Histories of Disability: The Great and The Good, The Bad and The Ugly - Chapter Two

Chapter Two of the Histories of Disability Anthology was launched on Friday 14 November 2025 on our Medway campus and on MS Teams. As with Chapter One, this chapter was a collaboration between STAART, the University of Greenwich Disabled Staff Community (DSC) and the National Association of Disabled Staff Networks (NADSN). All three of these organisations are comprised of disabled folks with a wealth of living experiences of disability. Fifty-five STAART, DSC, NASDN members and allies attended the launch online and in-person including fifteen of the authors.

Chapter Two is a collection of 29 articles ranging from personal journeys to historical figures, some are joyous and some are distressing, but all of the articles are thought-provoking. To maintain the mental health of our readers, there is an emoji system to indicate if the articles are great, good, bad or ugly. If your mental health is not so great, we suggest you skip the bad and ugly articles and read at a later date.

Thank you to all of the authors for their contributions; colleagues in the Drill Hall Library who printed and displayed the article posters; our speakers at the launch, including Professor Nancy Henson from the University of Manitoba in Canada); to Nicole for the editing and formatting the articles; Natalia for facilitating the Teams attendees; and a huge thank you to the fifty five colleagues who took the time and energy to attend our launch.

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Histories of Disability: The Great and The Good, The Bad and The Ugly - Chapter Two

Welcome to the second chapter of our disability anthology. This unique anthology is a collaboration between STAART; the University of Greenwich Disabled Staff Community (DSC); and the National Association of Disabled Staff Networks (NADSN). All three of these organisations are comprised of disabled folks with a wealth of living experiences of disability. The anthology is a collection of articles ranging from personal journeys to historical figures, some are joyous and some are distressing, but all articles are thought-provoking. To maintain the mental health of our readers, there is an emoji system to indicate if the articles are great, good, bad or ugly. If your mental health is not so great, we suggest you skip the bad and ugly articles and read at a later date.

In addition to this poster exhibition of Chapter Two, there is also a digital format of the articles which can be found under the *Histories of Disability Anthology* heading on the STAART webpages. We are aiming to publish Chapter Three in 2027 and if you would like to contribute an article, please email disability@gre.ac.uk. We hope you enjoy this anthology and if you would like to provide any feedback, please email staart@gre.ac.uk.

STAART | Support | University of Greenwich

Disabled Staff Community | University of Greenwich

NADSN | National Association of Disabled Staff Networks

Alan Dudley STAART Graduate and Co-chair DSC

Dr Melanie Thorley STAART Manager and Executive Officer DSC & NADSN

Stuart Moore STAART Ally and Director NADSN

In addition to the digital anthology hosted here, there is an accompanying poster exhibition in our Drill hall Library on our Medway campus (ME4 4TB). We are aiming to publish Chapter Three in 2027 and if you would like to contribute an article, please email disability@gre.ac.uk. We hope you enjoy this anthology and if you would like to provide any feedback and/or have any questions, please email staart@gre.ac.uk.

You can access the digital version of Chapter Two here:

[STAART | Support | University of Greenwich]

[Disabled Staff Community | University of Greenwich]

[NADSN | National Association of Disabled Staff Networks]

Histories of Disability: The Great 🤩 and The Good 😇, The Bad ☹️ and The Ugly 😡

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Histories of Disability: The Good

Remote and Hybrid Working and Studying

Disability, Employment, and Study

Around 17% of students in higher education are reported to be disabled; these students are more likely to drop out or receive lower degree results than those who are non-disabled. The majority of support provided to disabled students includes access to the physical campus and auxiliary aids and services.

Of working-age people, nearly 25% are disabled. Despite this number, there are still a lot of disadvantages faced by disabled workers. In 2023, around 54% of disabled people were in employment compared to 83% of non-disabled people, this is an employment gap of 29%. This gap could be due to disadvantages at an educational level, higher rates of job loss, early retirement due to a lack of reasonable adjustments or inflexibility.

A study into workers with rheumatoid arthritis found that colleagues were more likely to be accommodating to those with short term conditions than those with long term. Due to this being a largely invisible and fluctuating conditions employers often showed a lack of understanding, little sympathy and even distrust towards such employees, leading to resignation or dismissals. Around ¼ of people with rheumatoid arthritis left work within a year of diagnosis, and large levels of chronic fatigue were reported by those still in employment.

It was also found that disabled workers are more likely seen in less-skilled, part-time, lower paid, and less secure positions, leading to lower earnings and higher job losses. There is also a 1.5% higher rate of self-employment by disabled workers, likely due to the flexibility provided.

A Change in Working

Covid-19 had a big impact on employment and studying, with the introduction of remote and hybrid working. The ability to work and study from home was beneficial to a lot of people but even more so to those who are disabled or facing long-term conditions. Prior to Covid-19 this option was often not available with only 5% of people working this way, compared to around 21% in 2025. The access to work service was also extended to include workplace equipment for home use.

Benefits of Remote and Hybrid Options

The ability to work or study from home, whether fully or partially, offers more flexibility and autonomy to disabled people. This increased the access to work and education and lead to a higher retention rate. Seventy-five per cent of disabled workers now say that this type of employment is essential when considering new jobs, and 85% reported feeling more productive when working in this manner. There was a positive impact in managing health when using hybrid options of 38%, this number increased to 80% when fully remote. The hope is that the disability wage gap will narrow, allowing more disabled students to access and thrive in further educational settings, thanks to this flexibility.

Disadvantages of Remote and Hybrid Options

Home working and studying can have a negative impact on mental health due to the isolation, especially when others continue to be in person, creating a rift between groups. There can also be difficulties around a lack of home space which can make the workload more difficult but also impact your free time by making it harder to differentiate between a work and home space. It was also found that of people who have never/rarely used the internet 56% were disabled making remote options more difficult, especially due to unequal access to information and support.

The Reality

Although there was a higher rate of home working the disability employment gap has remained around the same percent overall, but some groups have had increased employment gaps. These groups include those with mental health conditions (53%), those with specific/severe learning difficulties (64%), and disabled men who prior to Covid-19 had been seeing an increase to the employment rate from 45% (2013) to 55% (2019) it has since dropped by 3.8% in 1 year, which was double that seen by non-disabled workers.

Finding remote/hybrid roles is difficult for all workers due to an advertising gap where only 3.8% of vacancies were this type. Those already in employment reported that 70% of disabled workers were not allowed to work from home, and 19% who requested additional support/adjustments had these rejected and were offered no alternatives.

Even those able to work remotely face difficulties in that only 89% had access to specialised equipment but the majority reported that they had to buy this themselves as it was not available otherwise. In a study it was found that around 12% of disabled workers had used the access to work scheme with 30% reporting a negative experience due to the lengthy process.

Further education settings often don’t offer or allow remote learning as a long-term option, usually requiring some degree of in person attendance. This lack of flexibility leads to further difficulties for disabled students leading forcing some to study part-time instead or drop out altogether. Of disabled students who completed their course they were found to have lower grades, more difficulties moving into employment, and lower wages and less-skilled work when in employment.

The Future

Remote and hybrid options could be a great way to support more disabled people into work and education but there is a lot that needs to be done. Understandably not every job or course can be done remotely but in sectors where this is possible more flexible options should be the default. Employers and educators should also be more transparent about what options are available and hold consultations to identify what’s needed and if they or any alternatives can be offered. Funding and training should also be given to promote a more inclusive culture this will result in happier employees and students, higher retention rates, and destigmatise requests for alternative working and support.

Abigail Sansom 🦆

STAART Ambassador

Histories of Disability: The Bad and The Great

Flying with clipped wings

To most folks the acronym CMT don’t mean a thing. To me it’s a harbinger of doom.

A start to CMT, for me: I’m mid-teens, sat on my gran’s armchair, feet flung over the side. Being told to take them off! Flip-flapping my feet, as you do, right, left, up, down when without warning my right foot dropped and stopped moving. A fuse blown. Part of my nervous system, expired. Over the subsequent years both feet dropped and wasted, calves disappeared along with my balance, my thumbs stopped working and, ongoing, I feel it even now creeping like a shadow across fingers, wilting.

