



Disability Wales  
Anabledd Cymru

## Social Model of Disability

Disability Wales aims to promote the understanding, adoption and implementation of the Social Model of Disability throughout Wales

# Contents

Introduction .....	3
The Medical Model of Disability .....	4
The Social Model of Disability .....	6
Language .....	9
Imagery .....	12
A Few Tips .....	13

# Introduction

**Disabled people generally have fewer opportunities and a poorer quality of life than many non-disabled people. However, this does not have to be the reality.**

There are several ways of viewing what causes disabled people to have quite different life experiences compared with non-disabled people and using 'models' / or different ways of thinking can illustrate these. The two most common models through which these differences are viewed, are the Medical Model of Disability, which focuses on disabled people having different experience because of their impairment, health condition or neurodivergence.

The Social Model of Disability focuses on disabled people having different experiences on account of the societal barriers and exclusion they encounter. The Social Model highlight's disabled people's 'real life' experiences and aims to create social change and equality.



# The Medical Model of Disability

**The Medical Model of Disability regards ‘disability’ as a problem and or responsibility of the individual. It looks at the impairment, health conditions or neurodivergence as something that needs to be cured, treated, or made well and ‘normal’. It looks from the perspective of assuming disabled people ‘can’t’ do things.**

The medical model has long informed mainstream public and professional perception of disability, and views disability as a problem which exists in someone’s body, only to be solved by medical doctors.

The emphasis is placed on the person ability to do the same thing as others and the effort that is needed to get them to be as ‘normal’ as possible. It reinforces the negative message disabled people internalise that they are ‘less than’ or ‘not normal’, and as a result believe themselves to be so. This internalised negative message can lead some disabled people to be less likely to challenge the oppression, social exclusion, and discrimination they face.

The Medical Model uses language such as pity, confined, suffers from and afflicted with, words that describe the disabled person and their impairment or health condition as a symptom of the medical model.

## The Medical Model of Disability



*(This image is titled 'The Medical Model' and is a spider diagram with all arrows pointing to the centre. At the centre the text says, 'the problem is the disabled person'. The statements surrounding the centre are pieces of text from the medical model section of this handout)*

# The Social Model of Disability

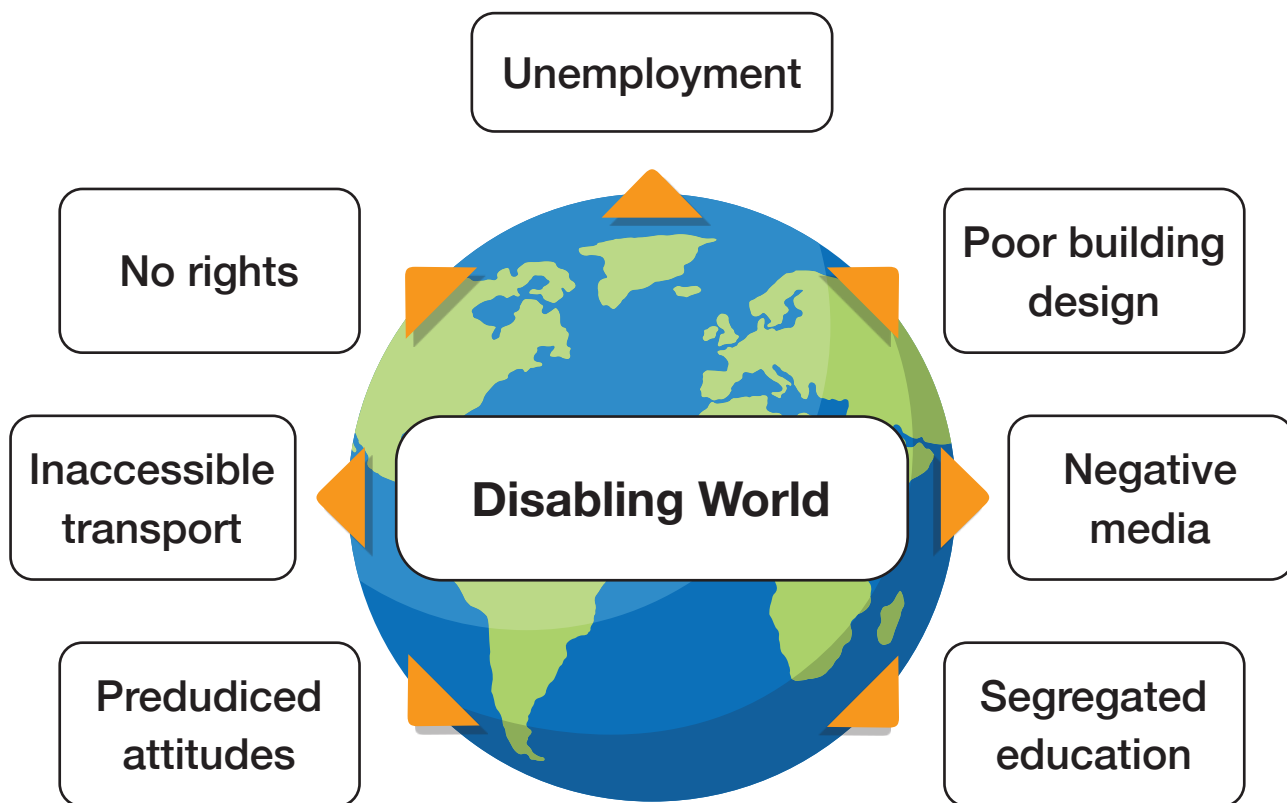
**The Social Model of Disability by comparison does not recognise the disabled persons impairment, health condition or neurodivergence as a barrier. It turns the Medical Model approach on its head by saying its society's environmental, attitudinal, and organisational barriers that are the reason a person experiences exclusion and discrimination.**

