prepared once disabled academics return as faculty" (p. 1521). In examining campus accommodation processes, Dolmage (2017) illustrates the ways in which academia promotes and values able-bodiedness and able-mindedness and remarks that "a primary message around accommodation is that disability is isolating and individuating, something located within a single and singular body" (p. 72). This was illustrated in a recent

study conducted by Waterfield, Beagan and Weinberg (2018) which revealed that academics in Canada receive little institutional support in obtaining disability accommodation. Furthermore, the participants in their study felt pressure to demonstrate that they were competent and productive academics.

This article examines disability accommodation policies for faculty members at 42 Canadian universities. Although universities in Canada are legally required to accommodate disabled faculty, fewer than half of all universities have a disability accommodation policy available. The search for disability accommodation policies revealed that there is a lack of consistency in policy implementation as well as language and content. This analysis revealed that disability accommodation policies contain overtly medical language and provisions that work to isolate disabled faculty members by reinforcing the notion of competency as able-bodiedness and emphasizing the entanglement between disability, health and medicine.

The two main questions guiding this policy analysis are as follows: How do disability policies discursively frame and situate disability? What types of resources, support and accommodation are provided to faculty? In seeking to answer these questions, university workplace policies on disability accommodation were analyzed according to factors such as the use of language in how disability is framed and defined, the types of accommodation that are available, and the disclosure and medical documentation requirements of employees. The purpose of this analysis was to identify and document patterns in what these policies contain, how they are implemented and communicated and how they can be used to foster equality and inclusivity among academics.

This article challenges binary ways of thinking about education that conceptually separate learning from research and teaching. Messiou (2016) observes that much of the existing literature

on inclusive education focuses on certain types of learners. She argues that focusing on some students instead of framing inclusion collectively by looking at all students is contrary to principles of inclusive education. This article extends Messiou's argument further by suggesting that focussing only on students and excluding academics is also contrary to the principles of inclusive education. Inclusive education ought to account for the experience of academics and not focus exclusively on students. This article concludes with 12 recommendations aimed at removing disability barriers in academia through the implementation of policies that acknowledge subjectivities of disability and the role of institutions in establishing accessible and inclusive workplaces.

Disability Accommodation

Disability accommodation policies recognize that spaces and environments are not accessible to everyone and that modifications at the individual level may be required in order for some people to gain access and/or be able to fully participate. DePoy and Gilson (2014) define accommodation as "adjustments to a standardized world on a case-by-case basis" (p. 119). The authors claim that although accommodation can be productive, it can also be alienating when it is based on misguided notions of what adequate accommodation entails. For example, sign language interpreters may be available as a form of accommodation on university campuses for those who are deaf or hard of hearing, but not everyone who is deaf or hard of hearing knows sign language. This is a common misconception and can be alienating for those who would find other forms of accommodation, such as real time closed captioning, more useful.

Accessibility differs from accommodation in that it is not based on modifications at the individual level. Titchkosky (2011) defines access as "an interpretive relation between bodies"

(p. 5). She adds that "access is a way people have of relating to the ways they are embodied as

beings in the particular places where they find themselves" (p. 5). We can extend this further and

consider access as an interpretive relation between bodies, spaces and material artifacts. For

example, a computer that requires costly adaptive equipment to render it usable for the blind is

not accessible. A university campus that has classrooms, offices or washrooms on floors without

elevators and appropriate ramps is not accessible. Writing about access within the university

environment Titchkosky elaborates on the many ways in which access can be considered:

> In the university for example, people require access to buildings, washrooms, classrooms, offices, or access to filling out forms; people require access to news, policies, reading lists, as well as to professors and events; people require access to a sense of the camaraderie, conversation, and connections that accompany academic life. In short, people require access to a general feeling of legitimate participation, meaningfulness, and belonging. A classroom, a policy, or a professor can be perceived through questions of access. (p. 7)

Understanding access as an interpretive relation between bodies means that perceptions of access

may differ. For example, a building could be designed to be fully accessible to those who use

wheelchairs and at the same time be inaccessible to the blind and those with low vision. A

lecture can be accessible to blind attendees, but inaccessible to those who are deaf or hard of

hearing. Accommodation, therefore, can be understood as a means to fill access gaps.

A caveat with accommodation is that it is ultimately subjected to a cost analysis.

Employers in Canada have a legal duty to accommodate unless providing accommodation would

result in undue hardship. Undue hardship is determined by examining the costs involved in

providing accommodation as well as other factors such as disruption to business, health and

safety risks and whether other employee rights would be impacted (Ontario Human Rights

Commission, 2018). DePoy and Gilson (2014) remark that "[w]hile often interpreted as fairness

and equality, reasonable accommodation is just another synonym for diminished benefit […]

note that the term 'reasonable' precedes the benefit of accommodation" (p. 119). The problem

with the legal concepts of reasonable accommodation and undue hardship is that they justify

unequal treatment between those who experience disability and those who do not. Depoy and

Gilson also note that lack of support mechanisms in obtaining accommodation can also be

alienating. This was reflected in the findings of Waterfield, Beagan and Weinberg's (2018)

study. The authors found that disabled academics were not fully welcomed, nor did they receive

support from their respective universities when attempting to obtain accommodation.

Disability Legislation in Canada

In Canada, disability legislation falls within both federal and provincial purview. Key

statutes representing federal disability legislation include the Accessible Canada Act, the Charter

of Rights and Freedoms, the Canadian Human Rights Act, and the Employment Equity Act. The

scope of these acts is limited in that they fall under federal jurisdiction including federally

regulated businesses, industries and public-sector employees.

