chapter 2

Disability Studies in Inclusive Education

The emergence of Disability Studies: Disability as a social justice issue

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Chapter learning outcomes

After completing this chapter, you will be able to:

- ✓ Discuss aspects of disability as a social justice issue.
- ✓ Understand the emergence of the discipline of Disability Studies and its basic propositions.
- ✓ Discuss key human rights conventions that are important in the disability field.
- ✓ Understand and critique the logic and mechanisms of a human rights approach to addressing disability inequality.

Introduction

The history of disability around the world is one of widespread social exclusion and disadvantage. Images of homeless disabled people, begging on the streets of cities across the world, are painfully familiar. While the social sciences have historically paid much attention to inequalities surrounding race and gender, it is only relatively recently that critical questions have begun to be asked about the social circumstances of disabled people. Over the past four decades, an international disability movement has developed, striving to bring the world's disability community together to advocate for their rights. This process has been supported by the growth of the discipline of Disability Studies, which has researched and theorised how and why disabled people continue to be pushed to the margins of society, and be deprived of resources and services which are essential for full citizenship.

One key strategy for promoting change in the life circumstances of disabled people is the enforcement of frameworks of human rights. Through work of the United Nations (UN), many countries around the world have become legally committed to acting to protect the human rights of their citizens, especially those who are vulnerable to exclusion and disadvantage, such as the disability community. Some social scientists believe that a human rights-based strategy has potential to transform the lives of the disability community, while others are more skeptical.

In this chapter, we will trace the emergence of the discipline of Disability Studies as a crucial development in promoting research and awareness surrounding disability inequality. Along the way, we will explore some basic insights that the discipline has offered to the global disability movement as it lobbies for the right to full participation of its people. After that, we will turn to an examination of key international human rights conventions which are intended to improve the lives of disabled people, posing questions about the mechanisms and effectiveness of these strategies. Two case studies will provide material to enrich our understanding of important ideas in Disability Studies, as well as how human rights can be put to work in addressing the social exclusion of disabled people.

Disability as a social justice issue

In this section, we will first consider the position of disabled people as a group who experience social disadvantage and are typically found at the margins of most societies. We will then try to understand why this is the case, and in so doing explore the development of the discipline of Disability Studies. As we shall see, Disability Studies is devoted to investigating the many ways in which the organisation of our societies serves to unnecessarily and unjustly ignore the participation needs of disabled people.

Disability inequality and the emergence of the discipline of Disability Studies

According to the *World Report on Disability* published by the World Health Organization (**WHO, 2011**), an estimated 15% of the world's population lives with some form of disability, with the greatest proportion of this group located in the Global South. The social circumstances of this community are characterised by many forms of disadvantage. This is true in rich as well as poor nations where, despite legislative and governmental efforts at redress, inequalities and exclusion persist.

Disabled people are far more likely to be poor than non-disabled people and experience very high levels of unemployment. This is often based on low educational attainment, which, in turn, is the result of many disabled children being excluded from, or inadequately supported in, the education system. This exclusion is mirrored in many aspects of social life, where essential services such as health care and transportation, as well as resources such as housing, recreational facilities and information systems present barriers to access and participation for people with a range of impairments.

In simple terms, it is a reality that societies were created, and continue to develop, in ways which ignore the needs of disabled people. Built environments, technologies, social services, cultural conventions and social accommodations of all kinds have predominantly been designed in ways which cater primarily for the use and participation of non-disabled persons, leading to mass exclusion of the disability community. A constant context for this exclusion is the reality of disablist prejudice, involving demeaning stereotypes about the nature and human potential of disabled people, which may harm the self-identities of members of this community. An important question for us to think about is how disabled people around the world have become positioned in such marginal, disadvantaged circumstances in society. In other words, what are the mechanisms which underpin the ongoing inequality suffered by disabled people? A key starting point in addressing this question is that social inequalities, be they to do with disability, race, gender or any other identity marker, are not maintained by mysterious forces "out there", but rather by the beliefs and attitudes we all carry. It is these often-hidden assumptions about members of various social groups which feed into systems maintaining inequality, based on harmful ideas about unequal human value or ability.

