'Sociology AQA - A Level Year 2'
Chapman et al

5.7 DIMENSIONS OF INEQUALITY: DISABILITY

LEARNING OBJECTIVES

- Demonstrate knowledge and understanding of the distinction between impairment and disability (AO1).
- Demonstrate knowledge and understanding of the heterogeneity of the population classified as disabled (AO1).
- Apply knowledge and understanding of links between disability and life-chances (AO2).
- Analyse the ways in which disabled people are both enabled and disabled by society (AO3).
- Evaluate the changing role of government policy (AO3).
- Understand and evaluate competing models of disability (AO1 and AO3).

INTRODUCING THE DEBATE

Until fairly recently, sociology had little to say about disability. It was seen essentially as a medical issue, a problem located firmly within the individual, and therefore one that fell outside the domain of sociology.

This is no longer the case. The change came about because of the success of disabled rights activists in the late 20th century in promoting a social model of disability in opposition to the previously dominant medical model.

The social model drew an important distinction between 'impairment' and 'disability'. An impairment, according to the World Health Organisation, is "any loss or abnormality of psychological, physiological or anatomical structure or function", such as suffering from clinical depression, being blind or lacking a limb. Disability, the social model insisted, was not an attribute of an individual, but "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" (Barnes, 1992). Impairment was seen as a feature of individuals and disability as a product of society and thus an issue for sociology.

The idea that impairment and disability – like sex and gender – are completely separate is open to question and will be examined later, but it is certainly true that society can either enable or disable people with impairments. For example, the present writer has a visual impairment which would prevent him from producing this text were it not for the fact that society has enabled him by the provision of spectacles. This chapter will be exploring how far UK society enables or disables people with significant impairments. (See Book 1, Topic 5, Chapter 1 for further discussion of a number of the sociological issues surrounding disability.)

THE DEMOGRAPHICS OF DISABILITY

According to the government's Office for Disability Issues, there were 11.6 million disabled people in Great Britain in 2011/12, or roughly 19 per cent of the population. The figures relate to people with a longstanding illness, disability or infirmity that causes them to have significant difficulties with day-to-day activities.

The prevalence of disability rises with age. Around 6 per cent of children, 16 per cent of working-age adults and 45 per cent of adults over State Pension age are disabled. Mainly as a consequence of the fact that women generally live longer than men, females make up a larger proportion (54 per cent) of disabled people than males (46 per cent). The most commonly reported impairments are those connected with mobility or with lifting and carrying.

Disability: myths and misunderstandings

There are many myths and misunderstandings surrounding disability, among them the idea that all disabled people are sick and in constant pain, need to use a wheelchair and are unable to speak for themselves. Such myths relate to stereotypical views of disability that treat disabled people as a homogeneous category who all share the same – generally negative – characteristics. In reality, the only thing they share is the fact that they have one or more impairments that make daily living 'significantly' more difficult for them than for others.

Moreover, the location of the dividing line between disabled and non-disabled people is inevitably somewhat subjective. 'Longstanding' in the statistics above, for example, is defined as lasting for 12 months or more. A shorter or longer period would produce higher or lower estimates, respectively, of the size of the disabled population.

Perhaps the most problematic misunderstanding is the idea that disabled people are not 'normal'. The Work and Pensions Secretary, Iain Duncan Smith, said in the House of Commons in 2015, while defending the government's record on getting disabled people back into employment, that "we are looking to get [the employment rates of disabled people] up to the level of *normal*, non-disabled people who are back in work".

Statistically speaking, of course, disabled people aren't normal: they constitute a numerical minority of the population. But the word 'normal' inevitably carries evaluative connotations. As George Walkden, lecturer in Linguistics at the University of Manchester, pointed out on the BBC's *Ouch!* website on 10 September 2015, "The use of the word implicitly divides people into two groups – with abnormal, the currently used antonym, carrying negative connotations." Disabled people, then, are not abnormal, or – at least – they are no more or less abnormal than the rest of the population.

Composition of the disabled population

In contrast to stereotypical views, it is important to recognise the diversity of the disabled population. There are three main sources of diversity (Prime Minister's Strategy Unit, 2005):

- type of impairment (see below) and its variation by severity, duration, age of onset and evolution over time
- socio-demographic characteristics – including variation by social class, region, ethnicity, age and gender
- impact of different barriers – attitudinal, physical and socio-economic.

