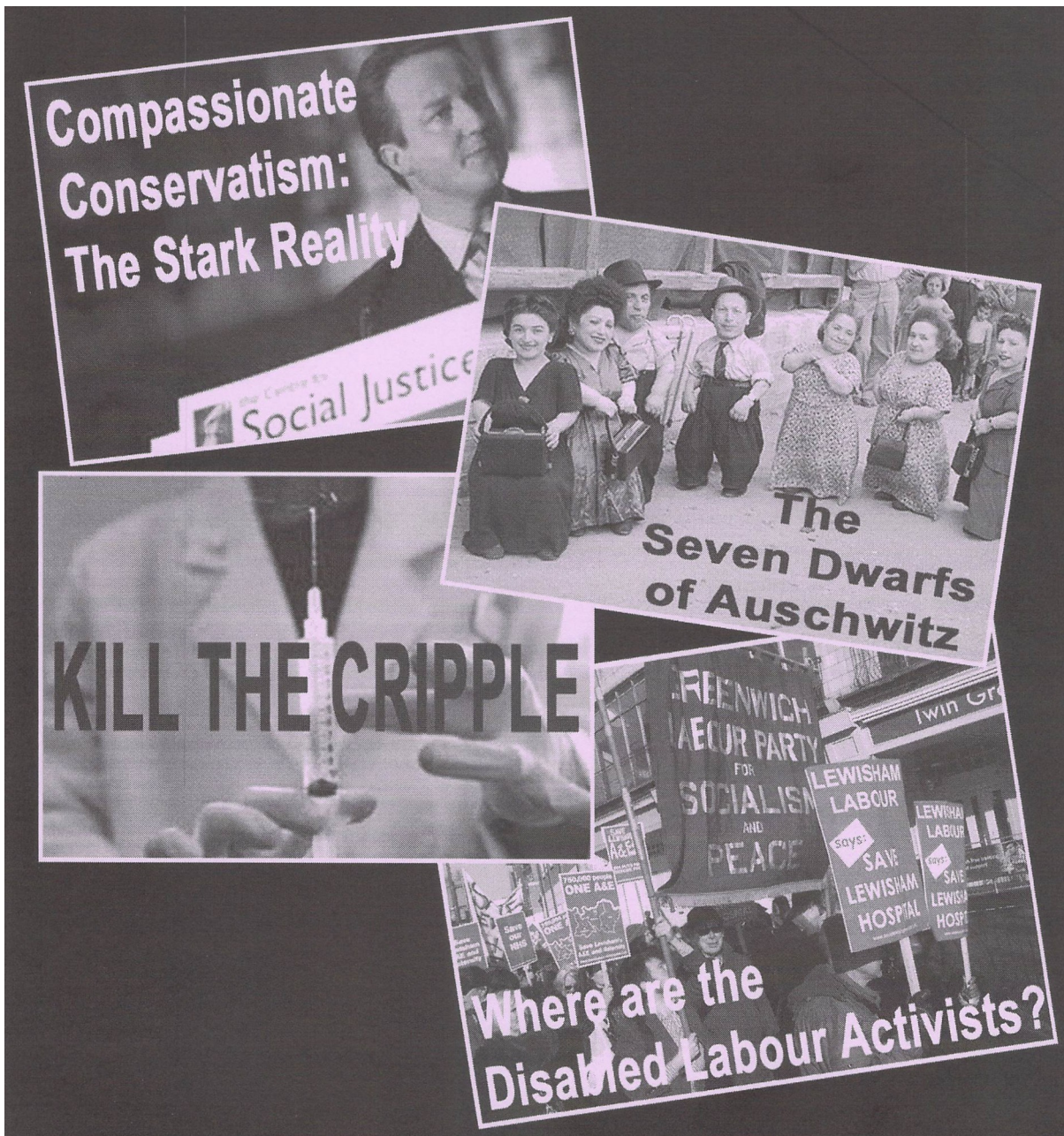


The magazine of the Greater Manchester Coalition of Disabled People

# coalition

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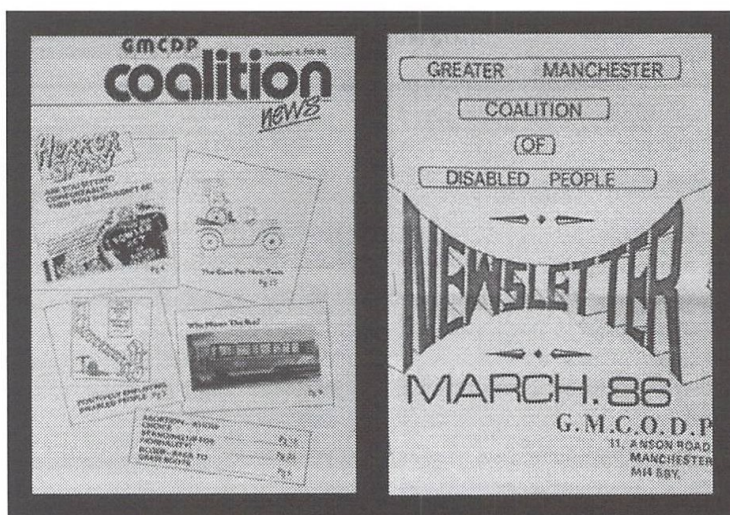
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## Editorial Comment

I begin with apologies for the long delay in getting this edition out, not only to you, the reader, but also the various contributors to the magazine. Hope it was worth the wait and fingers crossed the next edition won't take so long.



Last year I began work on creating a database of all past editions of the magazine. In time it's hoped that we can digitise the magazine and make them more widely available. In working on the database, I have discovered that this is the 84th edition of the magazine, which was first printed in 1986. Initially it began life as a newsletter. The 'GMCDP Newsheet' morphed into the 'GMCDP Newsletter' and then into 'Coalition News' and finally in June 1989 became simply 'Coalition'.

In the last 27 years we have published in excess of 900 articles and poems by over 300 different writers. We continue to debate, chart, inform and are informed by the Disabled People's Movement, the principals of Independent Living and the Social Model of Disability. This edition is no different, as it includes articles on the Biopsychosocial Model of Disability, the stark reality of the current austerity measures, the things our politicians say about disabled people, a review of 'The Seven Dwarfs of Auschwitz' and a look at the lack of disabled activists within the Labour Party.

