Session 1: What is disability?
Leaders script

Welcome and introductions
If you are in a small group, spend some time introducing yourselves and sharing what you hope to get out of these sessions.

Introduction
This series of studies will help you begin to think about disability and the church. We will explore the social context of disability, what the Bible tells us about disability and disabled people, and then think about what the church might do today to be a place of equal belonging and participation for all.

Each session contains two or three reflections with a number of questions and a moment to hold all you have heard and shared before God. It is important in your discussions (if you are in a small group) that you make time and space for everyone to be heard. The stories, experiences and reflections of any group members who are disabled will be particularly valuable to the group.

These studies will hopefully cause you to begin to think in new ways, but it will not make you into a more open and accessible church. That is a far deeper process that you will need to commit yourself to over and extended period of time. But, as you hear of the injustice that disabled people experience and the church’s failure to be truly open to all, along with the Gospel imperative to bring the marginalised into the centre, I hope you will be inspired to seek to become a church that recognises and lives out the truth that God’s power is made perfect in weakness and that in God’s kingdom, disability is a witness of grace that is essential to the Body of Christ.
Disability today

Disability is a common experience. Over 20% (1 in 5) of all people in the UK are disabled in some way. This is 7% of under 16s, 20% of working age people, and 45% of over 65s. And yet, although it is so common, many people who regard themselves as not disabled say they are concerned, or even fearful, about meeting disabled people. In fact, 67% (more than 2 out of 3 people) say they are ‘uncomfortable’ about meeting disabled people.

Why might this be do you think?

Maybe you can relate to this statistic and share this feeling of unease about being with disabled people.

Or maybe you are disabled and have experienced what it is to be ignored or marginalised or passed by.

If you think you are not disabled, imagine for a moment that you are asked to accompany a disabled person on a journey. What would you think? What would you be worried about?

If you are disabled, think about how you feel when meeting strangers for the first time. What worries you and why? Maybe you have had good and bad experiences with other people.

Take a few moments as a group to share your thoughts and experiences.

1. What is disability?

The Equality Act that came into UK law in 2010 says that a person is disabled when they have:

‘A physical or mental impairment that has a substantial and long-term effect on their ability to perform day to day activities.’

14 million people in the UK identify as disabled in some way. It is estimated that of these, 70% (9.8 million) are hidden disabilities and 30% (4.2 million) are visible disabilities.

Hidden disabilities are often some form of mild to moderate learning disability, mental illness, restrictions due to diabetes, epilepsy, heart disease, respiratory conditions, and many other medical conditions that cannot be seen but restrict how a person can function in everyday life.

Visible disabilities are things that we might more traditionally think of as disabilities. Mobility issues, wheelchair users, physical deformities and injuries, blindness, Down’s Syndrome and intellectual disabilities, etc.

7 million working age people are disabled. Half of these cannot work and half work or are seeking work. But unemployment amongst working disabled people is high at about 10%
and wages for those that do work are often lower than those of their non disabled colleagues.

Many disabled people and their families are disadvantaged, Experiencing poor housing, low income, poor educational outcomes, lack of social mobility and reduced opportunities compared to non disabled people. In 2018, 75% of people who accessed foodbanks were disabled or had disabled family members. Since 2010 government initiatives to ‘control’ welfare spending have seen disabled people targeted and further disadvantaged in different ways.

In 2017 Employment Support Allowance, the main out of work disability benefit, was reduced by almost £30 a week to align it with standard unemployment benefit. The replacement of Disability Living Allowance (DLA) with Personal Independence Payments (PIP) has seen many disabled people re-assessed for benefits and lose income even though their disability had not changed. And initiatives like the bedroom tax unfairly hit disabled people where extra living space is needed for wheelchairs and equipment.


‘It is a badge of shame on our society that millions of disabled people in Britain are still not being treated as equal citizens and continue to be denied the everyday rights non-disabled people take for granted, such as being able to access transport, appropriate health services and housing, or benefit from education and employment. The disability pay gap is persistent and widening, access to justice has deteriorated, and welfare reforms have significantly affected the already low living standards of disabled people. It is essential that as a society we recognise and address these structural problems urgently and comprehensively.’

