**What can schools do during UK Disability History Month?**

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The purpose of UKDHM is to raise awareness of the rights and dignity of disabled people.

The theme in 2020 is Access: How Far Have We Come ? How Far Have We TO Go?. It is recommended staff read the following before working with pupils.

**Understanding the Social Model of Disability and what it means when raising disability in the School Curriculum**

‘The Disability Discrimination Act is based on what is known as the ‘social

model of disability’. This comes from the principle that ‘the poverty, isolation,

disadvantage and social exclusion experienced by many disabled people are

not the result of their impairments or medical conditions, but rather stem from

attitudinal, organisational, and environmental barriers.’ DCSF 2008[[1]](#endnote-1) As a result of the Disabled People’s Movement’s struggle for rights and equality, thinking about disabled people in the UK and around the world has changed markedly in the last fifty years. This has led to a move away from a ‘**medical model**’ understanding of disability to a ‘**social model’ understanding of disability**. A shift from viewing disabled people as having primarily medical problems that need rehabilitating, so that they can function as normally as possible in society to a recognition that many impairments often **cannot** be rehabilitated and that disabled people should be accepted for who we are. Barriers of environment, organisation and attitude need to be minimised and adjustments made across society, so that we can exercise our human rights.

The new United Nations Convention on the Rights of People with Disabilities- *UNCRPD* - adopted in 2006 and ratified by the United Kingdom Government in July 2009 is based on a social model way of thinking.

Article 1 Purpose:

*“Is to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect and inherent dignity.*

*Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.*

For the full wording of the convention and a great deal of support material go to <http://www.un.org/disabilities>

**Traditional views**

For thousands of years, in different cultures, all around the world, people believed that disabled people’s **impairments** i.e. loss of bodily or mental function was due to a wide range of inferred causes. These views were backed up by beliefs in myth, magic and religion that had a powerful and negative impact on our lives.

Disabled people were evil or the ‘spawn of the devil’

Disabled people were not human

Disabled people were sinners

Disabled people were the way they were because they, or their parents, had done something wrong

Disabled people needed pity or charity

Disabled people were objects of fun or the butt of jokes

Disabled people were unworthy of life

Disabled people were asexual and incapable of relationships or perpetual children

These and many other traditional views are still widely held in many cultures and parts of the world and are known collectively as the traditional view of disabled people. Many of these negative attitudes still persist today as illustrated by the attempts to exorcise evil forces from children with autism in some fundamentalist churches in the UK,[[2]](#endnote-2) or the killing of Albinos for their body parts in Southern and Eastern Africa, as these are thought to bring good luck[[3]](#endnote-3). Even recently the manager of the England Football team Glenn Hoddle lost his job for expressing such bigoted views.

*“You and I have been physically given two hands and two legs and half-decent brains. Some people have not been born like that for a reason. The karma is working from another lifetime. I have nothing to hide about that. It is not only people with disabilities. What you sow, you have to reap.”*

Glenn Hoddle quoted in <http://news.bbc.co.uk/1/hi/sport/football/270194.stm>

Traditional views often combine with a ‘medical model’ way of thinking to give rise to a whole range of untrue stereotypes of disabled people resulting in a lethal cocktail of negative ideas and actions. Hate crime towards disabled people and some recently publicised cases attest to this.

*“Despite a complete lack of official government data on the prevalence of hate crime against disabled people, research by a number of charities shows that incidents of hate crime are widespread - disabled people are four times more likely to be violently assaulted than non-disabled people and almost twice as likely to be burgled.*

*Hate crimes against disabled people are driven by the belief that disabled people are inferior; in some cases less than human, of no value to society according to the report. But it shows that hate crimes against disabled people are rarely recognised by the police and criminal justice system, a fact which allows some perpetrators to “get away with murder”.*

<http://www.timetogetequal.org.uk/core/core_picker/download.asp?id=405>

A quarter of all disabled people say that they have experienced hate crime or

harassment, with this number rising to 47% of people with mental health conditions. Over 80% of disabled children say that they have been bullied at school and 20% say this is daily.[[4]](#endnote-4) Recently the Government has acted to tighten up the law and its interpretation in this area.

**Medical Model Thinking**

With the Age of Enlightenment in the 18th century came a more scientific understanding of the causes of impairment. This brought on a new sense of confidence in medical science's ability to cure, or at least rehabilitate, disabled people. Some disabled people (often for social or political reasons) were deemed incurable and placed in long-stay institutions and special schools or, what are known today as day-care centres. A notion of 'normality' was invested with great pseudo-scientific significance. It was based on assessments of impairments from a deficit point of view against what was perceived as normal: what one **cannot** do instead of what one can do became the key. This has been called the 'medical model' or 'individual model' thinking by the Disabled People's Movement over the last 30 years. This is not to deny the very necessary role of medical science in keeping many disabled people alive, reducing their pain and discomfort It is to argue that disabled people should not be reduced to just their impairments. There is a long and little known history of the oppression of disabled people which underpins negative attitudes towards us.[[5]](#endnote-5)

