



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

SSH5078 Inclusion in Physical Education & Youth Sport

- WK27 - Disability Models

Mara Mata

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



www.uwtsd.ac.uk

Today's Plan:

- Explore the Medical and Social Models of Disability.
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By the end of the session you should:

- Understand the principles of both models;
- Reflect on your understanding of disability;
- Understand schools' understanding of disability.

Draft Curriculum Overview

& Module Pedagogies

WK	Date	Theme	Indicative content
23	30/01	Intro Defining Inclusion	Overview of semester 1 NCPE & Inclusion
24	06/02	Problematizing Inclusion in PE	Equality, Equity and Inclusion in PE contexts
25	13/02	MISSED SESSION	MISSED SESSION
26	20/02	Problematizing Inclusion in PE	Different issues of inclusion in PE
27	27/02	Disability in Sport & PE	Medical vs Social Model of Disability
28	05/03	Disability in Sport & PE Formative Assessment 6th March	Teacher vs Student Perspectives of Disability
29	12/03	Visit to Queen Elisabeth High	Observations & Reflections
30	20/03	Visit Pembrokeshire Dock	Observations & Reflections
31	26/03	Disability in Sport & PE Assessment Prep	Reflections from the visits Discuss formative feedback
32	02/04	Easter <u>ASSESSMENT 03/04 @3pm</u>	2500 words essay
33	09/04	Easter	

Recapping...



**What did we
talk about in
the last
session?**

TASK

(30min)

1. **Read** and **analyse** a book chapter/magazine article on the table
2. **Share your interpretations with the group:**
 - a. What is the issue?
 - b. Why is it a problem? Why is this important?
 - c. How is PE addressing/replicating the issue?