Provincial acts, such as the Ontario Human Rights Code (the Code) and the Accessibility

for Ontarians with Disabilities Act (AODA), apply to all organizations in Ontario. The goal of

the Code is to promote equality and equal rights and ensure that disabled people "are free from

discrimination where they work, live and receive services, and that their needs are

accommodated" (Ontario Human Rights Code, 1990). Where an individual requires

accommodation in any of the above activities, the Code mandates a duty to accommodate. All

provinces and territories in Canada have provincial human rights legislation that offers protection

against discrimination on the grounds of disability.

What sets Ontario apart from other provinces is the AODA. The goal of the AODA is to achieve full accessibility in the province of Ontario by 2025. The AODA applies to both public and private organizations. The AODA can be characterized as a proactive form of legislation in that it acknowledges that organizations have a responsibility to remove barriers and it requires organizations to look internally to identify, prevent and remove barriers (Accessibility for Ontarians with Disabilities Act, 2005). Universities in Ontario have already begun to adhere to the standards and cite the AODA online and in their accommodation policies. Similar accessibility acts have recently been implemented in Manitoba and Nova Scotia. However, it is crucial to note that anti-discrimination legislation does not provide practical guidance on drafting and implementing policies. This leads to inconsistencies in how disability is framed and understood and the ways in which institutions respond to requests for accommodation.

Methods

This policy analysis focused exclusively on universities in Canada. Disability accommodation policies were obtained during the 2017-2018 academic year by searching the websites of 96 universities that are members of Universities Canada, a national organization that represents public as well as private non-profit universities and provides leadership in the development of public policy on higher education.

The process of locating disability accommodation policies for faculty and instructors required some navigation by entering search terms and following a series of links. Many universities had an accessibility hub easily found through the A-Z list accessed on the university's home page. While some of the accessibility hubs provided links to the equity office where information on disability accommodation for employees could be found, these centralized accessibility sites were typically geared toward students. These sites provided details on the

process for students to register with the accessibility/disability office as well as information on the types of accommodation they could expect to receive, such as extensions on assignments and note-taking services. Many of the accessibility sites included a link for faculty, but the information was limited to how faculty can make their classrooms accessible for students. Information on how faculty members could, themselves, receive accommodation and support in carrying out their academic duties was not provided.

The location of disability accommodation policies for faculty varied somewhat across universities but were typically found through a link on the university's human resources site. This was standard for the universities that had a policy in place. In the instance that a policy was not located through a university's website, an email was sent to human resources requesting a link or copy of the current policy. In total, 42 disability accommodation policies were obtained and analyzed. 16 universities confirmed via email that they did not currently have a formal disability accommodation policy for faculty. A few of these universities mentioned that they were in the process of developing a policy. One of the universities that did not have a policy explained that due to their small size they have not received a formal faculty accommodation request. This reply revealed that assumptions surrounding disability can have a negative impact on whether an accommodation policy even exists. The remaining universities did not respond or responded with vague information. The chart below reveals the number of universities and accommodation policies obtained per province.

Figure 1. Number of universities in Canada with disability accommodation policies by province.

Province	Number of universities	Number of universities where a policy was located/obtained	Number of universities that confirmed they did not currently have a policy
Alberta	8	1	3
British Columbia	11	4	1
Manitoba	6	4	
New Brunswick	4	0	1
Nova Scotia	9	1	2
Newfoundland & Labrador	1	1	
Ontario	31	26	
Prince Edward Island	1	0	1
Quebec	19	2	8
Saskatchewan	6	3	

Thematic analysis (Braun & Clarke, 2006) of the data was conducted in order to identify

meaning and analyze and report patterns (themes) within the policies. Braun and Clarke explain

that a "theme captures something important about the data in relation to the research question

and represents some level of *patterned* response or meaning within the dataset" (p. 82). They

explain that thematic analysis at the latent level seeks to uncover "underlying ideas, assumptions,

and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic

content of the data" (p. 84). This analysis uncovered three core themes related to underlying

assumptions, conceptions and ideologies. These themes centred on the content of policies,

language and key terms, and the medicalization of disability. What follows is a discussion of

these three themes. Considerable attention is placed on examining the third theme by looking at the medical framing of disability in accommodation policies.

Findings

Despite the legal requirement for employers to provide disability accommodation in the workplace, only 43.75% of universities in Canada have a written disability accommodation policy for faculty members. This is consistent with earlier research on Canadian academics with multiple sclerosis, which revealed that in 2013 only 27% of universities in Canada had a designated office for assisting faculty members in obtaining accommodation and that only 42% of universities in Canada had a written policy (Stone, Crooks & Owen, 2013).

Content of Disability Policies

The content of disability accommodation policies varied considerably among universities. The objective and scope of policies referred to applicable disability legislation, such as the Code and the AODA (for those universities in Ontario). However, in some instances, the policy comprised all minority groups and did not solely or specifically pertain to disabled people. For example, Vancouver Island University has a policy titled "Accommodation of Employees." The policy is brief and opens with the following statement:

> Vancouver Island University (VIU) has a commitment to treating all of its employees equitably and to accommodating individual differences in employees that are related to human rights protected grounds, such as permanent or temporary disability, religion, and gender. Accommodation is the reasonable adjustment of a person's workplace, responsibilities, schedule, or job assignment to accommodate individual differences. (Vancouver Island University, 2016)

Similarity, the University of Winnipeg's policy titled "Workplace Accommodation Policy" includes a definition for protected characteristics defined as follows:

Ancestry, including colour and perceived race; nationality or national origin, religion or creed or religious belief, religious association or activity; age; sex, including pregnancy; gender identity, sexual orientation, marital and family status, source of income, political belief, physical or mental disability, or social disadvantage. (University of Winnipeg, 2016)

The University of Winnipeg's policy does not specifically pertain to disability accommodation but is more broadly focussed on accommodation based on a protected ground. Similarly, the University of Alberta's policy is titled "Discrimination, Harassment and Duty to Accommodate Policy" The purpose section states the following:

