Fostering a Culture of Accessibility within UBC Geography

Image description: illustration of a friendly and diverse group of people, some of whom are disabled.

University of British Columbia
Department of Geography
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for the Equity and Diversity Committee
# Table of Contents

Table of Contents .......................................................................................................................... 2

Introduction .................................................................................................................................. 3

1. Overview .................................................................................................................................. 3
2. Language .................................................................................................................................... 4

A Culture of Accessibility .................................................................................................................. 7

4. Models of Disability .................................................................................................................... 7
5. Ableism ....................................................................................................................................... 9
6. A Culture of Accessibility .............................................................................................................. 11
7. Addressing Myths ......................................................................................................................... 13
8. For Programs and Graduate Supervisors ..................................................................................... 14
9. For Nondisabled Colleagues and Peers ....................................................................................... 15
10. For Instructors .......................................................................................................................... 17

Navigating Rights, Responsibilities, and Institutional Pathways ......................................................... 18

11. Legal Rights and Responsibilities ............................................................................................... 18
12. Institutional Pathways .................................................................................................................. 20

Resources ....................................................................................................................................... 23

13. Resources at UBC and Beyond ................................................................................................. 23
14. Instructional Resources ............................................................................................................... 24
15. Further Reading .......................................................................................................................... 25

References ........................................................................................................................................ 29
Introduction

1. Overview

This resource seeks to provide guidance on cultivating a welcoming and just community for disabled students, faculty, and staff within UBC Geography. We trust that the department wants to build greater disability competence and address existing gaps and lags in meeting disabled people’s access needs. Furthermore, we believe a shared departmental understanding of academic ableism can help it to be effectively addressed or avoided altogether. We have therefore endeavored to produce a resource that 1) describes best practices for supporting disabled students, faculty, and staff based on literature and lived experience; 2) illuminates institutional pathways for swiftly addressing issues that may arise; and 3) provides additional readings for anyone seeking to prioritize accessibility and counter academic ableism.

This resource does not modify or replace university policy. Rather, it aims to clarify and contextualize UBC’s disability-related policies. It also takes the institution’s stated commitment to equity, diversity, and inclusion at face value and asks what it would mean, in practice, to deliver on the spirit of nondiscrimination outlined in such policies. It is not possible to offer any one-size-fits-all solutions as the most accessible option is always options. Therefore, readers of this resource will not find a how-to checklist for “achieving” accessibility or avoiding ableism. Instead, the central question orienting this resource is: what does it mean to foster a culture of accessibility? In other words, what might it mean to approach accessibility as a collective responsibility and build access needs into the everyday workings of the UBC Department of Geography?

Our attempts to answer this question herein are meant as a starting point for ongoing work. Accessibility is a process and we therefore understand this resource to be a foundation for further elaboration by/with disabled members of the UBC community and beyond. We recognize that the lived experiences that members of marginalized groups bring to EDI-related work is expertise. We know that this labour is, additionally,
exhausting and potentially (re)traumatizing, that it comes at the expense of other personal and professional commitments, and that it is often non-optional in order for members of marginalized groups to exist in academic spaces. Therefore, due to the nature of this labour, it is important that such work continue to be compensated going forward.

Lastly, the authors would like to thank Mollie Holmberg, Gabrielle Wolf, Lily Demet, Chris Reimer, and Dr. Priti Narayan for their comments and contributions.

### Section 1: Key Takeaways

- The goal of this resource is to build a shared understanding of academic ableism and foster a culture of accessibility.
- The lived experience of marginalized groups is expertise.
- There is no one-size-fits-all solution; the most accessible option is the availability of options.

### 2. Language

This resource employs **identity-first language** (disabled person) over **person-first language** (person with a disability). Person-first language frames disability as a negative or diminishing characteristic from which it is necessary to separate the person in order to elevate their personhood. By contrast, identity-first language asserts the importance of disability as a social, cultural, and political identity. Identity-first language is preferred within the disability community itself (not to be confused with the parent community and nondisabled professionals in healthcare, social work, and related fields). Individual preferences can vary, however, so it is important to respect whichever format a person uses when speaking about their own identity. *When in doubt, ask.*

The term **access needs** refers to the supports, modifications, etc. that a disabled person requires in order to equitably participate in a given activity or space. It is important to avoid referring to access needs with stigmatizing and inaccurate language such as “special needs” or “special treatment”. In a university setting, the access needs of disabled students, faculty, and staff are often legally protected **accommodations** (see
A further **culture of accessibility** can go beyond accommodations by treating access as a collective responsibility and building access needs into infrastructure, programs, procedures, interactions, and shared spaces.

