

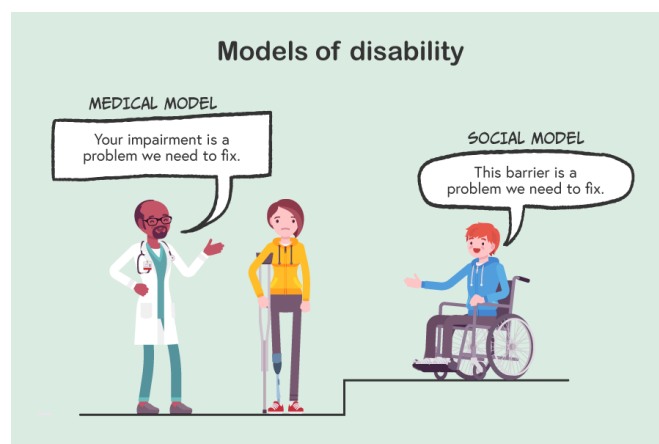
What is the Social Model of Disability?

The way we think about disability impacts our actions and decision making

The way communities think about disability is often referred to as a 'model' of disability.

There are two common models of disability used in schools: the medical model and the social model.

The medical model. In the past, disability was seen as an individual 'problem' that required 'fixing'. This is a very outdated way of thinking because it focuses on the individual and their impairment. It derives from the medical model, which perceives disability as the result of individual impairment. This thinking directs resources towards assessments to locate the 'problem' and a 'suitable' intervention.



People with disability have rejected the medical model because it frames impairment as deficit and ignores the barriers that 'disable' people with impairments by limiting their access and participation (Graham, et al., 2024; Oliver, 1996).

The social model of disability is preferred by people with disability and aligns with best practice because it focuses on addressing external barriers through proactive action, rather trying to fix an impairment that in many cases cannot be 'fixed'. The social model of disability is an important device in education due to its focus on identifying and dismantling the barriers faced by students with disability.

Defining the social model of disability

Barriers can exist in societal structures, can be attitudinal, and can be communication based. In the classroom environment, barriers can exist in the curriculum, instruction, and in assessment.

Barriers are commonly the result of ableism, the assumption that everyone experiences the world in the same way. When barriers are not addressed, a person with disability cannot participate on the same basis as someone who does not have a disability.

Importantly, the social model does not just apply to students with disability. It is a lens that underpins inclusive education philosophy and practice more broadly, benefitting all students through the development of an educator mindset that questions first, "what is getting in the way for this student?", rather than assuming that the "problem" resides within the student.

The social model of disability acknowledges the impact of impairment, but views disability as the outcome of the interaction between a person's impairment and barriers to their access and participation.

Using the social model of disability in the classroom

Identifying and addressing barriers is within the power of adults and is part of the role of educators. A strong grasp of the social model can help educators to identify barriers in physical and pedagogical learning environments.

Removing these barriers, preferably proactively through the application of universal design principles, is a cost-effective approach that prevents student frustration and educator stress downstream.

Consider the two images to the right.

In Frame A, the teacher's verbal instructions are hard to follow. The text on the board is too light in colour against the whiteboard and is presented as a solid chunk of text. The text includes many complex words and long sentences are used.

In Frame B, the teacher's verbal instructions are succinct and follow a logical sequence. The text on the board is larger, darker and clearer, the language is simplified, and spacing is used to break up the words and sentences.

These simple changes demonstrate accessible teaching practice and the social model in action.