So, to answer the question of why disability inequality exists, it is essential to explore how we have come to think about disability – that is, what are the assumptions about people with disabilities that we hold and enact in our daily lives? This is just the same as examining our assumptions about members of different race groups in order to get to the bottom of the persistence of racial inequality. We have to look carefully inside ourselves – social scientists call this an exercise in *reflexivity*.

GLOSSARY: Reflexivity

A process of deliberately examining oneself and one's assumptions in order to explore how socialisation may alter perceptions of the world. We need to know and unpack what we have been taught in order to discover new ways of seeing the world. A humble, honest examination of our own feelings and assumptions is essential if we are to understand social realities (such as disability inequality) which depend on individual attitudes for their perpetuation.

The beginning of Disability Studies

In the 1970s, a group of academics in the United Kingdom were asking exactly these questions about disability inequality. The group was composed of people with disabilities who were also scholars in fields such as sociology, social policy and political studies. Key figures in this early movement were Mike Oliver (Oliver, **1990**; **1996**), Colin Barnes (**Barnes, 1998**), Paul Abberley (**Abberley, 1996**), Vic Finkelstein (**Finkelstein, 1980**), Paul Hunt (**Hunt, 1998**) and others; all of whom are now credited as co-founders of the discipline of Disability Studies.

These scholars applied their knowledge as social scientists to the question of the marginal position of disabled people in society – something they had experienced firsthand. Recognising that social inequality is based on beliefs about members of different identity groups, they explored what the common beliefs about disability in their society were, and what these were based upon. They believed that everyone in society had experienced *socialisation*, which has caused us to carry prejudices of various sorts.

Socialisation here refers to all we have been taught by our upbringing and exposure to culture in our society of origin. How, asked the early disability scholars, have we been taught to think about disability? They identified the most influential set of beliefs about disability in our society as a *medical model* view, leading us to understand disability as, first and foremost, a medical problem. While the model was based on thinking which originated in the medical professions, it is not limited to this community, but instead has become pervasive throughout many societies – we have all grown up with this model of understanding disability all around us. Over the subsequent years, much work in Disability Studies was dedicated to understanding and criticising this dominant medical model view of disability. But what is the medical model?

GLOSSARY: Socialisation

The process through which each of us is taught the range of values, beliefs and assumptions we carry. Some of this “teaching” is explicit, as in education or what we are told by our parents; and some is implicit, learned through the social realities, symbols and signals we are exposed to. With disability, for example, we may have been told certain things about what the phenomenon is and means, but we have also been exposed to more subtle signals. These include segregation of all sorts, the responses of others (including non-verbal), media representations, charity discourse and much else.

The “medical model” view of disability

A model is a way of thinking about something in the world – a set of assumptions that guides how we interpret what we observe. One model may show up certain aspects of society very clearly, while letting others fade into the background, while another will give us its own, different picture. We carry these models – or sets of assumptions – inside us, often not realising how our perceptions are being influenced until we stop and think carefully about it. It is as though we are looking at society through a lens, which distorts our view in particular ways. It is not just the world we must examine, but the lens through which we perceive the world. So, what is the medical model's lens composed of?

The story begins here. During the course of the 20th century, disabled people became viewed as the "responsibility" of medical professionals in many societies. In particular, this occurred in societies where "Western", biological medicine (or *biomedicine*) had developed its great influence – an influence which continues to grow throughout the world.

Biomedicine – that is, institutional health care as we know it – aims to identify structural or functional disorder or difference in the body and put it right. This "correcting" (or curing) may be achieved through medication, surgery or other therapeutic interventions. In other words, biomedicine seeks to identify bodily "problems" and administer medical "cures". This may sound like common sense, but its implications for disabled people have been vast.

A key implication of biomedicine's approach is that it sees human distress (or illness) as being something that operates at the individual level. That is, if one suffers, the location of the problem, and therefore the place to try to put things right, is the individual – not social circumstances. In other words, it focuses our attention on personal characteristics, rather than the situational difficulties one may be in. For many illnesses this analysis is useful, directing therapies at individuals suffering from heart disease, cancer, pneumonia or any of a myriad of other diseases. Also, it is not surprising that doctors focus on the body, as this is what most have been trained to do. But in the lives of disabled people, struggle and distress are not caused only by characteristics (or disorders) of the body. Instead, the disability story is one of unjust social forces, which combine with bodily difference to create exclusion and inequality.