I masked it well through my teens and twenties, kicking my feet forward. And then one night… I’d bought new shoes and I was going out-out. But my walking was off - pigeon steps, abductors clenched legs pinned together. I drank to numb the anxiety and danced as I could – a bit of hips with my back leant against a wall or a hand on the bar. At close, I stepped out into the cold air and tried to walk – and fell. Tried again – fell again. I couldn’t take two steps. Friends held me up. Later, I sobbed. The denial was over. Within weeks I was at the Hospital, and it was there the consultant gave me ten minutes and a handful of leaflets: ‘You’ve got CMT. It’s progressive. It’s hereditary. There’s no cure.’

That was 20 years ago. Since then I’ve built my life around sustainable roles, working and through study (three degrees later), and routines that are my bedrock. Following a Horizon documentary in 2012, I started the 5:2 diet – something I’ve done every week since. The result: I lost weight and began building strength progressively through adapted exercise, to an extent now that leaves most aghast – how is it possible?

Now, improbably, I’m one of the strongest strength athletes with CMT in the UK!

So I am healthy, strong, capable, and disabled. What’s not apparent is the sense of drowning – the fatigue. The small battles, fighting to meet expectations, fighting for a parking allocation, fighting to get my shirt buttons done up, a shirt left undone hidden under a jumper in a hot stuffy meeting, standing legs pinched together talking to people at events, feet feeling like I am standing on Lego. The imbalance, tripping, dropping things – taking myself to A&E in an Uber in the middle of the night, after a fall. Then having to eat-drink propped up in the kitchen because there’s no way of carrying plates or cups whilst negotiating crutches. The exhaustion and immobility when it strikes. And maybe most painfully at times, fighting the impact of stigma. The people who walked away, the opportunities lost.

I am, however, an irrepressibly positive person! Positivity is a mask that makes connecting me with the word disabled so hard for so many to grasp. It’s got me through a lot, and I’m grateful. Grateful to work within our spectacular University of Greenwich, and to chair our Disabled Staff Community – a role that has brought me pride. And there is now also one way in which the acronym CMT speaks to me with less dread – when somebody else identifies like me as having CMT and I immediately feel safe, and connected.

Alan Dudley

DSC Co-chair

STAART Graduate

NADSN Member

Histories of Disability: The Bad

Facets of Fatigue

University life is demanding for everyone, but for students who are neurodiverse, disabled, or living with mental health conditions, fatigue can be a persistent and complex challenge. Fatigue isn't just tiredness—it's a deep, ongoing exhaustion that can be physical, mental, or both. Recognising different types of fatigue can help you better understand your experiences and find strategies to support your wellbeing and learning.

Depression fatigue is a profound, persistent exhaustion that can affect your body, mind, and emotions. It is the weight of living with mental illness and, for disabled university students, can be compounded by stigma, isolation, and academic pressure. Some of the key features of depression fatigue include the mental symptoms (including brain fog, poor concentration, and lack of motivation), physical symptoms (including muscle weaknesses, sluggishness, chronic pain, and low energy), and emotional impact, which may include feelings of hopelessness and social withdrawal. For those experiencing depression fatigue, even routine activities like getting out of bed and attending classes can feel overwhelming.

Anxiety fatigue is a type of exhaustion caused by prolonged or chronic anxiety; it stems from the nervous system being in overdrive for too long. Anxiety has a significant impact on the body by activating the sympathetic nervous system, which has numerous effects including raising heart rate and blood pressure, and burns through an individual's mental and physical energy reserves, whilst also making it hard to relax, concentrate, or rest.

Social fatigue is mental exhaustion from interaction, especially when masking, interpreting cues, or managing anxiety. For university students with additional needs, this type of fatigue can be triggered by environments or expectations demanding constant social effort, masking, pressure to conform to neurotypical norms, fear of rejection and more. It may show up as cognitive overload, feelings of anxiety or dread before university related or social events, sudden exhaustion, or withdrawal.

Physical fatigue is a persistent bodily exhaustion, typically unrelated to sleep quality, which can result from mobility impairments, chronic pain, or executive function challenges. Tasks like commuting, organising, or attending classes can feel overwhelming and factors including overstimulation, inaccessible environments, and juggling multiple appointments can contribute to physical fatigue.

Helper fatigue and compassion fatigue are closely related forms of emotional exhaustion that can affect anyone who regularly support others, this may be through caregiving, peer-support or mentoring roles. Helper fatigue arises from an individual putting all their energy into other people, particularly without adequate rest and support with one’s own wellbeing. On the other hand, compassion fatigue is a state of physical, emotional, and psychological exhaustion, it is the emotional toll that comes from being deeply empathetic and caring deeply about others’ struggles or pain. There are a variety of signs and symptoms associated with helper fatigue and compassion fatigue including: feelings of emotional numbness or detachment from others’, irritability or mood swings, difficult concentrating and decision-making, feeling guilt for needing rest, loss of motivation, sleep disturbances, and more.

Amy Donnelly 🦋

STAART Ambassador

😡

Histories of Disability: The Ugly

Alexander Graham Bell – Inventor and Eugenicist

Alexander Graham Bell is a familiar name to many for inventing the telephone. His interest in speech and hearing was inherited from his father and grandfather which informed his experiments with hearing devices. His first telephone was patented in the United States in 1876. He also founded the American Telephone & Telegraph Company (AT&T) in 1885. He later became the president of the National Geographical society, and he also held patents in aeronautics and optical telecommunications.

Bell's mother gradually became D/deaf during his teenage years which greatly influenced his interest in acoustics – the study of vibration, infrasound and ultrasound. The origin of the word acoustic is Greek and roughly translated means *of or for hearing*. He married Mabel Gardiner Hubbard who lost her hearing as a child as a result of scarlet fever and was raised in the tradition of oralism where speech and lip-reading were prized above sign language.

Whilst Bell was credited with encouraging D/deaf people to utilise speech and lip-reading, this approach was condemned by the Deaf community for encouraging the eradication of natural sign languages and was cited as contributing to the closure of many Deaf schools. His Memoir Upon the Formation of a Deaf Variety of the Human Race, suggested there would be a Deaf race if Deaf people continued to marry other Deaf people. He was also critical of Deaf people forming their own clubs and socialising together. He was also interested in hypothetical policies which could led to the end of deafness, and therefore Deaf people. Whilst Bell did write not write explicitly of sterilisation of Deaf people, he did engage with scientists conducting eugenics (the science of improving a species) research and became chairman of the Board of Scientific Directors of the Eugenics Records Office soon after its formation in 1910. He was also cited as honorary president of the Second International Congress of Eugenics in 1921. I will leave you with this quote

Those who believe as I do, that the production of a defective race of human beings would be a great calamity to the world, will examine carefully the causes that lead to the intermarriage of the deaf with the object of applying a remedy - Alexander Graham Bell.

Anonymous

STAART Graduate

Histories of Disability: The Bad

Door Knocking. Can You Hear?

Some of us know not only what the sound of knocking a door is like but also what it feels like.

You have either knocked on doors over the years and there is something about that sound and there is something about the wait.

Maybe you are the father, mother, brother or sister,

Husband, wife, partner or advocate,

One who has over the years been knocking doors for yourself or another.

You've done it for so long that you could identify another 'door knocker'

As there is something about the look on the face of a 'door knocker' Oh, the art of knocking doors. It's becoming music to my ears.

Why won't doors just be open, with no need for the knock. Could we not be proactive and give this some thought?

There are different doors that people need to knock
There are different doors that are being locked
What are these doors, I hear someone say
There are different doors depending on the time of the day
In the morning, it's the door of education
In the afternoon, employment and accommodation, and
In the evening its health, wealth and wellbeing
All that is needed to live as a human being
Oh! the art of knocking doors, it's become music to my ears.
Why won't doors just be open, with no need for the knock Could we not be proactive and give this some thought?

There is a rhythm, and there is a beat.
I can hear the knocking on the doors and the tapping of the feet.
Many a knock regardless of the time of the day.

Oh! the art of knocking doors, it's become music to my ears.
The knock for access.
The knock for the key.
The knock to be able to be me.