The main types of impairment that can be distinguished are (with examples): learning disabilities (Down's syndrome); developmental disabilities (autism); mental health problems (schizophrenia); physical impairments (paraplegia); sensory impairments (blindness); and long-term medical conditions (multiple sclerosis).

DISABILITY AND LIFE-CHANCES

The role of government

Until relatively recently, government policy in relation to disability was mainly concerned with either the care or the control of disabled people, rather than with issues relating to equality. The 1970 Chronically Sick and Disabled Persons Act marks a watershed in that it was the first in the world to recognise and give rights to disabled people (Rescare, 2012).

However, it was not until the 1995 Disability Discrimination Act (DDA) that a frontal attack on the barriers facing disabled people was launched by a (Conservative) government persuaded to act by decades of campaigning by the disability rights movement. The Act made it unlawful to discriminate against disabled people in connection with employment, the provision of goods, services or facilities or the disposal or management of premises. The scope of the Act was extended by subsequent amendments and the 2005 DDA introduced a Disability Equality Duty, which obliged public authorities to take a more proactive role in promoting the equality and inclusion of disabled people.

Also in 2005, the Prime Minister's Strategy Unit published its final report of a series entitled *Improving the life-chances of disabled people*. The response of the (Labour) government was to set a target that "By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society." The strategy to achieve that target was to be driven forward by a new Office for Disability Issues (ODI) reporting to the Minister for Disabled People. Four years later, in 2009, the government signed up to the United Nations Convention on the Rights of Disabled People (UNCRDP), introduced in 2006, and to the Convention's optional Protocol, which allows individuals or groups who consider themselves to be victims of any violation of the Convention to submit a complaint to the UN's Committee on the Rights of Persons with Disabilities.

In 2010, the provisions of the preceding DDAs were incorporated into a new Equality Act which combined all previous anti-discrimination legislation into a single Act to be overseen by a new commission – the Equality and Human Rights Commission (EHRC). Also in 2010, the Labour government was replaced by a coalition government of the Conservatives and Liberal Democrats. The Coalition government was ostensibly equally committed to disability equality, retaining the ODI, the Equality Act, the EHRC and the Public Sector Equality Duty. In July, 2013 the Coalition government published its own disability equality strategy: *Fulfilling Potential – Making it Happen*, and in September 2014, it launched The Accessible Britain Challenge, designed to encourage communities to be more inclusive and accessible.

The evidence on disabled people's life-chances

It would appear then, that in the last couple of decades, UK governments have done a great deal to promote disabled people's life-chances. How successful have they been?

One useful piece of evidence is provided by the findings of a longitudinal survey launched in March, 2009 by the ODI and carried out by the ONS – the Life Opportunities Survey. The survey compares the activities of disabled and non-disabled people across a wide range of situations. Among the key findings of the first wave of interviews conducted in 2009/10 were:

- 17 per cent of adults with impairments, compared with 9 per cent without, said they faced barriers to using learning and training services.
- 56 per cent of adults with impairments, compared with 26 per cent without, said there were barriers to the kind of work they did or the hours they could work.
- 45 per cent of adults with impairments, compared with 29 per cent without, said they would find it hard to pay an unexpected bill, pay off a loan or have a holiday.
- 29 per cent of adults with impairments, compared with 7 per cent without, said they found it difficult to get into and move about in buildings outside their home.

Data relating to education, employment and living standards also point to continuing disadvantages:

- Disabled adults are nearly three times as likely to have no formal qualifications as non-disabled adults (30 per cent v 11 per cent) and are about half as likely to hold a degree-level qualification (ODI, 2012).
- Disabled people capable of working are four times more likely to be out of work than non-disabled people (JRF, 2014). Almost half (48 per cent) of unemployed disabled people said that flexible working would have helped them stay at work, but that they were not given this option (Scope, 2013).
- A "substantially higher proportion" of individuals who live in families with a disabled member or members are in poverty compared to individuals who live in families where no one is disabled (ODI, 2014) and disabled people's day-to-day living costs are 25 per cent higher than those of non-disabled people (Leonard Cheshire Disability, 2014).

