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‘Disability’

Disability is part of being human.

Almost everyone will temporarily or permanently experience disability at some point in their life. Over one billion people – about 15% of the global population – live with some form of disability, and this number is increasing.

The **World Health Organization** defines Disability as an umbrella term covering:

- **Impairments**

issues with body function or structure;

- **Activity limitations**

difficulties in doing a task or action;

- **Participation restrictions**

difficulties experienced by a person when involved in life situations.

Disability thus reflects the complex interaction between features of:

- a person’s body
- the society in which he or she lives

Some people don’t like the word ‘disability’

‘Dis’, the prefix, means to be set apart a little bit, that you are over and above and beyond whatever is attached to that word.

So . . . disability is beyond ability, reframing ability, putting ability in a new context, looking at it from a new angle, from a different direction.

When young people leave education, they no longer have Special Educational Needs, Additional Support for Learning or Additional Learning Needs (which are the terms they will have become used to). To access support and funding in adult settings, they will often need to use the word ‘disabled’.

An alternative term to disabled is dif-able: differently able. When you become disabled, it’s a trade-off, not a loss. You don’t lose your abilities; they just change.

We should do all we reasonably can to create an environment where people feel safe and comfortable talking about disability. This can help towards:

- making disabled people aware that they have rights;
- making sure disabled people get any support they need and are not put at a disadvantage or treated less favourably;
- recognising the benefits of an inclusive and diverse learning and workforce that does not exclude disabled people;
- recruiting and retaining students and staff who bring skills they have learnt through living with a disability;
- avoiding situations where we are unaware that someone is disabled and feel negatively about them for not doing something; and
- improving wellbeing and productivity for everyone.

Models of Disability

Within the **Medical Model** of Disability, it is the failure or limitation of the individual's body that causes disadvantage. This suggests that the problem is with the disabled person. Use of words like *patient*, *case*, *tragedy*, *handicap*, *sufferer* to describe disabled people is symptomatic of the Medical Model of Disability.

Within the **Social Model**, how an individual's body works doesn't matter because people are 'disabled' through lack of access to buildings, information, communication or personal support, or by the attitudes of others. It recognises that, from a disabled person's perspective, the problems they face are the barriers they experience in society rather than being 'disabled by a condition': we are disabled from achieving our potential because of the obstacles our non-inclusive society presents, not because we are physically unable.

In education and preparation for work settings (such as the job centre or supported employment), we tend to use a **Charity model**. This model relies on others to fund services for people with a disability, rather than recognising personal support as a right. The Charity approach to disability is viewed as being in the 'best interests' of disabled people, but it does not consider disabled people's experiences and knowledge as necessarily valuable or essential.

The Spectrum Model asserts that disability does not necessarily mean a reduced spectrum of function.

An **Identity (or Affirmation) Model** is closely related to the social model of disability but with a difference in emphasis. It shares the social model's understanding that the experience of disability is socially constructed but differs to the extent that it claims disability as a positive identity.



- Get to know which models of disability are utilised by different organisations and services so that you can help your clients understand how they work and how to access the support they could offer.
- Funding and support are often based on a Charity model – we may need to support clients in clearly identifying the support they need. They may need to demonstrate what they require to achieve the same outcomes as their peers (e.g. *Access to Work*). Time to identify and try out support and strategies prior to transitions should be part of a career plan.
- Medical model: Support may require a diagnosis (e.g. *Disabled Student's Allowance*). Within the statutory schooling system, a diagnosis is usually not required; [identification of 'needs' are] so a client may need to plan in time to be diagnosed if Higher Education is something they are considering.

- **Nothing about us without us**

The disability rights movement takes the position of ‘no decision about me, without me’.

If such a position is vital for the NHS, a national institution, surely the same should be said within careers work.

We can see that this ethos has been carried over to the wider education community and other sectors.

In the summer of 2023, the Pitt Williams Museum’s Curating for Change Fellow, Kyle Lewis Jordan, led a group of co-producers in researching disability across multiple times and spaces. Their questions grew from asking how disabled people lived throughout time, to interrogating how the objects capture the experience of disability itself. Their ideas covered themes of Form and Function, Precarity and Violence, and Care.

Valerie Billingham in 1998 helped to advocate for patient inclusion with the phrase: ‘Nothing about me without me.’

If you are looking for a good read, try Mike Oliver’s ‘Social Model of Disability’.