The knock for quiet, the knock for peace.
The knock to be heard, and be part of a team.
[PAUSE]

I think there’s a slowing down of the beat. What do you think?
And why could that be?
Is it that the door knockers are tired because they have been knocking for so long and have run out of steam?
Or could it be that the doors are now open?
We call it ANTICIPATORY
Only the door knockers could tell.

Banji Adewumi (MBE)
STAART Ally

🤩

Histories of Disability: The Great

How can research and practice be meaningfully inclusive of autistic people? Part One

Who we are:
Chair: Dr Becky Smith, a practice lead at the Institute of Lifecourse Development (allistic)
Panel members
Dr Anke Görzig, autistic researcher and member of the Institute of Lifecourse Development
Katrine Calander, autistic researcher at the University of Kent and member of the Kent Autistic Trust.
Daniel Scott, member of the Kent Autistic Trust
Steve Kelley, Fraud prevention, Kent police, (allistic)
Dr Jo Kenrick, Researcher and member of the Institute of Lifecourse Development (allistic)

The purpose of our panel discussion was to explore, from different perspectives, how meaningful inclusion can be achieved in research and practice. Our aim was to develop practical recommendations for research practitioners as well address challenges we have faced in our own work.

Our discussion started with Anke, Associate Professor of Psychology at the University of Greenwich, is an autistic researcher who specialises in work addressing inequalities. Anke addressed the need for researchers to consider their goals and whether they are aligned to the needs of the community they seek to work with. Moreover, some standardised practices developed without participatory involvement can be offensive or cause upset. In seeking out autistic perspectives we must be aware that this is a diverse community, in terms of their expressions, needs and viewpoints; not all will agree. Relatedly, just because a researcher is autistic, it does not necessarily follow that they will be inclusive. However, they are likely to have an autistic network to draw from and may remove barriers, instilling an element of trust towards autistic research participants. To be meaningfully inclusive we need time and resources, thus inclusivity can be conceptualised as a privilege. Often research and practice are already in a tense relationship regarding timeframes, so we need to consider how we make sure that meaningful inclusion is integrated.

Our next speaker Katrine Callander from University of Kent discussed specific strategies for fostering truly inclusive research through co-produced collaborative efforts and the value of interdisciplinary connections. She noted the principle of *nothing about us without us* underscores the necessity of incorporating active neurodivergent participants with voices and agency throughout every stage of the research process. This encompasses research design and methodology but also partnership building, content creation and data analysis. To achieve this, employing a diverse array of data collection methodologies becomes essential to ensure inclusivity and accessibility. This also entails being mindful of language and terminology that resonate with the community.

Histories of Disability: The Great

How can research and practice be meaningfully inclusive of autistic people? Part Two

Moving from considering how research is designed to how it is received the discussion then moved to Daniel Scott. As a member of Kent autistic trust, this is the first research project Daniel had been involved in. This was because the majority of research calls that go out to the members of the trust were not relevant to him as an adult autistic person. Many were for carers or parents of autistic people. Still others aimed to engage autistic people in research via the arts. He reflected that whilst he seemed to fit the stereotype of liking logic and maths, this was often less reflected in some autistic spaces. For example, unlike some autistic who are hypersensitive to sensory input, Daniel is hypo-sensitive, actively seeking out stimulation such as rollercoasters and loving his experience in air cadets. Daniels experience is shared by others yet he often feels that this side of the autistic community is often overlooked. Something for our other panel members to reflect upon.

Discussion then shifted to inclusion in practice with insights from Steve Kelly of Kent Police. Steve has extensive experience in fraud prevention and reflected on his own relationship with his autistic son which got him thinking about how he and others could be possibly groomed by criminals for romance fraud. Posing as friendship this scam descends into criminals applying emotional pressure to rob victims of their savings and possessions. It results not only in financial harm but also emotional trauma, like an abusive relationship.
Steve’s concerns about inclusivity of prevention strategies initiated a collaborative partnership with the University of Greenwich.

Steve and Jo Kenrick represent the practice and research leads on a project which explores how autistic people react to potential romance fraud attempts and how fraud prevention messaging can be more inclusive. The project tests whether some autistic traits may make a person more vulnerable to a fraud attempt but also considers potential protective characteristics autistic people may have.

Commenting further on her experience as a researcher on this project Jo noted that a desire to do inclusive research and to embed meaningful co-production into our work is not enough. There are structural issues that researchers need help from the University to overcome. To avoid exploitation, autistic team members must be paid for their time and expertise. But to do that, funding must be secured, which requires ethical approval, which means researchers are forced into drafting research questions and stimuli without autistic stakeholder input and then repairing issues arising from a lack of inclusion retrospectively. But other universities have established ongoing relationships that enable truly inclusive research. Something she believes we can replicate here at Greenwich.

In conclusion, true inclusion will not happen by accident, autistic people must be included at every stage of research in a way that is meaningful and not exploitative or tokenistic. This requires careful consideration and reflection from researchers and practitioners, who must be actively listening. Additionally, university systems and structures must be conducive to supporting such initiatives. It is worth noting that even under the banner of inclusion, the development of this panel added our autistic members later than our allistic members. In the future we hope that we can improve on this so that the agenda to our work is always set in the true spirit of co-design. As a panel, we hope to work together on this again in the future.

Dr Becky Smith

STAART Ally

Histories of Disability: The Bad and The Good

Post Covid 2025

Where has the time gone? Dec 2020 I am barely breathing, it's now Oct 2025 and I will say, I'm more fortunate than others. I have great family and fantastic friends to lean on plus super work colleagues for support when it all gets too much.

Like many, I took my overall health for granted and always assumed I would bounce back to the fun loving, upbeat, travelling lifestyle I had prior to 2020. Those historic ruins holidays are no more, too much walking. The American fly/drive holidays are no more, too exhausting travelling from city to city. I loved those trips away, but I no longer enjoy them.

Party and music animal, vinyl collector, and singer, I am no more, I can't walk and talk simultaneously, never mind sing! Delivering a presentation with gusto and fire and passion is difficult for me, I like to bring the audience with me as I walk around gesticulating at the front, ensuring they get the message, I cannot deliver like that either.

I still have days where I cry inside with frustration and with anger of physically not being able to do things that I have done for the past 50 years. In the blink of an eye, I must now ask other people to do these things. When my inside is full of tears, it flows out. Yes, it's mentally painful, it's emotional, it beats me with an invisible stick every day. I cannot speak for other survivors, but for me, it's like grief. After almost five years, I'm still mourning the loss of the physical abilities I loved, and there has been nothing to replace them. Time is a healer, apparently.

In my unforgettable moments before Covid19, I have travelled; unconventionally sometimes. A human rickshaw over cobbles in Boston was probably my most uncomfortable, yet most memorable, I have now changed, where I go and what I do. Music is the most difficult thing for me to acknowledge that I can no longer do, singing live in Nashville was amazing. Singing is linked to the very air that I breathe (literally), so I practice in private. One day my voice may return, and I can again sing in public (optimism).

Housework, cooking, shopping, all the daily basics are painful and tiring, so I do very little (hooray I hear in the background). Getting to the office, working, and travelling back home again can often leave me spent for the entire evening. My weekends are for recharging my batteries and seeing my family and friends – no different to anyone else really and I have accepted that I will never be that party animal burning the candle at both ends! I am no longer in continuous pain, unless I exert myself, so I don't! My mental health has not changed, I still have pockets of depression, anger and frustration, but I am incredibly happy and glad that I am here with all the opportunities my life can offer. Hopefully, in 2030, I will look back in amazement and wonder how I managed to cope with the changes and adjustments in my life. We all must adapt and compromise our wishes, wants and desires during our lifetime; my life choices post-Covid were just like everyones.

Beverley Woodhams

DSC Executive Officer| STAART Ally

Histories of Disability: The Good

Inclusive Gaming

What are games? Games are an art form that allow players to interact with it, make choices that impact the gameplay, and receive feedback that will affect the choices going forward. Examples include, but are not limited to, video- and board games.