This resource avoids language that compares disabilities or implies a hierarchy of disability. This includes terms such as “higher” or “lower” functioning or language that frames a disability as “mild”, “moderate”, or “severe”. These terms obscure the varied and specific impacts of different conditions on different people in different circumstances with different available supports. When discussing the amount of assistance a disabled person requires, it may be appropriate to refer to their level of **support needs**. Unmet support needs will lead to greater difficulties. Support needs can be as diverse as assistance with activities of daily living, mobility, communication, sensory stimuli, emotional regulation, executive function, etc. A person’s level of support needs may not be readily apparent to outside observers.

Lastly, this resource attempts to avoid language that upholds the artificial separation of mind and body, which can misrepresent disabled people’s experiences and undermine coalitional disability organizing. This resource therefore uses the term **bodymind** to refer to the body and mind in totality and **nondisabled** in place of the narrower term “able bodied”.

### Section 2: Key Takeaways

- Disability is a social, cultural, and political identity. If you are unsure how a person identifies, ask.
- “Access needs” refers to the supports that a disabled person requires to equitably participate in a given activity or space. These needs may not be readily apparent. They are not “special needs”.
- Access needs are often legally protected accommodations.
- A culture of accessibility can go beyond accommodation to value and prioritize access needs in all programs and spaces.
3. What Is Disability?

Disability is a multidimensional and evolving category that in different contexts may refer to:

- A condition associated with activity limitations and participation restrictions, including limitations and restrictions emerging in relation to social, spatial, and temporal factors;
- A legal category entitling disabled individuals to certain accommodations and protections;
- A category of social difference perpetuated through systemic marginalization, including ableism and intersecting oppressions; and,
- An identity, source of pride, and foundation for a community connected through shared histories, geographies, and cultures that may additionally or alternatively include identities such as crip, chronically ill, Deaf/deaf, neurodivergent, Mad, and many more.

In institutions of higher education, understandings of disability are generally limited to the first two definitions. This framing is related to the medical and charity models of disability (see p. 7-8), which see disability as an individual defect or deficiency. It is important to recognize, however, that nondisabled people are not inherently “able” relative to disabled people; rather, they are enabled by a society structured around their interests.

Because society organizes space and time in ways that benefit some bodyminds at the expense of others, there is no “neutral” bodymind from which disabled bodyminds deviate; disabled bodyminds are no less normal, natural, or valuable (Sins Invalid, 2020). Furthermore, being nondisabled is a temporary and contingent experience that can change with age, injury, illness, and/or disabling social, spatial, and temporal factors (such as time of day, environmental stimuli, rest or stress, communication modalities, the presence or absence of accessible architecture, etc.).

Documentation does not determine disability status. Disability precedes diagnosis (Benness, n.d.), and the impacts of some disabilities are experienced before a person even realizes that they may be disabled and begins the diagnostic process. There are also many barriers to getting a diagnosis and adequate documentation. Gender, race,
and other factors can significantly delay diagnosis due to medical bias. Securing documentation also requires considerable time, money, energy, and knowledge of how to navigate the medical system – all of which pose further barriers.

Lastly, it is not possible to tell a person’s disability status based on their appearance. Even if a person is perceived as disabled, other aspects of their condition may not be readily apparent.

### Section 3: Key Takeaways

- Society organizes space and time in ways that benefit some bodyminds at the expense of others.
- Nondisabled people are not inherently “able” relative to disabled people; rather, they are enabled by a society structured around their needs.
- Being nondisabled is a contingent experience that can change with age, injury, illness, and other circumstances.
- Disability precedes diagnosis: documentation does not determine disability status.

### A Culture of Accessibility

#### 4. Models of Disability

Disability is a geographically and historically specific category of social difference. Scholars and activists use models of disability to understand the different meanings that have been attributed to disability and how they have impacted disabled people and their place in society.

The medical model of disability generally informs public policy and shapes institutional approaches, such as those of UBC. It views disability as a “deficiency” or “defect” located in an individual’s bodymind. The focus is therefore on cure or
rehabilitation (or, as a last resort, accommodation). This model emerged out of the eugenics movement, which viewed disability as abnormal, inferior, and burdensome and sought its eradication (Rose, 2017; Baynton, 2020; Davis, 2016). It was additionally shaped by capitalism’s need for regimented, interchangeable, and obedient workers (Hughes, 2002; Rose, 2017; Russell and Rosenthal, 2019). The medical model is so named because it places the medical profession in the position of defining disability and gatekeeping diagnoses and supports. The charitable model of disability is the moral counterpart to the medical model. It presents disabled people as objects of pity and frames access as an act of benevolence rather than a collective responsibility.

