

Rethinking Disability and Corporate Responsibility

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This article is intended to provide a framework for incorporating private enterprise into the design and implementation of all future disability policies and strategies. The article first describes the shift in thinking on disability issues that has occurred in the last twenty five years, resulting in a global commitment to increasing the social and economic access of people with disabilities. After arguing that the implementation of this commitment has been slowed by a lack of understanding of disability issues, including the relationships between disability communities and private enterprise, the article builds a framework for correcting this deficiency by productively incorporating private enterprise into the design and implementation of future disability policies and strategies.

THE POLICY CONTEXT

Societies have long failed to provide adequate access for people with disabilities to mainstream social and economic opportunities. As a result, people with disabilities remain one of the world's most socially and economically marginalized populations. Over the last quarter century, reducing this marginalization has become a global policy target, not only because it is a violation of the basic human rights of disabled people, but also because it is now understood to be a needless economic encumbrance that reduces the economic output of otherwise capable people with disabilities.

Worldwide concern over this issue increased dramatically with the 1982 passage of the United Nations World Program of Action Concerning Disabled Persons (United Nations, 1982) and the subsequent passage of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 1994). Global concern increased again with the 2006 adoption of the United Nations Convention on the Rights of People with Disabilities (United Nations, 2007). As a result, most nations have joined into what amounts to a global commitment to increasing social and economic access for people with disabilities.

Unfortunately, implementation of this commitment has been slow for a variety of reasons that all tend to stem from a long history of isolating people with disabilities from mainstream society, first within their families, then in segregated institutions, and, most recently, in segregated rehabilitation and educational systems. As a cumulative result of centuries of such institutionalized segregation of disabled people, the wide-ranging social and environmental

issues associated with the relatively recent policy goal of increasing the social and economic access of people with disabilities are still underappreciated and misunderstood (Metts, 2000, Sections II and III). The roots of the wide range of implementation problems, therefore, all tend to reside in a collective misunderstanding of disability issues.

One important area of such misunderstanding is the relationship between people with disabilities and private enterprise. Though private enterprise is arguably the world's most important economic institution, and though it strongly affects the economic and social circumstances of people with disabilities in a variety of ways, its importance to the disability community has tended to be narrowly misperceived as stemming almost entirely from its role as employer, and from its philanthropic activities. Consequently, many of the other important impacts of businesses on people with disabilities (e.g. as product designers and manufacturers, as distributors of goods and services and as shapers of the built environment, public opinion and public policy) have tended to be underappreciated.

Largely due to this collective misunderstanding of its importance to disabled people, the business community has tended to be left out of the discussions and processes associated with disability policy formation. As a result, disability communities tend to be denied the cooperation of an informed and involved business community, and policy makers tend to be denied access to the vast reservoirs of unique and relevant expertise and resources that reside in their business communities. Private enterprise suffers as well, as businesses are often hampered by costly and ineffective disability laws and regulations that have been designed without their input, and often find themselves pressured to employ and accommodate people with disabilities who are inadequately prepared for competitive employment.

This article is intended to address this lack of business community participation in disability policy formation by providing an appropriate and cost-effective operational framework for productively incorporating private enterprise into the design and implementation of future disability policies and strategies. The article begins with a discussion of the phases of physical and social integration through which a person with a disability must successfully pass in order to achieve social and economic access. This is followed by a description of the true nature of disability and an analysis of the types of barriers that people with disabilities must overcome in order to achieve significant social and economic access. The key elements of successful policies and strategies to remove or mitigate these barriers are then identified, and a framework is presented for productively incorporating private enterprise into the process.

ACHIEVING SOCIAL AND ECONOMIC ACCESS

To achieve the social and economic access necessary to make meaningful social and economic contributions, people who incur disabilities must pass through three distinct but interrelated stages of physical and social integration (Metts, 2000, pp. 36-39).

In the first stage, they are concerned with surviving the disability and beginning to recover. The barriers associated with this stage tend to reside within the person. The types of institutional support associated with this stage are, therefore, primarily rehabilitative in nature and include physical and mental restoration, physical therapy, assistive technology, prosthetic devices and appliances, personal assistance, information, advocacy and training in all of the activities associated with surviving and beginning to overcome a disabling condition.