GLOSSARY: Biomedicine

The system of modern "Western" medicine which relies on an understanding of the body as a machine that can go wrong, and must be put right through cure. Biomedicine sees scientific realities as much more important than individual experience, and focuses on the body, rather than society, as the origin of human distress.

In answering the question of why it is that disabled people find themselves at the margins of society, biomedicine's logic would tell us that the origins of these difficulties are inside each individual. The argument would go as follows: the fact that disabled people have impaired bodies or minds, all on its own, causes them to be unable to participate fully in society. The role of how societies are structured in causing that marginality is thus not explored. In this view, the poverty, unemployment and exclusion of disabled people may be seen as unfortunate and regrettable, but also as an inevitable, morally neutral consequence of what is “wrong” with the body. To illustrate the logic of the medical model view, let us think about the circumstances of the disabled person presented in the following case example.

In the words of Paul Abberley, an important early Disability Studies theorist, the medical model serves to “link together the experiences of an individual in a logic which attributes disadvantage to nature” (**Abberley, 1996, p. 62**).

What Abberley and other Disability Studies scholars were pointing towards was the way in which the medical model perspective takes the story of a life and re-writes it in a manner which sees distress or struggle as the result of biological causes – of nature. Importantly, “nature” is something out of our control, something we can do nothing about. By implication, the assertion here is that no one is to blame for the disadvantage disabled people often experience. The discipline of Disability Studies disagrees strongly with this idea, seeing the social disadvantage experienced by disabled people as a social injustice which can, and must, be corrected.

CASE STUDY 1: THE STORY OF GEORGE

George is 27 years old and has been blind since his birth. He completed his school-leaving certificate at a special school for visually impaired children and performed very well but did not go to university despite the fact that his teachers regarded him as of exceptional intelligence. George works as a switchboard operator at a local state hospital and lives alone in a small flat. He feels socially isolated much of the time and his participation in community life is greatly restricted by a lack of transport and the inaccessibility of leisure activities. He is aware of how his identity as a disabled person is a stigmatised one, and experiences it as a barrier between himself and others. His job is menial and unchallenging, pays very poorly, and there is no prospect of career advancement.

We may call this description a summary of George’s “social destiny” – a term for the set of social and economic circumstances which society pushes us into over the course of a lifetime. George’s social destiny is a marginal one. How did it come to be so? In a medical model view, we only need to look at the individual – the body – to answer this question. From this perspective, all we need to do is examine George’s body to find out what is “wrong”, and this will fully explain his social circumstances.

He is blind, and in the medical model view, this fact makes every aspect of his social destiny not only understandable, but inevitable. Someone with this view may comment that, while she feels “sorry” about the unfortunate situation, George “obviously” cannot participate more fully in further education and the community, hold higher status employment or live a less isolated life, as he is blind, and blindness makes these things impossible. Biomedical logic looks only at the body, believing that the causes of social destiny are all to be found there.

GLOSSARY: Social destiny

The “place” in society where one “ends up”. It has several dimensions, including economic destiny (rich or poor, employed or unemployed), community location (high or low status), degree of participation in community life (high or low), access to key resources and services (such as health care, education, accommodation, transportation and information), as well as others.

An alternative view: The “social model” in Disability Studies

In response to the “individualising” bias of the medical model, a new, politicised approach to disability was formulated by Oliver, Barnes, Finkelstein and others. It became known as the “social model”, as it shifted emphasis from medical causality to social causality. Their model was thus created deliberately in opposition to the medical model.

The most important conceptual contribution the social model made was distinguishing between the terms “impairment” and “disability”. These words had previously been used interchangeably, but were re-defined in opposition to one another in order to make the central argument of the new model.

