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A Comparative Examination of Policy and Models of Disability in Korea and the UK.

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Over the last three decades, the understanding of disability has changed substantially, changes in theoretical debates and policy on disability now encourage society to understand and treat disabled people as ordinary citizens. However, arguably the dominance of Western theory on disability has resulted in the marginalisation of disabled people's experiences in non Western cultures. This paper compares disability in relation to the culture of South Korea and the UK, by attempting to articulate some of the implicit values of disability and development of the relevant disability policy.

(Key words: Disability models, international comparisons, policy and social theory)

I. Introduction

Over the past decades, understandings of disability have changed dramatically in Western countries. Since the 1970s, especially, there has been a paradigm shift in understanding disability that can be succinctly summarised as a transition from the individual or medical to the social model of disability. Disability is understood as an amalgam of separate effects of individual difference and limitations in society's infrastructure (Barnes & Sheldon, 2010:572). International developments in the field of disability have focused on human rights, normalization and integration/inclusion influenced by the social model of disability (Barnes & Mercer, 2003). Since the economic crisis in 1997, South Korean (hereinafter Korea) social welfare policy initiatives have been increasingly influenced by Western concepts of welfare (e.g. Shin, 2003; Shin & Shaw, 2003; Croissant, 2004; Holliday, 2005; Kwon & Holliday, 2007). Consequentially, processes of

modernization and globalization have brought influences from Western cultures (Yim, 2002), and disability welfare policies have been introduced and developed (see overall review Kim & Ross, 2008). However disability retains its position as a sign of dishonour and shame linked to stigma, discrimination and exclusion (Kim-Rupnow, 2005; Kim & Min, 2006). Disabled people are treated as second-class citizens rather than people with rights to be included in the mainstream of society (Kim & Davis, 2006:417).

The complexities of disability in a diverse world cannot be easily understood. This is a vital challenge for current disability studies. Most of the policy and theories of disability have centred on the economic, political and cultural deprivations encountered by disabled people in Western cultures. These limitations have been evident for use in trying to understand the experience of disabled peoples in non Western cultures. By critically exploring the British social model of disability (Oliver, 2009), this paper attempts to discuss disability in two different cultural contexts. The strength of British disability studies has been its close connection between scholarship and activism. Therefore, it would be useful here to consider aspects of the development of disability policy and the concept of disability in the UK to provide some issues for consideration in looking at the Korean situation. Following this a number of alternatives will be explored drawing on the UK experience and considering their value within the Korean context.

II. Conceptual understanding of disability in Korea

In current Korean legislation, a disability is defined as an impairment or loss of physical or mental functions that substantially limits an individual's personal or social activities for an extended period. However, culturally and socially, Korean society remains less accepting of, and less knowledgeable about, disability than Western society (notwithstanding limited understandings within Western cultures). The principle of '*Ijil*' ('difference') lies behind popular attitudes to disability in Korea (Grinker, 2007). '*Ijil*' carries a negative connotation and implies the 'others'. Grinker (2007) argues that 'the great burden for parents of emotionally or learning disabled children is that they live in a society that places such a high value on sameness and seeks blame of difference' (p.239). '*Ijil*' is closely related to the notion of shame that is also associated with '*Chemyon*' (face-saving). Choi & Lee, (2002:333) and Lim (2002:104-105) describe '*Chemyon*' as

a term of collective image or representation that one person values and shares with others. It permeates social values that inform interpersonal interactions and has a prescriptive nature, directing 'acceptable' behaviour in social relations. Losing '*Chemyon*' (losing face) brings shame (Choi, 2000), not only to the self but to other members of the family and community (Lee, 1999; Brown & Brown, 2006). In the family context, saving or losing '*Chemyon*' has a direct connection to the success or shame of the whole family, not simply individual members. Success in individual life is viewed as the highest honour for one's family. But individual failure becomes the worst form of dishonour for the family. In this context, disability (including a wide range of conditions, illnesses and impairments) can bring shame and humiliation and have been depicted as improper or incomplete in Korea (Seo, 2005:68-69). Cho *et al.* (2003:10) found that Korean mothers of disabled children frequently experienced shame and humiliation when their disabled children misbehaved in public. Che *et al.* (2007) also reported that 89% of 204 Korean parents of mentally/cognitively impaired children were concerned about negative attitudes to disability.