In the second stage, a person with a disability must become as self-reliant as possible and gain social and economic access. The barriers associated with this stage tend to reside not only within the person, but within society and the built environment as well. The types of individual support

associated with this stage are, therefore, both rehabilitative and empowering in nature, and include mobility training, assistive technology and access to housing, transportation, education, and recreation. Facilitating the passage of people with disabilities through this stage also requires the removal and prevention of architectural and design barriers and the removal of the types of social barriers that restrict people with disabilities from fully participating in their families, communities, and societies.

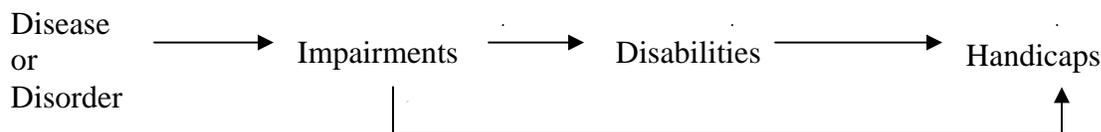
In the third and most advanced stage, people with disabilities must gain access to the types of activities that give life meaning and purpose. For most people, this translates into some combination of productive employment, contribution to family and community, and active participation in society as a whole. This requires access to education, training and recreation, and support for employment and social participation. It also requires social policies and strategies to reduce the types of discrimination against people with disabilities that restrict their access to all types of social opportunities including education, training and gainful employment.

THE TRUE NATURE OF DISABILITY

The International Classification of Impairments, Disabilities and Handicaps (ICIDH), published by the World Health Organization (WHO) in 1980, was the first formal conceptualization of the disability experience to embody the broad range of personal, social and environmental elements that affect the ability of people with disabilities to successfully pass through the three stages of physical and social integration (World Health Organization, 1980).

As depicted in Figure 1, within the ICIDH framework, disabling conditions are comprised of three elements; impairments, disabilities and handicaps. A disability is a restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being. Such restrictions are caused by impairments, which are losses or abnormalities of psychological, physiological or anatomical structure or function. Handicaps, in turn, are disadvantages caused by impairments and disabilities that limit or prevent the fulfillment of a role that is considered to be normal depending on age, sex and social and cultural factors.

FIGURE 1
THE DISABLEMENT PHENOMENA AS CONCEPTUALIZED IN THE ICIDH



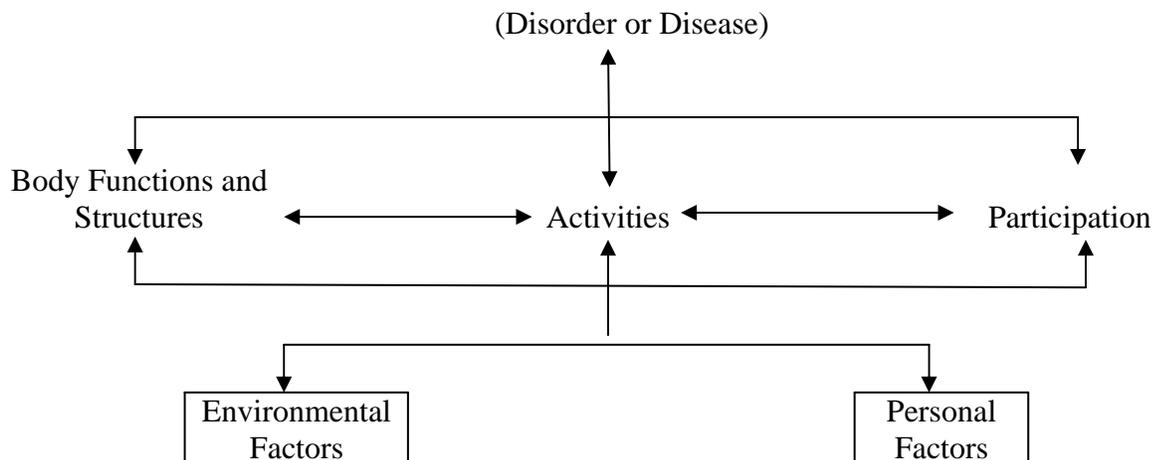
Source: World Health Organization, 1980, p. 11.

In order to incorporate subsequent advances in the understanding of the interactions between the personal, social and environmental elements of disability, the WHO subsequently engaged in a follow-up process that led to the replacement of the ICIDH with the International Classification of Functioning, Disability and Health (ICF).

