Factsheet

The Social Model of Disability

Inclusion London

"The Social Model frames disability as something that is socially constructed. Disability is created by physical, organisational and attitudinal barriers and these can be changed and eliminated. This gives us a dynamic and positive model that tells us what the problem is and how to fix it. It takes us away from the position of "blaming" the individual for their shortcoming. It states that impairment is, and always will be, present in every known society, and therefore the only logical position to take, is to plan and organise society in a way that includes, rather than excludes, Disabled people."

—**Barbara Lisicki, 2013**

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Introduction

The aim of this Factsheet is to provide the reader with an introduction to the Social Model of Disability, and an overview of some of its implications for us as Disabled people and society more generally.

It is important to note that the word 'model' is a term used to describe a way of thinking or a concept. There are a number of different 'models' of disability as detailed later in this factsheet. These models approach disability in very different ways. It is generally accepted that conceptual models are not set in stone, rarely provide a perfect explanation and are often difficult to apply in "real life". The Social Model of Disability is no exception; it was never designed to be a perfect theory of disability but an explanation of Disabled people's experience in society and, equally importantly, a tool for creating social change.

What is powerful and liberating about the Social Model is that it *does* reflect Disabled people's real life experience, and puts forward a radical and practical approach to ending Disabled people's exclusion and oppression that does not require Disabled people to change who they are in order to be deemed to be entitled to the same rights and opportunities as non-disabled people.

Beginnings of the Social Model

In the 1960s and 1970s, inspired by the great civil rights movements of the time, Disabled people started to question their life experiences and why so many Disabled people were institutionalised and excluded. Disabled people started to discuss and develop an understanding of Disabled people's experiences that radically questioned society's assumptions about what Disabled people could and could not do, and how Disabled people should live. Disabled people began to challenge the exclusion, discrimination and lack of choice and control they

experienced in daily life, and the prevailing negative attitudes in society. This was the beginnings of the 'Disability People's Rights Movement'.

The early part of the Movement saw the development of organisations like the Union of the Physically Impaired Against Segregation (UPIAS), and the Liberation Network of People with Disabilities. These groups, very importantly and uniquely for the time, were run by and for Disabled people, and enabled Disabled people to develop their political thinking and actively campaign for radical change.

Many of the early UPIAS members, for example, were residents in institutional care services, and wanted out of these institutions in order to live like other citizens with choice and control over how they lived and with whom. They began to develop a new approach to thinking about disability that reframed disability as a civil rights and equality issue, rather than a medical or charitable issue. These groups began to demand choice and control over their lives and, equally importantly, began to lay out the changes in society that would need to happen in order for Disabled people to have the same rights and opportunities as others (see, for example, the development of the "pillars of independent living" detailed on Page 10 of this factsheet[1]).

This approach to disability became known as the Social Model of Disability. Over the last 40 years the Social Model has been extended, refined and consistently questioned but it still remains *both* the best explanation of disability and the best "route map" for achieving equality and real social change for Disabled people.
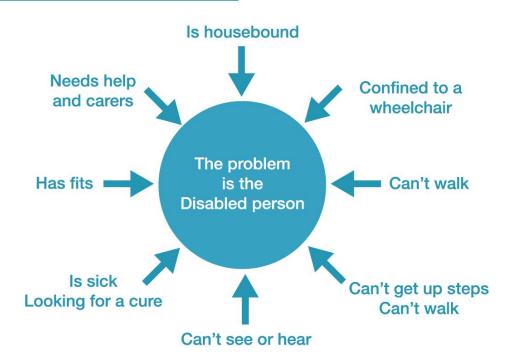
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[1] For example see the UPIAS Fundamental Principles of Disability and the Derbyshire Coalition "Seven Needs for Independent Living: http://disability-studies.leeds.ac.uk/files/library/UPIAS-fundamental-principles.pdf; http://www.breakthrough-uk.co.uk/#!independent-living/cl31

Traditional Models of Disability

The Social Model of Disability was developed by Disabled people to identify and take action against Disabled people's oppression and exclusion. It was developed as a direct challenge to the prevailing models of disability that viewed disability as an individual, medical problem that needed to be prevented, cured or contained; and/or as a charitable issue that viewed Disabled people as unfortunates who needed to be pitied and catered for by segregated, charitable services.

Here is a diagram of a Medical Model of Disability that shows some of the thinking and assumptions of this Model.

