

**The World
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Disability 101 - Workshop Handout

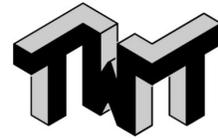
Language

People are often unsure how to talk about disability and what is the preferred terminology in 2020. This section is intended to give you the tools to feel more confident. Please note that there is no unanimous consensus on terminology so there may be individuals who disagree but the below language guide is agreed and disabled people led organisations and campaign groups in Britain.

Words linked to disability are still commonly used as terms of abuse. Many of these derive from classifications used to exert social control over disabled people at a time when eugenics was on the rise, for example 'idiot', 'moron', 'retard'.

Terms referring to mental health are also commonly used in a derogatory way, for example "nutter" or "loon". It is particularly striking how often politicians use mental health related invective to criticise their opponents.

Disabled people are still commonly spoken about as 'other'. This can be through language that suggests a weakness or deficit compared to non-disabled people, for example the term 'vulnerable', but it can also be through attempts to praise individual people and the people who work with us in ways that are experienced as patronising. Words such as "inspiring", "heroic" and "fulfilling" are commonly associated with this kind of othering. As the disabled singer Ian Dury commented: "Being disabled is NOT about being brave, it's about being organised."



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Here are some quick do's and don'ts to help the conversation along.

Do's	Don'ts
disabled people	the disabled people with disabilities handicapped people
people with impairments	people suffering with disabilities people afflicted with...
non-disabled people	able-bodied people
people with physical impairments	cripples spastics
people with learning difficulties (this is the term preferred by people with LD themselves although learning disabilities is also sometimes used)	the learning disabled subnormal backwards mentally deficient
wheelchair users	wheelchair bound
people living with mental distress people with mental health support needs mental health Survivors mental health service users	the mentally disabled people with mental illness people with mental health problems
blind people people with visual impairment people with sight loss	the visually impaired



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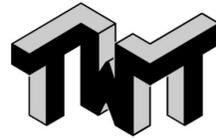
people with hidden/invisible impairments	people who look like there's nothing wrong with them
fluctuating conditions	
support workers/Personal Assistants	carers
	inspiring brave heroic rewarding
	vulnerable tragic pity

Traditional slogans of the Disabled People's Movement

"Nothing About Us Without Us"

"Piss on Pity"

"Rights not Charity (adapted from the slogan "Justice not Charity" which the League of the Blind marched under in 1920 in a protest that inspired the later Jarrow marches)



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Models of Disability

Social model of disability – the social model draws a distinction between disability – which is the layer of oppression imposed on top of our impairments by society – and impairment – which are the physical and mental health conditions we live with.

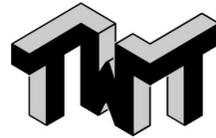
In Britain preferred terminology is “disabled people” because we are disabled by society.

The terms disabled people includes people with physical and mobility impairment, people with sensory impairment, people with learning difficulties/disabilities, people living with mental distress, people who are neurodivergent (for example autistic people, people with dyspraxia..etc and people living with long term health conditions).

Deaf Sign Language users do not consider themselves to be disabled. Instead they identify as a linguistic and cultural minority. However, people who are deaf (with a small ‘d’), deafened or hard of hearing do identify as disabled.

The social model is opposed to the idea that people with impairments need to be treated, fixed or cured in order to fit within the structures and ‘norms’ constructed within capitalist society.

The social model says its society’s laws, attitudes and barriers which disable people, and those are what need to be fixed for society to function correctly. There is nothing inherently “wrong” with people with impairments and it is society that needs to change in order to be accessible and to include us.



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A social model approach enables disabled people to identify the barriers that prevent full inclusion and from there to develop solutions for removing them. The most obvious example of this is the barrier that steps present to a wheelchair user. A lift is one way of removing this barrier. Another example is provision of flexible working hours for a person living with mental distress or provision of a space to lie down for people with energy limiting chronic illness attending a meeting.

The social model does not deny impairment in that it does not discount the pain or distress that disabled people experience. There are also calls to develop a social model of impairment to reflect the fact that not all conditions necessarily represent a biological deficit as the term 'impairment' implies, for example neurodiversity and mental distress.

The social model is not a perfect theory of disability but was never intended to be: the social model is a tool for social reform that enables a group of people to collectivise around a shared experience (the shared experience being not our impairments but the discrimination and oppression that we face as people living with impairments disabled by society) and fight.

Disabled people don't want pity. We want to organise.

Individual model of disability – the social model presents a direct challenge to the core ideology of individualism that dominates people's ideas within capitalist society. The term individual model of disability is used to talk about how that core ideology is applied to conceptions of disability and impairment.