As depicted in Figure 2, within the ICF framework health conditions are defined as disorders or diseases, body structures are defined as anatomical parts of the body, and body functions as the physiological functions of body systems. An activity is defined as the execution of a task or

action by an individual, and participation is defined as involvement in a life situation. Environmental factors comprise the physical, social and attitudinal environments in which people live and conduct their lives, and personal factors include gender, race, age, fitness, lifestyle, habits, upbringing, coping styles, social background, education, profession and a variety of other possible characteristics of individuals (World Health Organization, 2001).

FIGURE 2
INTERACTIONS BETWEEN THE COMPONENTS OF THE ICF HEALTH CONDITION



Source: World Health Organization, 2001, p. 18.

A person's functioning at the level of the body, therefore, and his or her ability to execute tasks (activities) and/or participate in life situations, are all understood to be functions of complex relationships between health conditions and personal and environmental factors.

Therefore, people may:

- Have impairments without capacity limitations (e.g. a disfigurement in leprosy may have no effect on a person's capacity);
- Have performance problems and capacity limitations without evident impairments (e.g. reduced performance in daily activities associated with many diseases);
- Have performance problems without impairments or capacity limitations (e.g. an HIV-positive individual, or an ex-patient recovered from mental illness, facing stigmatization or discrimination in interpersonal relations or work);
- Have capacity limitations without assistance, and no performance problems in the current environment (e.g. an individual with mobility limitations may be provided by society with assistive technology to move around);
- Experience a degree of influence in a reverse direction (e.g. lack of use of limbs can cause muscle atrophy; institutionalization may result in loss of social skills) (World Health Organization, 2001, p. 19).

The ICIDH and ICF frameworks both embody the modern understanding that impairments and disabilities are limitations imposed upon individuals by their own bodies, while handicaps are additional disadvantages imposed on people with impairments and disabilities by their environments, cultures and institutions.

This understanding is important from a policy perspective because it leads inevitably to the conclusion that policies and strategies to increase the social and economic access of people with disabilities must extend beyond the traditional medical and rehabilitative approaches to disability aimed at increasing the functional capabilities of disabled people themselves, to include the wide-ranging issues associated with preventing, removing or mitigating the broad range of additional environmental, cultural and institutional barriers that also limit social and economic access for people with disabilities.

KEY ELEMENTS OF A SUCCESSFUL APPROACH TO DISABILITY

The preceding analyses strongly suggest that; 1) the economic output of people with disabilities can only be maximized by successful policies and strategies designed to facilitate the passage of people with disabilities through the three stages of physical and social integration, and; 2) that successful efforts to facilitate this passage will require comprehensive systems and strategies that simultaneously address all of the personal, social and environmental issues associated with the entire range of existing disabling conditions.

Success, therefore, will require replacing today's disjointed and piecemeal systems of disability interventions with coordinated and integrated combinations of *health care and rehabilitation strategies* designed to reduce the disabling consequences of impairments, and *inclusion and empowerment strategies* designed to reduce the social and environmental barriers that turn impairments into handicaps.

Such coordination and integration is required because the benefits of any given activity cannot be fully realized unless it is part of a broader system of policies, strategies and interventions designed to ensure that the beneficiaries of that activity are further empowered and supported in ways that allow them to pass through all three of the stages of physical and social integration. Disabled people, for example, cannot maximize the benefits of physical rehabilitation if they are prevented by unavailable or inadequate personal assistance and/or assistive technology from passing through stage one (i.e. adapting to their underlying disabling conditions and maximizing their functional capacities). And the benefits of successfully passing through stage one cannot be fully realized if social barriers, environmental barriers or discrimination in education, employment or some other aspect of societal participation prevent people with disabilities from passing through stages two and/or three (gaining access to their communities and societies, and engaging in activities that give life meaning and purpose).

In addition to explaining why the traditional piecemeal approaches to disability have been ineffective, these facts strongly suggest the need for two categories of interrelated strategies; broad social and environmental strategies aimed at making societies and built environments more accommodative to the needs of disabled people as a group, and strategies for efficiently and cost-effectively providing specific necessary disability related goods and services to disabled individuals.

Establishing such a large and complex society-wide approach to disability will involve, at the very least, achieving the following five objectives:

1. Identifying and estimating the sizes and characteristics of existing disability populations.
2. Developing cost-effective disability policies and strategies capable of bringing disability populations into the social and economic mainstream.

3. Establishing production and distribution systems for disability related goods and services that reduce their production costs and maximize their availability and utility to people with disabilities.
4. Rationalizing the distribution of the economic costs of the resulting disability policies and strategies between the public and private sectors.
5. Restructuring philanthropic strategies to foster increased access for these disability populations to social and economic opportunities.

