

# ***The Enlightenment of social model of disability on the formulation of employment policy for the disabled ----Take China's disabled employment policy as an example to analyse***

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**Abstract:** This article introduced China's leading employment policy for the disabled at first. And then, based on the analysis of the difference between the medical and social model of disability, the transformation from medical to social model of disability in legislation in US and UK were summarized, and the advantages of the social model of disability were admitted in guiding the employment legislation for the disabled. Furthermore, from the perspective of the social model of disability, this article summarized the problems behind the employment policy for the disabled in China and the according enlightenments were put forward. Firstly, China's government should consider integrating social model in policy-making on the basis of its own situation. To be specific, the formulation of policies should not only focus on the injured individuals, but also pay more attention to the structural barriers in the society that the disabled have suffered. The new objective of those policies should aim at eliminating social oppression and discrimination that widely exist in the modern world. Secondly, China should further optimize the policies without the regulations for the reward or the punishment, so as to enhance the prestige of the policies. Finally, the enforcement mechanism should also be improved to a large extent, therefore truly contributing to the implement of employment policy for the disabled.

## **1. The analysis of the employment policy for the disabled in China**

There are three main types of employment policies for the disabled in China, which are market-oriented policy, protective policy and auxiliary policy [1]. The three types of policies complement each other and constitute the principle of China's employment policy for the disabled together.

Market-oriented employment policy refers to a series of policies that regulate the supply and demand of the disabled on the basis of market leverage [1]. There are two dimensions behind the market-oriented employment policy. From the supply side, it aims at enhancing the quality of the disabled people by providing education and training for them, and there are a handful of policies that can imply the statement. For example, *Regulations on Education of the Disabled* clearly stipulates that the relevant institutions need to carry out compulsory education and vocational education for the disabled, so as to make them more employable in the labour market. The ideology

behind it is that the society generally believes the disabled is suffered from defects physically and psychologically, and thus their capability is assumed to be lower than that of their non-disabled counterparts. Therefore, special education and training are needed. From the demand side, another core of the market-oriented employment policy is to match the market demand for the disabled under the interfere of the state. With the help of the tangible hand of the government, such as opening special public welfare posts for the disabled, the unemployment rate of the disabled is decreased. However, it should be admitted that the process is not totally controlled by the government, as the policy also encourages disabled people to find the vacancy by themselves. But this kind of way to be employed accounts for a tiny proportion for the disabled applicants.

The main purpose of the protective employment policy is to regulate labour market behaviour and to protest the social discrimination against the disabled [1]. The policy involves the whole process of employment, including labour employment, promotion, remuneration, social welfare, etc. And there is an example of a policy against discrimination at the beginning of the employment. *Law on the Protection of the Disabled* regulates that the relevant institutions should not refuse to accept disabled graduates allocated by the state owing to their impairments.

Auxiliary employment policy focuses on two aspects. On the one hand, it regulates the duty of the state to improve the body conditions of disabled people, such as providing rehabilitation institutions. The ideology behinds the policy is the social bias that the impairment of the disabled is assumed as the main factor that genuinely impedes disabled people to enter the labour market, and to compete with their non-disabled rivals equally. Thus, the auxiliary policy insists that it is necessary to take medical, psychological and all possible means to restore the function of the people who suffer from the impairments as soon as possible. The following table shows the number of rehabilitation institutions for the disabled in China from 2018 to 2019 [2]. We can see here that the number of all kinds of rehabilitation institutions has increased rapidly in a year, which implies the policy-orientation on the duty of the disabled to rehabilitate themselves.

*Table 1 The number of rehabilitation institutions for the disabled in China from 2018 to 2019*

Counting unit (s)

<b>Types of rehabilitation institutions in China</b>	<b>2018</b>	<b>2019</b>
Providing rehabilitation service for visual disability	1346	1430
Providing rehabilitation service for listening and speaking disability	1549	1669
Providing rehabilitation service for physical disability	3737	4312
Providing rehabilitation service for mental disability	1962	2022
Providing rehabilitation service for children with autism	1811	2238
Providing rehabilitation service for intellectual disability	3024	3529
Providing auxiliary equipment service	1929	1970

The auxiliary employment policy, on the other hand, emphasizes the obligation of society in promoting the employment rate of disabled people. It regulates that government should create an environment that conducive for the disabled to live and go out, as being able to go outside the home is one of the requisites for the disabled to integrate with the society and then to be employed. There are many measures that the government can take to remove the inconveniences outside, such as barrier-free environment construction [1]. To be specific, *China's Law in the Protection of the Disabled* proposes that the duty of the state to optimize the infrastructures, such as urban roads and buildings, so as to provide a more convenient and liveable environment for the disabled. In addition, according to the latest report, national duty is still the field that the public officials focus on. In the 17th session of the 13th Standing Committee of the National People's Congress (NPC) in 2020, the

committee members suggested that in this information-based era, the design of the free access to the internet should especially be embedded during the whole process of barrier-free construction.