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The individual model is upheld by various narratives (or ‘peripheral ideologies’) including personal tragedy theory (ie the idea that disability is a personal misfortune and not a political issue), the medicalisation of disability and charitable giving. All of these locate the “problem” of disability within the individual disabled person rather than the socio-economic structures we live under. Other examples include the recovery model of mental health, normalisation theory and the “Gordon and Waddell biopsychosocial model of disability” which underpins welfare reform.

It is important to note that interpretations of the social model passed down through the Disabled People’s Movement have tended to talk about the social model versus a medical model. This is for historic reasons to do with the primary forms of oppression that disabled people were facing at the time when the social model was developed.

Disabled activists today increasingly recognise that the medicalisation of disability is just one of the oppressive approaches towards disabled people that flows from the individual model.

This recognition and return to the origins of the social model within historical materialism has been prompted by recent experiences such as Tory welfare reform. With tightening eligibility for disability benefits, disabled people have had to turn to medical diagnoses for protection against cuts to essential income and support. In this situation, the greatest danger is posed by what is known as the Gordon and Waddell biopsychosocial model of disability that underpins the new benefit assessments.



Another World is Possible

Thinking about full equality and inclusion means stepping beyond the limits imposed on our thinking imposed by the structures we live under, and helps us begin to reimagine a new kind of society, one without oppression or exploitation - a society in Marx's words operating according to the principle of from each according to ability and to each according to need.

Idea of independence and managing on your own – disabled people made to feel like burdens for needing to rely on support for others. Imagine a society where that power imbalance was taken away? Where interdependence was embraced and people had the time to support each other as part of a collective.

Disability employment gap exists for material reasons - disability is a category designed to identify those unable to be productive so we don't get in the way of being able to exploit those able to work faster and longer and with as little cost input to support their labouring as possible. Steve Graby suggests we should take pride in our identities as people who cannot be exploited for profit.

Capitalist society values people according to hierarchies that encourage engagement in the labour market and individual competition between members of the working class. What if we didn't have those and people were valued for other reasons? Often assumed in hunter gatherer societies people with impairments would have been left to die as no use value to the groups. Archaeological evidence suggests otherwise such as people with severe physical impairments living to significant amount above average



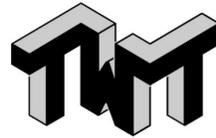
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age and given extra luxury food items. Were considered to have value to the rest of the groups.

Our education system encourages individualism and competition. Approaches still influenced by IQ tests – something whose origins lie in eugenics and which has been scientifically discredited. Imagine giving children and young people the chance to learn about the world and develop skills based on collaborative approaches that give confidence and valorisation. A society that supports each person to fulfil their personal potential.

Some of the barriers disabled people face: :

- Nearly half of the British (43%) do not personally know anyone who is disabled
- Two-thirds of the British public (67%) admit that they feel uncomfortable talking to disabled people.
- There are 14.1 million disabled people in the UK. This represents 21% of the population, an increase from 19 per cent (11.3 million) in 2008/09.
- 7.7 million people of working age (16-64) reported that they were disabled in April-June 2020, which is 19% of the working age population.
- Approximately 10,000 disabled people die every day as a result of extreme poverty worldwide.
- In Britain, disabled people are now nearly three times as likely to experience severe material deprivation as non-disabled people.
- On average, disabled people face extra costs of £583 a month, with one in five facing extra costs of more than £1,000 a month.



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- Disabled workers now earn a fifth (20%) less than non-disabled workers.
- Disabled people have an employment rate that is 28.1 percentage points lower than that of people who are not disabled. This difference is often referred to as the disability employment gap.
- Disabled people are disproportionately represented in low paid, insecure, part-time and self-employed work.
- In 2013 disabled people were being hit nine times harder by the cuts than non-disabled people. For disabled people reliant on social care support, this figure rose to nineteen times harder.
- In 2017 it was estimated there were 1.2 million disabled people unable to get the support they needed, almost double the number in 2010.
- At least 130,000 people are trapped in social care debt.
- Under austerity, £600 million was slashed from Mental Health Trust budgets.
- Numbers seeking mental health treatment went up from 500,000 in 2010 to 1.7 million in 2016.
- By 2018, over 75,000 disabled people across Britain had lost their cars, power wheelchairs and scooters after losing eligibility to disability benefits.
- Figures published in June 2018 showed that, since the roll-out of PIP in 2013, 381,640 disabled people who previously received DLA had been turned down upon reassessment.
- Three-fifths of COVID-related deaths in England and Wales between 2 March and 14 July were of disabled people – 27,500 deaths of disabled people compared to 18,800 of non-disabled people - although this is likely to be an under-estimate.