For a strategy with such a society-wide focus to be successful, its design process must logically include representatives of all aspects of civil society, including medical and rehabilitation professionals, policy makers at all levels, scholars in a variety of fields, organizations of disabled persons, experts in architecture and design, representatives of all aspects of the media and representatives of all elements of private enterprise.

THE ROLE OF PRIVATE ENTERPRISE

All of the above objectives are linked to the interests, resources and expertise of private enterprise. Therefore, a reasonable starting point for the proposed effort to incorporate private enterprise into the greater effort to bring people with disabilities into the social and economic mainstream is to identify and develop mechanisms by which private enterprise can contribute to the achievement of each objective. The possible contributions are many, including the following:

Identifying and Estimating the Sizes and Characteristics of Existing Disability Populations

Inadequate disability information has long been a key impediment to the implementation of the global commitment to increasing social and economic access for people with disabilities. The primary problem has been the misguided focus of the United Nations, the World Bank and many other national and international organizations on developing national and global disability population estimates, which has resulted in a virtually meaningless collection of unreliable, disparate and incomparable estimates.

For example, the average of the United Nations Development Program disability population estimates for low, medium and high income countries is 4.24% (United Nations Development Program, 1997, pp. 176-77, 207), while the WHO estimate, which is currently the most widely used in the United Nations system, is 10%. Meanwhile, Coleridge (1993, pp. 103-109) suggests a range of 3% to 10%, and Bengt Lindqvist, the former United Nations Special Rapporteur on Disability agrees with the WHO estimate of 10% (B. Lindqvist, statement at World Bank Seminar on Disability, March 5, 1998, Washington D.C.).

This failure to achieve accurate large scale disability population estimates is unavoidable because attempting to do so is, in fact, an impossible mission. The first obstacle to be overcome is arriving at an agreed upon definition of a disabled person, which has never been accomplished on a global scale. As a result, large scale disability population estimates, including the estimates presented in the previous paragraph, tend to be little more than educated guesses made without an underlying definition of disability.

Even when more reasonable attempts are made to estimate the sizes and characteristics of the component parts of disability communities (e.g. people with physical, visual, hearing, psychological and intellectual impairments), national, regional and global estimation processes are greatly hampered by a tendency in many areas to hide people with disabilities, and by a wide

variety of other reporting problems related to differing survey techniques and the existence of negative cultural attitudes toward people with disabilities (Metts, 2000, Annex C, pp.54-56).

The futility of such efforts should not be the issue, however, because global estimations of disability populations are not actually required for strategies to increase the social and economic access of people with disabilities. In fact, postponing the process of developing new disability policies and strategies until such accurate large-scale estimations of disability populations are available is arguably unconscionable because doing so needlessly prolongs the period in which tens of millions, if not hundreds of millions, of people with disabilities face preventable hardships that ruin their lives and waste their potential.

Importantly for the discussion at hand, the solution to this problem may very well reside in the collective marketing and distribution expertise of private enterprise. Over many years, and in a variety of cultural and environmental circumstances, businesses have developed strategies to market and distribute goods and services in environments characterized by imperfect information. This type of market analysis, which is a fundamental aspect of business, simply does not exist in the governmental, medical, legal and charitable institutional systems that now dominate the world's disability systems. Furthermore, unlike large international agencies, government departments and charitable organizations, businesses tend to stake their own resources and the resources of their shareholders on the outcomes of the strategies they choose. Consequently, unsuccessful approaches to problems tend to be replaced by successful approaches in iterative sequences that tend to result in consistently improving strategies.

There are, therefore, many potential benefits to be derived from incorporating these core business practices into disability information gathering. Rather than inaccurately estimating disability populations and basing the design of future disability systems on the virtually meaningless data they provide, policy makers and disability practitioners could instead employ sound business principles in their information gathering by initiating long term iterative processes of identifying existing groups of people with disabilities, analyzing their known needs, and developing strategies to meet those needs. The initial phase of such processes could be to conceptually cluster the known disability populations according to their shared personal, social and environmental needs, and estimate their sizes and locations to determine the scopes, scales and geographic distributions of the activities necessary to meet those needs. Whatever the details of the marketing and distribution techniques that are ultimately selected, however, the transference of this vital area of business expertise to the process of gathering and analyzing disability data represents a logical and productive point of entry for private enterprise into the process of disability policy formulation.