Also in this edition, we have an extra-large helping of The Sting from our ever elusive columnist Scorpio. Scorpio has been a regular fixture in our magazine since 1988, and with 73 appearances is our most prolific contributor by far. For anyone new to Scorpio, it's hard to describe it in a single coherent sentence but the following list of adjectives should give you a flavour of their je ne sais quoi: witty, pithy, informative, irreverent, edgy, angry, original, opinionated, tactless and untamed. I open emails from Scorpio with a mixture of anticipation and trepidation and often find myself asking myself: can you say that? Do you mean that? Can we print that? Thankfully, the answer is always, yes, yes and yes.

I mention this in part as those with internet access can now read Scorpio's past columns at: [www.scorpiothesting.com](http://www.scorpiothesting.com), and it's hoped that the entire back catalogue of The Sting will be available online in the very near future.

**Brian Hilton**

# The Sting

## **The ups and downs of Lady Tanni**

You know the government is running scared when the Chancellor is too afraid to appear on TV face-to-face with Tanni Grey-Thompson. By her own admission Tanni is hardly the most ferocious opponent of Odious Osborne, "I always try to be reasonable in my discussions and remain balanced about welfare and the changes." Nevertheless she was axed from The Agenda because poor old Gideon was afraid she might be beastly to him.

She was far more likely to be "very annoyed" by his recent embarrassment at being caught parking in a disabled persons bay. This "lack of respect" really riles our Tanni who claims, "you never see this in America - they have a very different attitude there." She may be right about the abuse of parking spaces but there are many disabled Americans who would question her assertion that attitudes are better - especially those who are forced into institutions by health insurance companies or those who are still denied basic support because they are too poor.

As well as refusing to appear on TV with Tanni, top Tories are also trying to block her appointment as Chair of Sport England because she is "too political"!

I doubt that Tanni is that concerned about the views of a few fossils in the House of Lords when she has bigger problems closer to home - in fact at home. Access troubles have once

again blighted her life. The lift to her apartment recently broke and she couldn't find the caretaker. The only solution she could find was to haul herself and chair up the stairs.



## Couldn't give Atos - deaths and lies



I have previously reported on the p-poor record of Atos in conducting fitness for work tests. Official figures have now confirmed that over 1700 people who have been passed fit for work have died within 12 months of being tested.

Perhaps IDS should change his mantra from "work must pay" to "work sets you free" - or "Arbeit Macht Frei" as the Nazis proclaimed from death camp gates.

On a much happier note, seven Atos doctors have been referred to the General Medical Council for investigation following complaints about their conduct when carrying out assessments. The General Nursing Council reports that a number of complaints concerning nursing staff are also being investigated. Here's hoping that they are all found unfit to practice.

Atos are at last waking up to the negative publicity they are receiving, but not in a positive way.



I almost choked on my cornflakes when I read that GMCDP and many other

disabled people's organisations were supportive of the work they were carrying out; we were listed as supporters of Atos bid for even more work from the DWP! Despite this obvious and disgraceful lie they were still awarded the work as the DWP were not interested in honesty, only "value for money".

So being unprincipled, dishonest, abusive and wrong are ok as long as you are cheap.

Just for the record, the only support I would give Atos is in the form of a noose dangling from the gallows.

## **CRAPITA Pipsqueaks**



Given that I despise Atos you might think that I would be pleased to see that they will be facing competition in undertaking PIP assessments. Sadly this is not the case as the competition comes from CRAPITA.

CRAPITA PIP's CEO Steve Duckworth has promised a fairer, more caring approach with lots of training for the



health professionals who carry out their medicals. In a recent radio interview he spoke passionately

# CRAPITA

about the approach which his organisation will take to ensure a more positive experience for disabled people.

Unfortunately he was left with no answer to the caller who suggested that for all his touchy-feely sentiment he was still presiding over an assessment process that is deeply flawed and where his assessors merely make a recommendation not a decision. If you care so much Steve, will you quit if your recommendations are rejected by the bean counters who are determined to see an overall reduction in the number of people receiving PIP?

## Home help



Housing Minister Mark Prisk is proud of the fact that his government has protected the Disabled Facilities Grant for another year. That's some achievement since his colleagues act as if they have nothing but contempt for disabled people (IBS, Osborne, McVeycant, etc.).

He stated that, "For many people, the security of being able to stay in your own home in difficult times can have a real impact on their health and wellbeing." One presumes that this impact on health and wellbeing ceases to matter if you

are one of the 400,000 disabled tenants facing possible future eviction if they can not pay the bedroom tax.

## Parking wars



It's not just Odious Osborne who thinks that disabled people's parking spaces are there to be abused. Liz Jones, writing in the Mail on Sunday, declared: "He parked in a disabled bay to buy a burger? Because that was the crime. Not parking in a bay expressly designed for people with no arms or legs or eyes (why are they driving?)."

Ms. Jones boasts that she makes a point of abusing disabled people's spaces in protest at the difficulties she experienced in obtaining a Blue Badge for her mother, "The red tape required a PhD, beaten only by the fact it had to be renewed every year, just in case she was miraculously able to walk again."



Hard to believe that this smug, selfish low-life works for a paper that promotes benefit cuts because some people do get better."

I repeat my offer to Osborne, Jones and all other abusers, if you want to use a Blue Badge just come and see me and I'll be glad to ensure you are eligible.

## **F\*\*k off**



It's that time of year again when the tabloids highlight the sex lives of disabled people. This year's offerings include the "former madam" who is seeking planning permission to open a brothel in Milton Keynes exclusively for disabled people, and a disabled person in Worcester seeking a law firm willing to bring a case against the state to force the introduction of Dutch-style sex vouchers.



I suppose that this is a little light relief from all the articles designed to stir up hate and fear.

## **And you dare to call us work-shy**



There is hardly a day passes without another attack upon disabled people by this vile government. But nothing seems to stir the blood of the true blues (aptly supported by the yellows) more than the suggestion that we are nothing but a bunch of idle scroungers.