- Customizable controls and inputs: video games can become more inclusive by allowing a player to choose what type of input device they use (keyboard and mouse vs controller) and allowing them to remap the buttons to make it easier for them to interact with the game.
- A diverse setting selection may also include the ability to adjust settings such as mouse/joystick 'sensitivity' to reduce or increase the response of a game to, for example, how quickly a mouse movement left pushes the cursor left.
- Sensory-friendly options: the ability to change settings like brightness and contrast, using sliders, allows the game to have decreased chance of sensory overload or discomfort for some players.
- Text and audio: subtitles and closed captions are an important feature of any media, including games. They automatically increase the amount of people that can play the game and enjoy the art. Furthermore, the ability to adjust the size of the text will goes a long way to improve the accessibility of the game. On the flip side, for those who may struggle to read, a strong use of voice narration may improve the game's functionality. Big bonus points if these can be translated in multiple languages.
- Difficulty settings and the ability to change them when needed. The difficulty of a game is incredible subjective and completing a game on the hardest setting can be fulfilling for some. However, others may just want to enjoy the game for the story telling and the ability to relax. Having the option to adjust the difficulty can be the difference between enjoying the game on days where flare ups might be happening and not
- Inclusive representation and character creation : games have come a long way and often include a wide range of people and bodies, both within the story, but also within the character creation menu. Players can create characters that might look like them or who they want to be. This is especially important to the disabled and trans communities, as well as other communities.
- Friendship and gaming: friendships can spawn from an online space. Often friendships start due to a shared interest; while for some this might be sports or university, often these require in-person participation, these may not be accessible for disabled people. Friendships formed on an online space removes the barrier of in-person meetings for disabled people and are just as valid as any typical friendship.

Brad Cory

STAART Graduate

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😇 Histories of Disability: The Good and The Ugly 😡

Hans Asperger

Hans Asperger’s legacy is a complex mix of groundbreaking autism research and troubling ethical questions. His work helped shape modern understanding of autism, but recent revelations about his Nazi-era actions have sparked deep controversy.

The Good: How Asperger Changed Autism Diagnosis

Hans Asperger was a pioneering Austrian paediatrician who, in 1944, identified a distinct pattern of behaviour in children that included *“a lack of empathy, little ability to form friendships, one-sided conversation, intense absorption in a special interest, and clumsy movements.”* He called this profile *“autistic psychopathy”*, which later became known as *Asperger syndrome*

- **Positive framing of autistic traits:** Asperger referred to these children as *“little professors”* due to their deep knowledge and intense focus on specific subjects. He believed many would grow into successful adults, and followed one such child, Fritz V., who went on to become a professor of astronomy.

- **Influence on modern diagnostics:** His work laid the foundation for the concept of autism as a spectrum. Although his research was largely untranslated for decades, British psychiatrist Lorna Wing revived interest in the 1980s, coining the term Asperger syndrome and helping to integrate it into diagnostic manuals, such as the ICD-10 and DSM-IV.

- **Humanising autism:** Asperger’s approach emphasised that autistic individuals were not “broken,” but rather thought differently. This perspective helped shift public and medical attitudes toward neurodiversity.

The Bad: Nazi-Era Complicity

While Asperger’s scientific contributions were significant, his ethical record is deeply troubling. He worked in Vienna during the Nazi regime and referred disabled children to the *Am Spiegelgrund* clinic, where hundreds were murdered under the T4 euthanasia program.

- **Complicity with Nazi policies:** According to historian Herwig Czech’s research, Asperger was not a passive bystander. He signed off on sterilisation reports and knowingly sent children to their deaths, aligning with Nazi ideology about racial purity.

- **Contested legacy:** For years, some believed Asperger tried to protect his patients. However, newer evidence discredits this narrative, showing he made statements that supported Nazi views and actively participated in their medical programs.

- **Public awareness:** The YouTube documentary explores these revelations, offering a sobering look at how Asperger's actions during the Holocaust complicate his scientific legacy.

The Legacy: Scientific Impact vs. Ethical Reckoning

- **Name removed from diagnosis:** Due to ethical concerns, the DSM-5 and ICD-11 have phased out *Asperger syndrome*, replacing it with *autism spectrum disorder (ASD)* to avoid honouring a figure linked to Nazi atrocities.

- **Ongoing debate:** Asperger's story raises difficult questions about how to reconcile scientific contributions with moral failings. His legacy is now viewed through a lens of caution, reminding us that medical progress must be grounded in ethical integrity.

- **Continued influence:** Despite the controversy, Asperger's early observations continue to inform autism research and advocacy, especially in the context of neurodiversity and individualised support.

Catarina De Sa-Dantas Duarte
STAART Graduate 🐈‍⬛

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Histories of Disability: The Bad

Introduction to Debility

Debility can be distinguished from disability. Debilitation is a useful concept as it covers people who do not constitute a disability identity. They may or may not feel they are disabled despite body impairments. They may feel disabled at one moment but healthy at the next. They share the characteristics of having some kinds of ongoing condition, some chronic illness.

Debility is defined by the Collins Dictionary as a weakness of a person’s body or mind, especially caused by an illness. This includes illnesses that produce symptoms such as pain, fatigue, cachexia and physical disability, or deficits in attention, concentration, memory, development, and/or learning.

Debility is a clinical term referring to an overall decline in physical or mental strength, commonly resulting from illness, injury, or the natural ageing process. It typically involves reduced endurance, increased fatigue, and a general loss of vitality. Debility is particularly rife in areas affected by war, famine, poverty and pandemics.

Common medical conditions that may result in general debility are:

- Anorexia nervosa or other related eating disorders
- Chronic fatigue syndrome
- Malabsorption syndromes (e.g. cystic fibrosis, Crohn’s disease) and malnutrition
- AIDS
- Chronic infections
- Malignancies, and
- Conditions resulting in chronic pain
- Metabolic diseases such as thyroid diseases, pituitary diseases and adrenal diseases.

Unlike a defined disability, debility reflects a gradual weakening over time rather than a specific impairment. Identifying it early and addressing it through mediations like physical rehabilitation and proper nutrition can help maintain function and improve quality of life for individuals experiencing this condition.

This is not to say that a debility can be cured, as it depends on the underlying cause and access to treatment. Some conditions causing debility such as an infection or temporary weakness from an illness can be corrected with treatment over time. Other debilitating causes such as chronic illness can merely be treated to slow progression, and assist with a better quality of life, but unfortunately the gradual degeneration cannot be cured.

Fiona Davison 👸

STAART Graduate

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Histories of Disability: The Ugly and The Great

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From Refugee to Role Model

Starting Over in a New Country Arriving in the UK as a refugee meant leaving behind family, home, and everything familiar. The process of starting again was overwhelming learning a new culture, adapting to an unfamiliar education system, and facing the additional challenges of disability. For many refugees and disabled students, this journey can feel isolating and uncertain.

The Power of Community and Belonging Support networks can transform these experiences. Being welcomed into a community that sees you as a whole person, not just a refugee or disabled student, helps restore confidence and belonging. Belonging is more than practical help it is about being valued, encouraged, and reminded that identity is not limited to struggle but also includes resilience and potential.

I wasn't just a refugee or a disabled student. I was a person with dreams, resilience, and possibility

Support Through Adversity Refugees and disabled students often face layered challenges academic pressures, emotional struggles, and worries about family far away. Access to inclusive events, peer networks, and personalised support can make all the difference, ensuring that people are not alone in their journey.

From Student to Advocate With the right support, students can move from surviving to thriving. Many, like me, go on to become ambassadors, mentors, and advocates sharing stories, uplifting others, and reminding them that they too belong. Representation matters, and when one person rises, others begin to believe they can as well.

A Vision of Hope The journey from refugee to role model is not unique—it can be repeated by others who are given the same chance. Rising through adversity is about more than individual success; it is about becoming a beacon for possibility. The message is clear: *if I could, so can they.*

Belief from others gave me belief in myself. Now I share that belief to help others grow too.

Every refugee and disabled student deserves the chance to belong, succeed, and dream. With inclusive support and strong communities, barriers can be broken, voices can be heard, and futures can be built. My story is just one example of what is possible, but it shows that change begins when we believe in each other.

