

The social model of disability

Achieving access for all





The social model of disability.

(Written by the late Jeanette Wallace, Chair of Croydon Disability Forum and Disabled People's Champion – Croydon Council).

Understanding the social model of disability enables service providers and those working in the public sector to identify barriers.

The social model has been created and endorsed by disabled people internationally and is widely accepted. This model signifies a shift away from the traditional models as it recognises that disabled people are not disabled because of their impairment, but by the structures or barriers present in society.

There are two different accepted models for defining the causes of disadvantage:

- an individual (or medical) model, and
- a social model.

The medical model encourages explanations in terms of the features of an individual's body, whereas the social model of disability encourages explanations in terms of the characteristics of social organisation.

The medical model.

Under the medical model, disabled peoples' inability to participate in society is seen as a direct result of having an impairment, and not as a result of features of our society which can be changed. When people, such as policy makers or those providing services think about disability in this individual way, they tend to concentrate their efforts on "compensating" people with impairments for what is wrong with their bodies.

The experiences of disabled people have shown that in reality most problems are not caused by their impairments, but by the way society is organised. This is not to deny that individual disabled people meet different barriers from one another within society, but these often have collective themes. It is these collective themes that inform the social model.



The social model.

The social model of disability argues that most of the day to day problems that disabled people face are caused by the fact that society is designed to meet the needs of non-disabled people. What disables people is not a particular condition but the way society reacts to it. For example:

- lack of physical access;
- lack of opportunities in education and jobs;
- lack of choice;
- negative attitudes and assumptions.

These barriers, identified by the social model of disability, can be grouped into three main headings:

- **Physical or environmental** examples include steps, stairs, inadequate signs, no visual fire alarms, and lack of colour contrast;
- Organisational the way the infrastructure, policies, practices and procedures of an organisation exclude disabled people. A common example is an accessible toilet cluttered with mops and buckets;
- Attitudinal the way disabled people are perceived, for example as passive, dependent, to be pitied or felt sorry for.

Taking a social approach to disability, and removing the barriers, ensures that responsibility remains with everyone (disabled and non-disabled). It enables organisations to review their own performance, tackling the origins of discrimination that exist internally. It assists in identifying and removing barriers which are within our own control, such as management practices, the way work is organised and building design.

It is also important to recognise that disabled people are women, men, straight, lesbian, gay, bisexual or transgender, white, black or minority ethnic, young or old, rich or poor, have different or no religion or belief, and are liable to experience discrimination on these grounds also. It is important to adopt the social model of disability in all our work to help overcome multiple forms of discrimination.