According to the new definitions, impairment would refer purely to difference or dysfunction of the body – what is irregular about its structure or functioning. The answer to the question “what is your impairment?” is typically a short, clear one, and will often be expressed in medical or scientific terms. For example, George’s impairment from Case Study 1 might be described as blindness stemming from a particular congenital eye disease, with perhaps the addition of some scientific details on the organic course of the condition – it is short, scientific and says nothing about George’s position in society.

By contrast, the social model theorists defined disability in the following way:

> *The loss or limitation of opportunities that prevent people who have impairments from taking part in the normal life of the community on an equal level with others due to physical and social barriers.* (**Finkelstein & French, 1993, p. 27***)*

The implications of this new definition were immense. Instead of focusing on the body as the cause of marginality, the social modelists asked us to examine society's organisation and the ways it systematically discriminates against people who have impairments. In this sense, society became the new "patient" – one full of ailments (in the form of unnecessary and unjust barriers to participation) which needed to be identified and "cured".

The answer to the question "what is your disability?" is thus a long, layered and complex one. In George's case, answering this question would involve identifying and understanding all the ways in which he has been discriminated against, differently treated and excluded over the course of his life thus far. Researching this question fully would be a mammoth task, involving an examination of George's experiences in his family and early life; the segregation he experienced in education; the reality of stigma in his community; the inaccessibility of resources such as information, transport and recreation in his society; the lack of positive representation of "people like him" in media, literature and art; the stereotyping of visually impaired persons as suited only to menial labour; and much more. The social modelists had altered our focus of attention, arguing that we have been looking in the wrong place for answers to account for the marginal social destinies of disabled people.

Mike Oliver strongly rejected the medical model, describing it as a "personal tragedy theory", which misrepresented avoidable social injustice, reframing it as chance personal misfortune. He was talking about how someone working from the medical model perspective might comment that, while it was "unfortunate" and "regretted by all", the "reality" was that people with impairments were simply unable to participate in community life because of functional deficits. It was the "tragedy" of accident or illness which caused marginality, not the unjust organisation of societies. Rejecting this view in the strongest terms, the social modelists reiterated the fact that all aspects of most societies – the built environment and design of living spaces, modes of teaching and learning, delivery of services, transmission of information, and every other aspect – were created with only the needs of non-disabled people in mind. As we have seen, disabled people live in societies in which their impairment and needs are not considered or provided for, leading to a lack of access to resources and opportunities to participate. Almost everything we use and inhabit in our society has been designed to interface with the non-impaired body, presenting stress, frustration, indignity and often insurmountable exclusion to people who have impairments.

The (de)politicisation of disability

Social modelist thought also pointed out that the biomedical perspective has a "depoliticising" function. In other words, its misleading explanation for the deprivation suffered by disabled people tends to discourage the community from getting together to engage in political protest action. By convincing disabled people that their marginal social position was "their own fault" – that is, the result of impairment – the medical model influenced many of this group into quietly accepting their circumstances.

Like black people who have internalised racist ideas, such disabled people had come to feel that it was inevitable that they be marginal citizens. The social model corrected this with a strong contextual focus, tugging our attention back toward problems with how society is structured. This was the introduction of *ideology* into the analysis of disability – in other words, a demand that we examine our own beliefs and practices surrounding disability in order to understand inequality. As we saw earlier, the perpetuation of this inequality was not something "out there" in society, but was based on pervasive assumptions, judgments and actions held by people like ourselves. From a "personal tragedy" theory of disability, we had now moved to a *social oppression* position, where "oppression" refers not only to material inequality, but also to how disabled people are silenced and forced to accept and internalise a diminished value.

GLOSSARY: Ideology

The set of beliefs and practices which surround a certain aspect of life in society. For example, disability ideology refers to everything we believe about disability (its meanings, representations and associations) and all of our practices regarding it (including interpersonal, institutional, legislative, administrative, cultural and religious responses). Ideology construes reality in a particular way and interpolates (draws, seduces) us into that way of seeing. It obscures contradictions in society, tending to cover up the inhumanity of perpetual inequality and oppression.