Ijaz Zaland ✿

STAART Ambassador

Introduction to STAART and STAART Ambassador Student Life

STAART is a disability and diversity initiative at the University of Greenwich. It is a Disabled People's Led Organisation (DPLO) led by and comprised solely of disabled people. STAART supports disabled students before, during, and beyond university by sharing information, and providing guidance and peer support. The initiative worked to the affirmative model, a non-tragic view of disability, for eight years before launching its own STAART Principles of Disability (SPoD) in December 2022. The principles were created by self-selected disabled students, graduates, and staff at the University of Greenwich. Informed by the affirmative and social models of disability, they present a positive, yet realistic view of disability. The STAART Principles of Disability have been adopted by the University of Greenwich.

In addition to providing support for prospective and current disabled students, STAART allows disabled students at the University of Greenwich the opportunity to work as STAART Ambassadors. STAART Ambassador work is paid, flexible, and encompasses a range of work opportunities, including advisory duties, representing the initiative at various university events, and delivering presentations and workshops. STAART Ambassadors also provide orientation support to new disabled students, assisting them with their transition from school or college to higher education. Additionally, STAART offers sustained support, such as English and math support, and UCAS and DSA application support in schools and colleges. Becoming a STAART Ambassador is a great way to work in a welcoming, understanding, and inclusive work environment while gaining valuable work experience and transferable skills.

Jessica Tuominen 🧸

STAART Graduate

Histories of Disability: The Good

My Experience Living with a Learning Disability: The Importance of Inclusion and Being Resilient

When I was five, I had chickenpox which led to encephalitis. After recovering, I was left unable to walk or talk, and with a brain injury that caused a learning disability. Later, I regained some abilities and was moved to a school for people with additional needs. The junior school was great, but the secondary school wasn't as good. Although the teachers were nice, I felt like we were not really challenged and only taught to survive, not to thrive. It should be survive and thrive, like mainstream schools. In Year 11, I took a dyslexia test to help with my exams. I was told there was no point because "people with learning disabilities have low IQ anyway." I was also told I wouldn't cope in mainstream college and should stay in their sixth form. I found this insulting, so I ignored them and went to Hadlow College with no qualifications and still struggled to read. Despite this, I earned two diplomas and one extended diploma. During college, I visited my old junior school and met their new reading and writing teacher, who kindly taught me to read. In 2015, unable to get a job in agriculture, I took an access course with the Open University. I returned in 2020 to pursue a career in law. I believe that learning is important, not just for gaining skills, but also for maintaining mental health. Unfortunately, it's not always easy for people. I strongly believe the right inclusion at the right time can improve a person's confidence and life chances. At 7 I joined the Scouts where I learnt life skills. At 14, I was asked if I want to go to South Africa. We built a water hole for a school and a play area for an AIDS orphanage. The experience opened my eyes to the reality of global poverty.

After college, I struggled to find work in agriculture. Eventually, I got a job as a porter at ASDA. Mental health problems are also more common in people with learning disabilities, some studies say double the rate of the general population (source: Mencap). For me, stigma and lack of understanding of invisible disabilities were major challenges, especially around friendships and finding employment. I also believe the media's depiction of a perfect life—go to school, get good grades, go to university, get a good job, get a good house—is damaging to mental health, as it doesn't always happen that way. During the EU referendum, I started a blog called Every Vote Matters to increase voting among people with learning disabilities. This led to Disability Medway Network CIC, which aims to raise visibility and encourage people with disabilities to get involved in their community In 2019, I stood for local councillor and got 816 votes, coming 4th. In 2023, my partner and I bought our first home. In 2024, we had our first child. I hope this page shows the importance of inclusion and that being resilient can have a major impact on changing someone's life.

Joe Wastell

STAART Ally

Histories of Disability: The Great Changemakers in our Society

As part of the inaugural STAART and the Institute for Lifecourse Development (ILD) symposium, AchieveAbility discussed the extent to which neurodivergent people have been *Changemakers in our Society*. The discussion posed the question *How do advocacy and research evidence come together to empower authentic Neurodivergent Voices?* The session revealed two factors:

1) The evidenced-based research that has changed the lens through which ND people are viewed.

2)) The development of a positive framework of terminology changing how we are defined.
AchieveAbility has been part of that journey, as a user-led charity committed to working with neurodivergent (ND) adults. Our highly committed Trustees all deeply believe in the notion of social justice for the neurodivergent community therefore we believe in the motivating power of the authentic neurodivergent voice. With this ethos, we are part of the change makers' journey enabling the authentic voice to be heard. To do this we have employed the tools of research-based evidence and positive terminology to promote the ND authentic voice through the platform of our unique e-journal.

At this point in this synopsis, it is useful to remind ourselves of key moments in this journey, over the recent years. In 1997 Judy Singer coined the term *Neurodiversity* meaning the differences in our cognitive thinking are all of value. The phrase *Nothing about us without us* had become a global movement. From there the power of the collective ND community became a political and motivating force.

And so, as part of this voice, AchieveAbility came into existence in 2011 as a social enterprise then a charity in 2014. Over the years we have been engaged with a range of grassroots advocacy projects informing our research. In turn, our research informs our projects. It is an iterative process through action research that is participatory and recognises the importance of the authentic voice. Our platform for this voice is the *AchieveAbility e-Journal* now in its fourth edition.

We continually revised our review process for our ND authors to be as inclusive with the feedback as possible. Thus we are open to Academic and Alternative Format submissions. To encourage the particular experience, original thinking and preferred communication styles, we review via Zoom feedback, text-based clear bullet points, and aural methods. The journal sets out to:

- Provide a forum for exchange and debate that informs research and practice on Neurodiversity.

- Support, promote and publish research-informed work of established and new academics and practitioners.
- Foster interdisciplinary work of Neurodivergent people.
- Enable authors to find new audiences in the journal fields.

Through the journal, our authors show their significant contribution to socio-intellectual capital and the neurodivergent community as a growing voice of advocacy. The research evidence of the journal demonstrates the power of the authentic Neurodivergent Voice as change-makers

Dr. Katherine Hewlett

STAART Ally

😡

History of Disability: The Ugly

Voices beyond Oralism: From 1880 to now

Language is a home; it is an identity. Language gives us a sense of belonging. But what happens when that home is taken away? Imagine the fear of the Deaf community when their sign language was replaced by oralism.

In 1880, 164 delegates including only one deaf individual, James Denison, an American teacher attended the second International Congress on the Education of the Deaf in Milan. Of these, 163 supported Oralism or Visible speech, influenced by Alexander Graham Bell. This decision, made without the input of the very community it would impact, created a deep chasm between spoken and signed languages and led to profound frustration, like speaking to a brick wall.

In sign language, even subtle movement of the nose plays an important role in conveying grammar, vocabulary and expressions. Ironically, this same powerful tool also became a symbol of the man whose advocacy for 'Visible Speech' devastated Deaf lives. Since then, oral education replaced sign language in deaf schools resulting in stigma. Even one and a half centuries later, only 41.5% of countries (81/195) officially recognised their national sign language. It took decades before mainstream media acknowledged sign language, for example, *Sesame Street* in 1969.

Recently, Cathy Mager introduced Finger Talk, a concept that reasserts the power of hands, gestures and visual communication, highlighting sign language as a vibrant, valid expressions of human interaction.

For the Deaf community, reclamation matters deeply. From the long shadow cast by 1880 to the bright affirmation of Finger Talk, the message is clear: every hand and every gesture have a voice. Real inclusion exists when both signed and spoken languages are equally heard, seen and valued.

Lekha Kandasamy 🐼

STAART Graduate

Histories of Disability: The Good

My experiences as a carer inspired me to promote awareness of neurological diseases and support via the Medway Neurological Network

My life was changed forever when I went with my husband for a visit to his neurologist. The specialist said my husband had Multiple Systems Atrophy (MSA), a rare neurological, life life-limiting disease that affects 5 in every 100,000 limiting disease that affects 5 in every 100,000 of people in the UK. The symptoms he had been experiencing would get worse, his condition would change from a normal life, through needing to walk with aids and finally be wheelchair bound. The time for this decline was not defined; it could have been 5 or 20 years. The NHS in 2007, the year of his diagnosis through to 2010, the year of his passing were a support that I and my children could not have survived without. We were fortunate that our GP had previous knowledge of MSA, a rare occurrence, however he fast-tracked my husband for support from the local hospice for care in the community, local occupational health and social care.