Specialist

Social Workers

Child Development Team

GP

Special Transport

Speech Therapists

Surgeons

Occupational Therapists

Educational Psychologists

Benefits Agency

Sheltered Workshops

Training Centres

The 'medical model' approach views disabled people as the problem. They need to be adapted to fit into the world as it is. If this isn't possible, then they should be shut away in a specialised institution or isolated at home, where only their most basic needs are met. The emphasis is on dependence backed up by the stereotypes of disability that bring out pity, fear and patronising attitudes. Usually focus is placed on the impairment, rather than the needs of the person. The power to change disabled people seems to lie with the medical and associated professions, with their talk of cures, normalisation and science. Often, disabled people's lives are handed over to these specialists Their decisions influence where disabled people go to school; what support they get; where they live; what benefits they are entitled to; whether they can work; and even, at times, whether they are born at all, or allowed to have children themselves. This is still the dominant view in Society, although changing in Government policy to a model of empowerment and engagement, but this often still does not filter down into schools, the community or hospitals[[6]](#endnote-6)

Despite the 1995 Disability Discrimination Act and from 201o The Equality Act  **disabled people are doing less well than non-disabled people across a wide range of indicators and opportunities**

* Disabled people are more likely to achieve lower employment outcomes
* 50% of working age disabled people are economically inactive – neither

working nor actively seeking work – compared with just 15% of non-disabled people.

* 12.8% of disabled 16-19 year olds are NEET (Not in Employment Education or Training) compared to 6.2% of non disabled 16-19 year old(2008)
* 2008 figures show that disabled people were significantly more likely to experience unfair treatment at work than non disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work compared to 13 per cent of non disabled people.[[7]](#endnote-7)
* **There are currently around 14 million disabled adults in the UK, equivalent to 20% of the population.**

**Social Model approach**

**Disabling barriers reduce life chances, exclude disabled people and waste their talents and abilities**

Disabling barriers – such as discrimination, the built environment and policy design –have a damaging effect on life chances, and lead to many disabled people living in poverty, social exclusion and low educational outcomes. The result is that many disabled people face social and economic marginalisation from society. These poor outcomes for disabled people create a high level of inequity.

In recent years, the Disability Movement has advocated a different way of looking at disability,identified as the 'social model'. This starts from the standpoint of all disabled adults' and children's right to belong to and be valued in their local community. Using this model, you start by looking at the strengths of the person with the impairment and at the physical and social barriers that obstruct them, whether at school, college, home or work.

Lack of useful education

Inaccessible Environment

Segregated Service

Poverty

De-Valuing

‘Belief’ in the Medical Model

Prejudice

Inaccessible Information

Inaccessible Transport

The 'social model' defines 'impairment' and 'disability' as very different things:

**Impairment**

*"Impairment is the loss or limitation of physical, mental or sensory function on a long-term or permanent basis.*

***Disablement***

*Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers."* *Disabled People's International 1981*

It has taken 25 years for such thinking to be accepted as enshrined in the United Nations Convention on the Rights of People with Disabilities( UNCRPD) . It is likely to take another 25 years for the social model way of thinking to have real impact in society.

The social model recognises that Impairments and chronic illnesses do exist and sometimes pose real difficulties However, supporters of the disability movement believe that the discrimination against disabled people is *socially* created and has little to do with their impairments. That, regardless of the type or severity of their impairments, disabled people are subjected to a common oppression by the non-disabled world where they are often made to feel it's their own fault that they are different. If a part, or parts of your body or mind are limited in their functioning, this is simply an impairment and doesn't make you any less human.

It is from fear, ignorance and prejudice, that barriers and discrimination develop, disabling people. We have not been brought up to value difference and accept all people as they are. These negative views are still often reinforced by images in the media. Understanding this process allows disabled people to feel good about themselves whilst empowering them to fight for their human rights. When educationalists understand this process, it enables them to challenge many of these barriers to create more inclusive schools and colleges. It is heartening that this is now enshrined in legislation, but it now needs to be reflected in the curriculum

The 2005 Disability Amendment Act operates from a social model point of view, placing a Duty on all public bodies to promote Disability Equality. This means that all state schools have to produce a Disability Equality Scheme that demonstrates *how* they will carry out this Duty.[[8]](#endnote-8)

Part of the Duty includes promoting positive attitudes towards disabled people. This can be best achieved by developing disability related themes across all subjects as part of Schemes of Work rather then as a bolt on. The annotated resource list gives many activities, ideas and resources to do this. The case studies and films give examples gathered from primary and secondary schools who have found many effective ways to begin to promote disability equality in the curriculum.

**Ways of bringing disability into the school curriculum**

A common problem is to confuse impairment with disability. This arises from hundreds of years of oppression towards disabled people as outlined above and the attitudes that remain, are often rooted in this history of the mistreatment and denial of humanity of disabled people. The ‘medical model’ views the problem in the persons because of their impairments. Disability rights and an equalities perspective views the main problem in the barriers created for people with impairments in society.