Since their emergence in the mid-1800s, both the medical and charity models have played a key role in disabled people’s oppression. Critical disability studies scholars and advocates have therefore proposed alternative models. The social and political-relational models of disability shift the focus from individual bodyminds to enabling or disabling factors in the environment (Hughes, 2002; Kafer, 2013). These models are primarily concerned with systemic changes that create the conditions for disabled people to thrive. Meanwhile, the emerging disability justice framework is an explicitly intersectional approach that likewise centres enabling and disabling social, spatial, and temporal factors but also positions disability and ableism among multiple, interdependent forms of oppression such as white supremacy and colonization (Sins Invalid, 2021; 2022).

The core difference between the former (medical/charity models) and latter (social/justice) models is an individual versus systemic understanding of disability (Chapman, 2022). In this resource, we aim to highlight ways the UBC Geography community can collectively move away from the medical and charity models and towards a justice-oriented culture of accessibility in order to create an environment that values and facilitates disabled people’s full participation.

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<thead>
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<th>Section 4: Key Takeaways</th>
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<tr>
<td>● Disability should be understood in systemic, relational terms rather than as an individual “deficiency”.</td>
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<td>● Creating an environment in which all disabled people can thrive is a collective responsibility.</td>
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<tr>
<td>● Disability justice requires an intersectional approach.</td>
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5. Ableism

The marginalization and oppression of disabled people is called ableism. Talila “TL” Lewis (2022) provides the following definition of ableism:

A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression that leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave." You do not have to be disabled to experience ableism.

Academic ableism refers to the perpetuation and further elaboration of ableism within institutions of higher education. Examples of academic ableism include:

- a pervasive failure to proactively plan for the presence and full participation of disabled students, faculty, and staff;
- a medical model-based, accommodations-centric approach to disability at the expense of a more ample culture of accessibility;
- institutionally provided supports that – if even available – are generally inadequate, inaccessible, inflexible, and of poor quality;
- barriers to achievement such as the added bureaucratic burdens and externalized costs (in terms of time, energy, and money) borne by disabled students, faculty, and staff;
- timelines, funding packages, and other mechanisms for structurally privileging nondisabled bodyminds;
- many standard pedagogical practices (such as participation points, in-person attendance requirements, etc.);
- widespread stigmatization of disability, prejudicial attitudes, and poor disability literacy.
It is important to address ableism at UBC and within the Department of Geography for at least six reasons:

1) Ableism harms both disabled and nondisabled members of the UBC Department of Geography community.

2) Ableism directly affects the broader life chances of disabled students, faculty, and staff.

3) Ableism undermines academic rigor, professional achievement, and diversity of thought.

4) Ableism upholds other axes of oppression (including colonization, white supremacy, gendered violence, anti-fat bias, and anti-queer and anti-trans oppression).

5) Ableism fosters a disabling environment that contributes to higher rates of anxiety, depression, and stress-related conditions among academics (Gorczynski, 2021; Hazell, 2022; Berg et al., 2016; Mountz, 2016; Mullings et al., 2017; Peake and Mullings, 2016; Tucker and Horton, 2019).

6) Institutions of higher education have played a historical and ongoing role in the oppression of disabled people in wider society (Dolmage, 2017).

Academic ableism is reflected in the low number of openly disabled scholars in higher education (Employment and Social Development Canada, 2018). An estimated 22% of Canadians aged 15 and over are disabled, and while approximately one quarter of UBC undergraduates are disabled (Insights West, 2020), only around 6% of graduate students are disabled (Simon, 2019) and between 1.5 and 4% of faculty identify as disabled (Grigley, 2017). Disabled faculty may also be more likely to hold precarious sessional or contract positions (Adjunct, 2008). Scholarship on the number of disabled university staff is limited.