After he passed, I felt the need to raise awareness about the immediate support required for patients diagnosed with life-limiting diseases. A diagnosis of MSA often isolates individuals from their previous lives, making support essential right from the outset.

I started to volunteer with the Multiple Systems Atrophy Trust as a member of the Services committee in 2011. At this time the Trust was named the Sarah Matheson Trust, a woman who had been diagnosed with the disease. Her family established the Trust in her memory. It was a time the Trust was setting up support groups throughout the UK and Eire. I volunteered to set up and host the Kent Support Group on the Medway campus of the University of Greenwich. I was invited to become a Trustee with the MSA Trust, as role that I held for 6 years. I established a group that met regularly, every 2 -3 months depending on the season. But a regular meeting for folk who were feeling socially isolated by this unforgiving disease.

In 2015, an ex colleague from NRI told me of an idea that he and a friend had had to develop a group who would promote knowledge on all neurological conditions. They had a vision to develop a group that would signpost people to the services they needed to access as well as support activities that would help to alleviate the loneliness such illnesses cause. I was invited to become the secretary of the Medway Neurological Network at its inception. I served for 10 years as secretary and was voted to become the Chair at the SGM held earlier this year.

The Medway Neurological Network (MNN) aims to safeguard and enhance the quality of health and social care services for those with neurological conditions: campaign for better disability services and facilities; promote and provide support services, therapies, and research projects to improve health and wellbeing, as well as raising awareness of neurological diseases in Medway and Swale. The MNN is formed of 15 neurological/support groups in our region. MNN also has14 participating service providers on our steering group. The MNN have established the Medway Skylarks as a choir/therapy group for folk with neurological diseases. There are neuro-cafes around the Medway area. MNN have led a Non-visible Disabilities initiative (NViD) and have developed 2 standalone courses to inform the general public of the symptoms folk with Neurological Conditions might exhibit. On September 4th this year the MNN organised a Neuro-Tech 25 symposium to promote Technologies which have been designed to help folk with neurological diseases.This year marks the 10th anniversary of the MNN. We're seeking volunteers to join our board and support those living with neurological diseases and their families

Linda Nicholaides

STAART Ally

😇 Histories of Disability: The Good

RIDE Higher

Only 7.2% of staff working in Higher Education (HE) shared a disability in 2022/23, despite 24% of the working age population being thought to be disabled. Indeed, disabled people can be seen as the unexpected workers of HE, with glassing partitions as well as ceilings hindering horizontal *and* vertical movement. From essential criteria sifting out disabled applicants, to sick days counting against them, they report feeling a burden and being stigmatised. Disclosure rates are lower in academic staff whilst only 3.6% of academic senior managers have an impairment.

Adding further protected characteristics means double or triple jeopardy, whilst female academics can be met with disbelief. However, the limited disabled workforce, including in seniority, risks not only untapped potential within the sector, but an absence of role models for an increasing disabled student population (17.3% in 2020/21).

What's more, though the Race Equality Charter and Athena SWAN exist to champion global majority and female staff respectively, a disability equivalent framework is conspicuous by its absence. Instead, and with Advance HE opting to launch (January 2026) more of a holistic EDI framework in the form of the Inclusive Institutions Framework, disability risks being the poorer cousin of the other protected groups.

Given this, and in light of the Disabled Student Commitment and University Mental Health Charter, a handful of NADSN members met to consider a complementary disability-focussed framework. Led by Dr Melanie Best (University of Wolverhampton), RIDE Higher (Realising the Inclusion of Disabled Employees in Higher Education) was born in 2022, now a NADSN project run by volunteers. Designed to enable disabled staff to be seen, valued and thrive, the online platform will offer a bank of resources pertaining to the inclusion of disabled staff in HE. Given the sector's financial instability, and criticisms of other resource-heavy EDI frameworks, RIDE Higher's free central repository of resources hopes to make meaningful change accessible and achievable.

In RIDE Higher there is hope, hope for a better future for disabled staff who have for too long suffered at the prejudice of a sector that is notoriously elite, made worse still if such prejudice is internalised, the microaggressions and ignorance denting confidence, cutting off career aspirations and causing many to wonder if HE is or can ever be a space for them. There is a need to stop seeing supporting disabled staff as a 'nice to have' and start seeing it as a priority. It is hoped that RIDE Higher can be the good that Universities need in respect of their current ugly disability inclusion practices.

Dr. Mel Best

NADSN Executive Officer

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Hosting a disability inclusive event

- Provide both in-person and online options.
- Deliver presentations/workshops via MS Teams or Zoom and utilise the closed captions.
- Where possible, share the presentation/workshops slides to attendees *before* the event and ensure all of the presentation/workshop slides have been checked for accessibility.
- Host events on the ground floor where possible.
- If a ground floor room is not an option, only use rooms on a higher floor if there is a minimum of two lifts.
- Waving hands in the air rather than handclapping is preferrable for D/deaf and/or attendees sensitive to loud noise.
- Facilitate one big round of applause at the end of the event but give notice to attendees who may like to leave the room/turn their speakers off.
- Provide a dog latrine for support dogs.
- Use a traffic light system (or similar) for physical contact:

  Green = hugs welcome Amber = handshakes only Red = no physical contact.

- Provide only vegetarian and vegan refreshment options to prevent cross-contamination and/or mislabelling.
- Ensure you have a number of roving microphones to enable attendees to ask questions and/or add comments.
- If there are multiple presenters for one workshops, present the slides in blocks rather than swapping presenters throughout the session as this is very distracting for attendees and difficult for any support staff to follow.

Dr. Melanie Thorley 🐢🐢

STAART Manager

DSC Executive Officer

NADSN Executive Officer

🤩 History of Disability: The Great

NADSN Going Global Strength in Numbers Addressing Aversive Ableism in the Academy

As yet, we (disabled people), on either side of the desk in the Academy (students, staff or faculty), are frequently met with a degree of unease and discomfort. Our understanding of disability in higher education often reflects widely held social-cultural beliefs. According to WHO (2023), is little awareness that disabled people comprise the world's largest minority group. Western society regularly presents disability as weakness and/or defect, incapacity and medicalised. In contrast, the academy thrives on a culture of hyper productivity and constant availability.

In this segregated landscape set apart and built upon historic traditions of excellence, exclusion and elitism we find our presence routinely characterised as unexpected, exceptional, individualised and a problem to be dealt with. Numerous legislative advances in recent decades focused on disability a disability rights and social justice have had limited impact in spaces of higher education. To this point few colleges and universities track such information. Most activity in this arena has been largely performative, that is quantitative data production in the form of surveys focused on identity. There may be a genuine reluctance to self-identify based on the stigma that can be associated with disability and may have serious personal and professional consequences with no guarantee of meaningful change. In addition, number are so limited that people may feel as though they are easily identifiable. There may be ableism/discrimination present so deeply entrenched as to be unrecognised.

The academy is a product of the people and because ableist ideology is so entrenched in the fabric of society, that the academy is, in fact, an institution fundamentally constructed for the able-bodied [sic] and able-minded [sic] by the able-bodied and able-minded. Masked in tradition, righteousness, the pursuit of knowledge, academic standards, and bureaucracy are the barriers that construct disability as a deficit and as a mismatch for these hallowed halls. As a result, inclusion efforts remain largely performative and incremental therefore, existing established programs and practices remain largely undisturbed.

Aversive ableists have low explicit prejudice and high implicit prejudice. Aversive ableism focuses on those people who are progressive and well-meaning yet still participate in biased actions or thought. The Academy can be a lonely, demanding and isolating place for disabled staff an academics. However, in the midst of these alienating environments our presence is resistance. For more than a decade the National Association of Disabled Staff Networks NADSN a group of stalwart academics and their allies throughout the UK Europe and recently North America the Canadian Disabled Faculty and Staff Network, CDFSN have worked naturalize the presence to of disability in spaces of higher education. NADSN works to shift negative perceptions of disability and highlight disability as a creative asset something to be expected and valued. NADSN questions the ways in which traditional, established, practices can present a barrier to disabled people. NADSN presents new ways of being and knowing. Platforms are created globally through research partnerships and knowledge shared. Policy gaps and weakness are noted along with ways of addressing them. Networks of specialised knowledge are created and shaped shared elements are evolving as new information becomes available There is indeed strength in numbers, and the journey continues.