For the record, like many other disabled people, I have been working since I left school, despite the best efforts of various government medics who have tried to classify me as unfit for work.

I have also been an employer, using my allowances to buy the support I have needed to remain living independently. Again, like many other disabled people.

This picture is seldom portrayed by those MPs, who seem to think that everyone is on the fiddle - just like them with their fraudulent expense claims.

Incidentally, it's the same MPs who are silent about Parliament only sitting for 120 days this year. Despite us, apparently, facing the greatest economic crisis of modern times, these lazy bastards are getting two-thirds of the year off.

Nice work if you can get it!

Is there an Atos category of not fit for work, but fit enough to be an MP?

## **Blunkett rides again**



It's been a while since I've seen my old mate Dave in the papers. How heartening then to read about his recent brush with the law. The former Home Secretary had a run-in with PC Plod for breaching the Royal Parks and Other Open Spaces Regulations 1997, or rather for allowing his guide dog to.

Dave was issued with a fixed penalty notice for not clearing up after his dog fouled the footpath. Having paid the fine Dave discovered that as a guide dog owner he was exempt from the regulations.

I'm not sure what I find most disturbing, a former Home Secretary not being aware of the rules his



government introduced, or a guide dog owner not being aware of the rules relating to owning the dog.

Either way, good to see Dave being paid to write about his experiences in the Mail on Sunday, that most disabled-friendly of papers.

### **Executed for being disabled**



Ian Blakey murdered his mother Jean because he was "sick of the sight of her MS". The coroner reported that his actions were "unjustified". I 'm glad to hear! Though I would have hoped for perhaps a comment or two about what might drive someone to such hatred.

### **Esther McVeycant**



Unless you watch trashy GMTV you may not know much about the Minister for Disabled People. To help you along I will be running a series of 'getting to know her' features. To whet your appetite, did you know that until recently she was dating Tory MP Philip Davies. He's the guy that once suggested that disabled people shouldn't receive the minimum wage, as we are not as employable as non-disabled people. As they are still "best mates", perhaps she could clarify if she agrees with his views?

## Where are the Disabled Labour Activists?

Reprinted with kind permission by Kirsten from her excellent blog ([kirstenhearn.wordpress.com](http://kirstenhearn.wordpress.com)), she ponders that at a time when disabled people are fighting for our lives, where are the disabled Labour activists?

"Why should benefit recipients be able to live in expensive accommodation that people with jobs can't afford?" froths a Tory minister.

"If you hadn't sold off all the council houses, they wouldn't have to," I snarl as another minister accuses benefit claimants of making a "lifestyle choice".



1 in 3 disabled people lives in poverty. Atos throws disabled people off benefits, expecting even those undertaking debilitating cancer treatment to look for a job. More than 30 people a week die after failing the work capability assessment. Osborne threatens to cut welfare benefits by another £10b. The Disability Living Allowance is being abolished and replaced by Personal Independence Payments with a significantly reduced budget.

Fanning the flames of tabloid fuelled "disability envy", government spokespersons assert that disabled people are getting something for nothing, obscuring the fact that DLA is there to meet the additional costs of disability.

'Beat the cheat' tabloid campaigns encourage the lie that disability related benefit fraud is endemic. The papers scream, "malingerers, scroungers, benefit cheats," and disability hate crimes escalate.

The austerity frenzy also hits services that make disabled people's independence possible. Cuts will imprison them in their own homes or confine them to institutions.

Housing Benefit reductions will force disabled people out of their specifically adapted homes or remove the additional room needed to aid independence or which houses their carer.

"It's a fight to the death," say disabled people at a 'State of the Movement' conference organised by Inclusion London and other disabled people's organisations. We pledge to fight back!



I've been a Labour Party member since 1994. I stood as a candidate in the last GLA election in London and was instrumental in influencing Ken's agenda, including on disability.

But I got little support as a blind candidate and had to pay sighted helpers to meet my access needs.

Trying to participate in general party activities is equally as challenging. Thanks to on-going disability discrimination, I continually have to argue about disability access rather than policy.

But I have lots to say about policy. If Labour is to win the 2015 election, plan B must include integrating and properly funding social care, health and welfare.

We must prove how this will stimulate the economy and create jobs, enabling older and disabled people to be equally productive members of society rather than be seen as the 'useless eaters' of current government philosophy.

The Party's proud tradition of driving forward equality was led by its members via self-organised black, women or LGBT sections. "Nothing about us without us," say disabled activists. The history of our oppression is peppered with non-disabled do-gooders speaking on our behalf. So where are the disabled Labour activists?

What will Labour do to stand with disabled people as we fight for our lives? How will disabled members be supported to be a part of Labour's plans as we develop the 2015 manifesto?





## The Seven Dwarfs of Auschwitz - ITV Perspectives Series

Steve Scott reviews Warwick Davis's personal journey to discover the truth about the Seven Dwarfs of Auschwitz.

I always try and stay away from seven.

To some seven is considered lucky. Buddhists see seven as the centre. Seven is a double mersenne prime number and there are seven pillars of wisdom. Being a dwarf I try and avoid groups of seven, give me six or eight dwarfs anytime, not seven.

Though life's too short to explain. The Ovitz family, unlike the fictional magnificent seven, all lived to tell the tale. What is truly extraordinary is the Ovitz family were seven dwarfs who survived the genocide, carnage and utter hopelessness of Auschwitz.

Why? They listened to their mother (pay heed kids), who said: "... through thick and thin, never separate. Stick together, guard each other, and live for one another."

Actor Warwick Davis retraced the steps of the



Ovitz seven. From their home in Rozavlea, Transylvania to the most notorious concentration camp the world has ever known in ITV's documentary 'The Seven Dwarfs of Auschwitz.'

Warwick, a dwarf himself, was keen to investigate how the entertaining Lilliput troupe survived despite having the 'double whammy' of being dwarfs and Jews, not to mention coming face to face with Auschwitz's notorious resident, Josef Mengele - Doctor Death. "Mengele had a particular fascination for freaks."

