

Ten-Minute Briefing – The Social Model of Disability



The social model of disability is a different way of thinking about disability. It has been developed over years by academics and campaigners.

It is often said that a big part of the battle to overcome the barriers faced by disabled people has to do with changing "hearts and minds". The idea is to replace old-style thinking with a very different perspective. The aim is to help people to see the person first, not the disability. That helps remove much of the fear and anxiety that people have about disability, and can clarify what changes need to be made in society.

Why is a social model of disability needed?

The standard way of thinking about disability in the past was the so-called medical model. That remains fine for doctors, but it is less useful for others. The medical model, naturally enough, concentrates on disease and impairments. It puts what is wrong with someone in the foreground. It is concerned with causes of disease. It defines and categorises conditions, distinguishes different forms and assesses severities.

All these are important in diagnosis, prognosis, devising treatment programmes and in prevention. But they are not very relevant to the way that someone with a disability lives their day-to-day life. If you have epilepsy, you know what your seizures are like. It isn't necessary to know whether doctors regard them as mild, moderate or severe. It may be interesting for someone to know that the Latin name for their movement disorder is hemiplegia. But the chances are they are concentrating on more practical things.

Perhaps the most important consequence of the medical model is that bringing the impairment into the foreground risks pushing the person into the background. They become less of a person, and more a collection of symptoms.

What is unhelpful about the medical model?

It is likely to inspire pity, or even fear. Pity is not a useful commodity. Many people are scared of impairments, sometimes irrationally so. The model risks objectifying people, lumping them together because of their condition, not because of who they are. It is not nice to be told you are a typical case of something or other – and even worse to be viewed like that.

What is more, it doesn't have very much to say about people's lives and how they live them.

How is the social model of disability different?

Instead of emphasising the disability, the social model puts the person at the forefront. It emphasises dignity, independence, choice and privacy.

A key concept of the social model is that **society disables people**. Another way of saying that is that disability is a social construct. How we organise things in our culture limits and restricts what some of its members can do. That takes some understanding, so first it is worth clarifying some terminology.

Words are important, not because of the need to use the fashionably correct terms, but because the terminology reveals the thinking behind them. Here are some definitions of two key words:

Impairment. Having an impairment means there is something not working properly with part of the body, mind or senses. Someone who has had a leg amputated has an impairment. So does someone whose learning disability makes it difficult for them to remember things. So does someone who is partially blind, or deaf, or who has epileptic seizures, or who has unwanted muscular spasms, or any number of things that don't work properly.

Disability occurs when a person is excluded, because of their impairment, from something that other people in society take for granted. That might be the chance to attend an event, access some service or get involved in an activity. It might be to live independently, to earn a living, to be kept informed, or just to make choices for themselves.

You might assume that the impairment causes the disability. Wrong. It is the choices society makes that causes someone to be disabled. Organise things differently, and they are suddenly enabled – though the impairment hasn't changed.

An obvious example might be a deaf person wanting to attend a conference. If no sign language interpreter is there, or no loop for a hearing aid, there is not much point in going. The person is excluded – disabled. But with a signer operating alongside the speakers, or a loop, the person can take part just the same as anyone else. They still have the same hearing impairment. But they are not disabled.

The same applies to a wheelchair user wanting to get on a bus. If it has room and access for wheelchairs, they are fine. If not, they are disabled. And so with a visually impaired person wanting to find out what the council is doing. If information is available on tape, they are enabled. If not, they are disabled.

So the impairments themselves don't matter?

Obviously, they still matter. Not being able to see, hear, walk, has an important effect on people. But generally speaking people find ways to cope – they get used to living with the impairment. And in any case what someone with an impairment cannot do is always much less than what they can do – if they are given the chance. The idea of the social model of disability is to give them a chance, remove the barrier that society places.

So impairment does not have to lead to disability?

That is right. Think about people who have poor vision – short sight or astigmatism. Without spectacles or contact lenses very many would have a much reduced quality of life. They could not join in many events and activities, and may even be a danger to themselves and others in certain circumstances. But society provides an ophthalmologist on every high street, and a system of getting affordable corrective lenses. As a result, people with bad eyesight don't have to be excluded from anything. If we ordered life differently, the same could be true of people with learning disabilities, epilepsy, spina bifida, deafness, arthritis and all the other conditions we think of as "disabilities". People with these impairments could live the lives they wanted, getting involved with others and making informed choices about what they do.

Isn't using aids and adaptations for everyday life still a disability?

No. Or if it is, we are all disabled. We all rely on aids and adaptations of some sort in our daily lives. We use motor vehicles for transport, electronic aids for entertainment and accessing information. We rely on flushing toilets and water on tap for comfort and hygiene. We need electrical gadgets for cooking and washing

clothes. Our society would disable everyone if these were not so readily available. How disabled would you be if you had to find a private space and dig a hole every time you wanted to use the toilet?

What does the social model mean for disabled people?

The logic is that only disabled people – as individuals or groups – know how their ability to participate in society in the way that they want to is affected. It is not something you can easily identify from outside. So, to find out what needs to be different, disabled people need to be listened to. That puts them at the centre of things, replacing the paternalistic "we know what's best" approaches of the past.

Areas for discussion

Who knows most about a particular disability – a doctor or someone with the condition? Talk with students about the realities of living with an impairment. How many of the day-to-day issues that a disabled person faces are truly medical matters? What other issues are likely to matter more?

Discuss the way society makes things harder or easier for different groups of people. Don't think initially of people with impairments. For example, see how life is made difficult for pedestrians on pathless country roads. Compare that with how cyclists are catered for in some areas, or car drivers on motorways. Discuss how much money we spend as a nation, providing facilities for some, not others.

Invite students to imagine what a room - for example, a kitchen - might look like if it was designed just for someone who used a wheelchair. High level wall shelves or low cupboards would not be useful. But a suspended gantry running the length of the room to hang equipment from might be. If that was in reach of someone sitting in a chair, it could well be around 1.6 metres from the ground – or chin height for an able-bodied person standing up. With that installed, who would be disabled when using that kitchen?

Think of other examples, where someone without an impairment might be disabled. Talk about someone with no useful sight who puts no light bulbs in their home. Would it be reasonable to ask friends who visited at night to bring a torch? Discuss how that might be compared with the way disabled people are expected to find their own solutions to problems that could be sorted by town planners or building designers.

With a group that has a good rapport, invite contributions about disabled people that students know well. How do they regard their disability? Talk about the difference involved in seeing the person first, and the impairment as secondary.