

Defining disability



TIME

60 Minutes



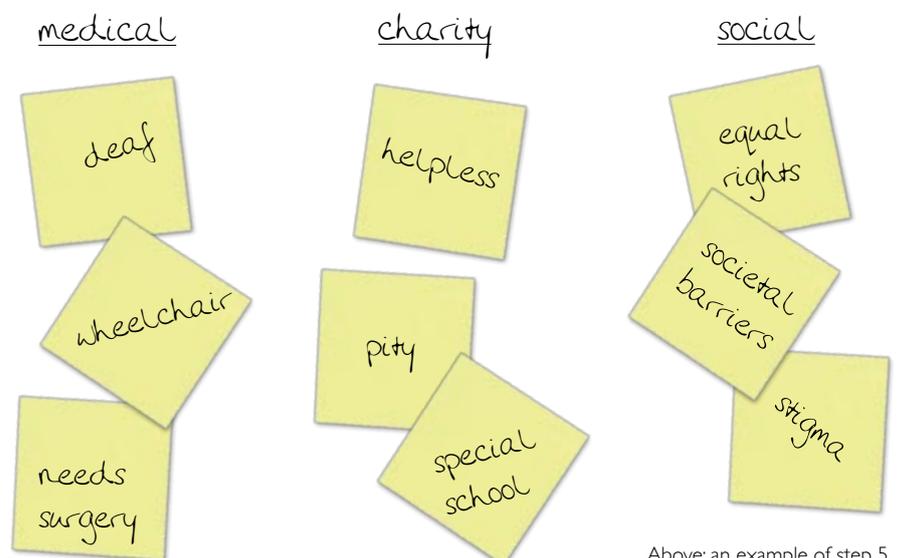
MATERIALS

- **Handout 1** on the models of disability – medical, charity (individual) and social;
- prepared diagrams of the models. These should be displayed when you talk the group through their differences in step 4 of this activity;
- A5 sized cards or large post-it notes and marker pens for each group.

Development programmes often ignore disabled people – or treat them as a special case. This activity deals with different models of understanding of disability, and is central to the training. As facilitator you need to be comfortable with the differences in approaches before you lead the training, because participants will probably want to challenge many aspects before accepting them.

Essentially, both the medical and charity approaches (known as the ‘individual’ models as they focus on the disabled person as the ‘problem’) have targeted disabled people as a separate group – needing specialist or dedicated services, chosen on their behalf by ‘experts’. This is characterised by development initiatives such as provision of prosthetic limbs, rehabilitation or speech therapy programmes; setting up specialist income-generating projects or vocational training centres.

By contrast, the social model makes the assumption that disabled people should participate in all development activities. But it also assumes those actions may need to be adapted for accessibility. It means taking responsibility for understanding how to include disabled people as stakeholders in all mainstream work – and looking for ways to support their participation in community life.



Above: an example of step 5

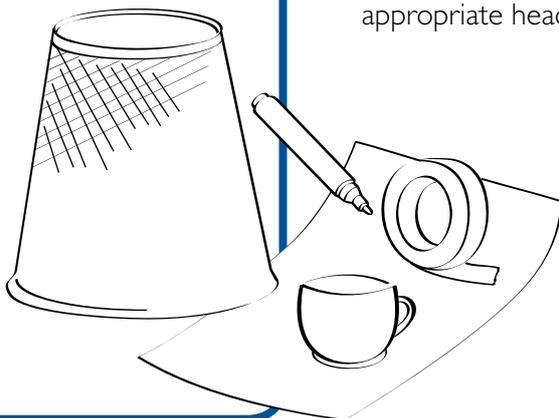


PRACTICAL TIP

The diagrams are useful in helping to explain the different approaches, and are best prepared in advance of the workshop. It's easy to do, even if you're not an artist.

You need two different sized round objects to draw round and something with a straight edge (or a steady hand). We've used a whole variety of different things from dinner and tea plates to upturned wastebaskets and cups!

Stick masking tape around the edge of crockery before drawing to protect it from getting covered in marker pen!



METHOD

- 1 Ask participants** – 'What words do you associate with disability? What words or images come to your mind when you say or think the word "disabled"?' Give them two or three minutes to consider everything that comes to mind.
- 2 Divide participants into small groups of between four and six.** Ask them to talk about the words they've come up with.
- 3 Ask them to write the words they'd like to share with the whole group onto the cards provided** (one word or picture on each card and only on one side). Each group needs to keep their cards safe, ready to share with the others later.
- 4 Bring the whole group back together.** Using the diagrams, explain the concepts of medical, charity (individual) and social models of disability. Use the information in handout 1 to describe each model. Explain to participants they will be given handouts afterwards so they don't need to take notes.
- 5 Having carefully explained each of the different approaches, ask each small group to lay out their collective words on the floor** in front of the wider group under the heading of medical, charity or social. Discussions will follow as participants try to explain why they placed words under particular headings. Encourage people to question whether they think the words are under the most appropriate headings.



This last discussion is important and will often lead to long debates about differences in approach. In reality, it's difficult to separate out words in this way. There are some words or phrases that don't seem to fit anywhere.

That often happens because the original idea behind the statement has mixed motivations. Phrases like 'needs more time' could be viewed as an individual approach because the focus is on the disabled person. But it could be indicative of a social model approach if it relates to the planning of a workshop where you're thinking about ensuring there's plenty of time for everyone to contribute. The debate is important. Encourage participants to think about meanings behind the words. But don't get too drawn into arguments around specific words if the discussion is not especially productive.

MOTIVE

This activity is central to the whole training. Of bigger importance, it is central to what will happen as a result of the training. It is very important participants understand the differences between the individual and social models of disability, as it affects how they will view disability inclusion in programming work. In the past, nearly all international NGO programming work has been based on the individual models of disability. The way forward is to implement social model principle work – that is, disability mainstreaming work. The principles of the social model are those of the UN Convention on the Rights of Persons with Disabilities – it obligates all mainstream organisations to include disabled people in their work.

It is strongly recommended you take time to ensure at the end of the activity participants understand the differences between individual and social models of disability.



CRITICAL POINTS FOR TRAINERS

Try not to make the mistake of saying medical and charity approaches are 'bad' and social is 'good'. Not only is this too simplistic, but it may also provoke strong reactions from people who've followed the individual approach to disability throughout their career. It's especially difficult for medical and welfare personnel.

Disabled people do often require medical assistance and specialist support. The main issue is choice – often decisions are made on behalf of disabled people, rather than at their request or in consultation with them.