The Medical Model of Disability

Is housebound

Needs help and carers

Confined to a wheelchair

Has fits

The problem is the Disabled person

Can't walk

Is sick Looking for a cure

Can't get up steps Can't walk

Can't see or hear

This is a diagram of the traditional Medical Model of Disability, which the Social Model was developed to challenge.

Both the Medical and Charitable Models of Disability rest on assumptions of what a Disabled person 'can't do' because of their impairment; for example: "She cannot walk, therefore she will never be able to work". A Medical Model of Disability will then focus on trying to help the individual to walk again through operations or equipment, whilst a Charitable Model

of Disability will conclude that the person who is unable to walk needs special charitable services (often segregated from society), such as day centres, as an alternative to work. Both of these Models locate the source of the 'problem' as the individual Disabled person and, in doing so, place responsibility for the situation onto the Disabled person and away from society and how it is run and organised.

Both the Medical and Charitable Models of Disability are still alive and kicking, and often still lurk in approaches and assumptions made by government and public bodies, despite these organisations purporting to adopt a Social Model approach.

The Social Model of Disability

The Social Model of Disability, developed over the last 40 years by Disabled people, is a radically different Model to the Medical and Charitable approach to disability described above. It states that people have impairments but that the oppression, exclusion and discrimination people with impairments face is *not* an inevitable consequence of having an impairment, but is caused instead by the way society is run and organised.

The Social Model of Disability holds that people with impairments are 'disabled' by the barriers operating in society that exclude and discriminate against them.

Here is a diagram of the Social Model of Disability that shows some of the thinking and assumptions of this Model.

The Social Model of Disability

Badly designed buildings

Poor job prospects

Stairs not ramps
No lifts

Isolated families

The problem is the disabling world

Special schools

Inaccessible transport
No parking places

Discrimination

Few sign language interpreters

The Social Model of Disability states that the oppression and exclusion people with impairments face is caused by the way society is run and organised.

The Social Model not only identifies society as the cause of disability but, equally importantly, it provides a way of explaining *how* society goes about disabling people with impairments. Sometimes referred to as a "barriers-approach", the Social Model provides a "route map" that identifies both the barriers that disable people with impairments and how these barriers can be removed, minimised or countered by other forms of support.

Key disabling barriers from a Social Model approach include:

Attitudinal barriers

These are social and cultural attitudes and assumptions about people with impairments that explain, justify and perpetuate prejudice, discrimination and exclusion in society; for example, assumptions that people with certain impairments can't work, can't be independent, can't have sex, shouldn't have children, need protecting, are "child-like", are " dangerous", should not be seen because they are upsetting, are scroungers, etc.

Physical barriers

These are barriers linked to the physical and built environment, and cover a huge range of barriers that prevent equal access, such as stairs/ steps, narrow corridors and doorways, kerbs, inaccessible toilets, inaccessible housing, poor lighting, poor seating, broken lifts or poorly managed street and public spaces.

Information/Communication Barriers

These are barriers linked to information and communication, such as lack of British Sign Language interpreters for Deaf people, lack of provision of hearing induction loops, lack of information in different accessible formats such as Easy Read, plain English and large font.

Barriers "disable" by creating exclusion, discrimination and disadvantage for people with impairments.

The Social Model, in highlighting the barrier, often simultaneously identifies the solution to the barrier; for example:

Barrier: The intercom in a block flats does not have a video camera, therefore Deaf/hard of hearing residents cannot establish who is seeking entry.

Solution: Install an intercom system with video for Deaf and hard of hearing residents.

Additional benefits: Elderly people and other people who may feel vulnerable feel more secure in the accommodation.

Likewise, from a Social Model perspective, to enable Disabled people to achieve genuine independent living requires a range of support to be in place in society to counter the effects of discrimination and oppression. These are known as the 'pillars of independent living', which are:

- Appropriate and accessible information

- An adequate income
- Appropriate and accessible health and social care provision
- A fully accessible transport system
- Full access to the environment
- Adequate provision of technical aids and equipment
- Availability of accessible and adapted housing
- Adequate provision of personal assistance
- Availability of inclusive education and training
- Equal opportunities for employment
- Availability of independent advocacy and self-advocacy
- Availability of peer counselling

The Social Model of Disability is dynamic and effective in that it focuses on barriers and solutions to such barriers and, in doing so, maps out an approach to inclusion and equality that is of benefit to society as a whole, not just Disabled people.

Impairment vs disability

From a Social Model perspective, there is a radical difference between impairment and disability:

Impairment is an individual's physical, sensory or cognitive difference (for example, being blind, experiencing bipolar, having M.S. or a learning difficulty).