## 2. Introduction of the medical and social model of disability

On the basis of reviewing the employment policy of the disabled in China, the two models of disability (medical and social model of disability) will be introduced accordingly in this part. The ideologies of policies underpinned by the two models are different. In short, the policies adopting the medical model of disability generally emphasize social assistance, aiming to help disabled people to overcome their injuries, as being a healthy applicant without impairments is the precondition for everyone who wants to enter the labour market. Conversely, the policies adopting the social model of disability focus on the elimination of structural barriers that widely exist in the society, as it is the fundamental way to eliminate the discrimination and misunderstanding against the disabled. Obviously, the policies that underpinned by different models will definitely produce different preferences. Thus, before analysing the policies specifically, it is necessary to understand the theoretical model behind the disabled employment policy-making.

### 2.1 The medical model of disability

From the medical and clinical perspectives, disability is defined as a kind of functional disorders by the medical model of disability. Specifically, it is a kind of damage from the body, mind and intelligence. The medical model assumes that the dilemma of the disabled in the labour market is the result of their own dysfunction. For example, under the influence of eugenics in the UK, impairment is regarded as a kind of personal tragedy and misfortune [3]. Therefore, medical treatment and rehabilitation training are needed to eliminate the injuries of the disabled as soon as possible, so as to improve their body condition and eliminate the gaps between them and their non-disabled counterparts. During this process, the medical model predicts that owing to the body dysfunction, disabled people is in a disadvantaged position in many aspects including personal ability, educational background and economic status [4]. It is impossible for them to cure themselves without any social assistance. Thus, the policies that underpinned by such a model generally focus on providing vocational training and rehabilitation to help the disabled people to be cured and equipped with skills.

The medical model of disability is widely used in practice. The definition related to disability given by the World Health Organization (WHO) in accord with the concept of the medical model of disability. It defines the interactions between the components of international classification of functioning (ICF) as below. It can be clearly seen in the model that the main influencing factor of participation is individual body functions and structure, which makes a series of activities limited. While, the other kinds of factors in the figure, such as environmental factors or personal factors, are outside the closed-loop, occupying a secondary position in defining ICF. Besides, many countries follow the medical model in formulating their employment policies for disabled people, aiming to help them to recover and then to improve their employability. For example, through Disabled Persons (Employment) ACT (DPA) in 1994, UK government provided a series of social means, such as regulating employment quota for the disabled, to narrow the gap between disabled and non-disabled people in the job market [5].

