



# Social model of disability

## Best practice guidelines supplement

### Definitions

The **social model of disability** talks about disability as the interaction between a person with any of a variety of conditions and their environment, instead of something to be fixed or cured at an individual level. This means that a person is not disabled because they have a physical or neurological condition, but because our society, our workplaces, our schools, our social systems, and our medical systems are built for ablebodied and neurotypical people. When a person who is not ablebodied or not neurotypical interacts with any one of these, it causes tension between the person and their environment, creating disability.

Practices and systems designed for ablebodied and neurotypical people are often ableist as well. Something is ableist if it is used to stigmatise, exclude, ridicule, devalue or hurt disabled and neurodivergent people, or if it reinforces a non-disabled and non-neurodivergent experience as the default.

Many disabled people are not seeking a cure for their disability, but rather adjustments to societal structures. It is important to remember that disabled and neurodivergent people are different, not inferior. Many disabled and neurodivergent people embrace their disability or condition as part of their identity, and take pride in being disabled or neurodivergent.

Representations in media that focus on miracle cures for disabled and neurodivergent people are not created for the people they are representing, but rather for ablebodied people who are afraid of becoming disabled. Avoid perpetuating this trope.

### Examples

A wheelchair user is not disabled because they use a wheelchair to move through their world. They may be disabled because their workplace or school does not have an elevator to the second floor, or has stairs leading to the entrance. These buildings and floors cannot be accessed by someone using a wheelchair.



But, under the social model, the wheelchair user is not the one who needs to be fixed—the buildings need to be changed.

A person with ADHD is not disabled because they have ADHD. They may be disabled because their classroom is structured in a way that suits neurotypical people. This learning environment may hinder the learning of someone with ADHD. But, under the social model, the person with ADHD is not the one who is ‘wrong’—the learning environment is what needs to change.

An autistic person is not disabled because they are autistic. They may be disabled because the grocery store or shopping mall has overly bright lighting and loud displays and machines. This shopping environment may be overwhelming to an autistic person. But, under the social model, the autistic person is not the one who needs a ‘cure’—The shopping mall is what needs to change.

A person who stutters is not disabled because they stutter. They may be disabled because our society and our systems often rely on fast-paced, fluent speech. This reliance means a person who stutters is unable to engage fully with society and societal systems. But, under the social model, the person who stutters is not the one who needs to be fixed—the social norms around fast-paced, fluent speech, and the system reliant on it, are the things that need to change.

A blind or vision-impaired person is not disabled because they are blind or vision-impaired. They may be disabled by the fact the restaurant they are eating at does not have a menu in Braille, or the lecture they are attending has no large print handouts, or the form they are completing online is not accessible to screen-readers. The lack of these means a blind or vision-impaired person is unable to independently choose what to eat, or what to learn from the lecture handout, or what to enter in their online form. But, under the social model, the blind or vision-impaired person is not the one who needs to be fixed—it is the restaurant, the lecture, and the people requiring the information from the online form who need to rethink how they do things.

A D/deaf or hard of hearing person is not disabled because they are D/deaf or hard of hearing. They may be disabled by a service only taking bookings by telephone, or a video not having accurate subtitles. This means a D/deaf or hard of hearing person is unable to engage with the service or the video independently. Under the social model, the D/deaf or hard of hearing person is not the one who needs to be fixed—these services need to change to accommodate D/deaf people.

In each of these examples, the social model shows the parts of society or a person’s environment that may cause tension when disabled and neurodivergent people interact with that environment. It does not place the blame for fixing these changes on the disabled and neurodivergent people. Instead, society and

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the different environments are emphasised as what needs to be changed to allow access, participation, inclusion, and justice for disabled and neurodivergent people.

## Resources

### **Foundation for People with Learning Disabilities: Social model of disability**

<https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/s/social-model-disability>

Entry-level overview of the social model of disability.

### **Rethinking disability: The social model of disability and chronic disease**

<https://link.springer.com/article/10.1007/s12178-015-9273-z>

Academic study introducing the social model of disability.

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