Disability is the name for the social consequences of having an impairment. People with impairments are disabled by society, so disability is therefore a social construct that can be changed and removed.

Language

Language reflects the cultural assumptions and thinking of the society around us. It follows then that for much of history, the language and words used to describe Disabled people have reflected a negative, charitable or medical view of disability. Words that reflect these views of disability include: "handicapped", "cripple", "wheelchair bound", "retarded", "suffering from" and "special needs".

Social Model language rejects this negative or medical language and replaces it with language that describes more accurately our experience. For example, "Disabled person" (not "handicapped" or "cripple"), "wheelchair user" (not "wheelchair bound"), "person with learning difficulties" (not "retarded"), "person with an impairment" (not "suffering from") and "access needs" (not "special needs").

Although the words we use to describe things change over time, it is important to respect and use the language people have chosen to describe and define themselves.

Disabled people or people with disabilities?

From a Social Model perspective, the term 'Disabled people' is a political term that people with impairments use to emphasise the social cause and nature of the exclusion and discrimination we face as people with impairments, disabled by society.

Using the term 'Disabled people' or 'Disabled person' is not a value judgment on what people can or cannot do, but rather a political description of the shared, disabling experience that people with impairments face in society. It is used to bring together a very diverse group of people with impairments to identify the causes of our

discrimination and oppression, communicate shared experience and knowledge, and create social change.

Non-Social Model language/Medical Model language such as "a person with disabilities" confuses impairment and disability and implies disability is an individual matter – something a person "has". This is wrong. It is the disabling barriers operating in society that disables us, not our impairments.

The Social Model of Disability is central to the struggle for inclusion and equality for Disabled people. However, as with any model, there are challenges to the Social Model approach. Two current areas of challenge are:

- The creation & promotion of a Biopsychosocial Model of Disability
- Criticism by Disabled people

The Biopsychosocial Model of Disability

The Biopsychosocial Model of Disability was championed and developed by the private health insurance sector in America. This Model re-frames disability away from a Social Model understanding back to an individualist, quasi-medical and psychological approach.

This Model seeks to put the responsibility for Disabled people's situation back onto the individual Disabled person. For example, the primary cause of unemployment amongst Disabled people, from this view, is not the economic and attitudinal barriers operating in the work place but an individual's (so-called negative) attitudes, thinking and behaviour about work, which need moderating and changing. If a Disabled person fails to find work it is primarily, from this Model's perspective, a failure of the individual to be sufficiently motivated and flexible to "get on their bike and find work".

This is a dangerous approach, as the answer to disability equality from a Biopsychosocial Model perspective is to strip Disabled people of rights

and support (things that this Model argues de-incentivise Disabled people and stop them being self-reliant), to develop a denial of disability as a social construct, and ultimately to place the blame and responsibility for exclusion, discrimination, poverty and all that flows from this back onto the individual.

The Biopsychosocial Model is rapidly gaining ground in the UK. It was a founding approach of Atos[2] and underpins the Work Capability Assessment [3]. It is promoted relentlessly by increasing numbers of private companies involved in health, employment and public services, including Unum Insurance who also sought to gain academic credibility for the Model through funding the Centre for Psychosocial & Disability Research at Cardiff University.

Criticism from Disabled people

Criticism from Disabled people primarily focuses on the failure of the Social Model to explain or address the specific experiences and needs of certain groups of Disabled people; for example, mental health system survivors and people with long term health conditions.

We would agree that there has indeed been a failure by advocates of the Social Model to apply and address the specific experiences of certain – often excluded – groups of Disabled people. However, we would argue this is not a failure of the Social Model itself, but a failure of its application and implementation by the Disabled people's rights movement.

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[2] Atos Healthcare - part of the UK branch of the Paris-based multinational Atos - conducted the Work Capability Assessment on behalf of the DWP from October 2008 until March 2015. Their contract ended controversially early after serious concerns about their competency.

[3] The Work Capability Assessment (WCA) is the controversial test designed and used by the Department for Work and Pensions (DWP) to determine whether claimants for certain disability benefits are eligible, or deemed "fit to work".

We need to get much better at recognising, understanding and responding to the specific and diverse range of experiences, barriers and needs of all people with impairments. We need to deepen and broaden the application of the Social Model so it is a tool for all of us – across all impairment groups – and is used with as much vigour to unpack, understand and help remove the barriers that people with mental health issues experience, for example, as it has been used for people with physical impairments.