General societal attitudes toward disability are manifested in stigmatization, indifference, neglect, or even hostility, inhibiting the integration and participation of disabled people in Korean society. Byun *et al.*, (2006:312), found that 86.7% of disabled Koreans believed they were subject to either discrimination or human rights abuses. In the past, Koreans accepted disability in terms of fatal abandonment or shamanistic thinking. There is also evidence of persistent belief that disability is the result of the geomantic system of topography. This links disability with the choice of inauspicious sites for graves and houses, sins committed in a previous existence, the fault of an ancestor, or a wicked ghost (Kwon, 2000; Kim & Kang, 2003:145). Disability is still associated with 'fatal uselessness', being treated with contempt, and viewed as life-long tragedy (Kim & Kang, 2003; Seo, 2005). The terminology associated with disability in Korea reflects and reinforces negative attitudes to disability (Choi & Lam, 2001:81). More respectful terms of '*Jang-Ae*' (disability), and '*Jang-Ae-In*' (disabled people) have been widely adopted as an official term for disabled people since 1990, but the use of offensive terms persists. These include '*Byeong-sin*', and '*Bul-gu-ja*' (related to physical impairment, 'spastic'), '*Ba-bo*', '*Cheon-chi*' or '*meo-jeo-ry*' (related to cognitive or mental impairments, 'retarded' or 'idiot'), and, '*Mi-chin*' ('mad' or 'crazy') (Kim, 2006:860). Because of the prevailing negative attitudes and terminology, many disabled people, and their families avoid disability related identities (Kwon, 2005) and many families with disabled people fail to register them (e.g. Kim & Kang, 2003). In 2010, the current

Korean government addressed the new registration system of disability that persons should register to the local government with the type and severities of disabling conditions as recorded by an assessment team. However, the official definition of disability is still based on the medical model with assessment of disabled people based on ‘impairment’ and ‘limitation’ rather than ‘rights’, and eligibility for support being limited to specified problems. As a result, the impact of disability on individuals and their families continues to be ignored. Until recent years, there has no indigenous theoretical understanding of disability.

III. Conceptual understanding of disability in the UK

The development of disability theory in the UK is best understood through the examination of a series of contrasting models; the medical, tragedy, social and affirmation. Historically the medical model of disability has been the most influential and powerful in terms of both policy and practice. It was born from the great confinement and medicalisation of disabled people in the 19th Century (Porter, 2001). It defines disability as a problem held within the disabled person which can only be addressed by non disabled professionals. These medical experts attempt to create solutions, cures and/or treatments to conditions that they have named. In creating categories and responses to them disability becomes associated with the ‘invalid’ and deviant, disabled people became conceptually ‘sufferers’ of their impairments and subjects of pity, tending to be viewed as helpless, dependent and brave. This gave rise to the tragedy model of disability which reinforced views that impairment is a loss requiring sympathy, compassion and empathy. Disability developed as synonymous with tragedy and charities grew trading in this tragedy. This in the UK can be traced right back to the Poor Law (1864), where rights give way to control, Fraser (1984:130) writes that *‘The whole concept of charity was one that tended to degrade rather than uplift the recipient...Charity by diminishing the energies of self-dependent, creates a spirit of hypocrisy.’*

In the 1970s the World Health Organization devised a classification system for disability defining *Impairment* as any loss or abnormality of psychological, physiological or anatomical structure or function. *Disability* is defined as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Finally *Handicap* is a disadvantage for a given individual, resulting from an

impairment or disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual. In stark contrast in the UK the Union of Physically Impaired Against Segregation (UPIAS, 1976), stated that: *Disability is the disadvantage or restriction caused by a contemporary social organisation which takes no or little account of people who have [physical] impairments and thus excludes them from the mainstream of social activities.*

The evolution of language in the UK meant by the mid 1980s *handicap* was seen as a derogatory term derived from the charity of going 'cap in hand' for support. The language of disability in terms of service provision began to move to more business terminology in service user, customer, consumer and client. In the conceptual separation of impairment and disability came the creation of the social model of disability by the Disabled Peoples Movement and in turn the development of the academic discipline of disability studies. Reiser & Mason (1990:85) write clearly on this both personal and conceptual separation *'I am not a disability, I'm me. I have dyslexia and I've had polio but I'm not 'a dyslexic' or 'a cripple' I'm me'*.

