



How do disabled people become disadvantaged by the way things are 'normally' done, and what will help things to change?

Summary

- Disabled people are often disadvantaged or excluded because people tend to do things in ways that are shaped for non-disabled people.
- Policies and laws, including international Human Rights instruments, tell us how things should be done. Codes of practice guide people with paid jobs to support disabled people. However, some parts of services are actively resistant, policy is not always easy to translate into practice, and changing the way people behave is notoriously difficult¹.
- Some scholars who are interested in change have started to shift the focus towards understanding *how things get done*, how certain processes become routine. This uses the concept of social practices².
- What is a 'social practice'? The following things might be thought about as social practices: Cooking; Teaching; Travelling by train; Getting married
- Some social practices DO include disabled people, and others DO NOT. For instance, some practices might be set up in such a way that disabled people face barriers in taking part. All the ones listed above might pose problems for some people, if we do not question the 'way things are normally done'.
- The theory suggests that social practices are made up of different types of 'elements': 1) competences (skills and embodied knowledge); 2) materials (the actual objects and things we use); 3) meanings (the social meanings attached to what is 'normal'³).
- We want to use these ideas to analyse and change social practices, so they become more inclusive of disabled people. For instance, train travel could be organized so that disabled people did not always have to book ahead to get the assistance they need, by making sure that all trains were accessible.

¹ Shove, E. (2011). "On the difference between chalk and cheese—a response to Whitmarsh et al's comments on" Beyond the ABC: climate change policy and theories of social change"." *Environment and Planning A* 43(2): 262-264.

² Reckwitz, A. 2002. 'Toward a Theory of Social Practices: A Development in Culturalist Theorizing.' *European Journal of Social Theory* 5 (2):243-263.

³ Shove, E. (2003). *Comfort, Cleanliness and Convenience: The Social Organization of Normality*, Berg publishers.

What is the problem?

Disabled people, with different impairments, are often disadvantaged or excluded, because of the way things are done. People trying to change things can feel powerless and trapped within existing systems, cultures and ways of doing things. The child protection system was recently described by one disabled parent as a 'conveyor belt' that just moved them along without accounting for their support needs. There are frequently examples in the media about how disabled people are disadvantaged within the workplace⁴, or in their own communities⁵. Health services are meant to be universal and equitable. However, because of the way things are routinely done, a person with learning disabilities or mental health problems might not be given time, communication support or even life-saving treatment⁶. People with dementia who have to go into hospital with an acute illness may be prevented from eating, because there is no one to support them with their food. Students and staff with physical disabilities who use wheelchairs may be excluded from classrooms and offices which are inaccessible, and above all this, services for disabled people are often designed and commissioned on their behalf, rather than by those who will use them.

What are the policies?

Policy and Law tend to operate on the optimistic basis that guidance or legal statute will change people's behaviour. That is sometimes true to some extent. For instance, the 1989 Children Act⁷ states that every effort should be made to keep children with their parents and this is backed by many other more recent legal and policy instruments, such as the 2014 Care Act⁸ and the statutory guidance Working Together to Safeguard Children⁹, both of which promote early intervention and joint working. Yet services that can meet disabled parents support needs are often lacking. At a wider universal level, the UN Convention on the Rights of Persons with Disabilities (UNCRPD)¹⁰ lays down principles about human rights, to which the UK is a signatory. Yet there are frequent examples of a gap between statements of Human Rights and the actual experiences of disabled people.

How can we look more closely at these issues?

Social Practice Theory¹¹ changes the focus of analysis – away from the micro level of behaviour change, and the macro ideas of governance and economics. Shove and her colleagues think about how social practices might be constituted and how they can change over time. As noted above, they see social practices as made up of three types of elements: meanings, materials and competences. Elements can shift and change over time, and that changes the way the actual practice is constituted. This is a different approach from other theories of change (which tend to either have a

⁴ Leigh Day (2014) *The Purple Workforce*

https://www.leighday.co.uk/LeighDay/media/LeighDay/documents/Disability/Disability-report_v9_FINAL_rev_online_B-W.pdf?ext=.pdf

⁵ Inclusion London (2014) *Disability Hate Crime and the Media's Portrayal of Disabled People*

<https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/hate-crime/factsheet-disability-hate-crime-and-the-medias-portraya>

⁶ <http://www.theguardian.com/society/2015/dec/20/revealed-nhs-hospitals-investigate-1-in-7-deaths-of-vulnerable-patients>

⁷ <http://www.legislation.gov.uk/ukpga/1989/41/contents>

⁸ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

⁹ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

¹⁰ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹¹ Shove, E., Pantzar, M. & Watson, M. (2012) *The Dynamics of Social Practice: everyday life and how it changes*. London: Sage Publications.