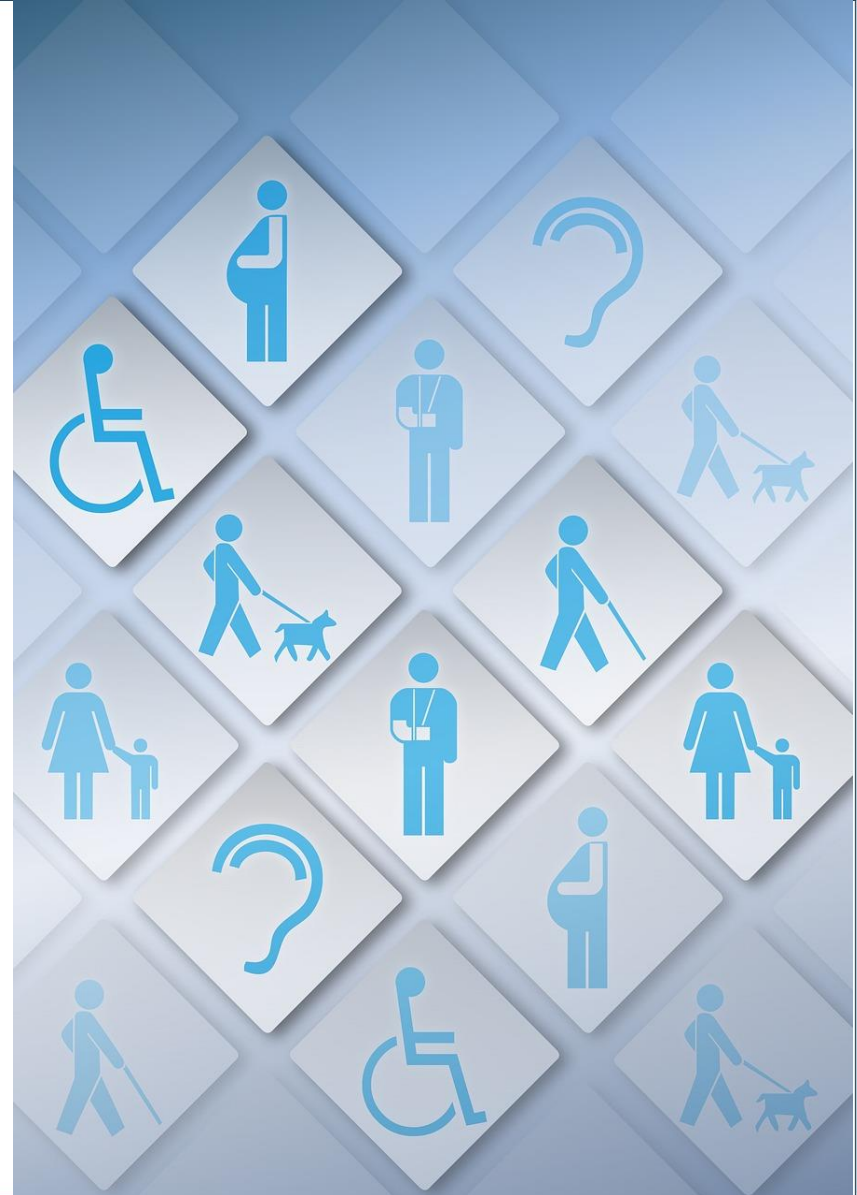
Disability in Sport and PE

- **What do you remember from Term 1?**

<https://youtu.be/NEjtftsjeWg>

- **What do schools do in relation to disabled students?**

<https://www.youtube.com/watch?v=z2bkbs00Z68&feature=youtu.be>



Understanding different models of disability implies adopting a 'critical' lens.

“‘Critical’ means a self-conscious process of exposing the underlying assumptions that influence particular ways of *thinking* about disability” (Townsend, Smith and Cushion, 2015, p. 81).

The models of disability may help educators to understand how they position impairment and disability, to reflect on their own practice critically.

Educators' **concept of 'athletic body'** will influence their practice and their pupils.



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Disability in Sport and PE

Workbook 2

Townsend, Smith and Cushion (2015)

Medical Model of Disability

Emerges from clinical practice.

Disability as bound to the functional limitations of impairment.

Impairment is the defining feature of the disability experience.

Being disabled means:

- Different from the norm
- Othered
- Fixed or intervened upon

People with disability are supported to fit in with normal life and are regarded as victims of a biological injustice.

Performance Disability Sport



“The disabled athlete is constructed as an **object** to be ‘educated ... observed, tested, measured, treated, psychologised ... materialised through a multitude of disciplinary practices and institutional discourses’.

(Goodley, 2011, cited in Townsend et al., 2015, p. 83)

This promotes a dominant consciousness where all problems are instrumental or technical problems to be solved. The suggestion here is that **coaching is fundamentally about improving sporting performance against the limitations athletes with a disability have.**

The athlete is the 'problem' to be fixed, normalised or rendered docile through coaching practice.

- Focus on the normalisation of the body
- Compliance with 'Olympic values' (higher, faster, stronger)
- Hierarchy of power
- Lose autonomy over their bodies



'superhuman' athletic ability vs disabled identities

What if society was different?

<https://www.youtube.com/watch?v=9s3NZaLhcc4>

An attempt to reclaim the term 'disability' from medical discourse.

Disability based on the notion that it is socially constructed and an act of exclusion and oppression.

Impairment as in the medical model, as a physical characteristic.