Essentially, the social model redefines the problem as *'Disability is not caused by impairment or a function of the individual, but the oppression of people with impairments in a disabling society'* (Swain & French, 2000:154)

Oliver & Sapey (2006) argue that the social model challenges medics' use of physical adjustments and rehabilitation to return a disabled person to as near 'normal' as possible. When a disabled person fails to internalise the goals set by professionals or pester their local services they can be characterised as having problems in adjusting to their disability. Under the social model adjustments should sit with the society not the individual and removal of social oppression is paramount, for example moving away from individual aids to making all environments as accessible as possible. The 1990s saw the rise of disability studies as an academic discipline born from the disabled people's movement.

The Affirmation Model of Disability goes beyond the social model and challenges the assumption of stigma by framing disability in a positive way. Swain and French (2000:569) write that the Affirmation Model *'is essentially a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of life style and life experience of being impaired and disabled.'*

Impairment is therefore newly framed as a 'gift' with an attached positive personal and group

identity. It's important to stress that the social model has not been unchallenged in its development, Shakespeare (2006) in his book *'Disability Rights and Wrongs'* argues that impairment specific movements are problematic if disability is commonly shared and questions that if disability is a social construction then why do we attempt to treat or cure anyone. He goes onto to challenge the fundamental split between disability and impairment as not being so straight forward in everyday life when considering certain physical and other oppressions. Shakespeare considers that the social model of disability unlike feminist theory has not developed fully over time and has not appreciated the reality of biological limitations and the potential need to prevent impairment in particular circumstances.

IV. Brief History of Korean disability policies and legislation

From the 1970s onward, there have been significant and dynamic changes in disability policy and various legislations for disabled people have been introduced. Influenced by the United Nations 'International Year of Disabled' in 1981, the government under the military government's 'Welfare State' legislated the *Welfare Law for Mentally and Physically Handicapped* 1981 as a disability policy. This concentrates on medical and vocational rehabilitation, and protecting the livelihoods of disabled people (Kim, 2008:68-69). Under this legislation, the number of institutions and facilities grew significantly and facilities that simply 'housed' disabled people were supplemented with medical rehabilitation, therapies and vocational training (Kim, 2006:862). However, this legislation benefited disabled people in institutions rather than those in the wider community (Lee, 2004:239). Disability was narrowly defined, in line with the medical model of disability, as the experience of substantial restrictions in or social life for an extended period due to physical disability, visual impairment, language disability, hearing impairment or mental impairment. This definition was in official use until 1999 when a classified system was adopted (Seo, 2005:63).

During the 1980s there were no support services for disabled people to live in the community, and welfare policy focused on institutional 'housing' with an emphasis on social control rather than social care (Kim & Ross, 2007:3). But by the end of the 1980s, welfare policies and services for disabled people were challenged by the Korean Disability Rights

Movement influenced by wider, international movements. In 1988, the Disability Rights Movement took a major advance with the beginning of active campaigning to refuse to take part in the Paralympics. The Korean government began a national register to identify eligibility for benefits. Eligibility criteria were linked to type and severity (on a scale of 1-6) of disability and focused on physical and functional limitations and their effects on disabled people's identities (Kim, 2006:862).

In 1989, the *Welfare of Disabled Persons Act* was amended and clarified the legal responsibility of government and local authorities for disabled people. Financial support was initiated for disabled children and adults and included social security pensions, medical cost allowance, children's education tuition fee allowance, mortgage, tax exemption. The official term for disabled people changed to '*Jang-ae-in*' from '*Sim-sin-jang-ae-ja*' reflecting a shift in emphasis from the condition (*sim-sin*) to the person (*in* or *ja*). The role of government was largely limited to financial support and other welfare supports were developed by private and voluntary agencies (Lee, 2004:238) and still play an important part in the provision and development of social supports for disabled children in Korea.

