



The Disability Rights UK magazine, resource, and toolkit  
co-edited with and for young people

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## The Social Model of Disability

by Kamran Mallick, CEO of Disability Rights UK



Growing up I accepted that I was not like my brothers, and so perhaps it was ok that I didn't have the same opportunities as they did to go out, meet with friends, to choose the options they wanted at school and college, go away with friends at the weekend and to find the jobs and careers they were passionate about. No one judged them in the ways that I felt judged. Their voices were heard, while my view wasn't even asked for.

I accepted this until I was in my 20s and working for a small organisation in West London where I learned about something called the Social Model of Disability. I learned how Disabled people before me had created this model as a direct challenge to how others thought about them. The inequality and exclusion they experienced was not because of their disability, impairment or health condition, instead it was because of the way society has been set up. Buildings are inaccessible, non-disabled people make assumptions about who we are, what we can and cannot do. We are asked to fit in to a world not built for all of us. Public transport isn't truly 'public' until we can all use it equally, right?

That's what the social model is, it says that we are disabled by the inaccessible buildings, by people's attitudes and the language used to talk about us. We call these things barriers, and if we remove the barriers we are no longer Disabled people.

What do you think? Let's talk about this and email us at:

[getahead@disabilityrightsuk.org](mailto:getahead@disabilityrightsuk.org)

# What are the models of disability?



Various theories about disability exist that explore how disability is defined in a political, social, economic and cultural context. The two main models that have shaped this debate are the medical model and the social model of disability.

**The medical model of disability** says that a person is disabled because of their impairment or health condition. This model describes a person in clinical terms and judges a person against certain 'norms' of society, where a Disabled person is seen as 'less perfect' and needs to be 'fixed'. This model considers medical care as the main issue and is aimed at 'curing' the person. It sees Disabled people as 'the problem' and 'victims.' Many disabled people have said this model gave them low self-esteem.

**The social model of disability** is a way of viewing the world, developed by disabled people. It sees disability as societal and physical restrictions creating barriers and not the individual themselves. Whilst some individuals do have physical or sensory impairments, learning differences or mental health challenges, it is the way society responds to these which creates disability and not an individual's difference. It requires a change in society's values and practices to remove the barriers to participation that discriminate against Disabled people. This model puts the responsibility of loss or limitation of Disabled people on society itself. It is the society that must support equitable changes, to provide truly equal opportunities.

## Other models of disability:

- The charity model of disability sees Disabled people as 'poor and 'unfortunate'. It creates an environment of dependency on others. Disabled people are often considered as 'brave' and 'admirable' and conjure up feelings of pity.
- The economic model of disability looks at how disability affects a person's ability to work and their productivity for an employer.

## Impairment and disability

For many disabled people, 'impairment' is not an accepted term anymore as part of the social model, as it still holds negative connotations more in line with the deficit medical model. But here is a definition to clarify what is meant by impairment and disability:

A Disabled person is a person with an impairment who experiences disability. Disability is the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability.

- Impairment: an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function.
- Disability: the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers

From: <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Northern-Officers-Group-defining-impairment-and-disability.pdf>

For further information on the models of disability go to:

[https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets\\_TheSocialModel.pdf](https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets_TheSocialModel.pdf)

For a critique of the social model of disability go to:

[https://www.um.es/discatif/PROYECTO\\_DISCATIF/Textos\\_discapacidad/00\\_Shakespeare2.pdf](https://www.um.es/discatif/PROYECTO_DISCATIF/Textos_discapacidad/00_Shakespeare2.pdf)

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## The Social Model of Disability

*By Cameron*

I learned about the social model of disability after almost 19 years of exclusively using the medical model of disability. While this shift may seem insignificant to able-bodied individuals, this mental change completely transformed the way that I felt about myself and my community as a whole.

The social model emphasizes a difference between impairment and disability, placing fault on society as a whole rather than the individual. Impairment is the medical condition that an individual has, while disability is the impact of systematic discrimination and exclusion. In other words, we are made disabled by the structures in society that have been designed to keep us out.

An example of the social model in practice is individuals who use glasses. Their impairment would be that they have poor eyesight that does not allow them to see to the same degree that would allow for full participation. While this is the case, they are not disabled because they are able to use glasses to adjust to fully participate in society. We have worked in order to ensure that their impairment does not stop them from functioning in society.

In order to have a society that treats everyone with respect and as equals, we have to point out the structures that make disabled people have to work harder in order to ensure equal treatment. As disabled young people, it is hard not to fall into a cycle of accepting treatment, but instead point out the ways that society could be better to adapt to our lives.



We have the power in society to make a difference. I have started telling everyone I know about the social model of disability to try and educate my friends about the ways in which society has been built to be inaccessible and the ways that we can work together to make our lives the ways that we would like it to be.