Stigma and a “leaky pipeline” are two of the factors contributing to these statistics (Branch et al. 2021, Horton and Tucker, 2013). Stigma, including internalized ableism, keeps many disabled academics from identifying as disabled and/or disclosing their disability status – particularly pre-tenure (Kerschbaum et al., 2017; Cepeda, 2021; Price, 2021). This means that the number of disabled academics may be greater but that they
are likely to be isolated and under-resourced. Anecdotal evidence also suggests that many openly disabled faculty acquired disabilities later in life or “came out” post-tenure, meaning that their presence and experiences within the academy must be understood in the context of their relatively greater institutional power (de Freitas et al., 2021). Meanwhile, the “leaky pipeline” refers to the considerable barriers that disabled would-be scholars face at every stage of their academic and professional journeys, resulting in very few such individuals ever making it into a tenured faculty position. Horton and Tucker (2013) conclude that “disciplinary geography remains an exclusionary, unhappy place for many disabled academics, and that ableist norms and performative expectations remain inherent to many everyday spaces of academic workplaces”.

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### Section 5: Key Takeaways

- The marginalization of disabled people is called ableism. Academic ableism refers to ableism within higher education.
- Disabled academics face stigma and a “leaky pipeline”.
- Ableism affects all members of a community, upholds and intersects with other axes of oppression, and undermines academic rigor, achievement, and diversity of thought.

### 6. A Culture of Accessibility

**Accommodations are not “special treatment”**. They are a legal as well as moral obligation. Everyone has support needs, but some needs are normalized while others are stigmatized (Benness, 2022). Normalized needs are built into routine operating procedures – and therefore made invisible to those who benefit – while stigmatized needs are treated as exceptions to the rule. Accommodations are intended to address this unevenness (but are often inadequate in practice).

**Accommodations are not a negotiation**. Access needs are needs. They are what a disabled person requires in order to fully and equitably participate. If 50% of a disabled person’s access needs are met in a given situation, that situation does not become 50% more accessible; it remains 100% inaccessible. Sometimes it is necessary to find
creative approaches to meeting access needs, and it is possible that multiple disabled people’s access needs can conflict; however, accommodations should never be treated like a negotiation in which all “sides” are required to “give something up” to “meet in the middle”.

**Accommodations are a floor, not a ceiling.** Legally, accommodations are the minimum that the university must do to avoid a human rights complaint. Accommodations are not a substitute for a culture of accessibility. Even when all goes well, pursuing accommodations requires considerable additional time, money, and labour from disabled people. A culture of accessibility strives to eliminate the barriers that make accommodations necessary in the first place.

**Everyone benefits from a culture of accessibility** – although the fact that disabled people benefit from accessibility ought to be reason enough to prioritize it! Accessibility is about anticipating and providing for diverse ways of being in the world. When disabled people have the flexibility and support to thrive, so do people who: become temporarily ill, have care responsibilities (such as parents), and/or have other demands on their time and energy (such as other oppressed groups). When multiple groups benefit from accessibility measures, it is known as the “curb cut effect”.

**Accessibility is a collective responsibility.** Self-advocacy and self-care are inadequate solutions. Self-advocacy is not a strategy; it is a systemic critique (M. Fabris, personal communication, November 23 2021). Meanwhile, although self-care can refer to a set of tools for fostering a greater sense of wellbeing, it can also function as a way to externalize and individualize community care responsibilities. Overemphasizing self-care and self-advocacy can undermine collective responsibility for promoting accessibility and absolve decision makers of their duty to foster equity and justice in their department or unit.

**Accessibility is a process.** While it is important to always anticipate the presence and participation of disabled people, it is not possible to anticipate all potential access needs. Everyone is learning – and this includes disabled people, who may themselves be in the process of determining what works best for them! Additionally, access needs can sometimes conflict with one another. It is therefore important to plan for flexibility and maintain an open and responsive attitude.
7. Addressing Myths

“Everyone has the same 24 hours in a day”. Everyone does not have the same number of usable hours in a day or the same demands placed on their energy and attention. Relative to their nondisabled colleagues or peers, disabled people must often devote a greater proportion of their usable hours to work or school while additionally juggling medical appointments, symptom management, health care administration, institutional bureaucracy, education and advocacy, the emotional labour of navigating ableism, etc. The barriers that nondisabled people may consider inconsequential are thus multiplied and compounded across disabled people’s already disproportionately demanding scholarly, professional, and personal lives (Hannam-Swain, 2018; Lorenz, 2021).

“I’m just trying to be fair to everyone else.” As the social, political-relational, and disability justice models (see p. 7-8) make clear, the academy is shaped by the interests of nondisabled people and has long operated in ways intended to exclude disabled people (Dolmage, 2017). In other words, the system is already unfair, and meeting disabled people’s support needs is a step towards greater fairness.

“I don’t see what the big problem is. Couldn’t they just...” Not only does this statement deflect responsibility for providing access back onto individual disabled people, it is also patronizing. Disabled people engage in 24/7 problem solving around how to care for their bodyminds and get their needs met in a world that is not built for them. If a nondisabled person can think of a “solution” quickly, a disabled person has almost certainly already thought of it and determined its feasibility.