Mahatma Gandhi is supposed to have said: “The true measure of any society can be found in how it treats its most vulnerable members.” If this is true, then the statistics and the experiences of disabled people in the UK today suggest that our society does not measure up well. Statistics and research reveal that as a nation we are not inclusive or compassionate towards many people who live with disabilities. Our achievement driven, wealth measured society does not value those who cannot take part in the race towards what is judged to be success. Disabled people are pushed to the margins of society, categorised, and denied the opportunities that those who fit society’s definition of ‘normal’ enjoy as a matter of course.

All of this means that many disabled people are hidden in our midst. They are isolated at home with inadequate provision and low income that prohibit their engagement with wider society. Isolation results in loneliness and depression, which results in further isolation, and the cycle of marginalisation and disadvantage goes ever on.

Questions
1. How does this make you feel?
2. If you are not disabled, have you ever thought that disability brings so much disadvantage and lack of opportunity?
3. If you are disabled, are you able to talk about the disadvantage you have experienced and how this has made you feel?

2. Models of disability

A number of what are known as ‘models of disability’ have been developed to help both disabled people and those who feel they are not disabled understand more about what disability really is. Different models have been developed at different times in the light of new thinking about how and why people are disabled.

The Medical Model.

In 1845 the UK Parliament passed what was known as ‘The Lunacy Act.’ Although the purpose of the act was to speed up the segregation of disabled people in asylums (particularly those who were intellectually disabled or mentally ill), it was also the first time that disabled people were regarded as ‘patients’ in need of medical care rather than social rejects who needed to be locked away for their own and society’s protection. Before this, disability had been regarded as a social problem. After this, it was regarded as a medical problem and it became the goal of the increasingly powerful medical profession to cure or correct physical, sensory and cognitive impairments in order to make disabled people as ‘normal’ as possible. This became known as the medical model of disability. It sees all disability as sickness that is in need of treatment and assumes that all disabled people want above everything else to be cured or normalised. It led, over the following 150 years, to disabled people being held in the grip of a powerful medical profession and losing any sense of self-determination. Disabled people had no voice and were not listened to and often subjected to prolonged and painful treatments that were of little benefit. They were often trapped in places of medical care for the whole of their lives with no say in what was done to them. And if medical intervention was not possible or did not have the desired effect, disabled people found themselves in a place of double rejection. Rejected by society and rejected by the medical profession. Often condemned to live in long-stay institutions for the whole of their lives.

The social model

In the middle of the 20th century though a new model and understanding began to emerge. In the years after the Second World War, as many injured soldiers and service personnel returned to the UK, new groups of activists sprung up who demanded that disabled people should be as involved in building the new post-war society as the non-disabled. After all, many disabled service men and women had become disabled fighting for this new society. In the 1940s and 1950s, places of care were still being built where disabled people were
detained under the guise of being cared for. But people began to condemn long-stay institutions as dehumanising and indefensible. In the 1960s the term ‘disability rights’ was coined, very much following the model of the fight for the rights of black people in the USA. And out of disability rights came a new understanding of disability, or a new model.

The Social Model.

The social model stresses that a person’s physical or sensory or cognitive impairment is not their disability. Disability occurs when society does not allow a person with an impairment to take a full part in that society because they are denied access and their full rights. People with impairments have many abilities, but they become disabled when those abilities are suppressed by a society that is structured only for people of a certain physical, sensory and cognitive shape. The shape that society has decided to call normal.

In the social model, disability is not countered or mitigated by medical intervention but by making social adjustments that make society as open and as accessible as possible to the full diversity of embodiment that is part of the human experience. It demands physical and material change and a fundamental change of attitude, demanding that impairments are not seen as deficit or deficiency.

Many disabled people fought and campaigned hard for this recognition through the 1970s, 80s, and 90s. Campaigns that finally bore fruit when the 1995 Disability Discrimination Act came into force and subsequently the Equality Act in 2010. The Acts put disability rights into law and required a radical ‘rewiring’ of society, both the physical environment and people’s attitudes, to accommodate this.