By learning about the social model, I am able to release the blame from myself and my own struggles with my disabled identity and can look forward to how I can help others to live their lives to their fullest. The social model has helped me to understand the structures that are in place in society and also helped those around me to understand the struggles and successes that I am able to have.

# My experience of the Social Model



*by Scott Noon*

How I came across the Social Model.

I have been a member of PADD (People's Awareness of Disability Discrimination) since early 2019. We are a group of young volunteers with the This-Ability project in Hull who supports employers to raise awareness and become disability confident. Just before we went into the first lockdown, we were developing a disability awareness training package (which we call our 'PADDkage') and we're planning to deliver it to employers in the workplace. Covid19 put a stop to that, and we had to have a rethink and have been successfully delivering it via zoom for the past year.

Our training covers many topics that raise awareness and help employers to support disabled people in the workplace. We have a variety of modules including such topics as creative communication and the art of respectful language. This is where I first became aware of the medical and social models of disability. We have an activity where we give the learners scenarios and ask them to present to the group what might happen under the medical and social models. The medical model looks at what is 'wrong' with the person and says that people are disabled because of their impairments or differences. It sees the disabled person as the problem that needs to be fixed or changed. The social model on the other hand says that society is the main contributory factor in disabling people. It sees barriers such as poorly designed buildings and negative attitudes as the problem. When these barriers are removed, disabled people can be independent and equal in society.

We start the activity with a demonstration using role play to give the learners some ideas for their presentations. Our scenario is about a wheelchair user who turns up for an interview only to find that it is on the second floor and the building doesn't have a lift. We have a bit of fun with it and I play the villain of the piece Sam who is very unsympathetic and states that even if they were the best person for the job, we wouldn't be able to offer it to them as we can't be making lots of adjustments just for one person - needless to say I get a few boos and hisses! In the second version we do redeem ourselves, however, and move the interview to the ground floor.

We find that asking the learners to look at different scenarios and think about how they would differ within the social and medical models helps.

them to get a sense of how they work. We think that it is important for the learners to start with an understanding of the two models because when we work within the social model the focus is on reducing or removing the barriers faced by disabled people.

## What I think of the Social Model

I think the Social Model is excellent because it shows that disabled people can do anything they want to and that with the right attitude and adjustments we can take part in any activity and work in any job role that we would like to. There is still work to be done but I think that with the Social Model, society is heading in the right direction, and we can do anything that we want to if we set our minds to it.

# How should a person within the Autism Spectrum be referred to: Person-first language vs. identity-first language?



By Harry



When it comes to how we want to be referred to in regard to autism, we each have our own separate preferences. Society at large may have its own notions of how we should be referred to, sometimes with no consideration given to the feelings of actual members of the autistic community. In my personal belief, the term autistic people prioritises the identity of having autism before personhood (often called identity-first language).

While we may have autism, I believe that we are not entirely defined by this identity alone. For this reason, my personal preference is 'person with autism', as this puts my personhood first (otherwise known as person-first language). This is based on the sole idea that we are just people who happen to be autistic, whereas the term autistic people put the fact of their autism first.

However, according to many active members of the autistic community, the correct way to refer to people within the autism spectrum is as autistic people. To shed light on why this may be, the very insightful Maldivian autistic person Bonk Pan (alias) and I sat down to debate and explore the possible correct ways in which to refer to members of our community; that is, as people with autism, or as autistic people.

H: So, can you explain why you prefer to identify as an autistic person?

B: Back in the 60s and 70s, people used to refer to us as autistic in a very derogatory way, or locked us up, calling us demon-touched or whatever. Along the years, as autism became more common doctors came up with the term people with autism. To separate the person from it. Most of us, especially me, dealt with a lot of denial, parents only using the term autistic if it served them. Over the years i unlearned a lot of hateful speech towards myself and others like me, where people would refer to us as people with autism with either pity or supporting ABA (Applied Behaviour Analysis) regulations. [The organisation] Autism Speaks uses behavioural therapy and conversion therapies for autistic people, encouraging masking and rejecting our identity as autistic people. Over the years I came to understand autism as a part of my identity-- like how you might refer to a person who follows Islam to be Muslim.

H: Do you not believe that by having 'person' come after the autistic identity belittles us?

B: Not really, I don't think it belittles us if we accept that being autistic is a big part of our life. It is not something you can pick and choose, and it is always going to be about you so you are coming to terms as being autistic and owning it. Yes, I have autism just come out and say it and don't sugar coat it.

H: I understand why your experience may have led to your decision. In my head, I have always been comfortable with my autism, but for a lot of people that was a

larger struggle, and I can see how their view of their identity as autistic may have been shaped that way.



