1. What is disability? The Medical Model and the Social Model

There are 2 different ways of explaining what causes disabled people to have a different life experience to non-disabled people. They are:

- The Medical Model.
- The Social Model.

The Medical Model

The Medical Model looks at disability as the problem and fault of the person.

It looks at **impairment** as something that needs to be cured, so that the disabled person can be as well and 'normal' as possible.

Impairment means an injury, illness or health condition that affects how someone looks or limits the way their body works.

The Social Model

The Social Model says that people are disabled by **barriers** in our society. This could be things like:

- **Environmental**. Like buildings not having **accessible** toilets.

> **Accessible** means everyone can find, use, enter or understand something.

- **Attitudinal**. People's attitudes towards disabled people. For example, assuming disabled people cannot do certain things.

- **Organisational**. Like a job that does not offer flexible working hours.

Important definitions within the Social Model

Disability

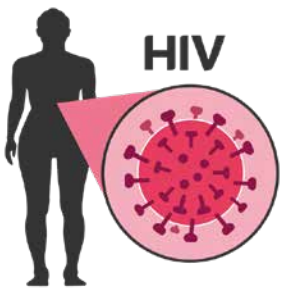
The loss or limiting of chances to take part in society on an equal level with others.

Disabled people

The term disabled people includes:

- physical **impairment**s

- sensory **impairment**s, for example deaf people and blind people



- long term illnesses or health conditions, including HIV and AIDS

- learning difficulties, including dyslexia and speech and language **impairment**s

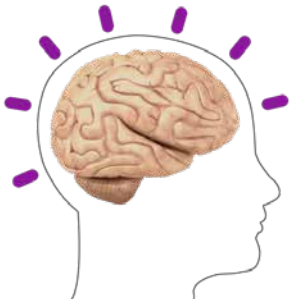
- emotional and behavioural conditions

- hidden **impairment**s like epilepsy and diabetes

- children labelled as delicate or fragile

- people who identify as disfigured, where their body looks different due to things like scarring or injury

- people of a shorter height



- neurodiverse people. People whose brains work in different ways, includes ADHD and autism

- mental health conditions.

This does not mean that different health conditions and **impairment**s are not painful, distressing and life-shortening. They are.

It means that medical treatments will not remove the social barriers that stop disabled people being treated equally.

Prejudice against disabled people is based on things like negative beliefs, attitudes, and **stereotypes** from the past.

Prejudice means having thoughts and feelings towards someone that are not based on truth or experience.

Stereotypes are ideas or beliefs about a type of person or thing that is often unfair or untrue.

This leads to bullying, jokes, isolation, exclusion, violence and hate crimes.

These ideas come from our **culture** in the past and old stories. We must challenge these ways of thinking.

Disabled people need to be accepted and valued as equal but different.

The Social Model in Wales

Several public bodies and some third sector organisations in Wales follow the Social Model.

We need more than words, we need to put these words into action.

Disabled people in Wales still face many barriers:

- **Inaccessible** transport services.

> **Inaccessible** means not accessible. Not everyone can use it, or they cannot use it easily.

- Lack of **inclusion** in education.

> **Inclusion** means everyone can take part, and everyone has a fair chance.

- Lack of chances for employment.

- Barriers whilst in work due to policies or lack of support.

- **Harassment** and hate crimes against disabled people.

> **Harassment** is behaviour that upsets someone, for example, bullying.

- Poor access to goods and services. For example, leisure centres, cinemas, and shops.

- **Inaccessible** housing.

- Limited choice in social care and support services.

Many public and private sector bodies have not taken on the Social Model. There is a great deal of work to be done to remove barriers in all areas of society.

Remember:

Medical Model of disability says it is the failure or limitation of the person's body or mind that causes disability.

Social Model of disability says that how a person's body or mind works is not the issue.

People are disabled through things like lack of access to buildings, information, communication, personal support or by the attitudes of others.