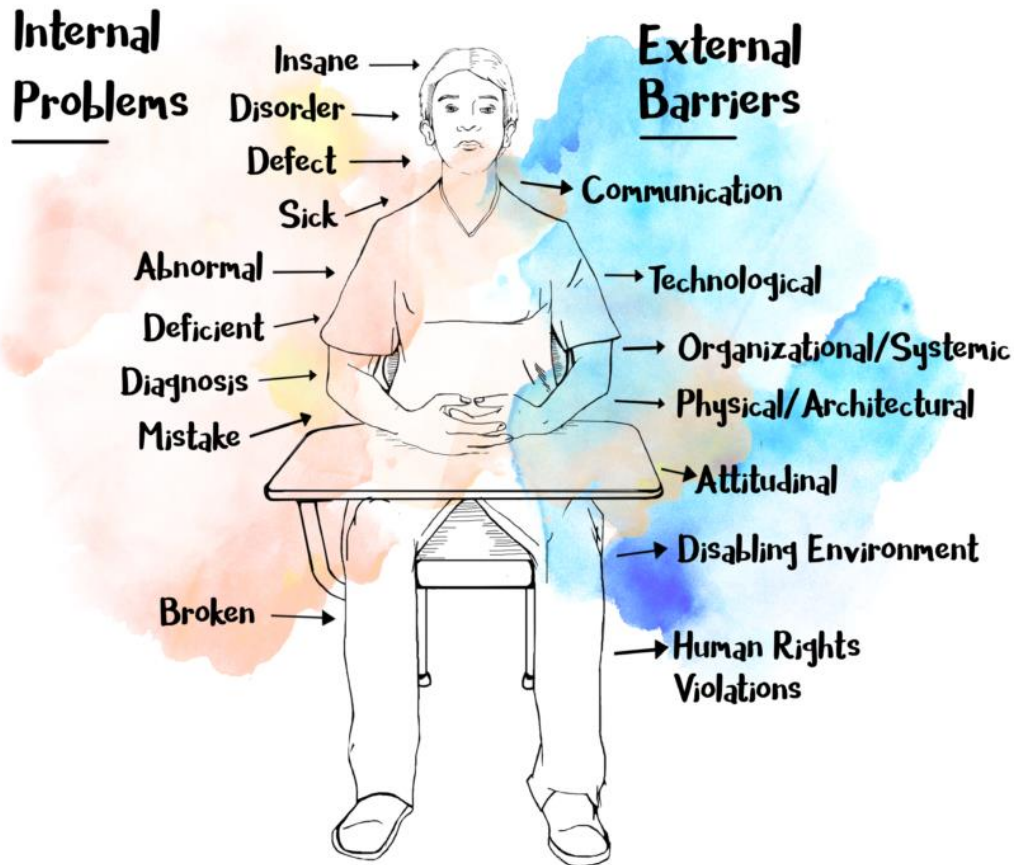
Being disabled means:

A product of a complex collection of **structural barriers** that create disadvantages, exclusions and restrictions for people with impairments.

These barriers permeate all aspects of social life:

- Employment
- Housing
- Education
- Transportation
- Civil rights
- Built structures of everyday life

The Social Model has the power to 'transform consciousness' by connecting personal experience to professional practice.



The restrictions that people with impairments face in sport can be readily **observed, and challenged**:

- individual attitudinal
- institutional prejudices
- inaccessible sporting facilities
- exclusionary policies
- unusable transport systems

(Oliver, 1996; Smith & Papathomas, 2014; Thomas, 2014)

Overview

https://youtu.be/24KE_OCKMw

- Ignores the **functional implications of impairment**, and as a result also fails to address an important reality for many people – that of dysfunction, illness or bodily pain.
- Proposes an '**untenable (i.e. unarguable) separation**' between **body and culture**, and **impairment and disability**. As a result, the social model fails to explain the role that impairments have upon individuals and their embodied, lived experiences.
- People with impairments face only **structural disablism can be a limited view** - ignores the cultural and experiential dimensions of disability.

Instead, focus ought to turn to the tension between structure and agency that constitutes exclusion within disability sport.

Medical labelling versus the social model of disability

The current UCAS form with its diagnosis-focussed ‘tick box’ questions, asking students to identify themselves with a particular impairment, clearly draws upon a medical model of disability. This focus on particular impairments frequently sets the tone for other institutional documents, such as enrolment forms. This kind of medical model sees disability as an ‘individualised problem’ (Armstrong and Barton 1999, 212), the solution to which may involve therapies or ‘special’ help. In contrast, the social model, proposed by disability activists, views ‘disability ... not a personal tragedy, an abnormality or a disease needing cure. It is a form of discrimination and oppression’ (Barton 1998, 79). From this perspective, an alternative to focussing on individual impairments is an effort to restructure educational environments such that all kinds of students can flourish within them, rather than being disabled by them.

