Finding WHAT Matters

COACHING SKILLS FOR PARENTS



Session 1: Inclusion, neurodiversity and social model of disability

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Today we are exploring

- Introduction to inclusion and what it means in practice
- Neurodiversity and what it includes
- Medical and social models of disability
- Preparing to listen – embedding listening and what helps you listen
- Dual listening skills exploring the approach

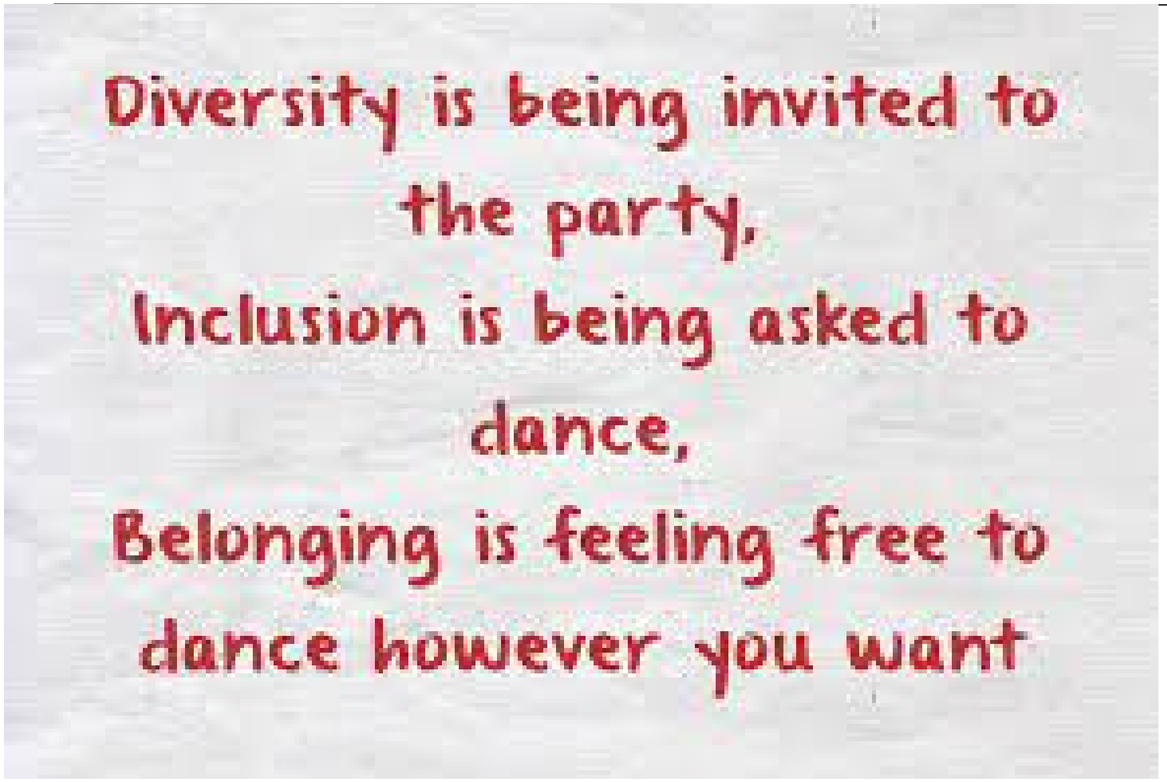
Inclusion – definitions



- the action or state of **including** or of **being included** within a group or structure
- the practice or policy of providing **equal access** to opportunities and resources **for people who might otherwise be excluded or marginalized**, such as those who have physical or intellectual disabilities and members of other minority groups
- WHAT MIGHT BE WRONG WITH THESE?