The term 'disability' was broadened by the *Welfare of Disabled Persons Act* (amended 1999), in which a disabled person was defined as unable to ensure by him/herself the necessities of a normal individual and/or social life as a result of physical or mental capabilities. Critically, this definition focused on the idea that disability means having difficulties in activities in daily/social life, as a result of physical disability, brain neurological impairment, visual impairment, hearing impairment, chronic illness, language disability, cognitive disability, mental disability and developmental disability (including autism). The Act also introduced measures designed to prevent discrimination on the basis of disability or disabling conditions. Under Article 7, eligibility for social support was extended to parents and guardians of disabled people.

By the middle of the 1990s, the government enacted or revised various legislations related to disability such as the Disability Welfare Law, The Employment Promotion Act, the Special Education Promotion Act and the Aged and the Pregnant Convenience Promotion Act. From this era disability rights organisations began to confront the brunt of discrimination more collectively. Despite these developments critics argue that the definition of disability is still focused on physical abnormalities (Lee, 2004:239) with assessment of disabled people based on 'limitations' rather than 'needs', and eligibility for support being limited to specified problems.

Alongside developing legislation, the *Welfare Coordination Committee for Disabled Persons* (WCCDP) was established in 1996 and drew up the first ‘5-year *Welfare Development plan for Disabled persons*’ 1997-2002 in cooperation with MOHW, the Ministry of Labor (MOL), and Ministry of Education and Human resources (MOEHR). The Committee’s purpose was to establish welfare policies for disabled people and to monitor progress annually. An evaluation by the Committee carried out in 2003 concluded that a fundamental framework of welfare policies had been effectively established to increase the participation of disabled people in society and improve welfare services for disability. These improvements included prevention of disability, extension of disability categories, support of stable livelihoods, extension of participation, availability of rehabilitation services, revitalizing disabled facilities and renovating welfare support facilities (Byun, 2002; Lee, 2002; Yoon, 2002). In particular, various welfare facilities (e.g. day-care centre, short-term care centre, respite home, and sign-language centre) in local communities were introduced. But the informal support of family members continued to play a central role in providing long-term care for disabled people, and disability policy remained unresponsive to variations in need based on different types and severities of disabling conditions (Byun, 2002). For instance, eligibility for a *Disability Allowance* is strictly limited and even where disabled individuals qualify for financial support this does not meet the true costs of care (Yoon, 2002; Lee, 2002).

A second five year plan (2003-2007) provided a framework to support a shift in emphasis to encompass equalities and citizenship rights, whilst at the same time improving and extending welfare supports through multidisciplinary networking. The main aim of the plan is to improve the quality of life of disabled people by providing continuous and effective support services (medical, vocation and rehabilitation), and promoting the social integration of disabled people.

Since 2008, a third five-year plan has introduced a comprehensive set of policies for disabled people. This plan encourages public and private buildings and facilities to provide barrier-free access to the disabled. It also calls for more job opportunities for Korean citizens with disabilities and establishes a task force to introduce a long-term care system for the disabled. Disability services have expanded in terms of quantity and quality, and the percentage of the population registered as disabled has increased from 62.6% in 2000 to 77.7% in 2005 (Byun *et al.*, 2006:45). Disability benefit has increased yearly from approximately £10 a month in 1991 to £65 a month in 2007 (Yoon, 2007). Importantly, *Anti-Discrimination and Remedies for Persons with*

Disabilities Act 2007 improves arrangements for the identification of discriminatory practices and interventions to maximise disability rights in mainstream welfare services (Kim & Fox, 2011).