The medical model with its focus on diagnostic labels presents a number of educational and political problems. From a practical point of view, it falsely implies that students with the same impairment have the same learning needs (Nes and Stromstad 2003; Roy 2003; interview with Shaffi 2004). Some disabled people suggest that highlighting impairments pathologises them (Olney and Brockelman 2003, 45). Disability activists have also pointed out that a focus on individual impairments diverts attention from the need for collective political solutions that change disabling social and physical environments (e.g. Armstrong and Barton 1999, 223; Oliver 1990).

Again, this critique of the use of diagnostic labels is not without controversy. Powell, for example, forcefully maps out the advantages of developing impairment-focussed 'special' pedagogical techniques, for example, for hearing impaired students (2003a). Along similar lines, many Deaf people reject the social model of disability, preferring to view themselves as a linguistic minority with shared cultural concerns (Corker 1998, 6; Ladd 2003, 14). As such, identifying the particular needs of Deaf people in education would be viewed positively by such researchers and activists. Other writers, such as Colin Low (1996), James Palfreyman-Kay (1998) and Julie Allan (2003) view some diagnostic labels as educationally helpful, while even some who are critical of a categorisation system which 'presupposes pathology' acknowledge that such diagnostic labels are widely used because of the resources they release (Nes and Stromstad 2003, 118).

Many teachers and writers use the language of 'needs' – in some sense a halfway house, borrowing the emphasis on the 'special' individual from the medical model (Barton 1998) while highlighting the fact that disability is created by particular ways of structuring environments. Those adopting this language of 'needs' as well as those preferring the more radical language of rights, would propose diminishing the emphasis on diagnostic labels in the enrolment forms and disability registers. For example, individual learning plans may be seen as a way of focussing attention on the environment which can promote students' learning, rather than the diagnostic label attached to that student (interview with Shaffi 2004).

What we (as educators) can do to change this?

<https://www.youtube.com/watch?v=rjluLV1F-UI>

<https://www.youtube.com/watch?v=8K9Gg164Bsw>

Models of Disability in a nutshell

Medical Model

vs

Social Model



The person is disabled by the abnormalities and deficits of their own body and/or brain.



Disabled people are broken, abnormal, or damaged versions of human being and should be fixed, cured, and/or prevented.



Since the disabled person's impairments prevent them from functioning normally, they need caregivers and professionals to make decisions for them. The disabled person is an object of charity and receiver of help.



The person is disabled by their environment and its physical, attitudinal, communication, and social barriers.



Disabled people are normal, valid varieties of human being and should have equal rights and access to society, just as they are.



Since the disabled person is inherently equal, they have a right to autonomy, choice, and free and informed consent in their own lives.

Have a look at these...

To consolidate the topic:

Let's talk about the Social Model of Disability with Robyn Lambird:

<https://www.youtube.com/watch?v=OZCPztgvrqU>

Ask an Autistic - Is Autism a Disability?

https://www.youtube.com/watch?v=EKE3PT2_ynU

Inclusion, belonging and the disability revolution: Jennie Fenton at TEDxBelling

<https://www.youtube.com/watch?v=VAM9nh8WC-8>

A guide to disabled people, for non-disabled people:

<https://dpac.uk.net/2016/09/a-guide-to-disabled-people-for-non-disabled-people/>

Research has drawn attention to the ways in which individuals may variously be disadvantaged as a consequence of being perceived as in some way 'different from the norm' (Penney, 2002).

In light of the quote, critically analyse the key concepts surrounding the topic of inclusion in PE and Youth Sport.

500 words – email your draft to Mara by the 6th of March.

THANK YOU!

See you next week!

Questions?

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Thoughts?

Feelings?

Emotions?

Book your tutorials on Moodle please!

Schedule here!

TUTORIAL