HATE CRIME

The evidence above suggests that disabled people continue to be disadvantaged in many areas of life. But perhaps the most significant area, in terms of life-chances, is their experience of harassment, including hate crime. The EHRC published a report in 2011 (*Hidden in plain sight*) which examined ten cases in which disabled people had died or been seriously injured in recent years because of abuse, including the case of Fiona Pilkington who, in 2007, set fire to her car when she and her learning-disabled daughter were in it, following years of harassment. The report states that:

- Cases of disability-related harassment that come to court and receive media attention are only the tip of the iceberg.
- Disabled people often don't report harassment because they are unclear about who they should report it to, are fearful of the consequences of reporting it or are afraid they won't be believed.
- There is a systematic failure by public authorities to recognise the extent and impact of harassment and abuse of disabled people, to take action to prevent it happening in the first place, or to intervene effectively when it does.

In March 2012 the Home office estimated that 65,000 disability hate crimes occur each year in England and Wales, while disability charities claim it could be as high as 100,000. Moreover, the trend appears to be upwards: in 2013/14 there were nearly 2,000 recorded disability hate crimes in England and Wales, double the number recorded in 2008 (though one must be cautious in interpreting these figures since they could reflect an increase in disabled people's willingness to report hate crime). Disability charities insist not only that the increase is genuine, but that it has been fuelled by the Coalition government's 'benefit scrounger' rhetoric. In 2012, the DWP suggested that three in four.people claiming incapacity benefit were faking disabilities. After this figure was challenged, it admitted that in fact only an estimated 0.3 per cent of the incapacity benefit budget was overspent due to fraud!

DISABILITY AND GOVERNMENT ANTI-AUSTERITY POLICY

In 2015, it was confirmed by the campaigning organisation Disabled People Against Cuts (DPAC) that the UN's Committee on the Rights of Persons with Disabilities (CRPD) was carrying out an inquiry into "systematic and grave violations of disabled people's human rights by the UK government".

The inquiry was triggered by DPAC, which submitted evidence to the Committee that disabled people had been disproportionately harmed by the Coalition government's austerity policies. DPAC's concerns were focused initially on the government's decision to end the Independent Living Fund and transfer responsibility for supporting disabled people to live independently to local authorities.

But its case against the government subsequently grew to include concerns about the reliability of work capability assessments for Employment and Support Allowance, the impact of the 'spare bedroom tax', cuts to social care, the impact of benefit sanctions on disabled people, and the government's unwillingness to assess the cumulative impact of its cuts and reforms as a whole on disabled people.

At the time of writing, the outcome of the inquiry is not known, but it would be the first of its kind in relation to the UNCRPD Protocol, and the CRPD would not have begun an investigation unless the evidence submitted by DPAC was viewed as "reliable". (See Book 1, Topic 5, Chapter 1 for further information on disability and life-chances.)

UNDERSTANDING DISABILITY AS A SOCIAL PHENOMENON

Historically and cross-culturally, disability has been understood in a number of different ways. Before examining the two main models that offer an explanation for the disadvantaged position of disabled people in society today – the medical model and the social model – it is worth looking at two additional models since their influence in society is still apparent.

The eugenics model

Eugenics is the 'science' of improving humankind through selective breeding. It originated in the late 19th century in Britain following the publication in 1859 of Darwin's *Origin of Species* and was enthusiastically embraced in the early years of the 20th century by many prominent people on both the Right and Left of politics, such as Winston Churchill, Theodore Roosevelt, H.G.Wells and George Bernard Shaw. Indeed, at this time, eugenics was seen as an aspect of medical sociology.

Eugenic ideas fed into the world view of the Nazis in Germany in the 1930s. It is widely recognised that their belief in the existence of 'inferior' and 'superior' races led to the genocide of six million Jews in the Holocaust.

What is less widely known is that the same ideas led to the killing of an estimated 275,000 disabled people (BBC – *Ouch!*, 2014). Nazi propaganda portrayed disabled people as "useless eaters" who had "lives unworthy of living" and stressed that the high cost of supporting disabled people represented an "unfair burden" on society. A widespread compulsory sterilisation programme was introduced by the Nazis when they came to power in 1933, and the killing of disabled people started in 1939.