Given the history of negativity and stereotyping towards disabled people, it is important to show disabled people as part of all activities, whilst also emphasising the barriers that may prevent us from joining in. It is barriers of attitude, organisation and environment that create disabled peoples main restrictions. Reasonable adjustments and universal design can go a long way to removing these barriers. Disability Equality Training delivered by disabled equality trainers working from a ‘social model’ perspective can begin to challenge the attitudes and develop inclusive practices.

Simulating our impairments by blind folding, wearing dark glasses, using a wheelchair or immobilising parts of our bodies does **not** create an understanding of the barriers that disabled people face, and should not be used apart from EYFS /KS1children in school. Older children are very able to empathise and identify barriers without having to experience some of the effects of the impairment. The problem with simulation lies in its tendency to create a ‘poot then’ charitable attitude towards disabled people and can never create what it is like to live ones life as a disabled person and many disabled people find it insulting. Simulation based impairments are only temporary whilst disabled peoples’ experiences are an ongoing fact of life.Those who are proponents of this type of approach are operating from a Disability Awareness model rather than a Disability Equality model. For more details about the differences in these approaches see Sally French’s critic of the Understanding Disability Education Trust approach in 1992.[[9]](#endnote-9)

**So what should be done to bring disability equality into the school curriculum?**

It is not surprising if teachers do not feel equipped to deal with issues of disability equality in the school curriculum as it has been rarely addressed in training, Inset or leadership training. However it is not difficult to begin. Disabled people and their experiences are everywhere! Our lives are touched by every area of the school curriculum, just as they are effected by every aspect of life and society. What is needed is a Disability Equality perspective. From this view you need to recognise the barriers that surround disabled people are what disable them. This social model thinking lies at the centre of a disability equality approach to the curriculum. Barriers exist in time and space. For example:-

* In a science lesson looking at the causes of impairment it is necessary to then ask what adjustments can be made so that people with these conditions can exercise their rights and live a full and fulfilling life;
* In a history lesson about the First World War one should not just focus on fatalities-dreadful as these were- but on those seriously wounded. Ho they were treated, what happened to them? How were they rehabilitated ? Did they get work and have a family life? What were their circumstances? What were societies attitudes towards them?
* In English in reading texts that have disabled characters such as ’ Mice and Men’ ‘To Kill a Mockingbird’ ,‘Private Peaceful’, examine attitudes to disabled people at the time. How they were treated? How this is reflected in the characterisation and the plot? [ See Resource list for many resources that support the disability equality approach]

Wherever possible we should **embed** disability equality, rather than take bolt-on approach and should be part of planning and preparation of the delivery of the curriculum on an ongoing basis. The case studies attached here provide ample evidence of how pupils engaged with the subject matter and in the main outstripped their teachers expectations of their learning, understanding and confidence, Curriculum time spent on including disability equality benefits all children in their social and emotional development prepares for life and makes schools much friendlier places for disabled people.

References

1. Secretary of States Report on Duty to Promote Disability Equality 2008 <http://www.dcsf.gov.uk/des/downloads/2008SecretaryofStateReport_a.pdf> p37 [↑](#endnote-ref-1)
2. Child Abuse Linked to Accusations of “Possession” and “Witchcraft**”** 2006 Elenor Stobart. Reports 20 out 33 cases involved disabled children. <http://www.dcsf.gov.uk/research/data/uploadfiles/RR750.pdf> [↑](#endnote-ref-2)
3. # Albinos in East Africa fear for lives after killings 10,000 displaced or in hiding due to demand for body parts, Red Cross says. <http://www.msnbc.msn.com/id/34182250/>

   [↑](#endnote-ref-3)
4. DCSF SoS Report on Disability Equality Duty 2008 and Improving the Life Chances of Disabled People Cabinet Office 2005 <http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/disability.pdf> [↑](#endnote-ref-4)
5. British Film Institute Disabling Imagery 2004 <http://www.bfi.org.uk/education/teaching/disability/thinking/#historical> [↑](#endnote-ref-5)
6. Improving Life Chances for Disabled People Cabinet Office 2005 http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/disability.pd [↑](#endnote-ref-6)
7. Office of Disability Issues <http://www.officefordisability.gov.uk/research/indicators.php#discrimination> [↑](#endnote-ref-7)
8. ### Implementing the Disability Discrimination Act (DDA) in schools and Early Years setting DCSF, 2006 <http://www.teachernet.gov.uk/wholeschool/disability/ddaeys/>

   [↑](#endnote-ref-8)
9. Sally French (1992)Simulation Exercises in Disability Awareness Training: A Critique [Disability & Society](https://worldofinclusion.sharepoint.com/Shared%20Documents/Shared%20Data/NUT%20website/title~db=all~content=t713393838), Volume [7](https://worldofinclusion.sharepoint.com/Shared%20Documents/Shared%20Data/NUT%20website/title~db=all~content=t713393838~tab=issueslist~branches=7%20/%20v7), Issue [3](https://worldofinclusion.sharepoint.com/Shared%20Documents/Shared%20Data/NUT%20website/title~db=all~content=g713414777) 1992 , pages 257 - 266 <http://www.informaworld.com/smpp/content~content=a713662637&db=al> [↑](#endnote-ref-9)