I asked Warwick what he found most revealing about the Ovitz seven whilst researching the documentary.

"One of the most pleasing things I discovered about 'The Lilliput Troupe', as they were known, was that they were professional performers through and through. These were not seven dwarfs who went up on stage as some sort of novelty act - these were proper entertainers who just happened to be short."

The programme included footage of Auschwitz, with eerie long shots of Warwick walking down the railway line into the infamous camp, where many entered and so few left.



Warwick, like the Ovitz family, is an entertainer. Starting at an early age, perhaps as a 'freak' it was easy to play the clown.

Nevertheless, as with the Ovitz family, Warwick progressed, not through playing the clown, but through developing his talent and becoming skilled at what he does - he entertains his audience, even pricks their consciousness.

Warwick himself admits he was given the part in 'Star Wars; Return of the Jedi', because he was 3ft 6 inches tall - not because he could act. Though credit to Warwick, to sustain a career he knew he had to focus on his performance, "... being short could not be my selling point."

Undoubtedly Warwick developed the documentary in part because of his history, his take on the world - though it was memorable not for Warwick's size, but for its script, film footage, content and ghostly use of silent moments.

The documentary effectively links the Brothers Grimm's Snow White to the Nazi fascination with perfection, where difference isn't tolerated. On top of ridicule and derision, dwarfs faced being experimented on. Ironically, it was their difference that bought the Ovitz seven time. Time they used to demonstrate their skills and save their lives.

There was a cost, a price, experiments and pain inflicted on them for no scientific reason.

The Ovitz seven complied, since as Perla Ovitz said, "It was better to be over here, than over there," referring to where the ovens and gas chambers lay.

The scenes of Auschwitz and Warwicks's eerie reflective silence as it dawned on him, but for a few years of history, this could have been him and his family, left me cold since it could have been me and mine too.



When we spoke recently, Warwick was just as pensive, telling me how it had made him feel:

"We all exist for a moment in history and unfortunately for the Ovitzes', their time coincided with the Nazi's reign of terror over Europe. As I learned their story, it dawned on me that in another time, it could have been about me and my family, and that it might not have had such a happy ending..."

Tragically, the Ovitz family had an average height brother, Arie, who did not follow his mother's advice and was killed trying to escape a Hungarian Labour Camp.

Mirror, mirror on the wall...

**Steve Scott**



P.S. 138 cm, just for the record.

## **Poetry by Carol Batton**

### **Manic-Depressive Label**

I hide behind my label  
I can cos my label is Big  
When I'm behind my label  
My label is all you see

Look at me  
Peeping out at you  
Be kind to me  
And I'll come out to you

### **Sense**

Listen - the mad make sense  
Amid the words they do no say  
You can hear...  
Between the words, your heart can tell  
That they speak pain loudly

Do you understand?

## Compassionate Conservatism - The Stark Reality

Richard Currie asks whether the coalition government has fulfilled its promise to disabled people.

The welfare and social care reforms are starting to bite, and it's only going to get worse. The government claims it is committed to enabling disabled people to take an active role in society and fulfill their potential, and making the UN convention on rights for disabled people a living reality.

The government recognises that a substantially higher proportion of individuals who live in families with a disabled member live in poverty compared to families where no one is disabled. It also accepts that disabled people are more likely to face discrimination in society and the workplace. In the field of education, the government acknowledges that there are barriers in terms of access to education and achievement.

One in three households with a disabled member live in unsuitable accommodation. The government also understands that disabled people face difficulties taking part in cultural and social activities in their communities, and difficulties in accessing transport. Disabled people are also more likely to be a



victim of crime and face barriers in accessing the legal system. It is also noted that disabled people face difficulties in living independently and having choice and control over their lives.

With the coming into power of the coalition government, founded on the ideas of compassionate conservatism, social justice and equality, at a time when the neo-liberal capitalist project championed by Thatcher, and to a greater or lesser extent by her successors as prime minister, is in tatters, it would not be beyond the realm of fantasy to expect that a government brought together in the national interest would seek consensus in public policy.

Nothing could be further from the truth. The reckless reforms of the coalition around welfare and social care risk plunging disabled people further into poverty and social isolation. The benefit cap of 1% is a real terms cut at a time when the rising cost of living could lead to destitution and food poverty. This is on top of disabled people now contributing toward council tax (in Manchester) and the expectation (again in Manchester) that those in receipt of social care support make ever higher contributions towards the cost of that support. This means tough times for many.

This fear is supported by research, recently published by the think-tank Demos, which shows the government does not have any real idea of the effect of the welfare cuts. It points out, chillingly, that the government does not have any understanding of how the cuts collectively affect people's lives. Demos estimates 3.7



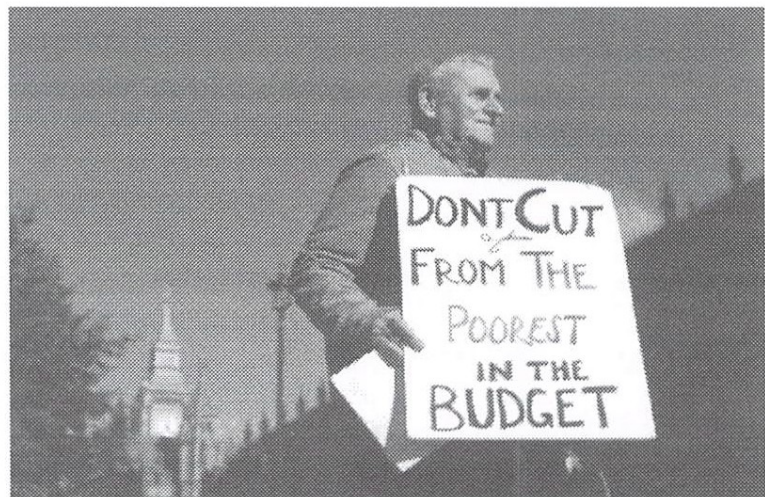
million disabled people are affected by the cuts in the form of a reduction in income, and that by the time of the next round of cuts (possibly in 2017) disabled people are likely to lose 28 billion in benefits. So some of those in receipt of benefits may be affected by 6 cuts to welfare at the same time. An estimated 1 to 6 thousand people will see a reduction of roughly £23,000.