This policy expresses the university's commitment to a work, study, and living environment that is free of **discrimination** and **harassment**, and it ensures that the University of Alberta will meet both its obligation under the law and its ethical responsibilities as an institution of higher learning. These legal and ethical responsibilities include the **duty to accommodate** and the provision of opportunities to persons who require **accommodation** based on a **protected ground.** (emphasis in original) (University of Alberta, 2017)

Another example can be found in Brock University's "Employment Accommodation Policy" purpose statement which reads as follows:

The purpose of this policy is to outline Brock University's (the university) commitment to providing an environment that is inclusive and that is free of barriers based on age, race, ancestry, place or origin, colour, ethnic origin, citizenship, creed, sex, gender identity, gender expression, sexual orientation, marital status, family status and disability, through meeting its obligation to provide employees with suitable work accommodations, whether temporary or permanent in nature. (Brock University, 2016)

The policies cited above focus on a broader notion of accommodation. While these policies recognize diversity, all-encompassing policies are problematic in that they fail to address the unique and wide-ranging barriers that disabled people experience.

A recurring theme in some of the policies was the notion of providing accommodation in a dignified manner. For example, Ontario College of Art and Design University states that

[e]mployees with disabilities have the right to work in an environment that is respectful of their dignity. Human dignity encompasses individual self-respect and self-worth. It is concerned with physical and psychological integrity and empowerment. The university will

develop accommodation solutions in a manner that respects the dignity of employees with disabilities. (OCAD, 2010)

Trinity College's accessibility policy echoes this sentiment and states that "the college is committed to creating an inclusive accessible environment for everyone that respects the dignity and independence of people with disabilities" (Trinity College, 2015). Saint Paul University provides a statement at the beginning of their policy that they are "committed to providing goods and services in a manner that respects the dignity and autonomy of each member of the administrative staff, teachers, student population as well as visitors" (Saint Paul University, 2014). The first point in Brescia's policy states the following:

> Brescia University College is committed to recognizing the dignity and independence of all staff, students, faculty, and visitors and seeks to ensure that persons with disabilities have genuine, open, and unhindered access to university goods, services, facilities, accommodation, employment, buildings, structure, and premises. (Brescia, 2010)

In some policies, the use of the word 'dignity' contradicted other language in the policy. For example, the University of Ottawa's policy states that the university "is committed to creating and maintaining an accessible barrier-free working, teaching and learning environment as well as the principles of integration, dignity and equality of opportunity for members of the University community with disabilities" (University of Ottawa, 2018). It subsequently defines disability by using the definition stipulated by the Code. The definition includes terms such as infirmity, malformation, disfigurement, defect and disorder (Ontario Human Rights Code, 1990). The failure to define disability in ways that depart from medical and derogatory definitions contradicts the university's commitment to maintain dignity.

Ahmed (2012) examines diversity statements within universities and argues that while universities express a commitment to valuing diversity, what is communicated through reports, mission statements, and policies is often quite different from what is experienced. Ahmed

explains that one of the problems with "the language of commitment" is that it does not actually commit universities to anything (p. 114). Ahmed refers to statements of commitments as "non-performatives" in that the statements do not actually do what they say (p. 117). For commitment statements to be performative other institutional practices and procedures need to be implemented. Furthermore, Ahmed points out that the language of commitment can at times "block action by constructing the university or organization as 'already committed'" […] (p. 129). For example, a university with a disability accommodation policy may make less of an effort to establish and monitor accessibility on campus . Ahmed suggests that the implementation of policies are considered by universities as an action taken to achieving diversity. Universities need to go beyond implementing policies to actually apply the provisions within the policies and provide accommodation. Ahmed also points out that institutional commitment is situated alongside legal compliance. Universities ultimately 'commit' to diversity because they are legally required to do so.

In addition to stating their commitment to accommodation, some policies elaborated and included a list of the types of accommodation available. For example, OCAD provides the following examples of accommodation:

- Human support services such as sign language interpreters, readers, etc;

- Technical aids and devices and adaptive technologies;

- Workstation and/or minor office modifications;

- Position redesign;

- Reassignments and alternate jobs;

- Flexible or alternative work schedules;

- Temporary rehabilitative assignments; and/or

- Retraining plans (OCAD, 2010)

Other policies mentioned the importance of working closely with individuals to develop

accommodation solutions that meet their specific needs. For example, Carleton University

states that "[e]mployment accommodation is assessed on an individual basis since

limitations that are traditionally attributed to any given disabling condition cannot be

generalized" (Carleton University, 2018). However, the lack of standardized

accommodations was an issue noted by Waterfield, Beagan and Weinberg (2018). The

authors refer to one of their study participants noting that

> […]in seeking accommodations for her chronic illness, Lana found that she received
> no support from her university and the 'onus' was placed on her to figure out what
> she needed and how to access those accommodations. At the time, Lana was pretty
> ill, which made the process feel cumbersome and erratic. (p. 336)

The authors found that the lack of standardized accommodation available suggests that

disability is an individual problem and one which disabled people must manage on their

own. They referred to another participant, Kathryn, and described her experience as

follows:

> Kathryn was expected to identity necessary accommodations and propose those to
> human resources at her university. She often felt she was perceived as 'needy' when
> requesting new accommodations, and she found it emotionally challenging to
> constantly identify her needs for administrators to assess and approve. (p. 336)

Lana and Kathryn's account illustrates that individualizing accommodation and requiring

faculty to identify accommodation can have the adverse effect of contributing to the

negative experience of disability.