The Social Model was created by disabled people from their own lived experiences, which is why it sees an individual's impairment, health condition or neurodivergence as a characteristic of human differences to be valued on its own terms. This model views disability as a social construct which is imposed on people through the way society is built and organised and rejects the medical model.

The social model identifies several different barriers which disabled people face. These include:

- Environmental
- Attitudinal
- Organisational
- Segregated Education

## The Social Model of Disability



*(This image is titled 'The Social Model' and is a spider diagram with all arrows pointing out from the centre. At the centre, the text says, 'disabling world'. The statements surrounding the centre are pieces of text from the social model section of this handout)*

If the Social Model worked in practice, there would be no barriers. However, barriers exist and here are a few examples that create them and how we go about removing them:

- One key barrier faced by disabled people relates to seeking and retaining employment. To enable equal access to employment opportunities employers can remove barriers through making reasonable adjustments as stated under the Equality Act 2010. This can be anything from allowing an employee to work from home remotely, making physical changes to the workplace and ensuring other staff have had disability equality training.

- Poor building design or the way streets and city centres are organised are examples of common environmental barriers encountered by disabled people. Through embedding accessibility during the design stage, you can aid in creating a more inclusive and accessible building for everyone from the beginning.
- Similarly, when shared public spaces are being changed, access should be taken into consideration at the design phase as well as consulting with disabled people themselves who would be able to highlight where barriers may occur.

This way of viewing disabled people's experiences is designed to promote social change through equality and human rights. The Social Model uses more positive language such as independence, human rights, equality, equity and opportunity. All of this empowers disabled people to stand up and challenge the discrimination and exclusion they face within society.

The Social Model focuses on one important distinction and how it defines the difference between 'impairment' and 'disability'.

### **Impairment**

An injury, illness, neurodivergence or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace.

### **Disability**

The loss or limitation of opportunities to take part in society on equal level with others due to institutional, environmental and attitudinal barriers.



# Language

**Language is a powerful tool that allows people to gain understanding and insight into how disabled people are viewed by others.**

Words have the power to have a positive or negative impact on the way an individual views themselves and this is particularly emphasised for disabled people. The medical model reinforces negative language that implies disabled people are “confined and/or bound by” “victims of” and “dependant” because of their impairments, health conditions or neurodivergence. Whereas the Social Model ensures it uses language that is empowering, promotes independent living and aims to accurately describe disabled people’s lived experiences.

Everyone has the right to choose the language used to describe them and not everyone will agree on everything. There is however some basic guidance to language and terminology when it comes to the Social Model.