The cuts are happening at a time when politicians see nothing wrong with using divisive language, and misusing statistics to justify harsh reforms on welfare, all of which has seen a rise in disability hate crime.

At the same time they are destroying the social contract between society and disabled people.

Namely, an acceptance that disability is caused not by an individual's

impairment, but by the way society is organized; and that welfare support was given to people in recognition that we need support and face, economic social and cultural barriers.



In its place we have a system that seeks to dehumanise us, desperate to throw us in to a stagnant job market where prejudice is so historic and endemic we have little chance of gaining a worthwhile job, and putting back the gains made by our movement, i.e. social care and the right to live independently.



Simon Duffy points out that by 2015 the social care budget will be slashed by 33%, and 50% by 2018. The cuts are already having an impact in the first two years of this government, for example as seen in changes to eligibility criteria and reduced support. The clearest threat to many people's right to live independently has been the closure of the government controlled ILF fund, which helps those with high level support needs lead a good life. When a range of ULO/DPO's were called to give evidence to a parliamentary select committee on the impact of the closure of the ILF, many argued that the ring-fencing of funds was vital, and that failure to do so once funds were transferred to the control of local authorities was of great concern.

Sensing that their human rights were under threat, a group of disabled people sought to challenge the government's ILF consultation process, stating that it was flawed and not in line with its responsibility under the equality duty - a challenge that has been quashed by the courts. In commenting on the ruling, the Guardian columnist Zoe Williams rightly makes several points. Firstly, no political party made a manifesto commitment to closing the ILF as part of austerity measures. Secondly, the DWP was dishonest in its reasoning for closing ILF, failing to admit that the money won't be there until it is legally obliged to be. Thirdly, the reforms are driven



by ideological not financial reasons, they want to shrink the state starting with those most in need. And finally, that these reforms will cost more whilst denying those with high support needs the right to live with dignity.

At the beginning of the article I outlined how the government recognised the barriers faced by disabled people and professed a commitment to making human rights a living reality for disabled people, I have sought to highlight that, in reality, the statement couldn't be further from the truth.

Richard Currie

## **Let's Kill the Cripples - It's a Vote Winner!**

If you think it's only our national politicians that want to kill us (compassionately), here we take a look at some of scary nonsense local politicians have to say about disabled people.

MPs are often briefed, rehearsed and groomed before they step in front of a camera, tweet, speak or comment on the price of fish.

This is not the case with local politicians, as was demonstrated in the run up to the local elections last year. A UKIP candidate in Kent even produced a manifesto that outlined detailed plans to 'unburden' society of the cost of caring for disabled and older people.

The manifesto quite openly called for compulsory abortions of foetuses with certain detectable medical conditions (such as Down Syndrome and Spina Bifida) and free euthanasia for the over 80s.

Quite rightly, this caused outrage and led to criticism from disabled people, following which UKIP quickly suspended the candidate from its party.

However, it's too easy to simply dismiss such views as unrepresentative nonsense.

This recession, like the last recession, like all recessions, provides a platform for people to question our existence. From whether we should be born, to whether we should be killed - and all things in between - all seem to be under consideration.

As disabled people we are subjected to the full spectrum of hate and disdain from our politicians. At one end of the spectrum there is a UKIP candidate wanting to euthanise older people, or a Cornish councillor wanting to kill disabled children. At the other end of the spectrum, there is a former minister for disabled people saying we are 'unsustainable' and the current minister for disabled people misleading parliament about the impact of the bedroom tax on disabled people.

The aforementioned Cornish councillor was forced to resign in 2011 after making comments whilst attending an Equality event in Truro.

In conversation with a member of staff from Disability Cornwall, the councillor bemoaned the cost to the council of supporting disabled children and suggested they should be 'put down'. Following a lengthy investigation, the councillor was forced to resign, but astonishingly, stood for office again in the recent local elections, and - even more astounding - was duly elected by the not-so-good people of Wadebridge.

As the election results were announced, a member of the public shouted, "You're a disgrace," and, "shameful." I suspect the comments were aimed at the newly elected councillor, but I would like to think they were also directed at the people of Wadebridge who voted for the candidate. Fortunately, shortly after being elected, the councillor was forced to resign yet again after being censured by the local authority for additional comments in which he compared disabled children to deformed lambs.

Needless to say, I won't be going to Cornwall for my hols this year!

**Brian Hilton**



## Poetry by Carol Batton

### It's Important

I'm logical...  
To you, I seem to over react  
To me, I present a fact  
That is more important  
In manic terms  
Than you, being normal  
Can discern

### 90%

A handful of options  
90% of them drugs  
One cannot do nothing  
So strong drugs are something  
So try them, or force them  
If they will not have them  
People look well  
When they're quiet

## **Welfare Reform and the Social Model of Disability**

Jenny Morris has kindly allowed us to re produce her recent blog ([jennymorrisnet.blogspot.co.uk](http://jennymorrisnet.blogspot.co.uk)) in which she reflects on the continuing importance of the social model of disability in our fight for equality.

One of the goals I set myself in writing this was to try and set current debates on disability and policy in the context of what has happened over the last 30 years. The value of taking a longer term view is very much demonstrated, I think, by current debates about welfare reform and the relevance of the social model.

A key feature of these debates is the emergence of campaigners whose voices tended not to be heard amongst previous campaigning on disability issues. Given a voice by social media, and fuelled by the unprecedented attacks on long-term sickness benefits, these are people who emphasise the impact of ill health (including mental ill health) and impairment on their ability to gain and retain paid employment.

People like Kaliya Franklin and Sue Marsh have written in detail about personal experiences of long-term ill health whilst at the same time challenging the government on their welfare reform policies.

This has prompted some to assert that the social model of disability is being undermined by the ways in which campaigns against welfare reform have focused on the injustice of declaring 'sick' or 'ill' people 'fit for work'. For

example, Mike Oliver wrote in his Disability Now biog: "most of the political campaigning that has taken place in defence of our benefits and services has forced disabled people back into the role of tragic victims of our impairments and has involved others undertaking special pleading on our behalf. In fact, it has taken us back more than 30 years to the time before the social model came into existence."