Nevertheless, many cases of disability rights violations have continued, such as discrimination, increased difficulties in transportation and abuses in welfare institutions. Until recently, the dominant issue within social services in Korea has been the shortage of service provision (Kim & Ross, 2008). Disability policy has still been led by the government rather than the disability community. Korean disability policy and practice still confront problems in responding to the various needs of disabled people, including inadequate coverage of health and education services, challenges in enhancing the independence, participation and inclusion of disabled people, and failure to respond to the impact of diverse factors on the experience of disability including conditions giving rise to disability, age, gender, socio-economic needs and family circumstances. The *Welfare Coordination Committee* has not yet achieved its role as a comprehensive coordinating body and has only weak powers to allocate appropriate funding and resources for promoting welfare support and disability rights. Nor has it achieved effective representation in local authorities or disability-related departments of government ministries. The effective coordination of separate welfare strands for care (*the Welfare of Disabled Persons Act*) and for special education (*the Promotion of Special Education*) remains a continuing challenge as each strand has its own history of development under different ministries (MOHW and MOEHR), and there is a long way to go before effective integration of support systems can be achieved. The disability policy paradigm has shifted dramatically (Kim & Kim, 2006) from 'protection' to 'disability rights' in Korea. But Koreans continue to see support for disability as an act of kindness or special benefit, rather than an issue of human rights (Kim, 2006). And the disability rights movement continues to raise crucial issues such as cultural invisibility, economic hardship, unemployment, insufficient medical services, lack or inaccessibility of education, inaccessible housing and transportation, institutionalization and human rights violations (Kim & Fox, 2011).

V. The development of UK disability policies and legislation

The development of disability policy in the UK concerns the shifting of a series of paradigms

including; institutionlisation to community care, central to decentralized services, and service led to service user led ways of working. Historically disability policies have engaged with four overlapping kinds of objective: firstly the effects of containment and segregation on disabled people. Secondly to provide redress around social exclusion and compensation, for example with regards to injuries from war or employment. Thirdly to provide welfare through social services, ostensibly to reintegrate or rehabilitate disabled people into society which can be framed as an attempt to 'normalise' them. Finally to secure rights and citizenship through the reconfiguration of the social and built environment.

The industrial revolution of the 19th Century led to the institutionalisation of disabled people which increased through to the 1950s (Scull, 1977). Decarceration arose from public concerns around scandals in care, the development of anti psychotic drugs and rising costs of running institutions. The major push towards community care arrived with the 1971 *White Paper Better Services for the Mentally Handicapped*. This posed conceptual problems, such as how could you in effect legislate communities into caring for disabled people? In 1980s the new Education Act stated that disabled children should be educated in mainstream schools or classes 'wherever possible'. This marked a major shift towards inclusion, framing the education for disabled children as a right based issue. Importantly in 1981 the British Council of Disabled People was formed and became Britain's regional lobbying body for disabled people, challenging both government and local policy. The 1990 the *National Health Service and Community Care Act* took an ideological step towards personalisation by creating an internal market for care, splitting the role of health and local authorities.

The Disability Discrimination Act (1995), later included into the 2010 Equality Act, finally presented civil rights law that offered protection to anyone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out 'normal' day to day activities. It placed 'reasonable adjustments' duties on providers of goods, facilities, services and premises to protect people from being treated less favourably both directly and indirectly for a reason related to disability. Of course defining 'normal' and what exactly 'reasonable adjustments' can be contested. The Direct Payments Act (1996) made money available to people with physical and sensory impairments, people disabled by illness (including mental health problems or HIV/AIDS) and people with learning disabilities to spend on their own support and services. A person to receive a direct payment needed to fulfill the following criteria, in that

they must:

- require a community care service
- be between the ages of 18 and 65
- be willing and able to manage the money alone or with support
- not be contained under the mental health act or a legal guardian
- direct payments can be used to buy support through agencies or directly
- residential care of more than four weeks cannot be bought with a direct payment.

A national evaluation into direct payments was conducted by Glendining et al in 2008 which included 13 local authorities' pilot projects. The evaluation aimed to examine if direct payments offer a better way of supporting people in comparison to more conventional methods. In addition the relative merits of different direct payments for different groups of people using services was explored along with the impacts of direct payments on the workforce involved. People with direct payments reported feeling more in control of their lives than a comparison group. Most positive outcomes were evident for those using mental health services. To a lesser extent this was true for people with physical disabilities. Mixed outcomes were recorded for people with learning disabilities as they sometimes found the process of gaining direct payments stressful.