## Use Identity First Language

In many situations you'll often hear person first language being used, such as 'person with a 'disability''. There's a misrepresentation here in that this is the best approach as these places the emphasis on the individual, by putting the person first rather than focusing on their impairment, health condition, or neurodivergence. However, for many this isn't the language they would choose. Individuals will more commonly use identity first language, such as 'disabled person', as it highlights the barriers they face within society. This follows the Social Model understanding of disability. Many people feel that their impairment, health condition or neurodivergence is part of their identity and is why they choose identity first. Therefore, if you use the **Social Model**, it's important to remember that the respectful language to use is identity first language. It is worth noting that individuals have the right to choose the language they want to use when describing themselves.

Using social model language can prove problematic when finding the balance between adopting and using terminology, whilst also respecting the language individuals or communities choose to use. For example, people with **Learning Disabilities** is the language people within that community and self-advocacy groups choose to use. This is not a social model term but there has yet to be an alternative agreed on which the community themselves are happy with and is accepted as part of the social model of disability.

## Labels and collective terms

When we use labels and collective terms, for example the word 'disabled', it is a description of an individual's experience. Therefore, terms such as "disabled people" are preferable, rather than "the disabled."

We should be confident in the language and phrases we use every day. Many disabled people are comfortable with the words we use to describe daily living i.e. a wheelchair user might 'go for a walk' and a vision impaired person may or may not be pleased 'to see you'.

Disabled people's experience of living with an impairment, health condition or neurodivergence can mean you have to do things a little differently from non-disabled people but that does not mean that the action or experience itself is not the same.

We have included a list of language below which highlights the preferences of the disabled community. The language in the right-hand column is supported by the Social Model and used by most individuals with impairments, health conditions and neurodivergence.

AVOID USING	YOU SHOULD USE
Person with a disability / cripple / invalid / spastic	Disabled person
(the) handicapped / (the) disabled	Disabled people
Suffers from / Victim of	Has... (name the impairment or health condition)
Confined to a wheelchair / wheelchair bound	Wheelchair user
Mentally handicapped / mentally defective / retarded	Person who has a mental health condition
Able-bodied	Non-disabled
Deaf and dumb / deaf mute	Deaf / user of British Sign Language (BSL) / hearing impaired / hard of hearing
The blind	Vision impaired person / person who has sight loss / person who is sight impaired or severely sight impaired
An epileptic / diabetic / depressive	Person who has epilepsy / diabetes / depression
Hidden disabilities	Non-visible health condition

# Imagery

**As individuals you hope to see yourselves represented in the world you live in whether you are visibly disabled or not, this is what allows us to feel equal and a part of the community, what enables us to feel part of society and how we connect with people.**

When you do not see yourselves represented you can feel that you are not considered equal to others, or at all. For many disabled people this is often the case. Media advertisements, television shows; even marketing campaigns for employment opportunities very rarely have diverse representation particularly, when it comes to disabled people. This can be problematic as this may cause other members of society to build a prejudiced attitude that can lead to discrimination and hate crime.

When adopting the Social Model, use images that reflect the diversity in our communities, challenge stereotypes and help break down barriers. Images selected should represent disabled people as active citizens, exercising choice and control including interacting with people in the workplace, school or social setting. This will allow disabled people to feel more represented, not feeling tokenistic and part of the community.

## A FEW TIPS WHEN ADOPTING THE SOCIAL MODEL OF DISABILITY

Always use language that's empowering, promotes independence and represents disabled people's lived experience.

Use identity first language such as 'disabled person'.

Disabled people are an equal member of society and should be addressed and spoken to in the same way which meets their communication needs and preferences and be spoken to the same as you would anybody else.

The model is about working collaboratively within society to break down and eliminate the barriers that exist which disable individuals with impairments, health conditions and neurodivergence.



Disability Wales  
Anabledd Cymru

**Disability Wales**

Sbarc / Spark  
Maindy Road  
Cardiff  
CF24 4HQ

**Charity Number:** 517391

**Company Number:** 1998621

 029 2088 7325

 [info@disabilitywales.org](mailto:info@disabilitywales.org)

 [www.disabilitywales.org](http://www.disabilitywales.org)

 [twitter.com/DisabilityWales](https://twitter.com/DisabilityWales)

 [facebook.com/DisabilityWales](https://facebook.com/DisabilityWales)