Mike also reminded us that those who developed the social model, "insisted that the link between illness and disability should be severed for the purpose of planning and delivering services."

Neil Crowther has provided an excellent analysis of the implications of such a separation in the current context of welfare reform, concluding that "Creating a false dichotomy between illness/sickness on the one hand and disability on the other, whether to protect the social model or social security is in no-one's interest."

It is useful, however, to step back and both clarify the language we are using in this debate and set it in a wider context. A common understanding of language is always

important to analysis and policy development, but is even more important in the context of discussions about disability because of the enormous confusion over what we mean by 'disability'.

In popular discourse, 'disability' means something being 'wrong' with your body or mind. In this sense, to be 'disabled' means to, for example, not be able to walk, or to see, or to hear, or to read or write, and it is assumed that these functional limitations determine what a person is able to do.

If someone is to receive help from the state, therefore, eligibility will be determined by assessing their level of functional impairment, i.e. their level of 'disability,' which in this sense means their level of 'inability'. Moreover, if the 'problem' is impairment then the response needs to be health and other specialist services aimed at curing, treating, rehabilitating or managing those conditions.

It may be tedious to those familiar with the history of the disability movement to reiterate how we have challenged this world view. But we need to keep restating this challenge because changing the meaning of the word 'disability' is absolutely necessary to changing our position in society.

So, to be absolutely clear, during the 1970s and 1980s disabled people developed a



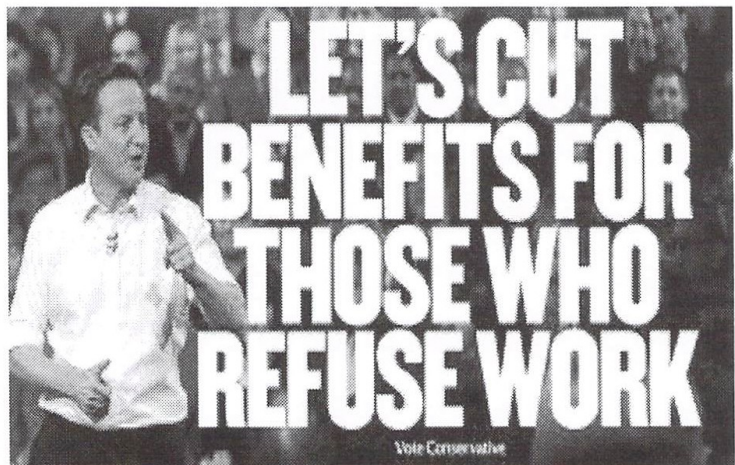


different way of explaining our social and economic experiences - and in doing so adopted different meanings for the words 'disability' and 'disabled' than that described above.

As the British Council of Organisations of Disabled People explained, in 1981:

"Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity. (Therefore, disability, like racism or sexism, is discrimination and social oppression)."

Impairment is a characteristic, feature or attribute within an individual, which is long term and may or may not be the result of disease or injury and may:



1. affect that individual's appearance in a way which is not acceptable to society, and/or;
2. affect the functioning of that individual's mind or body, either because of, or regardless of society, and/or;
3. cause pain, fatigue, affect communication and/or reduce consciousness."

Refusing to use the word 'disability' to mean impairment - but instead using it to refer to disabling barriers/oppression - is as important as refusing to refer to adult women as 'girls'.

It is part of bringing about a wholesale change in social attitudes - a necessary precondition to changing socio-economic experiences.

The social model enables us to place our experience of disadvantage in the context of how individuals, organisations and institutions interact with us.

The medical model places the focus entirely on how we experience our impairments. Medical model thinking is embedded within our culture - as deep-seated as sexism, and as damaging.

In spite of the government, and many local authorities, claiming that they take a social model approach, eligibility for benefits and services is still determined by assessment of how much our bodies are affected by impairment and/or illness, rather than the disabling barriers we experience. The insistence on separating out the experience of our bodies from the disabling barriers we experience came out of the struggle against segregation and exclusion.

Indeed, many of those who developed the social model had been consigned to institutional care.

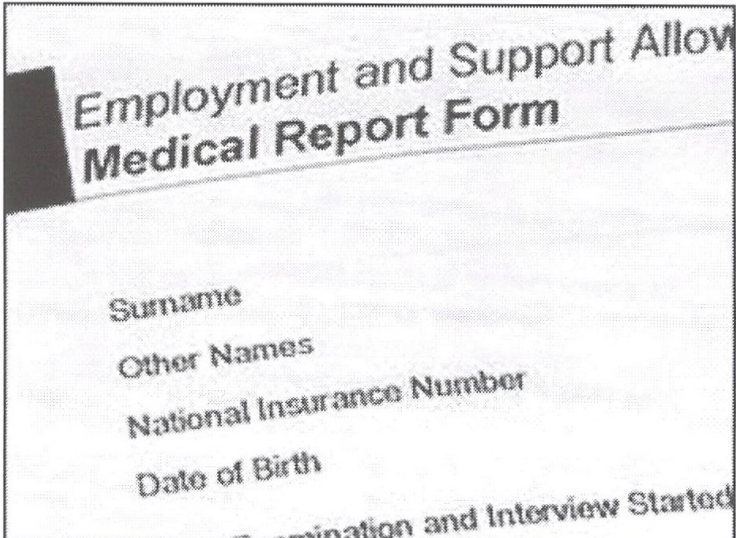
As Liz Crow wrote, the social model has been liberating for many, many disabled people: "It has enabled a vision of ourselves free from the constraints of disability (oppression) and provided a direction for our commitment to social

change. It has played a central role in promoting disabled people's individual self-worth, collective identity and political organisation. I don't think it is an exaggeration to say that the social model has saved lives."

The damage that the medical model inflicts on us is demonstrated by its application by the social care system, as illustrated by one mother writing about her daughter's recent experience of being assessed:

"... now my daughter has turned 18, and she is entitled to support in her own right. She has a desire and right to live an independent life, apart from me, replacing my unpaid support with social care. But to get this, she has to claim she is desperate, unhappy, "crumbling". She has to conform to the image of the thwarted disabled girl she - and I - have spent the last 18 years fighting. She has to openly declare her life is a tragedy.