After World War II, eugenic ideas fell into disrepute but it would be naïve to think that they have entirely disappeared. Tom Shakespeare (1998) has written about the use of prenatal tests to screen for Down's syndrome (aka Trisomy 21), which are now offered to all pregnant women on the NHS. He does not oppose a woman's right to choose to have an abortion should such a test prove positive, but argues that parents are rarely provided with full information about living with disability or the support available to families. As a result, more than 90 per cent of Down's syndrome pregnancies detected antenatally are terminated. As Shakespeare argues, the provision of a test suggests the advisability of that test, and taking a test implies acting on the results. The inescapable corollary is that the life of someone with Down's syndrome is not worth living. Today, there is a growing 'Down's pride' movement (Gordon, 2015) and on-line campaigns challenging negative views of Down's syndrome, such as downsideup.com, forceofnature21.com and thefuturesrosie.com.

The eugenics model inevitably raises some profound and uncomfortable questions about society's view of disability. Sociology cannot provide answers by itself because medical, political and ethical issues as well as sociological ones are involved, but it can usefully draw attention to the way disabled people have been, and sometimes still are, treated as 'other'.

Should the NHS provide all pregnant women with the option of a test for Down's syndrome?

The charity model

If the eugenics model embodies a potentially malign attitude towards disability, the charity model could be seen as representing a benevolent stance. This model sees disabled people as victims of heredity or circumstance, deserving of pity and in need of practical and financial support from those who have been more fortunate in life's lottery. Indeed, historically, many disabled people have been represented and cared for by charitable organisations funded and run by non-disabled people, such as Scope, Mencap, RNIB and RNID. Charitable giving to help disabled people is still encouraged by advertising and events such as Red Nose Day.

It might seem that such philanthropy is entirely laudable, yet it has been roundly criticised by disabled rights organisations. Swain *et al.* (2003) for example, argue that "Charity advertising provokes emotions of fear, pity and guilt, ostensibly to raise resources on behalf of disabled people. The images and language have built upon and promoted stereotypes of disabled people as dependent and tragic ... Charity advertising sells fear … and fails to find a solution because it itself is the problem."

Organisations such as Disabled People's International and the UK Disabled People's Council (both founded in 1981 by disabled people themselves) call for "Rights, not Charity" and are highly critical of the fact that disabled people have often not had a voice in the voluntary organisations that are supposed to represent them (Davies, 1994).

However, the growing influence of the social model of disability has affected the charity sector and many of the traditional organisations have not only rebranded themselves (for example, The Spastics Society became Scope in 1994, and in 2002 the RNIB changed its name from The Royal National Institute for the Blind to The Royal National Institute of the Blind), but have become increasingly focused on the rights of disabled people to be fully integrated into society. Moreover, organisations of disabled people are increasingly influential politically.

A campaign against public sector cuts affecting disabled people

Do you think that donations to charities supporting disabled people should be encouraged or discouraged?