'micro' focus on behaviour change, or a 'macro' focus on larger organizational forces of change). Social practices may fail to include disabled people, because of the meanings attached to 'disability'; for instance, hospitals may not have accessible training venues, as they fail to appreciate that staff could be disabled. Social practices tend to recruit from particular populations (i.e. it is only some people who take up particular practices), and this can help us to see exactly how disabled people are excluded or how they 'misfit'¹² into existing social practices. In turn, this can help us to analyse how these practices could be re-shaped by changing elements, so that they can recruit from a broader range of people, including those who are disabled.

What do we plan to do?

In our research we plan to analyse social practices as they occur in the everyday lives of disabled people, when they interact with those who are there to support them. Even with a supposedly 'empowering' personal budget, much depends on the ebb-and-flow of human interaction with frontline support staff. One of the strands in our research will be about making reasonable adjustments in hospitals. We are interested in how hospital doctors and other professionals assess patients and how they make adjustments to their practices to meet the needs of different disabled patients. Another focuses on the context of Higher Education where teaching and learning practices often unwittingly exclude disabled students and staff. We also plan to analyse social practices as they occur for parents with learning disabilities who are involved with social services due to concerns regarding the neglect of their children. We are interested in how social workers and other professionals assess and work with parents and how they can make adjustments to their practices to meet parents' support needs. All of these things can be seen as social practices.

How will this research help to get things changed?

We can change social practices best if we consider the whole jigsaw of interlinked elements involved. For instance, a patient with learning disabilities who has acute breathing problems goes into hospital, and the consultant feels that he should not receive antibiotics, since he has had several similar attacks¹³. Embedded in this medical decision is the attitude that the person's life might not be worth living, and so there are big challenges facing all of us in society, to change the meanings associated with the essential humanity and rights of people with learning disabilities. However, we would also need to consider the skills and competences that the consultant and medical team have, in communicating with this particular patient, who might need easy language and explanations of what is going on. The actual resources in the hospital, including for instance a hospital liaison nurse, and peer support, might have an effect on the practices which could save this patient's life. Social Practice Theory can help us to analyse in the round, and not just focus on one aspect of a problem.

Another example relates to disability in universities and workplaces like the NHS; if university and NHS hierarchies saw disabled staff as valuable assets, that would bring in its wake an attitude shift away from seeing people as 'burdens' on the system. Living with a long-term condition and managing crises could inspire how the NHS looks at service planning and frontline delivery, looking to patients as peers. Coming to academic knowledge from a different perspective of lived experience as a disabled person may be accredited and inform new academic subjects and how these subjects are taught. We are interested in the fundamental changes in attitude that might shift how things get

¹² Garland-Thomson, R. (2011) Misfits: a Feminist Materialist Disability Concept. *Hypatia*, 26 (3): 591-609.

¹³ A case from Williams, Boyle et al. (2012) Best Interests Decisions: people and processes.

done in universities and the NHS, and how disabled staff could lead changes in the technology of access¹⁴, so that they have the same facilities as non-disabled staff.

Working to make links

Analysing social practices will help us to understand how practices are shaped and how they can change. However, there has seldom been any focus on social practices which 'exclude' people, and we aim to contribute to a wider understanding of the recruitment to particular social practices¹⁵, and how they can be re-shaped to include disabled people. We suspect that much of this is about power inequalities, and that some social practices could be said to belong to the powerful majority, rather than to the oppressed minorities. We also want to link social practice theory with the types of analysis we are carrying out about social actions in conversation and discourse. We want to ensure that we work with ideas that are practical and will make a difference.

Key questions

- Can social practice theory help us to understand the way disabled people experience barriers in different areas of life?
- By disabled people taking action, and 'co-producing' change, can they shift and change the way social practices are shaped?
- Is social practice theory enough, or can we make links with ideas about exclusion and inclusion, and power or inequality?
- What will it take to move from theory to implementing practical change, so that we can apply it to make sure that policies do make a difference?



This Briefing is produced by 'Tackling Disabling Practices: co-production and change', a three-year project led by the University of Bristol and funded by grant ES/M008339/1

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¹⁴ Titchkosky, Tanya (2008) "To pee or not to pee": ordinary talk about extraordinary exclusions in a University Environment. *Canadian Journal of Sociology*, 33 (1): 37-60.

¹⁵ Shove, E. and M. Pantzar (2007). "Recruitment and Reproduction: The Careers and Carriers of Digital Photography and Floorball." *Human Affairs* 17(2): 154-167.