Since the emergence of the social model, the field of Disability Studies has grown and evolved into a rich, interdisciplinary investigation into disability as a social justice issue. However, despite its popularity, The social model has also been criticised, as later Disability Studies drew on new lines of theory from fields including psychology, anthropology, philosophy and many others (e.g. **Shakespeare, 2014**; **Watermeyer, 2013**). The basic lesson of the social model, though, that the social disadvantage experienced by disabled people is more a result of social arrangements than impaired bodies, remains a cornerstone of the discipline. One key strategy aimed at ensuring that the social disadvantage of disabled people is addressed is that of the mechanism of international human rights. In the following sections we will discuss the possibilities and problems associated with human rights frameworks.

Disability, inequality and human rights

As we have seen, disabled people around the world are reliably to be found on the lowest rungs of the socio-economic ladder, especially in countries of the Global South. Levels of unemployment are often extremely high, educational attainment (due to exclusion) is low and disabled people experience broad disadvantage in access to essential resources and services, including housing, health care and transportation. This state of affairs reflects contraventions of universal human rights, which are enshrined in several conventions of the United Nations. These principles function as laws in countries that have signed up to conventions such as the **Universal Declaration of Human Rights** (UNDHR), the **UN Convention on the Rights of Persons with Disabilities** (UNCRPD), and others.

Since our concern is with education, let us take a look at how this right is protected. The UNDHR stipulates that everyone has the right to a quality education, while the UNCRPD makes particular reference to this right for disabled children and adults. Article 24 of the Convention requires that the right to education of disabled people must be realised without discrimination, and based on equal opportunity between persons with and without disabilities. Importantly, “education” here refers not only to schooling, but also to tertiary education, vocational training, adult education and lifelong learning.

The **UN Sustainable Development Goals** (SDGs) are a worldwide call to action, aiming to end poverty, protect the planet, and ensure peace and prosperity for all. Unlike the **Millennium Development Goals**, the SDGs make specific reference to disability, inter alia guaranteeing inclusive and equitable education for all, through providing necessary assistance for disabled children and adults.

All three of these UN frameworks carry implications for improving the life-chances of disabled people, including clear directives to governments on how this can be achieved. As we begin to think about the potential of these conventions to stimulate progress towards realisation of the goal of inclusive, quality education for all, let us consider the situation of learners with disabilities in a country from the Global South.

What we see in this example is a situation where the reality “on the ground” reflects an ongoing contravention of not only the UNCRPD and the SDGs, but also provisions of the South African Constitution, which is a global model in its legal safeguards against discrimination.

CASE STUDY 2: The crisis in education for learners with disabilities in South Africa

Since becoming a democracy in 1994, South Africa has developed and attempted to implement a policy of inclusive education where learners with disabilities are accommodated in ordinary neighbourhood schools. In the past, such learners were either in no form of schooling or placed in segregated special schools, with so-called "white" learners being better provided for under the racist apartheid regime than learners of colour.

However, the process of implementing inclusion, which began with a policy published in 2001 (**Department of Education, 2001**), has unfortunately been marred by many problems. In 2016, a South African government report estimated that as many as 600 000 learners with disabilities in the country were in no form of schooling, while a report compiled by Human Rights Watch (**2015**) thoroughly described government's failures in this regard at many levels. Needless to say, exclusion from education very often paves the way for lives of economic vulnerability, based on unemployment and a lack of scholastic or vocational skills. Consequently, this mass exclusion presents the threat of a legacy of poverty and marginalisation for these members of the disability community.

For those disabled learners who were in school at the time of the report, a large proportion were placed in special schools. Here, too, there were problems. Low expectations and a poor standard of education were found at these schools, along with neglected infrastructure and inadequate living conditions. In both inclusive and special school settings, most South African teachers who teach learners with disabilities would have had no specialised training in disability inclusion.

As efforts were made to address the crisis, six factors have been identified as its main causes. These are:

1. Government's incomplete and erratic implementation of its own inclusive education policy across the nation.
2. A lack of inclusive education training and support for teachers, principals and education officials.
3. Problems with essential resources and infrastructure in both special and inclusive schools.