The assessment process is entirely based on what you can't do. In several interviews with social workers, each lasting over two hours, my 18-year-old daughter has had to talk about her inability to wash, dress, walk, sit, get in and out of bed... As soon as the social worker left, my daughter burst into tears. Spending over two hours talking about all the things you can't do is hard for anybody. In a world in



Employment and Support Allowance  
Medical Report Form

Surname  
Other Names  
National Insurance Number  
Date of Birth

Examination and Interview Started

which being proud, powerful and disabled means challenging every assumption made about you, this is particularly wounding."

No wonder we don't want to talk about what our bodies can't do, about pain, fatigue, about feeling so depressed you can't bring yourself to speak to anyone. No wonder we insist that assessments and eligibility shouldn't be about our incapacities, our 'vulnerabilities' but instead about what support we need and changes others should make to enable us to go about our daily lives.

But to deny the experience of our bodies is, in fact, to take a rather simplistic approach to the social model. In order to apply the social model - in other words to identify the adjustments and supports that are required to enable equal access and opportunities - we need to articulate how our bodies are affected by impairment or long-term health condition.

It isn't a question of handing over assessment and treatment to the medical profession but of identifying what our additional requirements are - some of which will involve access to appropriate medical treatment, some of which will involve addressing other types of barriers.



These barriers include, for example, changing working conditions in acknowledgement of low energy levels, experience of pain or fluctuating levels of mental health, as well as the more easily recognised barriers of physical access for wheelchair users.

The point is that, as long as we don't acknowledge, and incorporate, the experience of our bodies into the social model, we won't be able to demand the changes, which will liberate us.

For example, a common criticism is that a social model approach to employment rights and to support doesn't address the needs of someone with significant mental health difficulties, or chronic fatigue syndrome. Such an assertion is based on a misunderstanding of the social model but it isn't surprising because we often have not gone far enough in identifying the changes that need to be made if we are to address the barriers experienced by people with such experiences.

Properly addressing those barriers means a fundamental challenge to how paid work is organised, and indeed a challenge to what 'work' is. But in order to identify what adjustments are required to accommodate people with a long-term health conditions, we have to open up spaces which enable the articulation of the experiences of our bodies.

There has always been a tension between those who want to only talk about barriers, and those who want to connect the identification of barriers with our experiences of impairment and/or illness.

In the late 1970s and 1980s, this tension was played out in the debates between the Union of the Physically Impaired against Segregation and the Liberation of Network of People with Disabilities.

UPIAS focused on developing the theoretical coherence of the social model, insisting that the focus had to be on disabling barriers (see Campbell and Oliver, 1996, *Disability Politics: Understanding our past, changing our future*).

The Liberation Network on the other hand, influenced by feminism, attempted to incorporate the politics of the personal into the social model. They pointed out that, unlike other forms of oppression, being disabled is "often an additional drain on the resources of the individual, i.e. it is not inherently distressing to be black, while it may be to suffer from painful arthritis" (In *From the Cold*, June 1981).

Ten years later, in 1991, I wrote how this struggle to incorporate the personal into the social model was continuing - "In our attempts to challenge the medical and the 'personal tragedy' models of disability... we have sometimes tended to deny the personal experience of disability. Disability is associated with illness, and with old age (two thirds of disabled people are over the age of 60), and with conditions which are inevitably painful."

And Liz Crow, while stressing in 1996 how liberating the social model has been, also went on: "The experience of impairment is not always irrelevant, neutral or positive. How can it be when it is the very reason used to justify the oppression we are battling against? How can it be when

pain, fatigue, depression and chronic illness are constant facts of life for many of us?"

The crucial point is that we need to take ownership of the experiences of our bodies instead of leaving it to others. If we don't articulate what our requirements are which result from the impact of impairment and/or illness we cannot hope to either get the adjustments we need, or ultimately challenge disabling public attitudes which treat such experiences as tragic at best and, at worst, as manifestations of personal inadequacies and/or of a life not worth living.

We do need to avoid using the kind of language which invites people to feel sorry for us, which emphasises our 'vulnerabilities'. In campaigning against the punitive nature of current welfare reforms, we mustn't forget that we want the right to equal access to employment opportunities . What is wrong is the assumption that a failure to gain paid work is a failure of 'motivation'. What is wrong is systems to determine eligibility which do not measure disabling barriers, but which instead force people into emphasising how ill or impaired and 'vulnerable' they are in order to get support.

We need to keep pointing out that 'vulnerability' is socially constructed, created by lack of support and by abusive attitudes and behaviours. Most importantly, we need a fully developed social model, which enables us to articulate the experience of our bodies so that we can identify the barriers to be removed and the support that we require.

Current activism by disabled people is a reflection of how far we have come in changing how disabled people view

themselves. Those of us who were campaigning for disability equality 30 years ago should be proud of the current generation of campaigners who are continuing the struggle. They are building on what has gone before, using new methods of campaigning which weren't open to us. I for one am very grateful for what they are doing.

**Jenny Morris**

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## Letters To The Editor

Dear Editor,

Ann Rae has to be congratulated for grasping a very troubling issue as

described in her article in Coalition, December 2012. That of assisted dying, an issue that polarises the emotions of many people who have for years followed the same political journeys and engaged in the struggle for justice and human rights for disabled people.

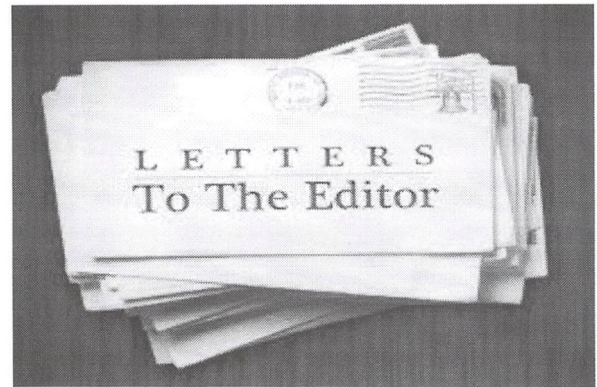
This is not surprising since the personal stories and very painful experiences will direct individuals to adopt very powerful and often opposing positions.

