Inclusive School Practices Toolkit

Exploring Disability and Inclusion Tool 2:

The Models of Disability

This tool has been developed as part of the *Inclusive School Communities Project*, funded by the National Disability Insurance Agency. The project is led by JFA Purple Orange.

## Introduction

This tool is the second in a series of four related tools written by Dr Leanne Longfellow using her experience in advocating for family members with disability, her research and 30-year teaching career with students with disability.

Models of disability affect beliefs, values, attitudes and behaviours toward people living with disability. School staff (leaders, educators, teacher aides, office staff, and other site staff) require an understanding of the models of disability in order to provide quality teaching and learning experiences for students living with disability. This tool focuses on the social model of disability, which is about removing barriers to inclusion, and its application in schools.

Foundational concepts within disability studies that are relevant for school staff are introduced:

* A discussion of two models of disability and why the social model is the preferred approach to facilitate inclusion.
* A table containing examples of the medical and social models of disability in a school context.
* An example of a shift toward the social model through the Nationally Consistent Collection of Data (NCCD)[[1]](#footnote-1).

## Ideas

Understanding the differences between themedical and social models of disability and their history is essential to fully grasp the concepts of exclusion and inclusion. It is helpful for educators and teacher aides to determine which model represents their understanding of disability as this will shape decisions about the students they work with.

Prior to the 1970s, disability was almost universally viewed as a deficit that resided within a person[[2]](#footnote-2). Disability was diagnosed, classified and treated. There was little awareness of the role of the environment and negative attitudes that excluded people living with disability from society. Discrimination against people living with disability was largely accepted and unchallenged[[3]](#footnote-3).

However, in the United Kingdom in 1972, the Union of the Physically Impaired Against Segregation, a disability rights organisation, contested the notion that people living with disability should adjust to the world around them and they advocated for an inclusive society. Their activism brought attention to the oppression and exclusion of people living with disability and redefined disability for certain groups of people. This new definition of disability was labelled the ‘social model of disability’ and it was a radical shift from the existing understanding of disability, which was later coined the ‘medical model’[[4]](#footnote-4). The social model distinguishes between **‘**impairment’ and ‘disability’, with the latter viewed as disadvantage created by society[[5]](#footnote-5). The social model of disability forms the basis of the inclusive movement by advocating for the removal of barriers to full participation in society.

Over time, new models of disability have evolved from the social model. These include the cultural[[6]](#footnote-6), citizenship, socio-relational[[7]](#footnote-7), political, human-rights[[8]](#footnote-8) and biopsychosocial models[[9]](#footnote-9) and they provide a means of representing the various lived experiences of disability. These models are sometimes integrated together as a single model, but this falls short of capturing the range of experience of disability; yet they all acknowledge the social construct of disability. Models of disability influence thoughts and attitudes toward people with disability and impact the education of students living with disability. Yet, despite progress in the area of social justice, the education sector appears still largely informed by the medical model of disability.

The author of this tool has prepared a table comparing the medical and social models of disability with examples in school settings. The examples provided are extreme and the reality within schools may be somewhere in-between. For example, the introduction of the NCCD within the education sector is a slight shift toward inclusive practice in education informed by the social model of disability[[10]](#footnote-10). As part of the NCCD, teachers are required to report the adjustments that some students require as part of the quality differentiated teaching within their classroom. This allows for the notion of ‘imputed disabilities’, where students do not require a diagnosis to receive adjustments and teacher expertise in this regard is respected. While the NCCD has three levels of support above quality differentiated practice that may include a segregated placement, it does imply that teachers should be reflecting upon their instruction and changing this if the student is not responding. The NCCD has raised questions regarding the placement of students living with disability and the effectiveness of segregated education which is a move toward understandings aligned with the social model of disability[[11]](#footnote-11).

## Actions

It is useful for schools to discuss the two models of disability with staff to help inform their thinking about inclusion. A school may use ‘Handout 1: Table comparing medical model and social model with examples in schools’ as part of their staff’s reflective practice and internal professional learning. It may be used in individual (e.g., staff supervision) or group settings (e.g., staff meeting/ professional development) however a capable facilitator is required to create safety for participants and stimulate open discussion.

The table comparing the medical and social models of disability is necessarily simplistic, so will be missing the nuances, complexities and integration of various models. However, the table can assist school staff to identify the medical or social perspectives that exist within their school, measure where their school is at, and which model the school is most aligned with. It can be used as the basis for an exploration with staff (and students and families) about what could be changed to make the school more inclusive.

Handout 1: Table Comparing Medical Model and Social Model with Examples in Schools

| Medical model | What it may look like | Social model | What it may look like |
| --- | --- | --- | --- |
| Disability is the result of factors within the student. | Education is based on normative standards and the student’s ‘special needs’are the barrier to learning. A diagnosis or label is used to categorise students and those with intellectual disabilities are segregated from their peers as they are viewed as not competent. Lack of progress is presented as part of the student’s disability. | The school environment is considered as a contributing factor when students experience a barrier to learning. The school environment consists of the curricula, relationships, school culture, educational policies and teaching approaches. | Utilising Universal Design for Learning (UDL) as a form of proactive differentiation where the classrooms and programs are developed to suit all learning needs. Inclusion is not added on, but rather is the core business of schools. Students are presumed to be capable of learning. Lack of progress is presented as a lack of support provided to the student. |
| Disability is considered a deficit and personal tragedy. | Students with disability may be viewed as courageous or with pity. | Disability is a natural part of the human experience. | All students are immersed in positive representations of disability. |
| Disability is a condition to be remediated. | The curricula focus is on intervention and remediation. Each student has an individualised program that is separate from the other students. | Disability is accepted and celebrated. | The curriculum builds on the student’s strengths. Universal Design for Learning and differentiation are utilised to engage and challenge all students rather than singling out students with disabilities. |
| Professionals are the experts on disability and students are the recipients of help. | Classroom teachers refer to ‘experts’ to assist with students with disabilities as these are the only people with the knowledge and skills in the area of disability and education. Learning plans are developed without the input and collaboration with students and their families. | Students with disability are considered the experts on their own lives and they have autonomy. | Students and their families/ carers play a key role in the development of education, behaviour and transition plans. Students are encouraged to have a voice in their education. |
| Students with disability are placed in segregated ‘special class’ or ‘special school’ placements. | Teachers in ‘special education’ take responsibility for students with disability by providing a separate program. | Students with disability access general education and teachers presume competence. | Support provided to students with disability is viewed as a shared responsibility. All teachers take responsibility for all students. Teachers support students to access the general curriculum through using principles from Universal Design for Learning. |
| May examine difference or diversity but systems of power and privilege remain unexamined. | Difference is addressed through tokenistic gestures such as disability awareness days, guest speakers with disability or disability simulations. | Disability acceptance rather than awareness is embedded within the curriculum. | Schools actively engage with social justice issues regarding disability through anti- ableist curricula and the inclusion of students with disability. |
| Relationships are a low priority. | Students with disability are encouraged to associate with others with disability. | Social connections, networks and relationships are highly valued and are facilitated between all students. | Students with disability are encouraged to socialise with their peers. |

## More Information

Chapter on the social model of disability in The Disability Studies Reader <http://thedigitalcommons.org/docs/shakespeare_social-model-of-disability.pdf>

Further information on the social model and barriers to inclusion in society <https://www.afdo.org.au/social-model-of-disability/>

Short video on the social model with Auslan produced by People with Disability Australia <https://youtu.be/Eec0FbxdDZ0>

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Leanne presents researched based professional learning to support teachers, assistants, other professionals and parents on inclusive practice <https://inclusiveeducationplanning.com.au/>



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