4. Ongoing structural inequality across the education system as a whole, reflecting historical racial injustice.
5. A lack of understanding among teachers, principals and other stakeholders of what is stipulated in law by the inclusive education policy, as well as the rights of the child enshrined in the South African Constitution and the UNCRPD.
6. Ongoing disablist prejudice enacted by communities and schools, involving beliefs that children and young people with disabilities cannot or should not be included in education.

In the next section we will examine how the requirements of the UNCRPD can be used to place legal pressure on government to address the situation. This work is typically performed by civil society organisations, which use the judicial system to hold governments accountable for their legal responsibility to uphold human rights. In part 2 of the case study, we will examine how a civil society organisation in South Africa's Western Cape province used the judicial system to force government to address the exclusion of learners with severe and profound intellectual disabilities from the education system. But first let us explore how the performance of governments in relation to the stipulations of the UNCRPD can be monitored, and hopefully enforced.

Monitoring implementation of UN conventions

The most detailed and far-reaching of the UN conventions with respect to the lives of disabled people is the UNCRPD. As we have seen, signatory countries have committed to implementation of its objectives and agreed to have their progress monitored on an ongoing basis, a function which is performed by the UN Committee on the Rights of Persons with disabilities.

Each participating country must submit a state report on progress with implementation within two years of signing the convention, and thereafter provide further reports to update progress every four years. Importantly though, it is not only the voice of governments which the Committee listens to in assessing a country's performance in adhering to the principles of the Convention. A so-called "alternative report" is also submitted after each state report. This is a document compiled by civil society organisations working in the disability and development arena, and is created as an independent, critical and alternative view to that presented by governments which, of course, seek to portray their efforts at disability equity in the best possible light. So, with ongoing monitoring in place, the signing of the Convention by a country's government implements a mechanism of accountability to international law.

When a government fails to honour its commitments to the Convention's stipulations, it is possible for individuals or organisations from that country to take legal action via the courts in order to force compliance. In essence, the judicial system has the role here of making legal pronouncements regarding what governments must do in order to fulfill their commitment to human rights – or, in this case, to equity and inclusion in the lives of disabled children and adults. But, as we can see from the ongoing exclusion of disabled learners from education in South Africa, the mechanism of accountability does not always work. Some critics would go even further and cast doubt on whether international frameworks of human rights, such as the UNCRPD, have the potential to be effective in promoting change across the nations of the world. According to this view, "human rights discourse" is a well-intentioned idea, but is ultimately unable to bring about the desired effect – that of changing the lives of members of vulnerable groups, such as the disability community.

Criticisms of human rights discourse

The idea of universal human rights and their enforcement across the world stems from the Global North. While agreeing with the principles of international conventions, many critics question their applicability in the Global South. This is because the possibility of enforcing such rights depends on circumstances which one is likely to find in Northern countries, while the situation in countries of the South may be very different indeed.

The possibility of enforcing the principles of, say, the UNCRPD, depends on the following factors:

1. **Does a nation's government have access to the necessary resources to provide for the human rights of its population?** Without these resources, the best intentions cannot be fulfilled.

2. **Are members of the population aware of their rights?** The logic of human rights discourse depends on individuals organising into groups and advocating for their rights. In order for this to occur, people need to know about and understand those rights.

3. **Do citizens have access to legal support and is there a functional legal system in the country?** Legal procedures are complex, slow and often expensive. Without the necessary guidance, support and resources, it will be impossible for most people in the Global South to engage in legal action. Further, if the judicial system is dysfunctional or corrupt, it may be impossible to achieve the ruling that the community requires.

4. **Are government agencies free of corruption?** If ministries within government responsible for delivering services such as education are corrupt, service provision will break down despite any directives from the courts.

In many countries of the Global South, some or all of the requirements listed above may not be present. Are human rights frameworks such as the UNCRPD of any use to citizens of these countries? In the next section we will see how, despite these many challenges, a civil society organisation in South Africa has managed to use the judicial system to make government accountable to its responsibility of education for all. However, as we shall see, it was found in this case that obtaining a pronouncement from the courts demanding that government take action is really only the first step.