Another consideration is that some faculty may not know what they need or what

type of accommodation is available. Smith and Andrews (2015) point out that faculty who

acquire impairment later in their careers may not be aware of accommodations. Yet for

others, identifying suitable accommodation is preferred. Smith and Andrews examined the experience of Deaf and hard of hearing academics and reported that "the actual need for accommodation and resources can vary by the type and level of hearing loss, and the communication preferences and skills of the individual" (1524). Smith and Andrews (2015, p. 1524) caution against making assumptions about what type of accommodation would be useful and recommend asking faculty what they need:

> […] it has been our experience that some campus officials want to tell the DHH professors what accommodations they needed. This happened to a late-deafened DHH faculty member who was repeatedly denied her requests for CART transcription. Instead the officials insisted that she use a transcriber who wore a small microphone and single speaker (Akers vs. University of Nebraska, U.S. District Court for the District of Nebraska 2011). Another example of campus officials overstepping their bounds was when they recommended that a DHH faculty member go to speech therapy 'to improve her lip-reading skills so she would not need a sign language interpreter' (Harbour 2013).

The above quote illustrates the importance of recognizing the subjective experience of disability when proposing accommodation and reveals how inappropriate accommodation can be alienating. It can be burdensome for faculty to have to determine their own accommodation if they are unsure as to how they can be accommodated. Faculty should be supported by the university with options and ideas as to how accommodation can be met but should also have agency to request the specific accommodation they need.

Some of the disability accommodation policies that were analyzed outlined sources of funding within the university and eligible expenses as well as the role of human resources and the union while other policies were quite brief and resembled more of a statement of the university's commitment to accommodation rather than a policy. In these cases, employees were encouraged to contact a designated office such as employment equity and accessibility services.

The variation across universities in relation to the content of policies was somewhat surprising given the legal requirement for all universities to adhere to applicable legislation and provide disability accommodation for employees. What was consistent across all universities were references to provincial legislation. Legal definitions such as 'duty to accommodate', 'reasonable accommodation' and 'undue hardship' were provided to illustrate how accommodation is assessed. The following section examines some of the language and key terms used in accommodation policies in order to generate an understanding of how disability is discursively framed and situated.

Language and Key Terms

For a policy to be effective in outlining how an institution or organization responds to a particular situation, a clear articulation of relevant key terms and definitions are necessary. This policy analysis revealed that there is a general lack of consistency across universities when it comes to providing definitions of key terms, such as 'disability' and 'accommodation'. On a more positive note, definitions of 'accommodation' that were included emphasized removing barriers, adapting work spaces, and preventing discrimination. Consider the following definitions:

> Accommodation is the duty owed by the University to an employee or job applicants not to discriminate against them. It is any temporary or permanent measure used to remove barriers which prevents an otherwise qualified individual from performing or fulfilling the essential duties of a job. The university attempts to accommodate the employment needs of job applicants and employees who are protected under the Human Rights Act, 2010, up to the point of undue hardship. (Memorial University, 2015)

> [Accommodation] refers to the design and adaptation of the work environment to the needs of as many types of persons as possible and, according to the Supreme Court of Canada, refers to what is required in the circumstances of each case to avoid discrimination. (Western University, 2018)

> Accommodation is a means of preventing and removing barriers that impede full participation and access based on the prohibited grounds of discrimination. It is not a courtesy or a favour, neither is it a lowering of standards. Rather, accommodation is a recognition that individuals may require some adjustments in order to support their performance on the job or in the classroom. The provision of accommodation is based on 3 principles: dignity, individualization, [and] inclusion. (McMaster University, 2015)

The definition in McMaster's policy clearly describes what accommodation is and what it is not. This is particularly useful for establishing that accommodation is not about reducing standards, but about modifying the environment in ways that make participation possible.

The University of Saskatchewan provides a definition of accommodation, but theirs differs in that it is situated within a legal and medical framework:

> According to the *Saskatchewan Employment Act*, **accommodation** is identified as "modifying the duties or reassigning the employee." Therefore, an accommodation will be dependent on a number of factors including: the employee's nature of disability, prognosis, medical **restrictions/limitations** and capabilities and the employer's operations, availability of work and financial and human resources. An accommodation may be **temporary** or **permanent.** (emphasis in original) (University of Saskatchewan, 2017)

The first issue with this definition is that it erroneously defines accommodation as "modifying duties or reassigning an employee." Accommodation does not necessarily take the form of modification or reassignment. For example, an employee who uses a wheelchair may need to be accommodated by having their courses scheduled in classrooms they can access. A faculty member who is Deaf or hard of hearing may require sign language interpretation or live captioning services to be able to communicate with students. Similarly, a faculty member with low vision or blindness may require screen reading software, audio books, text enlargement or braille. In these examples above, modification of duties and reassignment are not necessary. Accommodation can, therefore, also be understood as providing alternative ways of performing tasks.

The second issue with the University of Saskatchewan's definition of accommodation is that it emphasizes individual pathology by suggesting that accommodation is dependent on such factors as the "employee's nature of disability, prognosis, medical restriction/limitations and capabilities." This implies that accommodation is provided for medical conditions. The reality is that disability may not be medical in nature. Haegele and Hodge (2016) point out that "some disabilities cannot be eliminated or ameliorated using medical advances" (p. 195). Lastly, this definition seems to justify instances where accommodation may not be provided due to the "employer's operations, availability of work and financial and human resources." This does not convey institutional support and commitment to provide accommodation, but instead implies that accommodation may be an inconvenience to the university and may not be available depending on the resources that are required.

These varied definitions of accommodation highlight the multiple factors that influence and shape the accommodation process. McMaster's definition of accommodation reflects principles of dignity, individualization and inclusion while Western University's alludes to a legal obligation to prevent discrimination. The University of Saskatchewan contains a definition of accommodation that emphasizes legal and medical perspectives. Accommodation is situated within a rights-based approach and as a means to achieve inclusion in some policies and as a response to individual pathology in others. The way in which a university frames accommodation is significant in that it influences how employees will experience disability and whether they will feel supported in seeking accommodation.