“They’re treating disability as an excuse/taking advantage of the system.” Nondisabled people frequently overestimate the amount of support available to disabled people and underestimate the time, money, and energy required to secure it as well as the physical, mental, and emotional impacts of ableism. In short, disability would be a very high-effort and low-reward grift.

“But that’s not a real disability.” This statement implies that someone may be “faking” or “exaggerating” their disability, that they are “asking too much”, or that they are not entitled to have their support needs met. In reality, it usually just means that the speaker lacks an informed understanding of what constitutes disability. It is closely
linked to the belief that identifying as disabled and using supports is somehow taking something away from “those who need it more.” Disability is a diverse and expansive category and accessibility is not a zero-sum game.

8. For Programs and Graduate Supervisors

Programs and graduate supervisors must understand the additional burdens that disabled people face. This includes self-advocacy. Disabled people are expected to advocate for themselves, which requires them to educate themselves about their rights, manage egos when educating others, navigate and coordinate bureaucratic processes, communicate with faculty and staff, identify supports and allies, build community (or even create the social infrastructure necessary to build community), and perform “self-care” (often in the absence of community care). This disproportionately burdens disabled students, who have to repeat this labour every semester, in every course, with every instructor, and in all interpersonal relationships inside of the academic community and beyond. If students cannot or do not perform this labor, they also cannot access the support they need to succeed (Hannam-Swain, 2018; Lorenz, 2021). Thus, self-advocacy is a double burden: in order to get the support that they need, disabled students must perform extra labor that nondisabled students—whose needs are already being met—do not have to perform.

Disabled students also have a substantially higher cost of living than their nondisabled peers. There are of course costs associated with medical needs, only a fraction of which are fully or even partially covered by MSP and student health insurance. Less obvious are the many costs associated with accessible housing, transportation, adaptive technology, and “disability life hacks” that nondisabled people might view as optional or luxuries (e.g. grocery delivery, cleaning assistance, parking, technology, dietary needs, scent- and chemical-free products, ergonomic setups, etc.).

Despite a higher cost of living, disabled students have less access to funding and fewer work opportunities. For instance, funding timelines are based on nondisabled students’ schedules, so while it may be reasonable to give a nondisabled PhD student four years of funding, a disabled student whose degree will take twice as long will run out of funding halfway through their program (at which point they are generally no
longer eligible to apply for other funding). In order to access what little non-employment-based funding is available to disabled students specifically, they must go through additional application processes (many of which are competitive and not guaranteed) – thus producing an additional burden. Paid work is another option; however, when disabled students have fewer useable hours and have to prioritize paid work to make ends meet, their degree progress is likely to suffer – not to mention their publishing, conference participation, and academic collaborations. These disparities make disabled students less competitive candidates on the job market, further entrenching underrepresentation and reproducing academic ableism (see p. 9-11).

The power differential between students and department leadership and supervisors can make addressing these issues challenging and may dissuade students from speaking up. Programs and graduate supervisors should be proactive and nonjudgemental in offering support.

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<th>Section 8: Key Takeaways</th>
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<tr>
<td>● Expectations, requirements, and available supports are structured around nondisabled students’ interests.</td>
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<tr>
<td>● Disabled students face higher burdens and greater barriers to success relative to nondisabled students while also having less access to resources.</td>
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9. For Nondisabled Colleagues and Peers

Nondisabled members of the UBC Geography community must recognize how ableism impacts their disabled colleagues and peers. In addition to the many burdens and barriers outlined in this resource, disabled people must often address systemic ableism and educate nondisabled colleagues and peers. Such labour has personal and professional impacts and (despite requiring significant time, energy, and knowledge) is usually invisibilized and uncompensated.

Disabled students, faculty, and staff frequently find themselves in the position of having to either accept an ableist status quo or advocate for themselves and other disabled members of the university community. This takes a personal, professional, and financial toll. A recent survey found that disabled faculty at UBC compensate for a lack
of available, accessible, and adequate supports of sufficient quality by paying out of pocket, neglecting their health, working longer hours, sacrificing family time, etc. (de Freitas et al., 2021). It is reasonable to assume that the situation is the same, if not worse, for staff and students who do not have faculty’s institutional power. Those who try to change the system take on the added labour of advocacy, which can impact degree progress and/or professional prospects, consume already limited time and energy, and deplete social capital.

