

English (Welsh on Page.3)

History of the Social Model of Disability, Ruth Fabby MBE

The history of disability is complex. There are different models of disability. The Charity Model, the Individual Model, and the most well known and used, the **Medical Model**. These models have supported negative notions of disabled and Deaf people being dependent or burdens. These views started to be challenged in the 1970's. However it was mainly medical professionals and non-disabled people who were allowed to speak about disability issues. The medical model's focus was what disabled people could not do, or how they could be more 'normal'.

What is interesting, is that right up to the start of the Industrial Revolution at the end of the 18th Century, many communities had non-disabled people within what was felt to be ordinary communities. This was due to lack of understanding about things such as how to stop the spread of disease or in treating people who had accidents or traumas. It was an accepted part of life with support structures in place to assist those who couldn't work.

All this changed as people moved into the cities to work in the factories. The structures which supported disabled people failed and disabled people were divided according to their medical conditions and institutionalised. At the same time, a movement known as the Enlightenment gave scientists and doctors knowledge about how the body worked. They did experiments on disabled people in these institutions to find out how they could fix it to help people recover. Those who couldn't recover were destined to stay in the institutions all their lives. This continued right up to the 1970's with many disabled children removed from their homes and medical treatments imposed, often against the wishes of the parents. Many

children were also abandoned and given up for adoption due to the stigma people felt for having a disabled child.

This only changed when disabled people started to challenge and identify that ways disabled people have been excluded, oppressed, and discriminated against. It started a movement with protests and direct action to draw attention to these issues. An academic called Paul Hunt was pivotal in starting the conversation. The debates and discussions led to the forming of the Social Model of Disability.

This turned views of disability completely around: disabled people are not 'disabled' by their impairments, but by the many barriers that prevent them having equal access into everyday life. This means disabled people don't have 'a disability' but face multiple disabling barriers that exclude them.

These barriers may start from pregnancy, through to schooling with limitations on academic achievements through to lack of career opportunities, choices to social interactions and activities. One of the greatest aspects about the Social Model is that it helped disabled people realise that they are not a problem and that they have a right to be included. It also formed thinking about ableism being a form of oppression alongside racism, agism, sexism, homophobia, and other discriminatory fractions towards marginalised people.

The Social Model of Disability States:

- **Disability** is the loss, limitation, or denial of rights by society, to a point where the individual is restricted or excluded from taking part in society.
- **Disability** is an experience, not a medical condition.
- **A Disabled Person** has an impairment or impairments, not a disability.

Cymraeg

Hanes y model cymdeithasol o anabledd, Ruth Fabby MBE

Mae hanes anabledd yn un cymhleth. Mae gwahanol fodolau o anabledd yn amrywio o Fodel Elusen i Fodel Unigol, a'r un a ddefnyddir fwyaf ac sydd fwyaf adnabyddus, y Model Meddygol. Nid yw'r rhain wedi bod yn ddefnyddiol ac mae ganddynt rôl sy'n cefnogi cysyniadau o ddibyniaeth a safbwyntiau negyddol o bobl anabl a Byddar. Dim ond yn y 1970au y dechreuwyd effeithio ar, a herio'r safbwyntiau hyn, gan mai gweithwyr meddygol proffesiynol a phobl nad oeddent yn anabl oedd yn cofnodi a thrafod materion anabledd gan fwyaf. Gwnaed hyn yn bennaf o safbwynt meddygol a oedd yn canolbwyntio ar yr hyn na allem ei wneud, neu fodel o ddiffygion o'r hyn mae'n ei olygu i fod yn 'normal'.

Yr hyn sy'n ddiddorol, yw hyd at ddechrau'r Chwyldro Diwydiannol ar ddiwedd y 18^{fed} ganrif, roedd gan sawl cymuned bobl anabl nad oeddent yn anabl o fewn yr hyn a ystyriwyd yn gymunedau arferol. Roedd hyn oherwydd diffyg dealltwriaeth o ran pethau fel sut i atal lledaeniad afiechyd neu drin pobl a fu mewn damwain neu drawma. Roedd yn cael ei dderbyn fel rhan o fywyd gyda strwythurau cefnogi ar waith i helpu'r rhai a oedd yn methu gweithio.

Bu i hyn oll newid wrth i bobl symud i'r dinasoedd i weithio yn y ffatrioedd. Bu i'r strwythurau a oedd yn cefnogi pobl anabl fethu ac fe rannwyd y bobl anabl yn ôl eu cyflyrau meddygol a'u rhoi mewn sefydliadau. Ar yr un pryd, bu i symudiad a elwir yn Oleuedigaeth roi dealltwriaeth i wyddonwyr a meddygon o ran sut yr oedd y corff yn gweithio. Bu iddynt wneud arbrofion ar unigolion anabl yn y sefydliadau hyn i ddysgu sut i helpu pobl i wella. Roedd y rhai nad oedd modd eu gwella yn gorfod aros yn y sefydliadau gydol eu hoes. Bu i hyn barhau hyd at y

1970au gyda nifer o blant anabl yn cael eu cymryd o'u cartrefi a derbyn triniaethau meddygol, yn aml yn erbyn dymuniadau eu rhieni. Roedd sawl plentyn hefyd wedi'u gadael a'u rhoi i'w mabwysiadu oherwydd y stigma yr oedd pobl yn ei deimlo o gael plentyn anabl.

Dim ond pan fu i bobl anabl ddechrau herio hyn y bu newid ac wrth iddynt nodi'r ffyrdd y mae pobl anabl wedi'u heithrio, eu gorthrymu, a'u gwahaniaethu. Dechreuodd gyda phrotestiadau a champau uniongyrchol i dynnu sylw at y materion hyn. Roedd academydd o'r enw Paul Hunt yn allweddol i ddechrau'r sgwrs. Bu i'r trafodaethau arwain at ffurfio Model Cymdeithasol o Anabledd.

Bu i hyn newid y safbwyntiau am anabledd: nid yw pobl anabl yn 'anabl' oherwydd eu hamhariadau, ond oherwydd y rhwystrau sy'n eu hatal rhag cael mynediad cyfartal at fywyd bob dydd. Mae hyn yn golygu nad oes gan bobl anabl 'anabledd' ond eu bod yn wynebu sawl rhwystr sy'n eu hanablu ac yn eu heithrio.

Gall y rhwystrau hyn ddechrau o feichiogrwydd, i'r ysgol gyda chyfyngiadau ar gyflawniadau addysgol i ddiffyg cyfleoedd gyrfaol, dewisiadau rhyngweithio cymdeithasol a gweithgareddau. Un o agweddau mwyaf y Model Cymdeithasol yw ei fod wedi helpu pobl anabl i sylweddoli nad ydynt yn broblem a bod ganddynt yr hawl i gael eu cynnwys. Roedd hefyd yn ffurfio'r syniadaeth bod ablaeth yn fath o orthrwm ochr yn ochr â hiliaeth, gwahaniaethu ar sail oedran, rhyw, homoffobia, ac agweddau gwahaniaethol eraill tuag at bobl ar yr ymylon.

Mae'r Model Cymdeithasol o Anabledd yn nodi:

- Mai **anabledd** yw colled, cyfyngiad, neu wrthod hawliau gan gymdeithas, i'r pwynt lle bo'r unigolyn wedi'i gyfyngu neu ei eithrio rhag cymryd rhan mewn cymdeithas.

- Profiad yw **anabledd**, nid cyflwr meddygol.
- Mae gan **person anabl** amhariad neu amhariadau, nid anabledd.