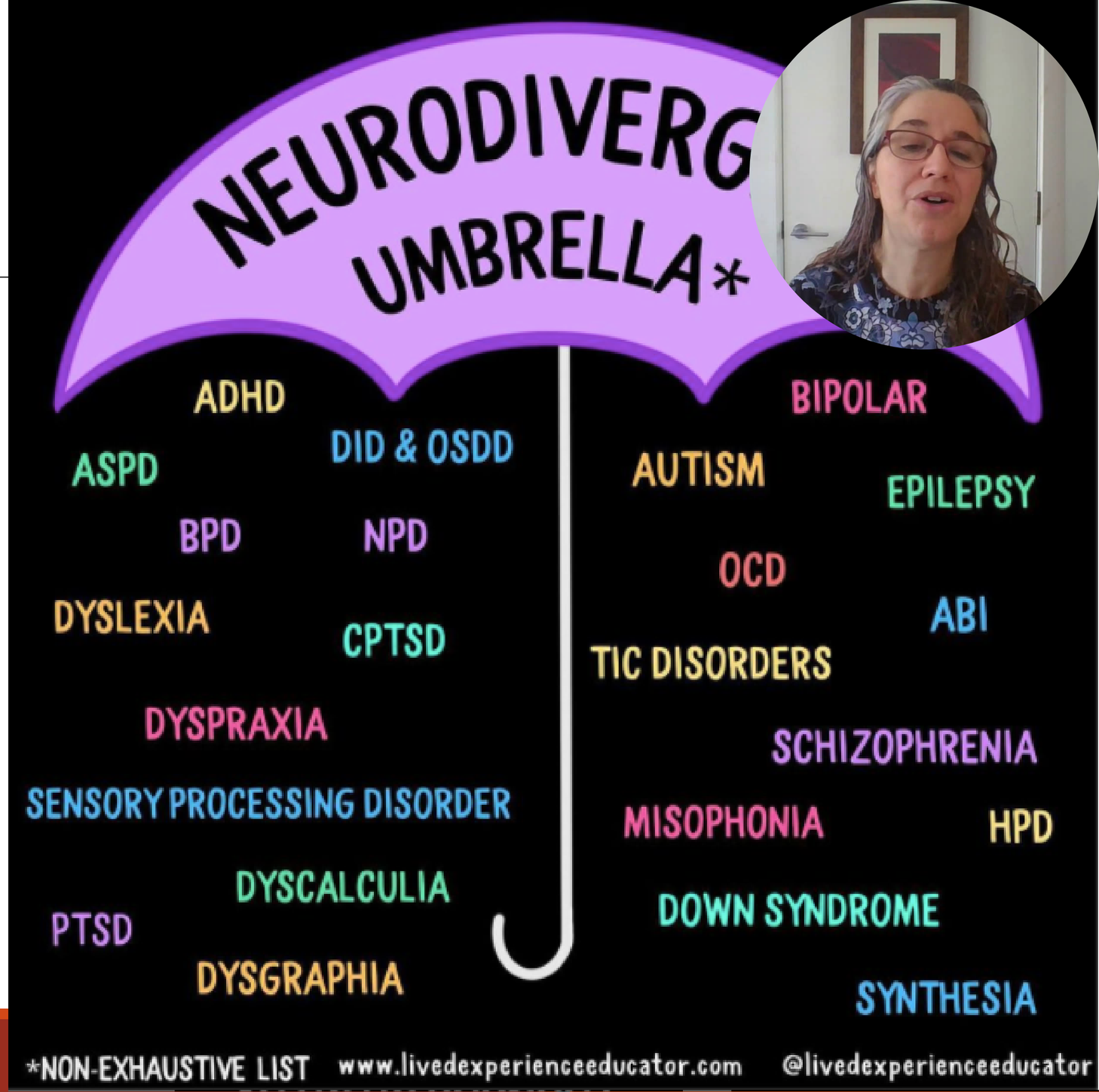
Inclusion





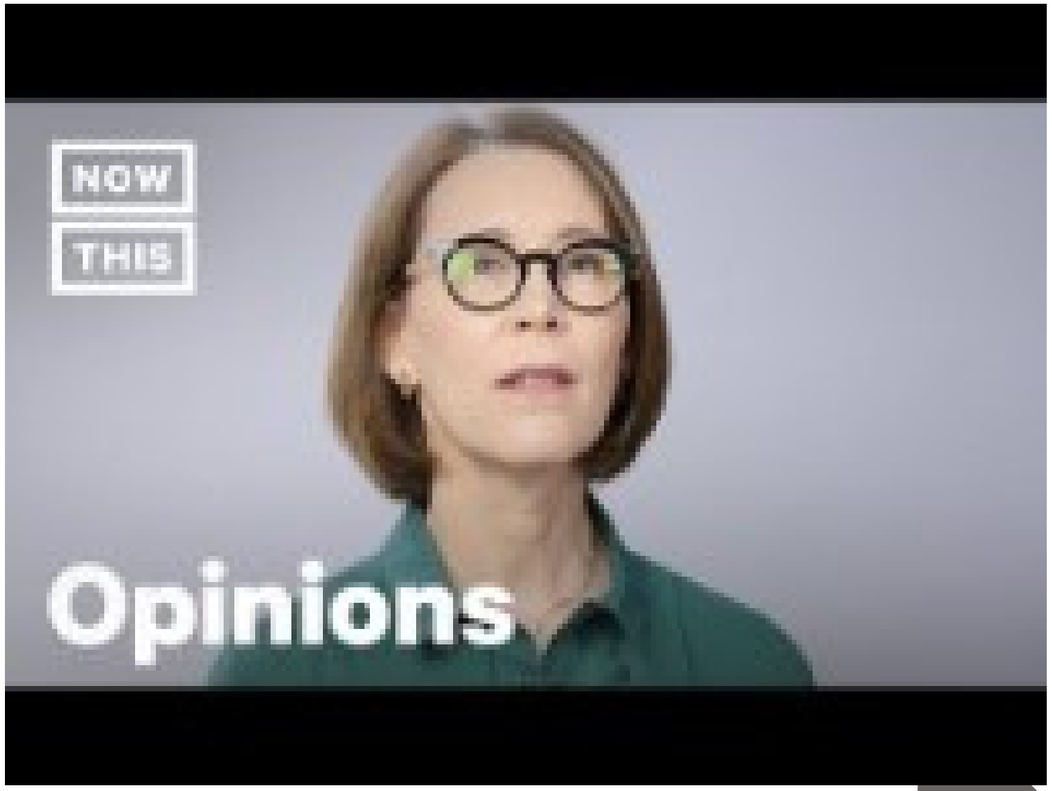
- Coproduction is deciding what kind of dance you would like to attend
- Power and influence – how much say do people really have?

Neurodiversity



Celebrating Neurodiversity





Medical model of disability



The medical model of disability (deficit model):

- says people are disabled by their impairments or differences
- looks at what is 'wrong' with the person, not what the person needs

We believe it creates low expectations and leads to people losing independence, choice and control in their lives. https://www.scope.org.uk/about-us/social-model-of-disability/

Most diagnoses are based on this approach

Social model of disability



The social model (can be more of a strength-based model):

- says that people are disabled by barriers in society, not by their impairment or difference
- Barriers can be physical, like buildings not having accessible toilet
- Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things

The social model helps us **recognise barriers that make life harder for disabled people**. **Removing these barriers creates equality** and offers disabled people more independence, choice and control.

Not everyone uses the social model and that's ok. **How anyone chooses to talk about their impairment is up to them.**

https://www.scope.org.uk/about-us/social-model-of-disability/

Neurodiversity and the social model



- According to the **medical model of disability, dyslexia is seen as a disability**.
- That is, there is a perceived 'normal' way of being and people with dyslexia must be **helped or 'fixed'** so that they can fit in with society.
- In contrast to this, the **social model of disability sees diversity as natural**; according to this model, **people are disabled by the attitudes** of society and not by their differences (Oliver, 1996).
- Many people argue that **neurodevelopmental conditions are not disabilities** at all and describe them as **normal differences in the way some people think, learn and socialise**.
- This is often referred to as neurodiversity (Singer, 2017).
- https://www.futurelearn.com/info/courses/supporting-adult-and-adolescent-students-with-dyslexia/0/steps/364476

Why this is important to our work



- Parents have many different experiences of the world themselves, their children have different experiences
- Society, friends, family, school, other professionals are all constantly making judgements
- I would us like to create a safe space where people are free to be who they are without fear of judgement
- Where their differences can be acknowledged, celebrated when appropriate and barriers can be removed
- People are not broken or damaged. They are whole, and unique and deserve to be respected and valued exactly as they are
- This is not going to be their general experience in the world
- This makes this work vital