Medicalization of Disability

A key theme that emerged in this policy analysis was the use of medical language and terms when defining disability. This theme intersected with the language and key terms and is worth exploring in more depth. The issue with a predominantly medicalized view is that it situates disability within a paradigm of normality. In examining the construction of normalcy Davis (2006) claims that "the 'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled person" (p.3). When measured against ontological norms, the disabled body is seen as a problem in need of fixing. Disabled people are often encouraged to pursue the ideal or 'normal' body, through medical treatment, rehabilitation and the use of various assistive technology all of which are focused on aiding, repairing, rehabilitating or providing some measure of 'normal' functioning (Oliver, 1990; Patterson, 2000; Moser, 2006; Hansen & Philo, 2009).

The social model emerged in response to the medicalization of disability and argues that disability is not caused by impairment but posits instead that disability is socially constructed through architectural, environmental and attitudinal barriers that do not account for impairment (Oliver 1990, Davis 2018). Davis (2018) distinguishes between being impaired and being disabled as follows:

> An impairment is something that limits you physically or mentally. So you might not be able to walk and therefore might have to use a wheelchair. That is your impairment, but in a college or city that has ramps and elevators that impairment isn't really a limitation. […] Wheels work! But they don't work when they come screeching to a halt at a set of stairs. In the social model, the impairment becomes a disability when the environment is not accessible. (p. 7)

Hansen and Philo (2009) recognize the relevance of bodily experience and look at the ways in which bodies and spaces are viewed and understood through a normative lens. They advocate for bringing the body back into disability discourse and claim that by looking at the body and how it

interacts within socio-spatial environments we can understand how spaces and social attitudes work to exclude disabled people. Hansen and Philo argue for a shift in accommodation oriented towards 'aiding' disabled people to do things "normally' to instead recognize the "normality of doing things differently" (p. 251).

The way in which disability is defined is significant in that it impacts how disabled people are viewed by others, the expectations that people form about disabled people and the ways in which they interact with disabled people (Haegele & Hodge, 2016). Language rooted in medicalization perpetuates a pathological view of disability as something attributed to 'problematic bodies' rather than a combination of embodied attributes and social and environmental arrangements. For instance, First Nations University of Canada refers to disabled employees as "employees with medical disabilities." Some of the roles and responsibilities outlined are overtly medical in nature:

- Obtain in a timely manner, appropriate medical treatment, and provide the university with information related to current capabilities, limitations or restrictions and prognosis for recovery.

- Follow all treatments and rehabilitation prescribed by the health care Practitioner(s) and Paramedical Practitioner(s). (First Nations University of Canada, 2014)

The use of medicalized language such as "medical treatment", "capabilities", "limitations", "restrictions" and "rehabilitation" implies that disability is a medical condition located within the individual rather than an experience in which social factors play a role. Furthermore, language such as 'treatment', 'prescribed', 'healthcare practitioner(s), and paramedical practitioner(s)' assigns the status of 'patient' to the individual seeking accommodation. The problem with this is that the continuance of disability can be viewed by the university as the 'patient' failing to

comply with medical treatment. The two points above are written in such a way as to suggest that disability is not permanent and can be treated through rehabilitation, which is not necessarily the case. For example, blindness, deafness and a wide range of physical conditions cannot be treated through rehabilitation.

Not all policies provided a definition of disability. Those that did tended to emphasize physical, sensory and cognitive impairment and did not address the social factors that contribute to disability, such as attitudinal and environmental barriers. Consider the following definition found in the University of Manitoba's accommodation policy:

> For the purpose of this policy and related procedure an employee or student with a disability is a person who experiences a mental, cognitive, physical or sensory impairment for which they may require accommodation. (University of Manitoba, 2010)

The definition above, while useful in establishing who might seek and benefit from accommodation, does little to address how negative attitudes, ableist practices and environmental barriers contribute to disability and how accommodation could integrate with environmental and social practices and arrangements to facilitate access.

Anti-discrimination legislation plays a key role in how universities respond to disability and at times even contributes to the overtly medical understanding of disability. More than a third of the accommodation policies in Ontario universities did not include a definition of disability while over half of the disability accommodation policies in Ontario universities used the definition of disability put forth by the Code. The Code prohibits acts of discrimination on the grounds of disability. However, it utilizes a pathological definition that categorizes disability within a conceptual framework of normality. Disability is defined in section 10 of the Code as:

> (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of

physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device, (b) a condition of mental impairment or a developmental disability, (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language, (d) a mental disorder, or (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997. (Ontario Human Rights Code, 1990)

Terms such as 'defect' 'dysfunction' 'disorder', 'disfigurement' and 'malformation' operate as a means to classify normal functioning from what is deemed 'abnormal' (Saltes, 2013). Pathological views of disability as constituting defective bodies that deviate from established ontological norms have been contested by disability scholars who have sought to reframe conceptions of disability in such a way that recognizes social, cultural, environmental, economic and political dimensions (see, Shakespeare & Watson, 2001; Thomas, 2002; Oliver, 1990; Goodley, 2012; Saltes, 2013).

The medical framing of disability reinforces what Siebers (2008) refers to as "the ideology of ability" (p. 8). Siebers posits that at a basic level, the ideology of ability can be defined as the preference for able-bodiedness. He explains that the difference between disability and ability can be understood "in the idea that disability is essentially a 'medical matter' while ability concerns natural gifts, talents, intelligence, creativity, physical prowess, imagination, dedication, the eagerness to strive, including the capacity and desire to strive—in brief, the essence of the human spirit" (p. 8). Siebers proposes a theory of "complex embodiment", which aims to shed light on the impact of environmental barriers on "people's lived experience of the body" (p. 8). Similarly, Davis (2018) remarks that "one way to think of disability is as a set of social relations" (p. 3). Acknowledging that disability stems from the relationship between bodies, impairment and socially constructed barriers is important because it shifts responsibility

from the individual to the institution and permits a critical examination of the role of universities in making the academic environment accessible.