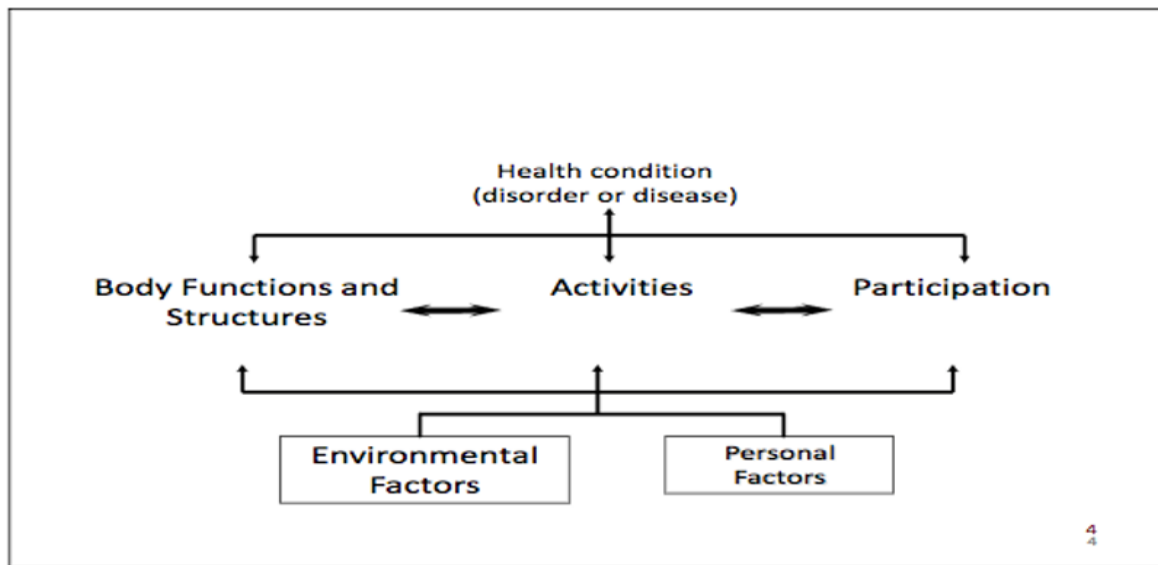


Figure. 1 Interactions between the components of ICF

## 2.2 The social model of disability

The social model of disability is a new ideological model to underpin the legislation of policies for the disabled, which is different from the medical model of disability. It emphasizes that the cause of disability is not from physical, mental and intellectual damage, but from a series of structural factors, such as social structure, social environment and social reaction [6]. Different from the medical model, the social model divides the concept of injury and disability [7]. It also points out that injury is not a necessary condition that leads to disability. Instead, the real cause of disability is the oppression and discrimination that are widely existed in society [8]. Thus, the disability is not a personal disease, but a social problem that needs to be dealt with everyone in the society. In order to reduce disability, it is required to make a difference from the social transformation firstly. And shifting the focus from individual physical limitation to the broader social environment experienced by the disabled is also vital in terms of improving the status of disabled people in the labour market.

The concept of the social model of disability is adopted by some countries in guiding legislation in the following decades. The social-political model appeared in the US in the late 1960s, emphasizing that the role of the government should be reflected in eliminating structural discrimination, so as to protect the political, economic and social participation rights of the disabled [9]. In addition, the social model also influenced both academic and political understanding in the UK. Oliver is the first person to put forward the concept of the social model of disability [8]. Later, the medical model that guided the legislation was subverted to a great extent, which made the government's legislation get rid of the positive discrimination. The UK government has reduced the interference and emphasized the initiative of the disabled and the self-regulating nature of the market. As a result, the DPA proposed in 1944 was replaced by the Disability Discrimination Act (DDA) in 1995 [9].

### **3. The transition from medical to social model of disability – take US and UK as the example**

Although the US and the UK have great differences in the employment legislation system for the disabled, it does not prevent them to transit from the medical to the social model of disability gradually. The US adheres to individualism in the employment legislation of the disabled and the nation does not intervene too much in this field [9]. Under the guidance of the medical model, the role of the US government in helping the disabled is reflected in two aspects. On the one hand, the government provides financial support to those who are disabled, as they are limited by impairments and cannot support themselves. On the other hand, the government helps the disabled to repair their abilities impeded by impairments. Since the medical model suggests that the best way for disabled people to be embedded into society is to improve their physical and mental conditions. By the end of the 1960s, the civil rights movement in the US entered a climax. The Americans with Disabilities Act (ADA), which abandoned the previous ideology of the medical model, took the social model of disability as the guidance to enact legislation in 1990 [9]. The cores of ADA are on positive action and anti-discrimination [9]. In addition, based on the WHO definition of disability, ADA added a new condition. It recognizes disability caused by discrimination. This is not only a confirmation of the dominant position of the social model in supporting disability legislation, but also an advancement in the employment policy for the disabled in the US.

The employment policy for the disabled in the UK is different from the liberalism in the US. Its government generally adopts intervention policy in this field [9]. The 1944 Act was underpinned by the medical model obviously. It was believed that without the government's effective intervention, it would be difficult for the disabled to be employed in the labour market, due to their inherent injury. The DPA stipulates that enterprises with more than 20 employees must include a quota of 3% for the disabled [5]. Besides, the Act requires enterprises to leave fixed posts, such as parking guard, to the disabled specifically [10]. Although the British legislation in this period guaranteed the employment for the disabled, the discrimination and misunderstanding exist in the society were not alleviated because of those positively discriminatory policies in the DPA. Then in 1995, the introduction of DDA made the disability legislation in UK enter another new stage. Different from the previous pattern, the visible hand of the government gradually gives way to the invisible hand of the market. The DDA abolished the requirement for the quota system, and through new initiatives in DDA such as reasonable adjustments in the workplace, it can be said that the UK has consciously changed from a medical to a social model of disability, striving to eliminate positive discrimination and to protect the rights of the disabled [9].

However, many scholars argue that the DDA is too controversial to highlight its social model attribute. When defining disability, DDA cannot avoid quantifying the degree, duration and impact of the impairments suffered by the disabled [11]. Indeed, the transformation from a medical to a social model of disability may not be a linear. Among the process, a series of practical situations need to be considered, such as the proportion and classification of the disabled of one country. Sometimes, the policies may inevitably combine the medical and social model of disability together to guide the legislation. But what can be admitted here is that the DDA is indeed a great innovation for the previous legislation in the UK.

### **4. Problems in China's employment policy for the disabled**

Combined with the employment policies for the disabled in China and the medical and social model of disability, some problems that exist in Chinese leading policies that are exposed accordingly. In this part, the article will analyse those problems followed the logic of China's disabled employment policy.