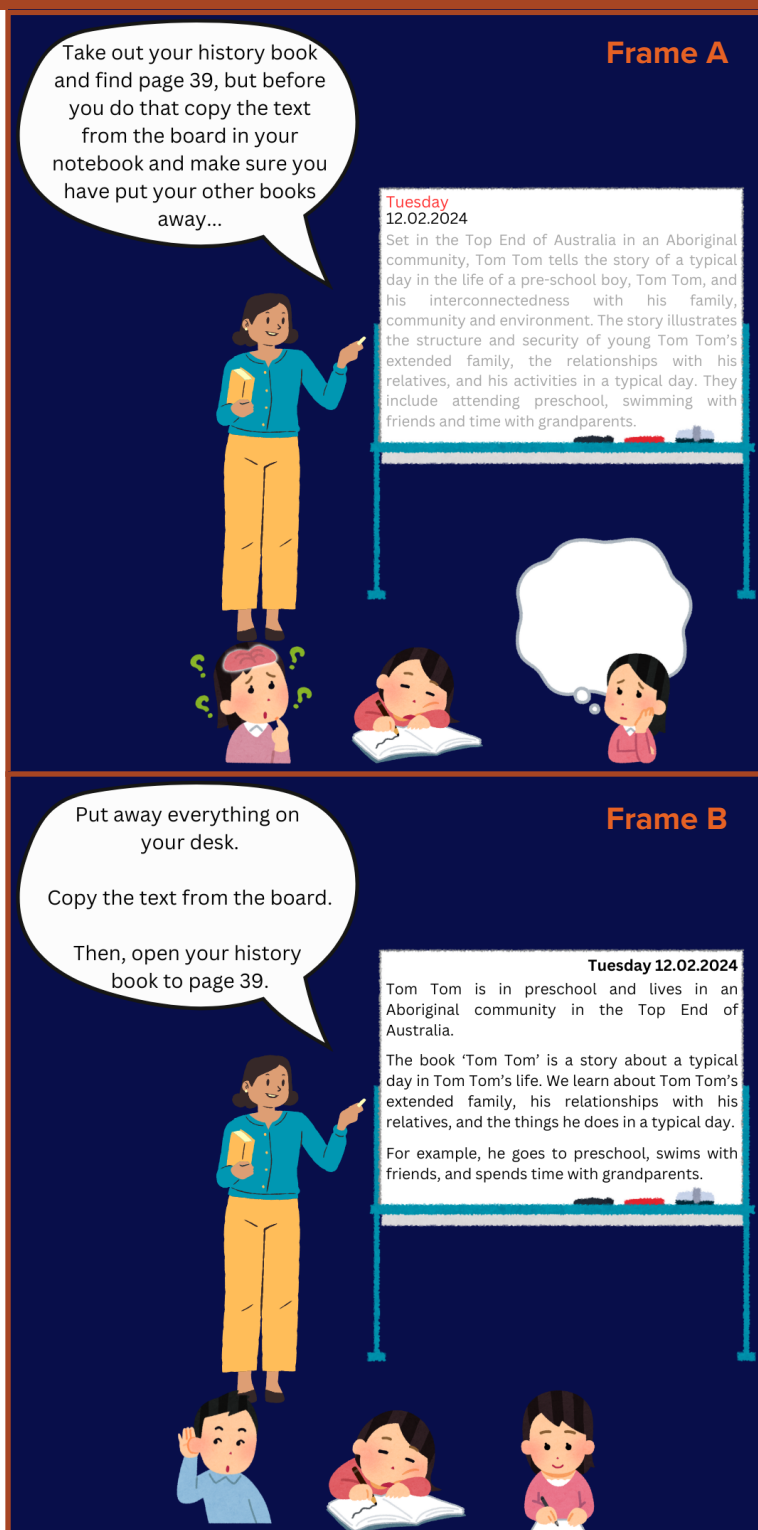
Watch a short
youtube video



Access the Disability
Services Australia website



Read Inclusive Ed.
for the 21st Century



References

- Graham, L. J., Medhurst, M., Tancredi, H., Spandagou, I., & Walton, E. (2024). Fundamental concepts of inclusive education. In L. J. Graham (Ed.), *Inclusive education for the 21st century: Theory, policy, and practice* (2nd ed., pp. 60–80). Routledge.
- Oliver, M. (1996). Defining impairment and disability: Issues at stake. In C. Barnes & G. Mercer (Eds.), *Exploring the divide* (pp. 29–54). The Disability Press.