Openly disabled students, faculty, and staff also find themselves tasked with significant additional emotional labour. This includes speaking on behalf of other disabled people who are not “out” about their disability status and sharing experiences and information to help fellow disabled people navigate a hostile system. Colleagues and peers who are struggling with issues unrelated to disability may see their advocacy and disproportionately turn to them for support as well. Lastly, disabled students, faculty, and staff are frequently systemically coerced into engaging in “forced intimacy” in order to access even basic supports. This includes disclosing personal information, making a spectacle of their disability and/or trauma, and nurturing sometimes otherwise undesirable personal and professional relationships (Mingus, 2017).

Disabled people cannot bear responsibility for single handedly fixing the very system that harms them. In order to do right by their disabled colleagues and peers, nondisabled students, faculty, and staff must proactively seek to educate themselves, engage in community care, and foster a culture of accessibility.

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<th>Section 9: Key Takeaways</th>
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<td>● Disabled members of the geography community do considerable labour to advocate for greater accessibility and inclusivity. This labour is generally invisible and uncompensated.</td>
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<tr>
<td>● Nondisabled colleagues must educate themselves and work to foster a culture of accessibility and community care.</td>
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Instructors may not realize that some common pedagogical practices can burden disabled students, but **many course policies and “classroom management” strategies do disadvantage disabled students and stigmatize their needs.** These include rules about laptops and phones, absences, recording, bathroom breaks, food and drink, etc. Both unwritten social expectations (or “hidden curriculum”) and restrictive “etiquette guidelines” can have similar effects. Frequently, assignments and exams are also designed and delivered in inaccessible ways. (This is why accommodations often modify assessment parameters; however, securing accommodations is a barrier in and of itself – especially for multiply marginalized disabled students.) As a result, instructors end up evaluating students not on their critical thinking skills or mastery of the material but rather on how well they can navigate – or simply endure – an ableist system.

Creating “exceptions” for disabled students may (somewhat) mitigate these disadvantages but continues to stigmatize their needs while increasing the already substantial burden of pursuing accommodations. **Disabled students expend considerable time, money, and effort in order to secure accommodations.** This process can take weeks, months, or longer. Many students also lack the formal diagnoses necessary for institutional recognition of their needs or do not yet know that they are disabled or entitled to accommodation. Some students resist accommodations because of the associated stigma. While instructors could address these issues by designing courses with common access needs in mind, the majority instead cater to nondisabled students’ preferences or adhere to an uncritical understanding of “rigour” –

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10. For Instructors

I am profoundly ashamed of the policies I had as a professor that I thought were appropriate academic rigor and were really just ableism.

2:28 p.m. · 27 Feb. 20 · Twitter Web App

Image description: a tweet by @CatherineEPaul that reads "I am profoundly ashamed of the policies I had as a professor that I thought were appropriate academic rigor and were really just ableism."
leaving the Center for Accessibility, more flexible colleagues, and/or disabled students themselves to make the necessary adjustments.

Many instructors assume accommodations that permit disabled students to “scrape by” are adequate while nondisabled students operate in an environment that already automatically anticipates and fulfills their needs, allowing them to reach their full potential. **Instructors should consider what accessibility measures they could implement in their courses to also foster disabled student excellence** (see the instructional resources section on p. 23-24).

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<th>Section 10: Key Takeaways</th>
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<tr>
<td>● Common pedagogical practices can burden disabled students.</td>
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<td>● Obtaining accommodations is a time-consuming, difficult process.</td>
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<td>● Instructors should examine their teaching practices for barriers to learning.</td>
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Navigating Rights, Responsibilities, and Institutional Pathways

11. Legal Rights and Responsibilities

The **BC Human Rights Code** states that employers, landlords, and people who provide a service to the public have a duty to accommodate age (actual or perceived), ancestry, colour, family status, marital status, physical or mental disability, place of origin, political belief, race, religion, sex, sexual orientation, gender identity or expression, and criminal conviction unrelated to employment. This applies to all businesses, agencies, and services in BC (except for those regulated by the federal government).

Within UBC, there are two policies – **UBC Policy No. LR7** and **UBC Policy No. SC7** – that outline how the university meets the legal requirements for accommodating disabled people, per the BC Human Rights Code.
The first (UBC Policy No. LR7) outlines principles, responsibilities, and processes for the provision of Accommodation for Students with Disabilities. The policy aims to serve three purposes:

- Create an accessible learning environment so that all students can meet the essential requirements of UBC’s courses, programs, and activities;
- Promote human rights, equity, and diversity; and,
- Comply with UBC’s duty under the BC Human Rights Code to make services and facilities available in a manner that does not discriminate.