The models adopted by educational settings can affect how support and discussions around next steps potentially develop for our clients.

The social model is congruent with our client-centred approach that places the client at the centre of our interactions and support.

An approach that builds upon and recognises the Social Model of Disability isn’t a guarantee of success but is potentially one that is fairer and places the client at the centre of the work we do. It is a model we must listen to and attend to, especially as:

The social model of disability is a way of thinking about disability, created by disabled people.

There is a risk that a client can be ‘in the room’ but still have decisions made about them, and for them, without their views being taken into consideration; this is considered being ‘superficially inclusive’.

Chapter 11 looks in more depth at Mental Capacity, Advocacy and Equality Legislation in relation to our work.

Career development professionals have a valuable role to play.

To ensure:

- the client's voice is heard and
- is given not just equal weight (to the professionals and family members in attendance) but is actively seen as being the most valuable.

It is vital that their voices and decisions are informed, which is where high-quality careers guidance comes in.

We are there to ensure that clients have the space for career support, time and support to understand the options and possibilities available to them, as well as explore what is important to them.

It is crucial that their career development professional has the tools, as well as the professional skills and training, to deliver the career guidance in a way that is accessible and inclusive; ensuring that it is not only meaningful but also worthwhile.

We hope this book goes some way towards supporting the development of those approaches and a toolkit.

How does disability affect decision-making?

Disabled young people are somewhat less likely to engage in certain risky behaviours than their non-disabled peers. They also have slightly smaller social networks.

What does this mean in terms of Career planning and decision-making?

Risk – many of us learn about managing risk through play (see Chapter 7 on Play theory), on the walk to work/school, by being in a sports team and by 'going out' with friends.

A lack of basic facilities, support and equipment prevents many disabled people from taking part in sport, social and play activities.

- We need to learn to manage risk and consequences in order to plan successfully.

Agency – many disabled young people are educated separately from their non-disabled peers (in special schools, alternative provision or specialist bases). They have limited choices about who they mix with, what they can do during their day and reduced access to the 'chatter' about future options which many of us experience.

- We need to practice making decisions and listening to alternative views in order to make effective decisions.

Extract from *Career Development and Inclusive Practice*, Jules Benton and Chris Targett

Location – our young people with learning support needs are often transported by taxi, sometimes to provision a long way from home. Friends tend to be based within their education setting, reducing opportunities for social interactions in their personal time. Many disabled adults say that they are lonely and isolated.

- We need to share our own thoughts and plans with people we trust to develop our own sense of the future.

If your disabled clients have lacked opportunities to take risks, experience consequences, be heard, make choices, plan and build a wider circle of support, you may need to build these into their careers action plan.

The 'resources' section has links to lots of further information and tools to add to your toolkit. You can access it via the QR code and URL at the start of the book. For some explanations about different impairments, and some of the words and phrases used within learning support and disability communities, have a look at our 'Glossary'.

'This book will increase your confidence in and enhance your understanding of how to engage effectively and ethically with all of the multi-faceted individuals who make our working lives such a privilege.'

Claire Johnson, CDI Head of Professional Development and Standards, RCDP and CDI, ICCI and NICEC Fellow

Transform your career guidance practice to meet the unique needs of clients with special educational needs and disabilities (SEND).

The need for specialised guidance in career development for individuals with an impairment, health condition, learning support need or disabling factor has never been greater. This dedicated guide supports career development professionals to successfully adapt their practice to ensure it is inclusive of people with a variety of needs.

Written by two hugely knowledgeable authors with considerable expertise in the field of careers guidance and inclusion, this definitive guide offers:

- **Real-world case studies:** to demonstrate proven, real-life techniques employed by professionals in their practice and to illustrate their methods.
- **Actionable Insights:** with tools, techniques and strategies to help overcome specific challenges, including non-verbal communication and literacy difficulties.
- **Professional standards:** closely mapped against industry training benchmarks for career professionals.
- **Accessibility:** written in a clear, engaging and accessible format, it has illustrations throughout to support different learning styles.

Drawing on real-world, tried-and-tested techniques, this comprehensive handbook equips career development professionals with the tools they need to provide effective guidance, foster inclusivity and improve accessibility.

About the authors

Jules Benton has over 35 years' experience working as a careers guidance professional. She specialises in careers education for individuals with special educational needs or disabilities (SEND).

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Career Development and Inclusive Practice Jules Benton and Chris Targett



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