Developing Cost-Effective Disability Policies and Strategies Capable of Bringing People with Disabilities into the Social and Economic Mainstream

This is the largest component of the proposed disability strategy, and it is the area in which the exclusion of private enterprise has had the most negative impact. The large-scale inclusion and empowerment of people with disabilities will require coordinated activities to address the personal, social and environmental access barriers that people with disabilities face in ways that facilitate the passage of as many disabled people as possible through all three stages of physical and social integration. This will require healthcare, rehabilitation, personal assistance and assistive technology strategies and interventions to increase the functional capabilities of people with disabilities. It will also require social and environmental policies and strategies to foster the access of people with disabilities to their built environments and mainstream societies and economies.

Private enterprise must be included in all aspects of the design and implementation of these strategies and systems because it is the leading repository of information and expertise regarding the production and distribution of goods and services, it engages in a wide variety of activities that directly impact the social and economic access of people with disabilities, it possesses vital expertise in the area of employment, and it is a major source of philanthropy.

Establishing Production and Distribution Systems for Disability Related Goods and Services that Reduce their Production Costs and Maximize their Availability and Utility to People with Disabilities

Many if not most of the current institutions, systems and approaches for providing goods and services related to the medical, personal and rehabilitative needs of disabled people are extremely inefficient, resulting in undue expense and inadequate provision. The two most important underlying reasons for these inefficiencies are that most disability related goods and services are provided in medically based institutional systems, which are notoriously expensive; and that most are funded through public and private social welfare and charity budgets, which are notoriously politicized and under funded.

These problems are avoidable because the bulk of such goods and services (e.g. personal assistance services, assistive technology, and many of the goods and services related to rehabilitation) are not necessarily medical in nature. Therefore, it would be potentially more cost-effective to provide them in mainstream commercial systems. Replacing the current medically based, highly bureaucratized and inefficient production and distribution systems with more market based solutions solidly grounded in the principles of economics and business will almost certainly result in tremendous efficiencies. This extremely important component of the overall effort to foster the social and economic inclusion of people with disabilities, therefore, provides another very important point of entry for private enterprise.

Rationalizing the Distribution of the Economic Costs of the Resulting Disability Policies and Strategies between the Public and Private Sectors

Society's failure to account for the multifaceted nature of the disability experience, its longstanding tendency to underestimate the capabilities of people with disabilities, and its tendency to over bureaucratize and under fund the provision of disability related goods and services have resulted in a failure to remove or mitigate many of the unnecessary social and environmental barriers that prevent disabled people from becoming viable members of the workforce. This ignorance, in combination with the failure to include the business community in the processes of designing and implementing disability policy, has resulted in a long history of failed employment policies and strategies for people with disabilities.

Despite the multifaceted nature of the problem, and, therefore, of the solution to the problem, the Americans with Disabilities Act of 1990 and its most important predecessors, including Section 504 of the Rehabilitation Act of 1973, have misguidedly attempted to solve the problem by simplistically requiring businesses to employ "qualified" disabled people, and provide them with the "reasonable accommodations" they need to overcome any of their work related limitations.

The benefits of this institutional structure tend to accrue to disabled people, who become employed, and to society as a whole, which experiences a decrease in resource expenditures to care for otherwise capable people with disabilities. Though these benefits are potentially great and, therefore, well worth capturing, no benefits at all necessarily accrue to private enterprise. From an institutional economic perspective, therefore, this system is unfair and unsustainable

because it assigns the lion's share of the costs to an entity that shares virtually none of the benefits.

It is appropriate and necessary, therefore, for private enterprise to engage in a collaborative effort with the disability community to shift the costs of providing employment accommodations away from disabled people, who cannot afford them, and away from private enterprise, which does not deserve to incur them, to governments, which can afford them, and which, as society's representatives, stand to receive substantial benefits from the resulting employment of people with disabilities.

Restructuring Philanthropic Strategies to Foster Increased Access for People with Disabilities to Social and Economic Opportunities

Disability related philanthropy has typically been comprised of random, piecemeal charitable activities. To effectively foster the large scale social and economic inclusion of people with disabilities, these philanthropic efforts must now be transformed into targeted empowering interventions that are integrated components of the wider efforts outlined in this article to facilitate the passage of disabled people through all three stages of physical and social integration. In addition to restructuring their own philanthropic activities to embody these characteristics, private enterprise could also be productively employed transferring the types of technical expertise already mentioned to those involved in the greater effort to restructure disability philanthropy to more effectively empower disability communities.

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