There is, however, gathering pressure to have a legal framework in place, called for by individuals who want assistance to end their life.

Anne invites a debate within the disabled people's movement on such issues.

Disabled people's organisations are well placed to navigate these complex and sensitive issues. Possessing the necessary political and critical discipline, we are able to engage in the difficult conversations necessary to offer society a considered way forward.

As an active atheist, I do not look to a god to dictate the direction of my life, nor the ending of it. However, I do



recognise that my personal preferences and actions in the society in which I live will have consequences - and sometimes unintended consequences - for other human beings. This is also made more significant when we live and participate in societies where there exists deep and unequal distributions of worth and power.

However, assisted dying presents us all with clear and often opposing demands from individuals that deserve to be heard and respected. This does require society to construct procedures and safeguards which support, with meaning, the person who has made the decision to die tomorrow, whilst at the same time vigorously protecting the rights of a person who intends to live forever.

**Joe Whittaker**

## **Unravelling the Knot - Social Model of Disability and Biopsychosocial Model of Disability**

Linda Marsh unpicks the ins and outs of a model of disability which many fear is increasingly being used by the government as the rationale to deny disabled people services, benefits and support.

The Work Capability Assessment, which is the lynchpin of the government's recent 'welfare reforms', has its basis in the 'Biopsychosocial Model of Disability'. I have, for a while, felt the need to understand this model, and this is my first attempt.

I have based my explanation of the Biopsychosocial Model on a reading of Debbie Jelly's article: 'A Tale of Two Models: Disabled People vs. Anum, Atos, the Government and Disability Charities', plus a definition of the model from: [www.biologyonline.org/dictionary](http://www.biologyonline.org/dictionary).

Before launching into the Biopsychosocial Model, I feel the need to remind us all about the Social Model of Disability, which is at the heart of the Disabled People's Movement.

### **The Social Model**

The Social Model of Disability was developed by disabled people. It is not an overnight 'fad', but was proposed in the 70s, then consolidated in the 80s and 90s.

The Social Model puts the focus on the factors (or barriers) in society, which stop a person taking part in, or being involved in, aspects of living, which people who do not face these barriers may take for granted. Although it is acknowledged that other factors, such as racism, sexism, homophobia, poverty and social class, amongst others, also play a part in a person's freedom to make life choice, the Social Model is a specific tool, and does not either include or exclude these factors.

The Social Model asks people to put impairment to one side when thinking about disabled people. Impairment is the word used for the physical, sensory, mental or other 'difference' from what is thought to be 'normal'. For example, a loss of sight or hearing, loss of a limb, medical conditions which change the body or mind, learning difficulties or mental distress, to name but a few examples.

Under the Social Model, the word 'disability' means the barriers in society which stop people with impairments from taking part, or fulfilling the choices they want to make about how they live their lives.

So, what we need to do is take away the disability - in other words the barriers. Barriers can be physical (no level access, information not being accessible, not being prepared to communicate with someone in a way which is best for them). But barriers can also be because of attitude - for example, negative attitudes towards disabled people, thinking disabled people are less than other people, etc.

The Social Model of Disability makes us focus on society, not the individual person, to determine how much a disabled

person can reach where they wish to be in life, whether that be paid work, leisure activities or other pursuits.

## **The Biopsychosocial Model**

The Biopsychosocial Model comes from a very different perspective, and discussing it means using a different set of words.

The Biopsychosocial Model brings into play the effect of 3 elements when considering the experience of a disabled person.

These are:

Biological (bio) - the impairment or medical condition the person has.

Psychological (psycho) - the psychology, or attitudes/mental state of a person.

Social - the circumstances in which someone is living, their family situation, friendship circle, whether they work, etc.

In other words, it brings into the equation how a person's attitude towards their impairment and life situation affects their impairment/illness and biological ability to heal or 'overcome' the impairment or illness.

Although it is hard for disabled people to acknowledge openly, as it may be used against us, every one reacts differently to life situations, whether that be having, or

acquiring an impairment, or something else. Two people with the same impairment, to the same level, will react differently to having that impairment, just as two people, for example, having the same job, same house and having been in their relationship for the same amount of time, would react differently to having a child.

In effect, the Biopsychosocial Model could lead to an argument that a disabled person who has an impairment or illness is prevented from taking part in activities such as work or family life because their mental attitude prevents them from healing or 'overcoming' their illness or impairment to the extent which would allow them to participate.

In her article about the use of the Biopsychosocial Model by the Department of Work and Pensions and academics developing assessments for welfare reforms, this is exactly what Debbie Jolly is arguing. She bases her argument on quotes from academics involved in developing welfare reform and policies for reducing the number of disabled people on out-of-work benefits such as Incapacity Benefit and Employment and Support Allowance.

The emphasis on the individuals' psychological reaction to their impairment puts the focus for change on the person, rather than looking at what, in society, is a barrier to their participation in whatever activity or aspect of life is under examination. For example, with this model it could be argued that a person's state of mind is stopping them getting well enough, or 'overcoming' their impairment or illness enough to hold down a job. It is not looking at what barriers there are which stop the person working - such as inflexible working hours, lack of adaptive equipment, or employing a

support worker to assist with the less accessible parts of the job.

If the Social Model were applied to the same situation, then it would be recognised that the inflexibility of the working environment, unwillingness of employers to remove barriers, and the discrimination faced by disabled people when seeking work is the problem disabled people continuously face. No amount of 'positive attitude' or 'overcoming' on the part of a disabled person could remove the barriers.

If my explanation is too simplified for some readers, I highly recommend you read Debbie Jolly's article, which gives much more detail and a historical perspective to both models. Debbie's article can be found at [www.dpac.uk.net](http://www.dpac.uk.net).

**Linda Marsh**

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On 21 October 2013, GMCDP moved to the Windrush Millennium Centre in Moss Side (please see map and contact details below).



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