Resource 1

5 short films

These films show the impact of this change of thinking:

1. Deaf Welsh Activist Natasha on why social model is important
   https://youtu.be/qEkmyXkgPl8?t=78

2. Comic Relief: Break Down The Wall 1995
   http://worldofinclusion.com/res/altogether/atb9.flv

3. NDACA & UK: Disability History Month Social Model of Disability
   https://youtu.be/24KE__OCKMw

4. Trainer and Consultant, Mik Scarlett: Social Model
   https://youtu.be/XGXqXlsxiSA

5. Social Model, Scope
   https://youtu.be/0e24rfTZ2CQ

Activity 1

20 Statements

Here are 20 statements about disabled people that we hear often.

Read them and think about if they are from the Medical Model or Social Model way of thinking.

Mark each statement with either an **M** for Medical Model or an **S** for Social Model.

Number	Statement	Medical or Social?
1	Your views are important.	
2	If they reproduce they will weaken the gene pool.	
3	You have the right to be a lover and a mother.	
4	We have the right to be different.	
5	You will always have the mental age of a 5 year old.	
6	If you try really hard you could be normal.	
7	We see what you can do, not what you cannot.	
8	We provide the support you need.	
9	Equality is giving people what they need to thrive.	
10	You can be whatever you want.	
11	Inclusive education for all.	
12	Equality is treating everyone the same.	
13	You are a danger to yourself and others.	
14	You must go to a special school to have specialist therapy.	
15	Work at a pace and in a way that suits you.	
16	If we operate you will be able to walk again.	
17	This building needs to be made **accessible.**	
18	You will never be able to have a sexual relationship.	
19	If you follow the course of treatment, you should be cured.	
20	You are ill, need to be Sectioned and have a psychiatrist.	

Suggested answers are on page **20**.

Activity 2

Who is disabled?

Discussion

The **UNCRDP** says that disability happens when a person with an **impairment** faces a barrier in society that stops them from doing something.

In the UK we say **Disabled People**. This is a **Social Model** term that shows people are disabled by barriers. They do not **have** a disability.

The **United Nations** say **People with Disabilities**. This term comes from a USA parents' movement. They prefer this as the focus is on the person first. But using Person **with** Disabilities confuses **impairment** with disability.

The definition of disability in the UK **Equality Act 2010** is based on the **Medical Model**.

The **Equality Act 2010** says you are disabled if you have:

"a physical, or mental **impairment** that has a substantial and long-term negative effect on your ability to do normal daily activities."

Task

Read the conditions and decide which ones would be seen as a disability in the UK.

You can do this task with younger learners. Write each of the items in the table onto a card.

Sit in a circle made by rope or use a whiteboard. Place the cards inside the circle or on the whiteboard if the group thinks they are disabled.

Number	Who is disabled?
1	Someone with cerebral palsy
2	A Deaf person
3	Someone who uses a hearing aid
4	Someone with influenza
5	Someone who has had polio
6	Someone with HIV
7	Someone with chicken pox
8	Someone with a heart condition
9	Someone who needs glasses to read
10	Someone who has Down's Syndrome
11	Someone who has had a limb amputated
12	Someone with cancer
13	Someone with Multiple Sclerosis
14	Someone with asthma
15	Someone who is Bi-polar
16	Someone with Type 2 Diabetes
17	Someone with a bad cold

Number	Who is disabled?
18	Someone with measles
19	Someone who is Dyslexic
20	Someone with depression
21	A spinally injured person
22	Sight impaired
23	A visually impaired person for example, tunnel vision
24	Someone who stutters
25	Someone with a fractured bone
26	Someone with toothache
27	Someone with kidney failure
28	Someone with a tendency to violence arising from their **impairment**, like sets fires or drug addiction
29	A wheelchair user
30	Someone with Sensory Processing Disorder
31	Someone with a Learning Difficulty
32	Someone with burns to their face
33	Someone with Cystic Fibrosis

Activity 3

Impairment, Disability, Reasonable Adjustments and Barriers

Cover 1 column and work out what should be in each box.

Talk about what is stopping the solutions in the last 2 columns.