EXPLAINING DISABLED PEOPLE'S DISADVANTAGED POSITION

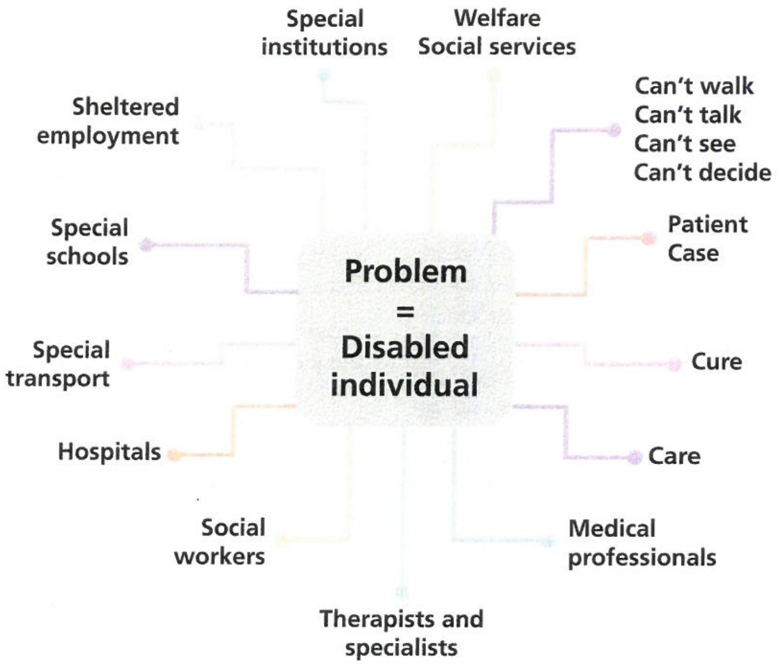

Figure 5.7.1 *The medical model*

Figure 5.7.2 *The social model*

Source: World Bank/IMF Poverty Reduction Paper Strategy, 1999

The medical model

The idea that disability is determined by impairment is the product of the medical model – an approach that sees disabled people as needing constant care from medical personnel. This model takes an individualistic approach in that it treats disability as a property of individuals who, because of their impairment, are unable to take advantage of the opportunities enjoyed or taken for granted by able-bodied people. The medical model explains the disadvantaged position of disabled people (and therefore their position at the bottom of the stratification system) as an inevitable consequence of their individual impairment, with the degree of severity of their impairment determining the degree of their disadvantage.

Evaluation of the medical model

Strengths

Many, though by no means all, disabled people rely on medical intervention to function or, in extreme cases, to stay alive.

Medicine can offer palliative care (for example, the provision of prosthetic limbs) and, in some cases, the prospect of finding a cure for painful and debilitating conditions.

By offering both diagnoses and prognoses it can provide disabled people with information that allows them to understand the nature of their impairment.

Weaknesses

A narrow focus on the individual fails to recognise the significant role of society in disabling people who have an impairment.

The medical model has led to a person's impairment becoming their 'master status': the impaired person is seen purely in terms of what is wrong with them, so that impaired people become identified with their impairment : 'the blind', 'the deaf', 'the crippled' and so on. Care and dependency take precedence over rights, autonomy and independence (Thompson, 1993).

Writing from an interpretivist position, Shakespeare and Watson (2002) offer a more radical critique of the medical model, arguing that "there is no qualitative difference between disabled people and non-disabled people, because we are all impaired. Impairment is not the core component of disability (as the medical model might suggest), it is the inherent nature of humanity."

The social model

For the social model, the disadvantaged position of disabled people is a product of society rather than impairment.

At least two strands can be discerned in sociologists' writing about the social model. One strand, deriving from interpretivism, emphasises that disability can be seen as a social construct: what counts as a disability is culturally and historically variable. (The social constructionist approach is covered in Book 1, Topic 5, Chapter 1.) The other strand derives from conflict theory and the power imbalance between disabled and non-disabled people and examines how social factors such as the built environment, social attitudes and organisational practices, cause people with impairments to be disabled.

The social model emerged in the last decades of the 20th century as an explicit critique of the medical model. Shearer (1981), for example, argued that 'disability' is something imposed on people with impairments by the patterns and social expectations of a society organised by and for the non-disabled. These act as barriers preventing disabled people from participating fully in society. The term 'disablism' was coined to describe these barriers, defined by Thompson (1993) as "the combination of social forces, cultural values and personal prejudices which marginalises disabled people, portrays them in a negative light and thus oppresses them".

Oliver (1990), writing from a neo-Marxist perspective, suggests that the marginalisation and oppression of disabled people takes a unique form in Western capitalist societies. He argues that in preindustrial, agricultural society, most people worked either on the land or in the textile trade as spinners, weavers, and so on. Moreover, they lived in small, tight-knit communities. He suggests that attitudes and practices in regard to disabled people were very different then – they often played a key role in the economic life of such communities.

Oliver argues that industrialisation and the factory system transformed economic life by introducing a more intensive labour process, such as assembly-line production and, as a result, the worth of individuals came to be assessed according to their economic value – efficient, quick work was seen as immensely profitable. Paid employment, especially in factories, became the main source of identity and status. As Hyde (2001) notes, the dominant ideology of capitalism was 'competitive individualism' and those among the working-class who were not employed – the chronically sick and disabled – were therefore seen to have an inferior social status compared with waged workers.

