



IDEAS AND INFLUENCES

Inability or lack of opportunity?

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If I were to identify the idea that has most significantly impacted on my practice to date it would have to be the social model of disability. Having trained as a learning disability nurse in the early 1980s, I thought I understood 'disability' – but rather than critically examining its meaning(s), I had internalised dominant individual/medical models of disability that see individual impairments as causing disability. For example, I had not questioned why people with learning disabilities had experienced research undertaken 'on' them but not 'with' them: it seemed obvious that they would be unable actually to 'do' research.

Starting my PhD a decade later, I began to explore my assumptions more critically and encountered the social model of disability. Rather than stating that people with impairments are unable to do things, it argues that they are prevented from participating in activities by a range of social, psychological, economic and environmental barriers. First articulated by the Union of the Physically Impaired Against Segregation (1976), the social model was further developed by authors such as Abberley (1987) and Oliver (1990).

What most struck me about this model were its very practical implications for both nursing research and practice. In terms of my research, it has led me to identify, challenge and remove barriers that might prevent people with learning disabilities from being active participants in research that affects their lives. However, the social model of disability is equally helpful in informing practice. For example, is the patient you are supporting unable to understand the information they have been given (and therefore to provide consent) or is it that they are unable to understand the information in the format you have provided? Could perhaps the use of a larger font, pictorial information, removal of jargon or having someone to read through the information with them promote understanding? Similarly, is a person with autistic spectrum disorder unable to attend an outpatient appointment because they refuse to come into the waiting room or do they feel unable to enter the waiting room because it is noisy, with a lot of people and bright lights? Would it help to offer the first appointment of the day or a quieter, less stressful environment in which they would feel comfortable?

Looking at how we can change our practices to remove barriers to participation should be commonplace in relation to supporting disabled people; the need to make reasonable adjustments to achieve equal access is enshrined in the Equality Act 2010 (Government Equalities Office, 2010). Nonetheless, I was shocked a couple of months ago when talking with a group of qualified nurses to find that, out of 16

people, only two were familiar with the reasonable adjustments requirements. Possibly they were making such adjustments to their practice without specific knowledge of the concept, but the growing body of evidence that people with learning disabilities continue to experience poor access to good quality healthcare would suggest this may not be the case (Emerson et al., 2012; Krahn and Fox, 2014).

When I first came across the social model of disability, I set out some of my ideas regarding its application within nursing (Northway, 1997). The model has come under some criticism for (the critics argue) failing to acknowledge that the pain and discomfort experienced by some disabled people would limit their day to day lives even if all barriers to participation were removed (see, for example, Crow, 1996). Nonetheless, to me this doesn't invalidate its usefulness in the context of nursing practice; people experiencing pain and discomfort may be further disabled by health services that fail to adapt to their needs. If you haven't incorporated the social model of disability into your practice, I would encourage you to look at how you can make reasonable adjustments in your day to day work. Not only are there ethical and moral reasons for doing so, it is also a legal requirement when providing services for disabled people

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