Impairment	Disabling Barrier	Reasonable Adjustment	Barrier Free Universal Design
Blind or visually impaired. Sensory impaired people.	Lack of accessible information. Lack directions physical environment Negative attitudes.	Provision text to talk, Guides, Braille, tape, large print or Assistant dogs. Coins and notes of different sizes. Reader, scribe, extra time, computer with software/ technology to complete tasks.	All written materials in accessible formats. Satellite directional device, audio description and navigation aids for all. Tactile paving. Separation of pedestrians and traffic.
Deaf people, hearing impaired or hard of hearing. Sensory impaired people	Lack of access to spoken communication Negative attitudes.	Lip speaking, reduce resonance and background noise. Sit near source of sound. English/ Welsh/British Sign Language Interpreters. Texting. Extra time to complete tasks	Acoustically adjusted buildings. Everyone use British Sign Language. Dance floors that vibrate. All spoken messages available in accessible formats.

Impairment	Disabling Barrier	Reasonable Adjustment	Barrier Free Universal Design
Mobility impairment/ physical Impairment	Access to therapies. Lack of suitable communication technology. Steps, narrow doors, shelves, switches etc not the right heights. No support rails or hoist when transferring. Transport not adjusted. Negative attitudes	Suitable mobility equipment/ electric or manual wheelchair. Ramps, lifts, doors at right width. Accessible toilets. Support. Personal assistant. Means to Communicate. Extra Time. Customised support	Provide ramps, lifts and handrails in buildings. Automatic doors. Accessible buses, trains at right height. All buildings built for easy access & adjustment when necessary. Flexible learning and work.
Downs Syndrome learning disability or impairment	Lack of time to develop at own pace. Negative attitudes. Normative testing. Lack of right support. Bullying.	Makaton, work broken down, tailored. Support to reach full potential. Work with colleagues or peers for acceptance.	Full understanding of Disability Equality. Staff trained in inclusion and facilitating positive learning. Peer support for all. Flexible curriculum and assessment arrangements.

Impairment	Disabling Barrier	Reasonable Adjustment	Barrier Free Universal Design
Autism. Neurodiverse Language, social development impairment.	People not understanding. Sensory overload. Negative attitudes. Fake 'cures'. Normative approaches Lack of informed support.	Information broken into small steps. Routines reinforced. Security. Minimise distractions. Support worker trained. Circle of friends (for 1-10).	Acceptance. Peer support and trust Low distraction environment. Neurodiversity accepted.
Dyslexia. Specific learning difficulties	Issue not picked up. Teachers do not know. Blamed for condition.	Staff trained. Early screening and specific programme. Repetition of methods that create effective communication.	Organisation is dyslexia friendly. All staff trained. Young people empowered to knowing their impairment and best ways to live with them.
Type 1 Diabetes Hidden impairment	If uncontrolled ups and downs in energy. Life threatening.	Need to monitor diet and blood sugar and inject insulin. Medical alert dog.	Regular screening for all. Education on triggers and how to accept condition.

Impairment	Disabling Barrier	Reasonable Adjustment	Barrier Free Universal Design
Depression. Mental Health Condition	Feelings of low mood. Not attentive. Self-loathing	Cognitive Behavioural Therapy, counselling. Medication.	Understanding. Early identification and support.
ADHD Attention Deficit Hyperactivity Disorder or Condition	Ignorance and prejudice of others. Angry outbursts.	Learn to manage anger, identifying negative thoughts, putting adjustments in place, organising training and confidence building. Medication and sleep.	Peer support. Staff trained. Low distraction. Short tasks. Teach strategies for self-manage.

Suggested Answers

Activity 1

Medical Model:

2, 5, 6, 12, 13, 14, 16, 18, 19, 20.

Social Model:

1, 3, 4, 7, 8, 9, 10, 11, 15, 17.

Activity 2

4, 7,17, 18, 25 and 26 will not be seen as a disability as they are short term.

For other conditions it will depend on how the condition impacts the person's ability to do daily activities.

9 – the Equality Act excludes glasses or contact lens wearers. But many people would be impacted if they did not have glasses or contact lenses.

6, 12 and 13 – when someone is diagnosed with one of the conditions, they are included as disabled. People can experience **prejudice** with these conditions.