The Minority Model

But although a blanket approach to disability did change things for all disabled people, this was patchy. Some disabilities were left behind and not recognised in the same way as others. Some changes suited and benefitted one type of disability while not benefitting another. So, a new model began to emerge, the minority model. In this disabled people are seen as minority clusters each with unique cultures, gifts, perspectives and needs. Just like other minorities, ethnic and social groups, different disabilities needed to be recognised and space made for them in society.

What is wrong with models?

What is wrong with models though? Well really all these models, medical, social and minority, have one big fault. They all require disability to be defined as difference. They need a line to be drawn between the able and the disabled, but that line is always drawn by those who regard themselves as able. It is the able who define what disability is by
deciding what makes a person normal and so defining what makes a person abnormal or disabled.

In all of these models, disability is a negative categorisation that indicates that a person has some sort of deficit. Something is missing or not right about them. Or in other words, something has gone wrong. The question this course asks is: Is this right? Is disability something gone wrong, or is there something much more important here. Something that can tell us incredible things about God and creation and our place in all of this.

Questions

1. Has looking at disability from a social model perspective changed your understanding of what disability is?
2. Do you find it surprising that many disabled people would not want to endure lengthy medical treatment in the hope of ‘curing’ or ‘normalising’ their body but would rather be allowed to live a full life as a disabled person?
3. What do you think are the barriers and attitudes society presents that cause ‘disability,’ excluding and inhibiting people whose bodies, senses and minds do not conform to what is called ‘normal’ from playing a full part in society?

Time to reflect

Next time we will explore some Old Testament passages and particularly the story of creation in which God says: Let us make man in our image. Let’s make them, male and female.

What we will ponder is how the image of God is seen in the full diversity of humanity, and particularly what we can see of God in disabled people.

We will end this session though with a brief reflection on Psalm 8.

Psalm 8

O LORD, our Lord, how majestic is your name in all the earth!
You have set your glory above the heavens.
From the lips of children and infants you have ordained praise
because of your enemies,
to silence the foe and the avenger.
When I consider your heavens, the work of your fingers,
the moon and the stars, which you have set in place,
What are we that you are mindful of us,
our children that you care for them?
You made us a little lower than the heavenly beings and crowned us with glory and honour. You made us rulers over the works of your hands; you put everything under our feet: all flocks and herds, and the beasts of the field, the birds of the air, and the fish of the sea, all that swim the paths of the seas. O LORD, our Lord, how majestic is your name in all the earth!

At the centre of this Psalm, in verses 4 and 5, we read that God is mindful of us and cares for us, and we have been crowned with glory and honour. There is no caveat to this revelation. It does not say, 'you are mindful of some of us and care about some of us and crown some of us with glory and honour but some of us remain outside of this blessing.' No, it simply says that all human beings, all children born to human parents, are held in the mind of God who cares for us and honours us and crowns us with glory. And this is true no matter who we are and no matter how we are embodied. We don't need to be a particular physical shape. We don't need to understand. We don't need to do anything. But God is mindful of all of us. He cares for all of us. He has crowned each of us with glory and honour. And that must mean that disabilities are equally a revelation of God’s glory as are abilities. It must mean that the child with profound intellectual disabilities is equally able to bring God into our midst as is the eloquent preacher or spirit filled worship leader. It must mean that every disabled person, alongside every person who regards themselves as not disabled, has a contribution to make to the revelation of God’s glory in his church.

The problem is that the church has lost sight of this truth. It has lost sight of this truth and been distracted by the secular view that disability is deficit, something missing, a negative experience. The unique opportunity that we have in the church though is to model a new understanding. To show the world something that is truly counter-cultural and prophetic. Prophetic of the kingdom banquet that is to come where all people, disabled and non-disabled, gather around the table in the presence of the God who crowns us with glory and honour and through our abilities and disabilities is fully revealed amongst us.

In these sessions we will explore something of what this might mean for us as individuals and for the church.

Read the psalm again and see if it comes to life in a new way for you.

Time of silence.
A moment to share any thoughts and reflections.
Pray