Importantly, this policy does not apply to any activities related to employment; it only ensures accommodations for students engaged in a course, program, or activity offered by UBC. It also does not protect students with a temporary health issue. UBC faculty and staff have a duty to offer accommodations per this policy up to the point of undue hardship.

Within UBC, the following people and organizations are responsible for ensuring various aspects of Policy No. LR7:

- The Centre for Accessibility is responsible for determining accommodations for disabled students and determining a disability-related need for academic concessions for students. They will notify the relevant faculty or school of such requirements, and the faculty/school will then determine what concession will be provided for the student. The Centre is responsible for implementing accommodations that cannot reasonably be provided at the program level.
- Instructors and UBC employees are responsible for implementing these accommodations with the help of the Centre for Accessibility.
- Disabled students are responsible for contacting the Centre for Accessibility about requested accommodations in a timely manner, providing appropriate documentation of their disability to the Centre; notifying the Centre of any changes to their accommodation requirements; complying with instructions and procedures for developing and implementing the accommodation; and, at the beginning of each term or otherwise at the earliest available opportunity, providing the letter of accommodation received from the Centre to the instructors or unit from whom they are seeking accommodation.
The second policy through which the University outlines compliance with the requirements established by the BC Human Rights Code is **UBC Policy No. SC7**, the university’s discrimination policy. This policy seeks to prevent discrimination on the grounds protected by the BC Human Rights Code and to provide procedures for handling complaints, remedying situations, and imposing discipline when such discrimination arises.

Under this policy, **all members of the UBC community share responsibility for ensuring and maintaining an environment that is free from discrimination**. Under the Human Rights Code, everyone has the right to be free from discrimination based on the personal characteristics listed above. At UBC, this right applies in the areas of publications, public services, tenancy, employment advertisements, wages, and employment.

**12. Institutional Pathways**

Even with the policies listed under Section 11 in place, disabled members of the UBC community face a number of barriers. The department or unit can be a helpful first step for seeking guidance and addressing issues as they arise. **Department leaderships is responsible for ensuring and maintaining a discrimination-free environment under UBC Policy No. SC7.** Administrative staff possess valuable knowledge, experience, and institutional memory and may be able to offer direction on specific concerns. Additionally, the departmental Equity and Diversity Committee can be a resource. The E&D Committee may be reached at: equity@ubc.ca. Departments also have a role to play in the accommodations process – although it is not clearly defined and may vary depending on the leadership’s priorities, sometimes leaving disabled people scrambling to get their needs met (de Freitas et al., 2021).

Should it be necessary to seek further assistance with a disability-related issue or if it is not possible to address this issue with department leadership or staff, this section lists other potential institutional pathways:

**Centre for Accessibility:** this office’s primary responsibility is student accommodations that cannot be provided at the program level. In practice, there is a particular emphasis on undergraduate needs. This includes accommodations related to coursework,
evaluation, and classroom instruction but also disability-related admissions and housing considerations and some funding opportunities.

**Community Building and Advocacy Groups:** disabled students, faculty, and staff have created spaces in which to seek support, share strategies, and organize around disability-related interests. These include the Disability Affinity Group (for faculty and staff), the Disabled Grad Students Association (for graduate students), and the Disabilities United Club (for all students).

**Equity and Inclusion Office:** the EIO’s mission is “To advance equity and human rights at UBC by promoting diversity, eliminating discrimination, and engaging the community in dialogue and action.” The Office can assist with informational resources and referrals, knowledge and skills development, and conflict management and resolution.

**Human Resources:** this office oversees many aspects of employment at UBC such as hiring, workplace standards, benefits, professional development, etc. HR is responsible for employee disability accommodations through its Centre for Workplace Accessibility and Stay at Work/Return to Work program. HR also oversees ergonomic assessment, a newly created remote work program, and several physical and mental wellbeing initiatives.

**Labour Advocacy Groups:** unions are responsible for, among other things, negotiating the collective agreements that regulate working conditions of UBC employees and the duties of the university as an employer. They can provide assistance and direction on a range of employment-related questions. If a worker’s rights under the collective agreement have been violated, the union can file a grievance. The **Association of Administrative and Professional Staff at UBC** represents management and professional staff; **CUPE 2278** represents Teaching Assistants, Tutors, and Markers; and the **UBC Faculty Association** represents the professoriat, Educational Leadership Stream faculty, Lecturers, and Sessional faculty (among others). Other unions at UBC in addition to those listed below include **CUPE 116, CUPE 2950, BCGEU, and COPE 378. At this time, Research Assistant and Graduate Student Academic Assistant are not unionized positions.**
Ombuds Office: this office “works with all UBC community members to ensure students are treated fairly and can learn, work and live in a fair, equitable and respectful environment.” This includes informational resources and referrals, procedural and policy clarification, informal conflict resolution, and guidance and support with respect to problem solving.