B: I am autistic, not 'I have autism,' it doesn't really vibe with me.

H: What if someone said you have autism, would you correct that?

B: Yes, I would, I would say I AM autistic.

H: Yes, that I get but I think that have over with is bad. When referring to a group or yourself do you not think people with autism is better than people who have autism? Yes, I get that. I do think person with autism rather than 'has autism' is better. When referring to a group or to yourself, do you not think that people with autism is better than people who have autism?

B: The reason why actual autistics reject the term "people with autism" because this term is used by caretakers of autistic people, and the many doctors that follow ABA. You know like autism mom, autism dad, they would refer to themselves like that but refuse to give the same identity to their child. With the term autistic, we are kind of taking back our own identity for ourselves from the people who like to use that terminology for themselves as caretakers.

H: So by removing autism as the label and replacing it with autistic, we are giving the power back to autistic people. Thank you for informing me.

My discussion with Bonk was particularly insightful as to why people within the autistic community may prefer identity-first language, especially concerning the history of these labels and how in the past they have been weaponised against us, and been used to deprive us of our self-agency and autonomy. That being said, it remains a much-debated question, and thus it is still important to listen to the particular individual and respect their wishes on how they prefer to be referred to.

I discuss the issues on my twitch at [www.twitch.tv/theharryg](https://www.twitch.tv/theharryg)

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## The importance of language

Fazilet Hadi, Head of Policy at DR UK says that : "Language is important. It's time we all dropped the fear of doing or saying the wrong thing and start having honest, vulnerable conversations about why specific terms hurt and why other terms are much more empowering. The root of the issue is increasing awareness and understanding across society and increased efforts to change thinking and the words used in the national conversation about disability."

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## Inclusive society

An inclusive society calls for a shift in our thinking and the way we value and do things. This includes that accessibility of buildings is incorporated right from the beginning in the planning and construction stages and not as an afterthought; for schools to adopt more flexible attitudes, where children who struggle are not made to feel like failures, punished for not being able to cope and end up excluded; for employers to incorporate recruitment and work conditions that are fully inclusive and employees do not have to feel anxious to ask for reasonable adjustments. Removing barriers for Disabled people benefits everyone!

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## Understanding the Equality Act: information for disabled students

This Disability Rights UK factsheet has information about the Equality Act which came into force in October 2010. It is intended for disabled students and explains how education providers and employers have to make reasonable adjustments, provide support and make things accessible.

<https://www.disabilityrightsuk.org/understanding-equality-act-information-disabled-students>

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## DR UK Helpline for students and apprentices

For information and advice on the support that is available for disabled students and apprentices, please contact our Disabled Students Helpline

- Opening hours: 11am-1pm on Tuesdays and Thursdays.
- Telephone: 0330 995 0414
- Email: [students@disabilityrightsuk.org](mailto:students@disabilityrightsuk.org)

We also produce a range of education factsheets:

<https://www.disabilityrightsuk.org/how-we-can-help/benefitsinformation/factsheets/education-factsheets>

# Get Ahead acknowledges the artistic talents of Daventry Hill School Students!

Northampton Film  
Festival Review

*By Cody*



The Northampton Film Festival is an event where a variety of different people submit their short films into a competition, in the hopes of winning or getting a mention. But one school put their heart into a short film called emotion and didn't get a mention.

Emotion is a short film developed by 4 students in Daventry Hill School about a ball of blue tac named Emotion. The story is about the emotion ball finding interest in everything and taking nothing for granted. The emotion ball takes interest in small things like noises and sights, things often overlooked by everyone else. The emotion ball only communicates through emoji's and thought bubbles, to make sure anyone can understand Emotion.

The story was made to reflect the children in the class who go through emotion and thoughts in a different way to everyone else, and how differences in people create strengths. The story was created by a small class on a limited budget with not much equipment or resources and many roles to be filled. The students used pure determination and heart to create the longest and most thought-provoking film at the festival. Unfortunately, Daventry Hill didn't get any mention, recognition or even a simple well done. Getting recognition and praise matters to all students and staff in Daventry Hill as, this motivates the students to keep going despite everyday challenges.

The Daventry Hill Students went up against mainstream schools. These schools have the budget, equipment, and people to support their short films. But Daventry Hill is relatively new and hasn't had the time to build these things up enough to compete with them, yet they still competed to prove that all you need is the correct mindset to make a difference. Sean Conner, a staff member who directed the film said that "They knew they couldn't win but just wanted to inspire young people with additional needs." But the students didn't even get mentioned by anyone from the festival. But the class isn't ready to give up yet, thinking of a bigger and better film for next time. Seeing how the ones with the clearer and traditional stories were favoured, Sean Conner quoted "We move forward and will surprise them in a different way next time."