Professor Nancy Hansen

NADSN Executive Officer

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History of Disability: The Great

Synopsis of *Social Work with Disabled People* (Michael Oliver)

- Michael Oliver (1945–2019) was not only the author of *Social Work with Disabled People* but also the first Professor of Disability Studies in the world. Teaching at the University of Greenwich, he played a foundational role in developing disability studies as an academic field. His coining of the term *social model of disability* provided a radical alternative to the medical model, influencing generations of scholars and practitioners, including Dr Melanie Thorley, as one of his former sociology students.

- The book *Social Work with Disabled People*, published in 1983 by Michael Oliver, provides a new direction in the engagement and understanding of how social work interacts with disability. His book highlighted the concept of the social model of disability within the fields of social work and education. It has shifted the focus away from individual or medical approaches and to rights, inclusion, and structural change.

- 1980s - The main focus of social work was to treat the patients and manage their dependence, followed by a medical or welfare model.

- Oliver, himself a disabled academic and activist, wrote during the rise of the disability rights movement in the UK, which suggests that people are more disabled by societal barriers than their impairments.

- The book established a new framework for social workers that promoted autonomy, citizenship and equality, which aligned with the movement's demands.

- Oliver's book established four main arguments. He believed that disability should not be seen as a pity but that it is stigmatised by barriers such as inaccessible environments, discriminatory attitudes and exclusionary policies. Social work should eliminate disabling barriers to promote equal rights and empowerment of disabled people, instead of *helping the handicapped*. According to Oliver, a social worker's main role is to be an ally, an advocate and a facilitator of change beyond casework and rehabilitation. Most importantly, disabled people should be at the centre of decision-making that affects their lives. Their voice is crucial.

- The book, influenced by UK disability studies, changed the way social work courses interpret disability, which helped to introduce the social model in training and practice. The later editions updated the changes in law and policy, such as community care reforms and anti-discrimination legislation. It remains a crucial text in disability studies and social work, although according to the critics, the social model sometimes downplays issues of pain, health, and embodiment.

- Wellbeing was redefined by Oliver as removing barriers and enabling full social citizenship, thereby breaking the stigma associated with the idea that impairments need to be fixed. This shift in focus for social workers emphasised promoting independence, dignity, and inclusion, rather than dependence.

- In conclusion, his book has proved to be a turning point in disability discussions within social work. It shapes debates about well-being, justice and professional responsibility by equipping practitioners with a radical right-based framework.

Nicole Peek 🏖️

STAART Ambassador

History of Disability: The Good

STAART Briefing #12: Oliver Heaviside – Deaf Pioneer of Electrical Engineering and Mathematical Physics

Who was Oliver Heaviside?

Oliver Heaviside (1850–1925) was a British mathematician and electrical engineer whose work laid the foundation for modern electrical engineering. He reformulated Maxwell's equations, introduced the concept of reactance, and developed mathematical tools still used today.

1. **Living and working with disability**
   Heaviside became partially deaf in early adulthood, which led to him leaving his job as a telegrapher at age 24. His deafness, combined with likely neurodivergence (possibly autistic traits), contributed to his social isolation and long-term unemployment.
2. **Turning barriers into breakthroughs**
   Despite these challenges, Heaviside used his lived experience with telegraphy to solve real-world problems. His disability didn't hinder his creativity—it sharpened his focus and helped him bridge theory and practice in electrical systems.
3. **Support networks matter**
   Heaviside received support from a few key individuals, including physicist George FitzGerald and Charles H. W. Biggs, editor of *The Electrician*. Biggs paid Heaviside a modest annual fee to publish his work, giving him a platform outside traditional academia.
4. **Facing exclusion and ridicule**
   Heaviside's ideas were often dismissed by academic institutions and government bodies. Cambridge scholars criticised his work for lacking formal rigor, and the Post Office rejected his theories as impractical. He also faced harassment from neighbours and lived in poverty for much of his life.
5. Recognition came late
   At age 46, Heaviside reluctantly accepted a Civil List pension—an official recognition of his scientific contributions. This came only after lobbying by FitzGerald, who understood Heaviside's financial struggles.
6. **Why Heaviside matters today**
   Heaviside's story is a powerful reminder that disability does not limit brilliance. His persistence and independence led to revolutionary discoveries. He inspires us to challenge exclusionary systems and build inclusive academic environments.
7. **Message to STAART students**
   Like Heaviside, your lived experiences can fuel innovation. Whether you face physical, sensory, or neurodivergent challenges, your perspective is valuable. Support networks, inclusive spaces, and recognition of diverse minds are key to unlocking potential.

Oleg Tolmachev

STAART Ambassador

References and Further Reading

- Biography of Oliver Heaviside – https://www.britannica.com/biography/Oliver-Heaviside
- British Deaf Association: resources and support – https://bda.org.uk/help-resources/
- Creativity and neurodiversity – https://neurobridge.co.uk/blog/neurodiversity-creativity-the-creative-gifts-inside/
- Deaf awareness tips and communication guidance – https://deafaction.org/info-and-advice/deaf-awareness-tips/
- Heaviside’s contributions to electrical engineering – https://ethw.org/Oliver_Heaviside
- Neurodiversity and creativity – https://neurodiversityhub.org/
- Royal Association for Deaf People – https://royaldeaf.org.uk/
- Scientific perspectives on neurodivergence – https://pmc.ncbi.nlm.nih.gov/articles/PMC10504802/
- Support for autistic individuals in the workplace – https://www.autism.org.uk/advice-and-guidance/topics/employment/what-can-i-do-if-im-having-trouble-at-work

Histories of Disability: The Great Disability Action Research Collective (DARK)

Volunteering can be rewarding, and is a great way to network and raise your profile.

- The Disability Action Research Kollective (DARK) is a group of disabled researchers who produce free publications on disability topics for the general public.
- It was started by a STAART member who wanted disability research to reach a wider audience outside of academia.
- They have distribution hubs in multiple countries and upload into many archives, including The Wellcome Collection and have partnered with the Snowdon Trust (Who give grants to disabled Master's students), the British Film Institute (BFI) and Shakespeare's Globe Theatre and History Workshop.
- We also run radical reading groups; film watch parties and a community Discord.
- We are always looking for people to contribute to our publications, especially disabled people with degree qualifications.
- Having authorship of published work can help raise the profile of job and grant applications.
- All of our mini magazines (zines) are free online and you can print and produce them at home if you want.
- Our zines are made to be easy to read, and do not depend on long attention spans.
- Some of our zines include the following: Disability in Ancient Egypt, Disabled Leaders from 30,000 BC to 1000 AD, Disabled Gods, Disabled Feminists, Disabled Radicals, Why the Gap? Star Trek & Disability, Horror & Disability, Disability Film Analysis Tools and many more.
- Get in touch, volunteer, view our zines or subscribe to future ones here; https://linktr.ee/disabilityark

Richard Amm

STAART Graduated member

History of disability: The Great

Walking through fields of Wildflowers

I am dyslexic I am Dyspraxic I am Dyscalculia

I am ADHD

I am a wealth of neurodiversity

I am Majestic

I shout out loud

I am Proud

BUT,

It wasn't always like this,

I was told I was thick, like an irritating tick

I was stupid, wounded everyday

I was useless, no less, there was no celebrations with doves

There was no love,

But, I'd feel depressed and anxious, questioning my purpose here, escaping in my mind, filled with imagination of colours, in a painting running down a landscape, with difficult navigation, no defined structures, just scatters of colour under umbrellas,

But, I stepped from the canvas, my feet bare, walking through fields of wilderness, wildflowers, caught in between my toes, I take a deep breath, smell natures perfumes, from buttercups, daisies poppies, sunflowers, who grow tall, hiding me,

But, like when at school treated like a fool sitting at the back desks, drawing, writing graffiti on my school book, the teachers dressed in armour, galloping warriors flicking mud in the air from horses hooves striking me in the face, because maths and English was like spaghetti, conscripted into a system not designed for me like soldiers wars living in mud filled trenches cowering for cover, under a blanket of missiles, falling confetti suffering, in cold red snow, where the flowers and trees used to grow

I am Dyslexic, told I was just slow,

Would not get far in life, my strife

But, I am a curtain of amazing things,

Being Dyslexic is my superpower

What's yours?