Oliver argues that the social exclusion of disabled people from economic life was reinforced by state policy in the 19th century. This had two main social consequences for them:

1. The state transferred their responsibility for the assessment, treatment and care of disabled people to medical professionals. This resulted in the ideological dominance of the medical model of disability.
2. Disabled people were increasingly committed to long-stay hospitals and asylums – in other words, treatment of disabled people often resulted in institutionalisation in what Goffman (1961) called **total institutions**. Such institutions treated disabled people by stripping them of their identity.

UNDERSTAND THE CONCEPT

The term **total institutions** refers to places of communal residence, cut off from the wider society, where a group of people lead an enclosed, formally administered round of life under close and continuous supervision. Examples given by Goffman included prisons, mental hospitals, military training camps and boarding schools. The phrase 'total' refers to the fact that the totality of inmates' lives takes place within the boundaries of the institution.

FOCUS ON SKILLS: DISABLED BY SOCIETY

Tell Them The Truth

There goes the mongol up the street

Getting on the loonybus

The schoolbairns call

Making funny faces at us

Calling us names

Headcase, spassy, wally

Nutter, Dylan, Twit!

There goes the dumb-bell in the nuthoose!

The schoolbairns are all daft themselves

They should see a psychiatrist

About their brains

It makes you mad, it boils up your blood

Their wooden heads are full of nonsense

They've got nothing else to do

Except make fun of us

We are human beings

And should be treated as equals

Treated as adults

Tell them the truth

Group poem written by Donald Lack, Robert Drysdale, Margaret Williamson, Derek Mustard, J.R. Grubb, Joan Cargil, Robert McMahon (St Clair Centre, Kirkcaldy), quoted in Davies (1994)

Questions

1. **Explain.** The opening line of the poem refers to 'mongols'. What word is more normally used to describe this group of people today?
2. **Analyse.** How does the poem illustrate the way in which disabled people are sometimes identified with their impairments?
3. **Explain.** Why do you think the authors – who are adults – write that they should be treated as adults (line 18)?
4. **Evaluate.** How does this poem link to the social model of disability?

Evaluation of the social model of disability

Strengths

By drawing attention to the physical, attitudinal and organisational barriers faced by people with impairments, the social model paved the way for a major shift in society's understanding of disability.

It has also provided the rationale for significant institutional and organisational changes, including legislation outlawing discrimination against disabled people in many countries.

The social model has drawn attention to the objectifying and dehumanising consequences of identifying people with their impairments. As Shakespeare and Watson (2002) put it, "the social model was and remains very liberating for disabled individuals."

Weaknesses

Critics have argued that the social model denies the reality of impairment. Morris (1992) argues that "there is a tendency within the social model of disability to deny the experiences of our bodies, insisting that our physical differences and restrictions are entirely socially created. While environmental barriers and social attitudes are a crucial part of our experience of disability – and do indeed disable us – to suggest that this is all there is to it is to deny the personal experience."

By implying that disability has nothing to do with impairment, the social model fails to confront the complexity of disability. As the WHO (2002) put it, disability is a complex phenomenon that is both a problem at the level of a person's body and a social phenomenon. The fact that there are different types and degrees of impairment and that severe impairments will inevitably have an impact on people's social existence cannot be simply wished away.

CHECK YOUR UNDERSTANDING

1. Roughly how many people in contemporary Britain are officially classified as disabled?
2. Distinguish between 'impairment' and 'disability'.
3. Identify two sources of diversity among disabled people.
4. Explain the eugenics model of disability.
5. Why are disabled rights activists opposed to charitable support for disabled people?
6. Identify three ways in which disabled people are disadvantaged in society.
7. What is meant by saying that impairment can act as a 'master status'?
8. Explain the concept of 'disablism'.
9. Identify one strength and one weakness of the medical model of disability.
10. Identify one strength and one weakness of the social model of disability.

TAKE IT FURTHER

Shakespeare and Watson argue that we are all impaired to a greater or lesser degree. Hold a class discussion on whether this represents a useful way of undermining what is inevitably a somewhat arbitrary distinction between disabled and non-disabled people or a denial of the fact that some people have impairments of such severity that they will be disabled however society is organised.