Even without having the budget, resources or team behind their next short film, they will have the heart and willpower to truly make a difference and impact the way we see people with additional needs.

Sean Conner had this uplifting message to say, "Our kids are thick skinned and have an elastic band mentality and they will not break easy." Proving that you should never be limited by your or other people's perceptions about you.

# Gallery

Introducing the great talents of students from Fairfield Farm College!



Holly



Jimmy



Lee



Thomas



Ann

# Reflections on categorizing and classifications



*By professor Amanda Kirby*

As humans, we love categories - we like to know if someone is tall or short, or has Dyslexia or not, etc. Categorization and classification allow humans to organize things, objects, and ideas that exist around them and simplify their understanding of the world and complex concepts. However, this approach can result in some people missing out on gaining support or having talents recognized. Sometimes the medical model using a label to describe a person ends up being a very narrow view of a person and can assume things that may not be valid.

After speaking with several parents whose children are struggling in different ways in school it made me think about this.

One child had a diagnosis of Dyslexia and was having difficulties with reading, listening, and recording in class, but the only solution provided was being taken out for spelling lessons twice a week. There had been a lack of understanding that the impact of Dyslexia for this child was in all lessons, and throughout the day.

The other child had no diagnosis (because he was quite like one of the parents). He found it difficult to write notes and organize work which led to feelings of isolation and a lack of participation.

Both displayed high levels of anxiety at home but were hiding it in school. The diagnosis didn't provide the full picture and the lack of diagnosis didn't lead to specific support.

Understanding the person in the context of their lives is all about taking a biopsychosocial model. It means understanding the 24-hour view too.

Task demands will vary over time - this is not a static picture - if the child has gaps in skills and can't participate fully this will impact their learning and their wellbeing. We all know that a bad day at school (or work) impacts the way you feel and act at home and vice versa.

Parents and teachers working together are vital. When there is good communication and partnership working it can make all the difference.

We need to recognize this is a dynamic picture (**see the blog about the ICF**) and each person's strengths, challenges, and context, and task demands will need to be reviewed and will change over time.

We are all part of the solution in helping each child and young person to be their best selves.

Amanda is CEO of Do-IT Solutions, a medical doctor and Professor in the field of neurodiversity, and comes from a very neurodivergent family. She ran a clinical and research service for more than twenty years supporting children and adults with neurodevelopmental conditions.

# How Can Virtual Reality Technology Help Disabled People? (Part 2) *By Sienna*



## VR Accessibility for Disabled Students

VR technology is nothing new, but it is still not the norm so to say. The main problem related to it is certainly its cost. Although they've been around for quite a while their price tag is high and for many just another luxurious item they cannot afford. For example, a Virtual reality headset may have a price of up to 1,400 euros which is surely high for the most of us.

There are actually lots of free-to-use vr apps and softwares but they're bounded to a narrow spectrum of disability-related needs. For example people who have a relatively low level of vision loss may use ChromeCast to project something on a TV display so they can read and see clearly from a certain distance instead of holding a device inches apart from the eye.

Anyway the day when VR will be accessible for almost all is not too far. Until then what can disabled people do?

First and foremost I encourage them to speak up for their specific needs. In school I didn't comfortable asking school officials to adjust something in the regular class setting only because I wanted to avoid attracting attention and feeling anxious afterwards. That was wrong and I don't want others to do this mistake.

Reach out for VR agencies: When I first got to know what potential this technology has to change my life I checked out for technology groups in my area that had VR gears on disposal and I reached for them. In this way I had the opportunity to experience VR from close and feeling for real how it could affect the quality of my life. Eventually I decided to seek a career path in this area, but I don't necessarily suggest others like me do the same. I want you to take advantage of this technology and use it for your benefit in every walk you take in this life.

## Future Prospects

Nobody knows for sure what this technology it's going to provide us with in the future. However there are strong reasons to be excited for it. Big role players in this industry seem to be firmly determined to widen the application of this technology, especially in medicine. In years to come we may see doctors who prescribe VR headsets and this just unbelievable to think about it. The idea of placing yourself in a future situation that feels profoundly immersive has a massive potential to reveal a lot about our reaction mechanisms which then can help us prepare better for them.

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## DR UK projects

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# Introducing Cody

My name is Cody. I'm interested in investigative journalism. My interests include, games, movies, music and the outdoors. I am a creative person; I am also enthusiastic and have great sense of humour. I am good at working in a team, creating ideas and doing practical work. I have worked as a Paper Boy and have done work experience in Asda and B&M. I would be good for journalism because; I love to put together stories using clues and information, I love to report things to people and tell people all the things that go on, I also like a good mystery and solving it, I am also quite creative.

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## The co- editors of the Get Ahead magazine



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and the voice of young disabled people  
must be central to that change**

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