We also need to do more to celebrate the diversity and difference we represent as Disabled people, and the culture and community we have developed, both of which help mark the way for a different approach and understanding of society and humanity.

Further reading & links

The aim of this section is to provide you with a starting point for further reading, discussion and/or for training and informing other people.

Generic Images (Moving and Still)

Some people prefer pictures to words. Images can be useful in illustrating a point or as an alternative for those with limited literacy; and film/dvd clips can help to illustrate points. You can download and use some of these as a free resource.

- **Cartoons/Crippen:** These are cartooning pages created by Dave Lupton, a disabled cartoonist. The cartoons provide comic and challenging images relating to the prejudices that Disabled people face. www.crippencartoons.co.uk

- **Unlimited: Disability on Screen:** Examines the portrayal of disability in British film and television across the last century. www.bfi.org.uk/archive-collections/introduction-bfi-collections/bfi-mediatheques/unlimited-disability-screen

- **Social Model Animation:** This is a short cartoon on YouTube by Geoff Adams-Spink. It plays with the idea of role reversal, using a town where only wheelchair users live so design a town to meet their needs. Their world is disrupted by the arrival of people who walk. Very useful training YouTube clip www.youtube.com/watch?v=9s3NZaLhcc4

  It is always worth encouraging people to think about how to apply the narrative to other impairment groups and noting the similarities in terms of barriers. This can be a great training exercise.

- **Tom Shakespeare:** Talks about his take on the Social Model of Disability (in 2013) www.youtube.com/watch?v=oviU8D4r1nc

History of Disabled People

- **The Disability Archive UK:** This is a resource based out of Leeds University. A subject based e-repository of research, scholarship and activism, it consists of a wide variety of historical articles and informative documents about the lives and experiences of Disabled people and the beginnings of the Disabled Peoples Rights movement, including archive information on UPIAS, which can be downloaded on Adobe Acrobat for free. http://disability-studies.leeds.ac.uk/library/

- **UK Disability History Month:** This is the website for UK Disability History Month (UKDHM), which is an annual event creating a platform to focus on the history of our struggle for equality and human rights. http://ukdhm.org/

- **Nancy McGuire:** This YouTube channel that contains a number of clips by this disability rights campaigners linked to Disability History Month – all short and informative. www.youtube.com/channel/UCiZ7zdCUiMAYFQ7fkiPEUcA?feature=watch

- **Historic England:** This has pages on Disability History that are detailed and informative. Some of the language is not Social Model but, with that noted, this is an informative site with interesting sections on, for example, the medieval period. www.historicengland.org.uk/research/inclusive-heritage/disability-history

Current Debate, Commentary and Blogs

Please note that the views expressed by these sites & commentators are not necessarily those upheld by Inclusion London

- **Jenny Morris** is an academic and commentator who addresses a number of important issues about disability, rights and representation in her blog. http://jennymorrisnet.blogspot.co.uk/

- **DPAC (Disabled People Against the Cuts)** is a grassroots campaigning organisation, run by and for Disabled people. Its website is good source of information and commentary about current issues affecting Disabled people and current campaigns. http://dpac.uk.net

- **Reclaiming Our Futures Alliance** is a grassroots alliance of Disabled people and our organisations in England. http://www.rofa.org.uk/

- **Tom Shakespeare** is a disabled academic who historically has been supportive and influential in the disability movement in the UK and internationally. In the early 2000s, he started to challenge the Social Model of Disability and argue that the time had come to move beyond this position. We challenge his position but also urge you to understand his arguments. http://disability-studies.leeds.ac.uk/files/library/Shakespeare-social-model-of-disability.pdf

  He has moved on and developed an "other" model of disability focusing on Human rights, which you can see him discuss on YouTube. https://www.youtube.com/watch?v=oviU8D4r1nc

- **Victor (Vic) Berel Finkelstein (25 January 1938 – 30 November 2011)** was a disabled activist and writer. Vic is known as a pioneer of the Social Model of Disability and a key figure in developing the understanding the oppression of Disabled people. His writing provides a real insight in to the development of the Social Model and he is one of the writers whose ideas challenged Tom Shakespeare. An overview of his personal position can be found here. http://www.independentliving.org/docs3/finkelstein01a.html

- **Carol Thomas** can generally be described as a feminist Marxist but is also worth a read as she attempts to explore disability issues from a feminist perspective.
https://books.google.co.uk/books/about/Sociologies_of_Disability_and_Illness.html?id=ushpQgAACAAJ

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