Medicalized language used in accommodation policies perpetuates dominant ideology of normality and able-bodiedness as markers of 'fitness' and competency. Academic competency understood in relation to intellect, teaching ability and service is implicitly measured through physical, sensory and cognitive ability. Consequently, in order to receive accommodation, employees are required to obtain a medical diagnosis that fits within the universities' definition of disability.

As is the case with students, disability accommodation for faculty requires a request be made with medical documentation. The University of Saskatchewan's policy requires that "Stakeholders, and particularly employees, engage respective medical treatment providers (as appropriate) to provide clear and sufficient medical documentation in a timely manner to assist in identifying appropriate work relative to supporting the employee's medical limitations, restrictions and prognosis." Similarly, Lakehead University states that "[t]he request for accommodation must be supported by appropriate medical documentation" The policy further states the following:

An accommodation will not be put in place until the university has received

medical documentation. The documentation must;

- confirm a disability that prevents the employee from performing all duties of his/her current job
- outline the specific restrictions and limitations that need to be accommodated
- the duration of the accommodation (Lakehead University, 2015)

What is especially problematic is the requirement to confirm that due to disability an employee is unable to perform "all duties of his/her current job". The reality is that disability may prevent an employee from performing some aspect of their duties, but not necessarily "all duties". This requirement is difficult to meet and ultimately reinforces negative and inaccurate stereotypes about disability and disabled people as being incapable. Furthermore, this requirement does not take into account that limited ability in performing some aspect of one's duties could be the result of a shift and changing conditions of the work environment.

The University of Saskatchewan situates accommodation in a purely medical context even titling their policy "Medical Accommodation Guideline" and states that "the employer has a legal duty and holds the primary responsibility to explore reasonable accommodation when employees are in medical need of such" (University of Saskatchewan, 2017). Definitions for key terminology are provided in the policy, but they are framed within a medical context. Recall, for instance, the definition of accommodation discussed earlier with emphasis on "the employee's nature of disability, prognosis, medical **restrictions/limitations** and capabilities" (University of Saskatchewan, 2017).

Furthermore, the policy lacks a definition of disability. The word 'disability' appears on the first page as follows: "permanent accommodation is when an employee has permanent **restrictions and limitations** and requires ongoing adjustments to their pre-disability job and/or work hours or may require a different job" (emphasis in original) (University of Saskatchewan, 2017). The term 'pre-disability' implies that disability is something acquired after employment. The idea that employees might require accommodation at the outset seems to be overlooked. Furthermore, the overtly medical tone of the policy locates disability within the individual as a biomedical 'problem'. By referring to disability in strictly medical terms, the policy implicitly

defines disability as impairment and does not recognize or acknowledge that the experience of disability emerges when architectural, environmental and attitudinal barriers fail to consider impairment. A faculty member who is Deaf or hard of hearing may not experience disability accessing physical spaces on campus and in their office grading papers or writing, but if they are expected to understand when students' speak in the classroom and follow what is being said in departmental and committee meetings, they will likely experience disability. In this example, it is not the hearing impairment itself that is disabling, but the expectation placed on the faculty member that is disabling. Similarly, faculty members who use wheelchairs will experience disability if they are expected to teach in buildings that do not have adequate ramps or elevators or if these buildings do not have classrooms and washrooms with wheelchair access

The requirement for medical documentation was mentioned in policies that included information or instruction on how to request accommodation. Nipissing, for example, states the following:

> Nipissing University requires medical documentation from the employee's physician with regards to accommodations requested. Please note that the specific disability or diagnosis does not need to be identified; however, the university must know that the employee has a disability or diagnosis and needs to be accommodated in order to be productive at work. The physician must list the limitations and specific accommodations requested, as well as the rationale of why the employee needs specific accommodation […] Nipissing University may request a second medical opinion on the specific accommodations recommended by the employee's physician. (Nipissing University, 2016)

The University of Toronto describes their requirement for medical documentation as follows:

> The request for accommodation must be supported by medical documentation. An accommodation will not be put in place until the university has received medical information confirming that the employee has a disability and the restrictions and limitations that need to be accommodated. […] Where additional medical documentation is needed, HWB sends out a medical report for the employee's doctor or other appropriate specialist to complete and return. The medical report is

designed to gather information about the nature of the condition, the
functional abilities, limitations and restrictions, the prognosis and the
duration of accommodation needed (University of Toronto, 2018).

The issue that arises in requiring medical documentation to accompany a request for

accommodation is that disability is not necessarily a medical issue and may present no bearing

on one's health. Requiring medical professionals to validate the presence of disability reinforces

the view of disability as pathology and limits disabled people's capacity to define their own

experience and needs.

Gillies and Dupuis (2013) note that disability services at Canadian universities are

designed to focus on the individual rather than the disabling barrier. This is evidenced in the

procedures outlined in policies whereby faculty members are required to provide medical

documentation and to work with medical professionals as part of ongoing treatment and

rehabilitation. Cox (2017) suggests that disability classifications are problematic in that they are

underpinned by markers of differentiation within a normative framework that places disabled

people in a position of administrative scrutiny and compliance.

Even without the requirement of providing medical documentation, disclosing a disability

to an employer can be difficult. Stanley, Ridley, Harris, and Manthorpe (2011) look at issues

surrounding disclosure of disability in the workplace, including the teaching profession, and note

that anxiety about disclosure of disability is linked to perceptions of competency. They claim

that individuals are reluctant to disclose their disability to employers for fear of being perceived

as incapable.