Although the entities listed above are important resources, it is crucial to understand that navigating these institutional pathways itself often functions as a barrier for disabled students, faculty, and staff. Attaining documentation of one’s disability is only the beginning of the process towards securing accommodations.

At this time, there is no centralized unit responsible for addressing the needs of all disabled members of the UBC community, leading to overlaps and gaps in the system. Disabled people often must work with multiple entities, which is energy- and time-consuming (Cepeda, 2021; Price 2021). There can be a lack of clarity around transparency expectations, confidentiality requirements, and entities’ respective purviews. There can also be confusion around which entities are tasked with meeting which needs when it comes to graduate students and other members of the UBC community who wear multiple “hats”. This can lead to disabled people being bounced from one office to another with no one taking responsibility. Guaranteeing throughput is therefore an additional burden that many disabled people carry. Lastly, some of these entities’ primary concern is protecting the institution from legal action. This leads to a defensive, adversarial, accommodations-only approach rather than a collaborative investment in dismantling systemic barriers to disabled people’s wellbeing and fostering a culture of accessibility at UBC.

**Sections 11 & 12: Key Takeaways**

- Departments must create and maintain a discrimination-free environment. For further assistance, other institutional pathways exist.
- No centralized unit is responsible for addressing the needs of disabled people at UBC, which creates gaps and leads to a tendency to “pass the buck”.
13. Resources at UBC and Beyond

- Accessibility on Campus
- Association of Administrative and Professional Staff at UBC
- BC Human Rights Code
- Centre for Accessibility
- Creating a Respectful and Inclusive Workplace for Employees with Disabilities
- CUPE2278
- Equity and Inclusion Office
- Faculty Association
- Human Resources
- Human Rights in British Columbia: What you need to know
- Ombuds Office
- UBC Policy Number LR7: Accommodations for Students with Disabilities
- UBC Policy Number LR7 Frequently Asked Questions
- UBC Policy Number SC7: Discrimination Policy
- UBC Statement on the Respectful Environment for Students, Faculty, and Staff
14. Instructional Resources

**Access Invocation** (by Dr. Margaret Price)

**Access Is Love Reading List** (by Alice Wong, Mia Mingus, and Sandy Ho)

**Accessible Teaching in the Time of COVID-19** (by Dr. Aimi Hamraie)

**Accessible Syllabus**

**Accessibility Basics & Resources** (compiled by Emily Krebs, PhD Candidate at the University of Utah)

**Crippling Pandemic Learning in Higher Education** (compiled by Hannah Facknitz, MA student at UBC & Danielle Lorenz, PhD Candidate at the University of Alberta)

  - Crippling Pandemic Learning in Higher Education: An Explanation
  - Crippling Pandemic Learning: Pre-Course Teaching and Learning Analysis
  - Crippling Pandemic Learning: Collaborative Academic Resource Document
  - Crippling Pandemic Learning in Higher Education Collaborative Resource Document

**Critical Design Lab** (directed by Dr. Aimi Hamraie)

**Digital Community Resources for Disabled Academics** (compiled by the Disabled Academic Collective)

**Disability Histories Syllabus** (compiled by Dr. Jaipreet Virdi)

**Duke Accessible Syllabus Project**

**#Eugenics Syllabus** (compiled by Drs. Aimi Hamraie and Jay Dolmage)

**Fostering an Inclusive Classroom: Universal Design Learning and Accessible Online Teaching Practices** (compiled by Dr. Nicole Schroeder)

**Inventory of Universal Design “places to start”** (compiled by Jay Dolmage)

**the ADHD Academic**
15. Further Reading


Young, S. (n.d.). *I'm not your inspiration, thank you very much*. TED Talks. Retrieved July 5, 2022, from https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much?language=en


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Chapman, R.J. [@DrRJChapman]. (2022, April 13) *Rather than medical model/social model of disability, I increasingly prefer to say individual model/systemic model…*


Hazell, C. (2022, February 9) *'you have to suffer for your PhD': Poor Mental Health among doctoral researchers – new research*. The Conversation. Retrieved April 20, 2022,
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