

The Social Model of Disability

At Barnwood Trust, we work from the social model of disability. This approach, developed by disabled people, explains that people are disabled not by their bodies or minds, but by the barriers created by society.

Why the Social Model Matters

The social model emerged from the disability rights movement as a deliberate challenge to the medical model of disability. The medical model sees disability as a problem located within an individual and focuses on what is “wrong” with a person, aiming to treat, fix, or cure them. This can remove choice, power, and control from disabled people and place the responsibility on them to change and adapt to a society where disabling barriers exist.

The social model reframed disability as:

- A matter of rights, not personal tragedy.
- A form of discrimination and oppression, rather than an individual problem.
- A shared societal responsibility to remove barriers, not an issue to be solved through treatment.

What the Social Model Says

According to the social model, people are disabled by the barriers that society builds and maintains. These can include:

Physical barriers



Buildings without step-free access, inaccessible transport.

Attitudinal barriers



Stigma, stereotyping, low expectations.

Digital barriers



Inaccessible websites, online systems, and technologies.

Communication barriers



Information not available in alternative formats or plain English.

Cultural barriers



Norms and practices that exclude disabled people.

Economic barriers



Poverty, unemployment, and the extra costs of disability.

Structural barriers



Policies, processes, and systems that create or reinforce exclusion.

Removing these barriers improves accessibility, participation, and justice for everyone. The model places responsibility for change on society, institutions, and systems, not individuals.

What the Social Model Achieved

Transformed public understanding of disability, shifting it from a medical issue to a rights issue.



Centred lived experience, giving disabled people greater ownership of their identity.



Fuelled disability rights activism since it was developed in the 1970s.



Shaped legislation and policy by making the case for equality, accessibility, and the removal of discrimination.



Influences how organisations work today, including Barnwood Trust, where it guides our language, approach, and commitment to co-creating change with disabled people.



Recognising the Limitations

Many disabled people draw on both the social model and the medical model in their lives. Medical support, treatment, or diagnosis can be essential, and the social model does not deny this. One limitation is that it can underplay the reality of pain, fatigue, or chronic health conditions that people live with.

At Barnwood Trust, we use the social model because our role is to work for social change, address injustice, and remove the barriers disabled people experience in Gloucestershire. It provides a clear foundation for challenging inequality while recognising that individuals may relate to their bodies, minds, and identities in different ways.