The view of Stanley *et al* (2011) is supported by the findings of a 2001 faculty survey

conducted by the Faculty Association at the University of British Columbia. The survey revealed

that more than 150 faculty members experienced disability including "back problems, mental

health, alcoholism, depression, chronic pain, hearing loss, low vision, cancer, arthritis and heart disease" (Canadian Association of University Teachers, 2001). Many respondents revealed that they continued to encounter accessibility barriers. The survey further revealed that some faculty members did not disclose their illness or impairment and attempted to work without accommodations. The Faculty Association reported that "respondents mentioned fear about employers or co-workers finding out about chronic illness and impairment, worsening health, and ultimately losing their job or academic careers" (Canadian Association of University Teachers, 2001). Furthermore, the report noted that "disabled workers often have difficulty obtaining the information and support services they need, even for those services that are available" and that "the university environment makes it difficult to acknowledge disability and request accommodation. Faculty peers are capable, high achieving individuals and the academic culture rewards high performance and demanding schedules" (Canadian Association of University Teachers, 2001). The findings suggest that perceived stigma in identifying as disabled has a direct impact on disclosure.

The issue surrounding disclosure in the context of employment has been discussed by other scholars. For example, Lindsay, Cagliostro and Carafa (2018) conducted a review of literature on workplace disclosure and accommodation requests and found that one of the main challenges that young adults encounter is disclosing their disability to employers and requesting accommodation. The authors maintain that adequate policies and practices can influence disclosure and help create a positive work environment.

Summary of Findings

This policy analysis reveals that little, if anything, has changed in the five years since Stone *et al* (2013) reported that only 42% of universities had a written disability accommodation policy. This figure remains largely the same in that only 43.75% of the universities in Canada had a written accommodation policy in place for faculty in the 2017-2018 academic year. It should be noted that this number could potentially be higher as not all universities responded to the email requesting access to their accommodation policy.

The findings of this policy analysis are consistent with the findings of Waterfield, Beagan and Weinberg (2018) that medicalized approaches to understanding disability influence how universities respond to disability and how they implement policies and procedures. What is peculiar is that disability studies programs are currently offered or being introduced in a number of Canadian universities wherein medicalized views of disability are being avidly challenged. Academics within the interdisciplinary field of disability studies advocate for more contextual rendering of disability in which subjectivities of experience are recognized and where social and environmental factors that contribute to disability are acknowledged. Although universities spoke about upholding principles of dignity in providing disability accommodation, a holistic approach to understanding disability has yet to make its way to the majority of disability accommodation policies in Canadian universities.

In addition to a dominant medicalized perspective that situates disability as a body 'problem', this policy analysis revealed that accommodation for faculty is largely individualized. While some universities outline the types of accommodation available, others place the onus on faculty members to disclose their disability, provide medical documentation, and propose accommodation. Although all university accommodation policies in Canada are underpinned by

antidiscrimination legislation and provincial human rights codes, at times the language used in legal provisions contributes to the exclusion and marginalisation that it seeks to address by using terminology to define disability that is rooted within a normative paradigm thus categorizing disabled people as 'other.'

Recommendations on Communicating and Implementing Effective Disability Policies

If universities really are committed to recognizing diversity and promoting equality and inclusion it is necessary to implement disability accommodation policies and practices that convey support. The importance of attitudinal support was a key finding in a study conducted by Shier, Graham, and Jones (2009). The authors recruited disabled people taking part in employment training programs in Canada and found that employers' perceptions of disability played an integral role in the ability of disabled people to acquire and maintain employment. Respondents noted that employer attitudes significantly influenced whether and to what extent the work environment would be accommodating.

Gillies and Dupuis (2013) identify three characteristics of an inclusive campus, which include a campus community that is interconnected and fosters open dialogue and multi directional channels of communication, a campus community that is supportive and enabling by considering the diverse needs of its members; and a campus community that is informed by learning about the needs of the members, communicates effectively about services and programs and provides opportunities for learning.

In 2019, the Government of Ontario updated an online resource entitled 'How to Create an Accessibility Plan and Policy.' The category 'Steps to Consider' begins with the following statement: "The law is flexible, so you can develop your accessibility policies and plan in a way

that works best for your organization. There is no right or wrong way" (Government of Ontario,

2019). On the contrary, this policy analysis reveals that many policies are not as effective as they

could be. Titchkosky (2010) examines bureaucratic practices on university campuses and

identifies ways in which policies have actually been used to avoid accessibility. She notes, for

example, that policies may not require administrators to provide timely information resulting in

disabled people encountering inaccessibility and exclusion on campus. This policy analysis has

shown that more effective disability accommodation policies and communication strategies are

needed.

Hutcheon and Wolbring (2012) looked at the experiences that postsecondary students with

disabilities had at institutions of higher education in Calgary, Alberta. Key themes that emerged

in the responses from participants were ableism, change and increased awareness about

themselves as well as institutional practices. The authors provided some recommendations for

policy makers based on the responses of participants. The authors note that participants

problematized the notion of "normal" and "voiced the need for a continued interrogation of

existing cultural scripts regarding normalcy" (p. 45). Furthermore, participants emphasized the

importance of recognizing diversity when developing policy, curriculum and interpersonal

interactions. Some of the recommendations were framed in ways that suggest that professors

contribute to ableism within higher education.