Sam Rapp (The Dyslexic Poet)

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History of Disability: The Good

Migraines

Advancements in medicine can dramatically alter the trajectory of an individual's life, transforming debilitating conditions into manageable challenges and granting a newfound lease on freedom and productivity. I have spent over a quarter of a century suffering from chronic migraine. During this period, my life was a revolving door of medications and treatments, each promising to be the cure, but instead offering an array of side effects that were just as limiting as the migraines themselves.

However, eight years ago, I gained a new neurologist, who along with a new treatment completely changed my quality of life: Botox for migraine. Initially popularised for its cosmetic applications, Botox was subsequently discovered to be remarkably effective in treating chronic migraine. It works by blocking the release of certain neurotransmitters, thereby inhibiting muscle contractions and nerve impulses that can trigger migraine attacks[1]. For someone who had nearly exhausted the pharmacological landscape, the introduction of Botox to my life was nothing short of revolutionary. The treatment resulted in a more than 70% reduction in both the frequency and severity of my migraine attacks.

This medical breakthrough had wide-ranging implications for my life, both professionally and personally. Prior to Botox, my migraines felt like an ever-present obstacle. Albeit being incredibly resilient and achieving some fantastic things, both personally and professionally, the unpredictability of the condition made me live a life of constant caution. But post-treatment, I’ve further advanced those ‘fantastic things’ and even started a family; something I never thought possible. Achieving these would have been inconceivable without the improvements brought about by this cutting-edge treatment.

But it’s not just about the milestones; it’s about the day-to-day freedom. It's about waking up in the morning without the dread of an impending attack, the ability to plan activities without the ever-looming "what if," and the simple joy of cherishing uninterrupted moments with loved ones. These small, yet profound changes manifest into a life of greater quality, less compromised by the limitations of an invisible, chronic condition.

In summary, medical advancements, like Botox for migraine in my case, can be profoundly life-altering. They offer not just symptomatic relief but reclaim stolen opportunities and unlock potential that may have otherwise remained untapped. I’m forever grateful for my neurologist and the support of my loved ones.

Sammi Taylor

Disabled Staff Community

Histories of Disability: The Great

STAART Positive Words

The cloud below was created with the contributions of 89 STAART Ambassadors & Graduates, STAART Members, and STAART Allies. We requested three positive words regarding STAART in April 2025 via on anonymous survey. The word cloud is the result of the consultation. We use this cloud for many of our social network posts and in situations where a visual is preferable to huge amounts of text.

STAART Ambassadors & Graduates, members and allies

History of Disability: The Great

National Association of Disabled Staff Networks (NADSN) tenth anniversary conference – a reflection.

As a NADSN founding member, vice chair, and director, I was delighted that the University of Greenwich hosted our 2024 annual conference. This conference was particularly important as it gave us an opportunity to celebrate the tenth anniversary of NADSN. I was at the launch of NADSN in 2014 and have seen it grow, in terms of its membership, reputation and influence.

The conference gave us time to hear progress with NADSN initiatives, such as RIDE Higher, the STEMM sub-group, and our growing international work on supporting the development of networks in other countries. With the knowledge and experience contained within NADSN, I believe that there is more NADSN can do to build international engagement and support the establishment of networks at a global scale.

Whilst we used the conference to celebrate what NADSN has achieved, it is also imperative that we look forward and ask ourselves those critical questions about what the future may look like for disabled people in the UK. Will we see progressive legislative and societal changes? How should NADSN position itself as we move forward over the next ten years?

Stuart Moore

NADSN Vice Chair and Director

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Histories of Spoon Theory: The Ugly

Rethinking Energy, Effort, and What It Means to Be Sustainable – Spoon Theory

Spoon Theory began in 2003 when Christine Miserandino used a handful of spoons to explain what living with chronic illness really feels like. Each spoon represented a small amount of energy — the kind most people don’t think twice about spending. For someone with a long-term health condition, every action, from getting dressed to cooking, uses up a spoon. Once the spoons are gone, so is the energy to keep going. It was never meant to be sad; it was meant to be honest. The theory gave disabled people language to describe invisible exhaustion and helped others understand that pacing, rest, and choice are essential parts of daily life.

The link between Spoon Theory and sustainability might not seem obvious at first, but both are about preservation. Sustainability isn’t just “reduce, reuse, recycle.” It’s about how we look after limited resources — including our own energy, bodies, and time. Just as the planet cannot cope when we take more than it can give, people cannot thrive when society expects constant productivity without rest. Spoon Theory reminds us that everyone’s energy is finite. Respecting that is a form of sustainability too: emotional, social, and physical.

The *ugly”* side comes when these ideas are misunderstood or watered down. In workplaces, schools, and even healthcare, people are often told to practise *self-care* or *resilience* to avoid burnout. But that shifts the responsibility onto individuals instead of addressing the bigger issue — environments that constantly drain people’s energy. It’s not enough to tell someone to *manage their spoons better* if the system they’re in doesn’t give them the space or support to recover. Real sustainability needs to look at how policies, expectations, and cultures impact people’s wellbeing. The same goes for how we talk about the planet.

When sustainability is reduced to simple slogans such as *go green* or *reduce, reuse, recycle,* it risks being seen as only an environmental issue. Those actions are still important — they remind us to respect our planet and use fewer resources — but true sustainability goes further. It is also about sustaining ourselves. Just as the earth has limits, so do people. If we talk about protecting natural resources without also protecting our own energy and wellbeing, we are missing half the picture. A sustainable life isn’t only one where we recycle and save energy, but one where we rest, pace ourselves, and support each other’s needs. Both kinds of sustainability — environmental and personal — depend on the same core values: compassion, balance, and shared responsibility.

Spoon Theory is not about limits in a negative sense — it is about awareness, balance, and respect for what we can give and what we need to save. That is true sustainability: not endless output, but the ability to keep going without running out of spoons.

Timothy Lockyer 🐶

STAART Ambassador

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Histories of Disability: The Good

Neuroinclusion Practices Around Us: Journey From Good to Great

Introduction

1 in 5-7 people face stigmatisation, discrimination, and exclusion in everyday life, work, and education. This group of people have neurodivergent/neurodifferent traits like Autism, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, OCD, and Dyspraxia amongst others. Despite efforts made by organisations, a mindset change is still needed.

Aiding Neurodivergence

Workplaces, schools, and homes should function as havens from external prejudice. However, neurodivergent individuals often experience these spaces as challenging, feeling constrained by an inability to fit and frustrated by society's insensitivity toward their natural operational styles. I am introducing the AID framework which provides three immediate, actionable steps for fostering neuro-inclusive environments:

1. Awareness.

Continuous awareness in workplaces and educational institutions would help individuals get familiar with the term and spectra of neurodiversity. Education should focus on the strengths and unique cognitive profiles associated with neurodivergence, rather than solely on deficits, to combat entrenched stereotypes and fears of stigma which prevent employees from disclosing their conditions.

2. Independence

The goal of support is to cultivate independence and empower individuals, not to introduce elaborate interventions. Effective support must be person-centred and collaborative. For example, automatically providing a scribe for a dyslexic colleague without consulting their specific needs can be an ineffective use of resources, as the challenge for that individual may lie in executive function or memory, not spelling.

3. Do

The principle of Do involves engaging in direct, respectful, and personalised communication. In the UK context, this is a legal as well as an ethical requirement under the Equality Act 2010, which protects individuals from discrimination based on nine Protected Characteristics, including Disability. Faulting a colleague in this area risks contravening the protection afforded to them. The nine protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Tola Awe

STAART Member

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