In 1998 the Human Rights Act gave the UK fundamental rights and freedoms in line with the European Convention on Human Rights. The act covers the following in terms of articles; Property, Right to life, Prohibition of torture, Prohibition of forced labour, Right to liberty and security, Right to fair trial, No punishment without law, Private life and family, Freedom of thought, conscience and religion, Freedom of assembly and association, Right to marry and the Freedom of expression. Given the medical interventions sometimes given or withheld to disabled people then the 'Right to life' and the sectioning of people under the mental health act with reference to the 'Right to liberty and security' are particular relevant. For example in 2001 (BBC website 1) the High Court considered the case of a disabled woman who was diagnosed with motor neuron disease. She sought assurances that if her husband assisted in her death at a time of her choosing he would not be prosecuted. The case under human rights legislation was in helping her to avoid 'inhuman and degrading treatments.' It was rejected, considering the right to dignity of life should not be extended to choosing death with dignity.

The personalisation or individualisation policy with its roots in direct payment and person

centred planning (inclusive solutions website) contrasts to the current coalition governments' push to collectivism through what has become known as the 'Big Society' (BBC Website 2). In summary the Big Society policy agenda aims to empower people through local communities taking power to shape their own futures. It's concerned with opening up public services, social enterprises and employee owned co-operatives to offer people supposedly high quality services. Through this reorganisation it intends to promote positive social action in encouraging and enabling people to volunteer and be philanthropic. Substantively the Big Society is a call to aims to increase our sense of civil society. These contrasting positions create tensions which have ramifications in terms of the reduced support for the collective Disabled Peoples Movement and the financial threats to established charities. It could be argued that the current emphasis on the personalisation of services has put disabled people in a more empowered position in their relationships with others and participation in wider civil society. The current era of 'Big Society' offers both potential opportunities for disabled people and possible barriers to their civil participation. The creation of a civil society refers to the expression of a positive democracy with a consideration of respect, trust, tolerance, freedom and social capital. One of the recent public policy challenges around disability and the civil society has been the recorded increase in hate crime defined as '*Any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability.*' (Crown Prosecuting Service Website)

Disablist hate crime can be seen as a powerful political discourse, in 'Getting Away with Murder' (Disability Now/UKDPC/Scope, 2008 website) a 'crisis of justice' is reported, stating that widespread casual and 'institutional disabilism' creates a culture where disability hate crime can grow unchecked. Under the law Disablist Hate Crime is not a separate offence but the Criminal Justice Act (2003) has a 'provision' for increasing sentences for crimes against disabled people where these are aggravated by discrimination or prejudice. The intent here being to send a clear signal to the wider society that Disability Hate Crime is unacceptable. Mencap reported 90% of people with learning disabilities had experienced bullying and harassment (Living in Fear 2000). The Disability Rights Commissions survey reported that Hate Crime Against Disabled People in Scotland (2003) was more likely to happen in urban areas. It went on to state that 73% of respondents had reported being frightened or attacked or having experienced verbal abuse within their communities. Hate crimes are most likely to occur in public places '*The attacks had a*

major impact on disabled people: around a third have had to avoid specific places and change their usual routine. One in four has moved home as a result of the attack.’ (p.4).

What makes the impact of hate crimes so far reaching is that when they occur it is often felt within the larger community of disabled people not just upon the individual victim? It is difficult to see how individualisation will counteract disablist hate crime and we wait to see how the Big Society with its mission to foster civil societies will tackle both its cause and effects (Brandon, 2012).

Currently the major cause for concern in the UK for disabled people is welfare reform. The coalition governments reform, is aimed at supporting those who are vulnerable but encouraging those who can work to work. This has caused widespread concern amongst organizations representing disabled peoples interest and disabled people themselves. The current world economic crisis is seen by many to be driving an attack of the status of disabled people in the UK, where their very identity as a disabled person is under threat if they are forced to work and give up their benefit status. This recently has combined with increased stigma in the press around disabled people being called ‘benefit scroungers’(Guardian website) which may in turn be leading to increased disablist the crime.

VI. Conclusion

It would be totally misleading to present the social model of disability as the sole voice against the prevalent medical model; other countries have developed their own theory and practice. The US has a Cultural Construction and Minority Model of Disability born of the civil rights movement where disability is seen as a construction of culture and modes of production, in ways that provide a metaphorical for the constitution of ‘abled’. Therefore disability can only be understood in relation to normalcy and ableism (Goodley, 2011). In contrast in Nordic countries the Normalisation principle as formulated by Bengt Nirje, later revised by Wolfensberger, into Social Role Valorisation (1986) became the driver for a different approach to disability. No one single model developed and the link between researchers and the Nordic Disability Movement was not the driving force for the work, in contrast to the UK approach. Normalisation emphasised the importance of respecting each person’s choices and wishes, having ‘normal’ economic and

physical environmental standards.