Hibbs and Pothier (2006) also conducted research about the experiences that postsecondary

students with disabilities had obtaining accommodation at the University of Victoria. The

authors pointed out that there was a lack of consistency as some professors were more

accommodating than others depending on their knowledge or experience with disability. Neither

Hibbs and Pothier (2006) or Hutcheon and Wolbring (2012) discussed disability accommodation

from the perspective of faculty. Hibbs and Pothier (2006) problematized the medical framing of disability arguing that medical language in policy places the onus on disabled students to initiate the accommodation process. By situating disability as an individual problem, they claim that the university does not "see itself as having a positive obligation to initiate proactive solutions or to create equitable access to programs and courses" (197). Hibbs and Pothier (2006) suggest that disability accommodation processes should place less reliance on one's identity as disabled as a means of obtaining accommodation and that the process should be more flexible. Hutcheon and Wolbring (2012) recommended that policy makers examine their assumptions regarding difference and include students with disabilities in evaluating current practices and processes. This can be extended further to include disabled faculty and staff. The authors also propose that the language of policies address the needs of a diverse population and that it is not ableist.

Scholars have pointed out the need for collaboration to occur between employers and policy-makers (Westmorland and Williams 2002) as well as educating employers and the public about disability-related issues (Shier *et al* 2009). Below are 12 recommendations aimed at addressing some of the gaps and inconsistencies in disability accommodation policies. These recommendations reiterate and add to the suggestions mentioned above. Although this analysis is focused on institutions in Canada, many of these recommendations can be adapted by universities outside Canada. These recommendations are geared towards ensuring that accommodation policies are visible, informative, and inclusive and that they encourage employees to seek out the accommodation they require.

1. First, universities that do not currently have a written disability accommodation policy for faculty and staff can begin by identifying institutional goals for achieving

accessibility and accommodation in accordance with provincial human rights and anti-discrimination legislation. Universities may then do a review of current practices and formalize, in writing, the steps and procedures to be followed when faculty and staff require accommodation.

2. Include disabled people in drafting and revising accommodation policies to ensure that language and definitions are not demeaning, contradictory or overtly medical in nature and that adequate information is provided. Universities may wish to conduct an anonymous survey with faculty and staff to gain insight on the perceived effectiveness of the current policy as well as subsequent drafts and revisions.

3. Clearly outline all the steps and contact personnel for obtaining accommodation. Include timelines for responses and next steps to give some idea of the length of the process in obtaining accommodation.

4. Encourage disability disclosure by using inclusive language when describing disability. An example of inclusive language would be definitions of disability that take social and environmental factors into account and demonstrate institutional responsibility and commitment to increase accessibility. For example, instead of requiring employees to identify physical/sensory restrictions and limitations (thereby locating disability within the body), encourage employees to identify barriers and obstacles they encounter within the university environment. Acknowledging the social and environmental aspects of disability would help to shift the onus of achieving accommodation from the individual to the university.

5. Demonstrate a willingness to work with faculty to provide the most suitable form of accommodation. Encourage faculty to identify their specific accommodation needs (if

known) while also outlining the types of accommodation, services, support and resources that are available. Examples include an overview of the assistive technology available, interpreters, captioning services, accessible classrooms, washrooms, offices and meeting areas etc., details on how the university can accommodate specific impairments and whether special funding is allocated for accommodation etc.

6. Since disabled people have specific needs that are different from other minority groups seeking accommodation, disability accommodation policies should be drafted separately from other accommodation policies and with relevant information for disabled people. For example, religious accommodation is not the same as disability accommodation. Accommodation should not be grouped under one umbrella but should be separately detailed so those seeking disability accommodation can consult a source with clear procedures and guidelines relevant to their needs.

7. Referencing and providing workable links to provincial anti-discrimination codes and applicable legislation on the employer's duty to accommodate should continue to be included in accommodation policies. This encourages compliance and proactive measures from the university and helps employees understand their rights.

8. Universities may see a benefit in evaluating their current practices of requiring medical documentation to support a request for disability accommodation keeping in mind that disability may not be medical in nature. Should medical documentation be required in order to accommodate an employee, universities might consider explaining why that information is required and how it will be used by the university to provide accommodation.

9. Following the recommendation above, universities should outline how personal disability related data and medical documentation will be stored and protected. Include such information as who will have access to the data, for what purposes and how personal and medical data will be kept confidential.

10. Once a policy has been established, provide clear and easy to locate information on disability accommodation for students, staff, faculty and visitors. This information can be provided in a centralized location such as an accessibility hub. Ensure that all web content is accessible.

11. Ensure that the process of obtaining accommodation is done in a dignified manner. That means that the process for obtaining accommodation is accessible and inclusive and that those handling such requests communicate and act with those requesting accommodations in a respectful way.

12. Lastly, universities might consider providing information on accommodation policies to all new employees and email applicable links and resources to faculty once annually. This will help to ensure that employees who may find themselves needing accommodation are able to locate the resources and support they require.

These recommendations are based on observations made from examining accommodation policies available during the 2017-2018 academic year. The analysis revealed that there are differences in how disability accommodation policies are communicated, and the information contained within them. Incorporating the recommendations above would help to achieve a more unified approach across universities.

Conclusion

The push for equality in education has featured prominently in disability studies literature. While much has been written from a student perspective, it is equally important to think about accommodation for faculty. The lack of focus on disability accommodation for academics themselves may contribute to an academic culture that implicitly associates competency with able-bodiedness and an environment in which academics feel excluded and less likely to seek out accommodation.

The effectiveness of accommodation policies is dependent on how they are communicated and perceived by faculty members. The location of policies, language used, definitions (or lack thereof), medical documentation required as well as the resources and information provided all play a role in whether or not seeking accommodation within the academic environment will be a positive experience. The tendency for disability to be described with the use of predominantly medical language reinforces the medicalization of disability thereby situating and framing disability accommodation at the individual level rather than the institutional level. Policies that are difficult to locate, vague and ambiguous in detail or contain overtly medical language may ultimately hinder the effectiveness and implementation on a practical level resulting in ongoing accessibility barriers. Including disabled people in the development and implementation of accommodation policies would aid in developing strategies aimed at removing disability barriers in higher education.

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