**QUICK GUIDE**

**SOCIAL MODEL OF DISABILITY**

**What is the social model of disability?**

The social model of disability is a way of thinking about disabled people which is a change from more traditional ways of thinking. For centuries disabled people have been seen as “the problem”. The social model flips this on its head. Instead it identifies society as “the problem” and focuses on the ways in which society can be changed to eradicate discrimination and empower disabled people.

**What other models of disability are there?**

The medical model of disability is the approach most of us will be familiar with. It sees disabled people as “wrong”, “sick” or “broken” who need to be “fixed”. It defines people as being disabled by their impairments or conditions. The problem is the individual and they need to be changed. This model concentrates on finding “cures” for those impairments. It doesn’t acknowledge the ways in which society disables people and it takes away disabled people’s independence.

Other models, such as the charitable model, also focus on what a person can’t do – rather than looking at what they could do if society was organised differently.

**How is the social model different?**

The social model doesn’t focus on the individual as someone who needs to be ‘fixed’. Instead it looks at the way in which society is organised and the unnecessary barriers this creates for disabled people. Instead of looking for a ‘cure’ for the individual, the social model looks at ways of breaking down the social, cultural and environmental barriers to disabled people’s inclusion in society.

**I don’t get it! Can you explain it another way?**

Imagine everyone in the world was disabled. Now imagine you were the only one who was not disabled. Do you think you would have an advantage? When you think about it you probably wouldn’t. Because the world would be designed for disabled people. There would be no stairs, only ramps. Door handles, sinks and light switches would be lower. There would be so many deaf and blind people that Braille and sign language would be the main ways everyone communicated!

So being disabled or non-disabled is not a disadvantage or advantage in itself. It is the way that society is organised that creates the advantage or disadvantage. This is what the social model tries to make clear.

**How does the social model help?**

Using the social model allows us to identify the barriers to disabled people’s equal participation in society and in the workplace and to find ways of removing or reducing these barriers by making adjustments to the environment, policies and procedures.

**Can you give some examples of the social model in action?**

* A wheelchair user’s school can only be accessed by steps. Instead of making them attend a ‘special school’ (medical model) the school builds a ramp (social model).
* Someone who is learning disabled finds paying rent and budgeting a challenge. Instead of putting them in a home (medical model) the council employs staff to help them with their finances and as a result they can live independently in their own flat (social model).
* A partially sighted reader cannot read library books. Instead of expecting them to use very strong glasses (medical model) the library provides books in large print or on tape (social model).

**How does the social model affect workers?**

The Equality Act 2010 (and Northern Ireland Disability Discrimination Act 1995) includes elements of both medical and social models but it gives disabled workers, who experience substantial disadvantage, the right to reasonable adjustments. A reasonable adjustment is a change to the work environment or workplace policy, criteria or practice that aims to remove or minimise disadvantages experienced by disabled employees and job applicants. Employers have a duty to provide reasonable adjustments where they know or should have known the employee was disabled.

**What are examples of reasonable adjustments at work?**

* Doing things another way, such as allowing someone with social anxiety to have their own desk instead of hot-desking
* Making physical changes, such as installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person
* Letting a disabled person work somewhere else, such as on the ground floor for a wheelchair user
* Changing their equipment, such as providing a special keyboard if they have arthritis
* Allowing employees who become disabled to make a phased return to work, for example working flexible hours or part-time

**Where can I find more information?**

UNISON’s [Quick Guide to Reasonable Adjustments](https://www.unison.org.uk/content/uploads/2019/01/Quick-Guide-Reasonable-Adjustments.docx) gives an overview of the right to reasonable adjustments

UNISON’s [Proving Disability and Reasonable Adjustments Guide](https://www.unison.org.uk/content/uploads/2018/10/Proving-Disability-and-Reasonable-Adjustments-Oct2018.pdf) includes a directory of impairments with examples of reasonable adjustments