To conclude we consider how British disability policy and the social model of disability have influenced Korean legislation and in return what can UK theory and policy learn from Korea? For example to stimulate global debate does policy in Korea need an increased charitable structure or does the social model of disability need to challenged the existing posture on charities? What can the disabled people movement in Korea learn from the disabled people movement in the UK? Finally what in terms of Big Society can the UK learn from Korea in relation to families and community structural support?

Korean disability policy is not sufficient to be able to adopt the theoretical debates on disability and social supports developed in the UK. Despite this difference, Korean disability policy has recently been confronted with the requirement of devising rights based model to replace the existing deficit model. For example the Anti-Discrimination Act 2007 has given rise to recognition of the civil rights of disabled people, giving them access to equal opportunities. However, the strength of negative social attitudes to disability associated with traditional and cultural beliefs about the causes of impairment continues to create significant barriers to the effective use of the social model of disability to inform cultural change. Membership of the United Nations and conformity to international Human Rights conventions has obliged Korea to adopt a visible response to the social exclusion of disabled people through welfare legislation such as the Anti-Discrimination Act 2007. But the social model remains, for the time being, of limited utility in countering powerful socio-cultural values that characterise disabled people as '*Ijil*' or 'the other'. For example, Kim & Kang's (2003) study of young physically disabled Koreans show how the 'problem' continues to be perceived as being within the disabled person, not in the reactions of wider society. Moreover, the definition of disability is still not clear whether 'substantially limits' are certain types of societal normative treatment or unequal treatment. Kim & Fox (2011:279) argues that the definition of disability characteristics in disability qualification screen system can be at odds with the definition of disability in Korean policy. The social model of disability may help to confine this definition that implies a social responsibility to create conditions allowing the exercise of rights by disabled people to fully participate in society. The social model of disability allows us to clearly see and understand the connection between wider society and the experiences of disabled people. But cultural considerations of value systems and welfare policies may offer strong potential to gain insights into the subtleties underlying the

relationship between culture and social model of disability. In doing so this will also contract some of the rising criticisms of the social model of disability within the UK.

In contrast to the UK situation, Korean approach to formulizing in academic terms of material notions of disability has been timid. The construction of disability is still inseparable from the discourse's place within Korean's particular cultural and historical context, subject to physical and mental impairment. Korean's tentativeness in acknowledging disability as an academic and practice concern has manifested itself in two ways. First the number of activists involved in the promotion of the discourse has been far fewer than engaged in the energetic disability movement in the UK. Second, the UK Disability Rights Movement has grown in vigorous academic discussion that has been debating the philosophical and implications of disability. In particular, the widespread implementation of social model of disability marked a significant shift in thinking about disability and has led, to changes in legislation, policy and practice that go some way to providing equal opportunities for disabled people (Roulstone and Harris, 2010). Whereas the Korean disability movement has consistently remained outside the vigorous debate of disability theories and posited with little confidence within the theoretical arena of disability. In other words, disability continues to be a deeply contested cross cultural concept.

The disability policy responses to the rights of disabled people highlight a crucial and unavoidable tension in modern policy across cultures. We have learnt that the current economic and social changes associated with fiscal crisis in the UK will require deep sensitivity in responding to the challenges experienced by the disabled people. As we presented, there is a strong tension to be highlighted in relation to the role of the 'Big Society' agenda in the promotion of the well-being of disabled people as a relatively easy target for deficit reduction. The Big Society has a tendency to discriminate those who are already isolated and who don't have their own support networks to fall back on. Relying on informal support from their family and community can be a danger because disabled people have still faced institutional discrimination across all areas of British society and they should not be supported by volunteers who are not trained professionals. Therefore, further research is needed to explore the damaging and beneficial effects of the Big Society associated with disability in the development of policy.

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