CASE STUDY 3: Access to education for learners with severe to profound intellectual disability in South Africa (Wood et al., 2019)

Children and adults with intellectual disability are among the most marginalised groups in society. Historically, children with severe to profound intellectual disability (SPID) were regarded as "ineducable", leading to no or minimal efforts at providing this group with educational opportunities. This assumption has been proven to be wrong and children with SPID can certainly benefit from the right forms of educational experience.

In South Africa, the myth of "ineducability" remained present in government policy long after it had been discredited elsewhere. What this meant was that government responsibility for the well-being of children with SPID was managed by the Department of Social Development (DSD), with no involvement at all from the Department of Basic Education (DBE). In other words, government, through the DSD, took some responsibility for the care of children with SPID, often in what are termed "special care centres", but allocated no funds or resources to the education of this group.

In 2010, a civil society organisation called the Western Cape Forum for Intellectual disability (WCFID) won a legal case against the state for its failure to provide education for learners with SPID in the province and across the nation. This was made possible by support from a legal services, non-governmental organisation, which provided pro bono consultation and representation.

The case was based on the fact that government failed to fulfill its own commitments, in terms of the UNCRPD and the Constitution. Opposing this view, the Ministry of Education argued that “no amount of education” would be of benefit to children with SPID, who should instead rely on the “imparting of life skills” by their parents – an antiquated view completely out of step with globally accepted principles of human rights in the disability field. In a landmark ruling, the courts found in favour of the WCFID and instructed government to create and implement a plan to provide appropriate, quality education to children with SPID within a prescribed time-frame. It would be easy to assume at this point that the battle had been won, but in fact there was much more to do.

In a situation where the courts need to instruct government to provide appropriate services, government is obviously challenged in terms of the capacity to do what is needed. In this case, it was the challenge of developing a curriculum for children with SPID, training carers as teachers, providing mobile teams of professional support staff to ensure the well-being of learners, and so forth.

Government also appeared resistant – more than a year after the ruling, no discernible action had been taken. Over time, the WCFID made many representations to government, offering its skills in creating new educational services. After some ambivalence, government began to engage, but what became clear was how much support government would need over an extended period in order to deliver on its mandate.

In this sense, the work of the WCFID and its partners had only begun with the legal victory, and they had to confront the challenge of careful, ongoing negotiation with government officials to ensure that decisions made were in the best interests of the children. Over time, budget allocation was made to roll out education and other support services for children with SPID not only in the Western Cape, but across the entire country.

There is no doubt that this is a success story which supports the usefulness of international human rights conventions, and the court ruling and subsequent developments gained much international attention. But the experience also offered valuable lessons about how legal directives are not enough, that governments need ongoing support from civil society organisations who possess experts in disability and development issues, and that the need to continually monitor government’s performance is ever-present.

Conclusion

While there has been some progress over the past half-century towards equity and inclusion of disabled people across the world, there is still much to do. In fact, many scholars regard the achievements of the global disability movement thus far as disappointing.

Exclusion from education is only one aspect of the social oppression of disabled people, but it is a crucial one, and remains endemic, particularly across a host of societies in the Global South. The social model asks us to focus less on diagnosing the impairments of children with disabilities, and instead concentrate attention on creating educational environments that are inclusive of learners with a diverse range of learning needs. As we shall see later in this book, a global move from special towards inclusive education for learners with disabilities has been in evidence for at least three decades, and is supported by human rights principles which require that disabled people of all ages be supported to participate fully with their peers in all aspects of community life.

GLOSSARY: Social oppression

The process whereby certain groups in society are kept in culturally subordinate and/or economically deprived circumstances. A key aspect of this is internal to the individual, where beliefs about inferiority serve to silence expressions of suffering or dissatisfaction with social reality.

Human rights frameworks are but one important strategy for driving change, which also require community mobilisation, the empowerment of disabled people through inclusive development, and cultural shifts towards the inclusion of disabled lifestyles. The world's disability community already numbers around one billion people and its numbers are growing due to the ageing of the global population. Over the coming decades, demands for disability inclusion are set to become louder and more pervasive, leading to the creation of communities and societies that are more caring and inclusive to all.

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