Under the belief that the disabled are at a disadvantageous position in terms of labour quality, one side of the market-oriented policy focuses on improving the skills and knowledge of the disabled. In fact, this is a kind of legislation to treat disability under the guidance of the medical model, which inevitably discriminates against the ability of people with impairments. It also reaffirms the concept within ableism, attributing the intelligence and physical fitness of the disabled to the opposite of non-disabled and assuming that all the disabled are weaker than the normal. Chinese policies fail to aware that the disadvantage of disabled people in the market competition is not due to the lack of intelligence or physical fitness. Instead, in most cases, a person with physical injury will be implicitly rejected by the employer in China, even if those disabled applicants can prove that he or she has no difference with normal people in terms of skills and knowledge.

On the other hand of the market-oriented policy, by providing preferential treatment for the disabled, such as the distribution of employment for the disabled directly, the gap between disabled people and ordinary people in the labour market is narrowed. However, all those improvements are merely made at a superficial level. In essence, what the government does is the acquiescence to positive discrimination, thereby reconfirming the disadvantaged position of the disabled in the labour market. Indeed, it is difficult to reduce the prejudice and discrimination against the disabled in society with the intensive intervention of the government.

A series of anti-discrimination actions are stipulated in the protective policies, which converges to the concept of the social model. The content of the protective policy recognizes that discrimination in the labour market will put the employees with injuries at a disadvantage. However, it fails to clearly regulate what kind of punishment would be taken for violators, thereby making the policies being too tolerant to be convinced.

The first point in the auxiliary employment policy is similar to the supply-side policy in the market-oriented policy. They all emphasize the importance of being restored for the disabled through medical treatment, strengthening the ideology within the medical model of disability. Through analysing the policy transformation in both the US and UK, however, the disadvantages of the medical model have already been revealed in terms of enhancing the labour status of people with impairments. Another aspect of the auxiliary employment policy is accord with cores in the social model of disability. It emphasizes social responsibility in terms of enhancing the employment status of the disabled. However, without an effective enforcement mechanism, China's barrier-free construction is unevenly distributed and the whole process so far is still slow.

In conclusion, there are three main problems in China's employment policy for the disabled: 1. In practice, China tends to use medical models to define disability and formulate corresponding employment policies. The policy fails to embed the social model and ignores the impact of structural discriminations on the employment of the disabled. 2. The content of legislation is imperfect and lacks corresponding punishment measures. 3. The lack of an effective enforcement mechanism in policies remains matters in terms of improving the status of the disabled in the labour market.

## **5. Enlightenment on employment policy of the disabled in China**

In view of the existing problems, China's employment policy for the disabled can be improved from the following perspectives. The policy-making for the disabled in China should consider from the perspective of the social model of disability. It is necessary to shift the focus from the rehabilitation of physically or mentally restricted individuals to the broader social environment experienced by the disabled. Compared with the medical model of disability, the social model of disability takes structural discrimination into consideration, and treats injury and disability from an extensive view. However, it should be noted that the UK has not completely transformed from the

medical model to the social model after half a century. Transforming the view more on the social model of disability does not mean to abandon the medical model completely, and it is radical to change into a social model of disability blindly. Thus, China should consider the applicability of using the social model of disability to underpin the legislation. The fact is that blind people account for a relatively high proportion of the disabled in China. Compared with other types of injury, such as learning disabilities or the depression, the degree of injury of the blind is higher. And it should be admitted that the possibility of being employed by blinders themselves is lower. If the state completely relies on the social model of disability to guide legislation, without any employment distribution and placement, blinders may be placed in an unfavourable position in the labour market. While, for other types of injuries, when hunting for a job, it is true that social structural barriers and discrimination have a greater impact than their own injuries and impairments. Therefore, on the basis of using the social model to underpin legislation, China should refine the types of disability and match those types with legislative policies correspondingly.

Besides, Chinese government need to consider about the completeness of legislation, as taking into account both rewards and punishments will stimulate the enthusiasm of enterprises to a greater extent, thus genuinely prompting enterprises to change the previous discriminatory practices. Launching legislation without corresponding punishment or reward measures will turn legislation into an empty shell.

Finally, a powerful enforcement mechanism, which is an essential guarantee for the effective operation of policies, is needed during the whole process of the policy-design. China can learn from the experience of the US in this regard. The four enforcement agencies in the US (EEOC, DOJ, FCC and DOT) are complemented with each other, thereby guaranteeing the implementation of legislation and genuinely enhancing the practicality of the ADA [12]. And in addition to the federal agency that listed above, there are also local designees that the disabled can consult when they encountering dilemma [12]. Thus, in terms of enhancing the status of the disabled in the labour market, the effective enforcement mechanism is also crucial except for effective policies. This may be the possible reason that the barrier-free construction for disabled people in China is still uneven and slow.

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