

This assignment aims
to examine medical



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This assignment aims to examine medical and social models within specific learning difficulties (SpLDs) while discussing post-structuralism, critical realism and materialism, examining recent changes in policing attitudes of vulnerable individuals with SpLDs in both reporting to the police and how they are then treated by the Criminal Justice system. In order to answer the question it is necessary to first put forward a definition a specific learning difficulties (SpLDs) a term used to cover a range of frequently co-occurring difficulties such as dyslexia, dyspraxia dyscalculia, ADD/ADHD auditory processing disorder, boys are three times more likely to be affected than girls. Affecting the way information is learned and processed. Neurological rather than psychological, independently of intelligence, socio-economic or language background. SOAS university of London, 2013 tells us common patterns of behaviour do exist but these will vary depending on individuals, around 50% of parents with ADHD have a child with the disorder, having significant impact on education, work, social isolation as well as vulnerability, often with no known cure or cause. Recent years have seen increased volumes of specific learning difficulties being diagnosed through diagnostic tests, therefore being much more medical zed, ADHD is often seen with at least one or more psychiatric conditions. (ADHD Together, 2013)Historically SpLDs or idiocy was a prominent population within workhouses; being segregated in society although definitions and housing has changed over time, with learning difficulties LD and SpLDs now the new label given, we still see segregation in society albeit now independent living in set communities. Deinstitutionalization may have moved people with SpLDs into the community, with private sector replacing council due to cost. However does this lower cost affect the care received? Staff pay and term conditions are

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poorer than that in the public sector, (Pitt, 2011) tells us Laing believes this is not a problem, however Reed disagrees suggesting that the more you pay the better quality of people, who are more motivated. In my opinion I would have to agree with Reed, having worked in both the private and public sector although more staff being paid less meant more care hours this did not improve the quality of care. Cost has always been fundamental to individuals with SpLDs, education can be up to 80% higher for a child with LDs (Crowther, Dyson, Elliott, and Milward. 1998) Housing support for people with a SpLDs in 2006 showed cost in supporting independent living saw a high increase in 2003/2004 Salford for example spent over 28, 000 and just three years later this had increased to over 89, 000 in 2006/2007 helping deliver new housing projects and information for adults with learning difficulties. (Salford. gov. uk, 2007) Does the social and medical model of disability help individuals with learning difficulties? Goodley, Chappell, Lawthom Gray & Jackson, (2002) tells us that there seems to be a lack of focus on ' Learning difficulties, often overlooked in research within the social model as a tool for analysing people's views. Academic such as Oliver (1990, 1996) only make scant reference to learning difficulties. Disability theory ignores learning difficulties leaving them out in the cold (Chappell 1998), ' Learning difficulties' are seen as a bio medical phenomenon origination from physiological causes therefore it is medical zed. (Chappell 1998) agrees suggests learning difficulties being the biological we cannot sociologies' whereas Barnes (1998) disagrees suggesting disability is a social and political concern and so is ' Learning difficulties' seeing learning difficulties as an impairment as a social phenomenon necessary for inclusion of ' learning difficulties.' Levine & Langness (1996) agree with Barnes suggesting

that mild mental retardation is as much or more a social and cultural phenomenon as it is a medical-genetic or cognitive one. Whereas Critical Realism as Jefferies (2011) presents a realist approach to understanding the world dividing the real from the actual or empirical, which produce phenomena or events from events themselves. Critical realists suggest there is often a need to mix methods, however a mix cannot be done without taking the ontological and epistemological dimensions into account. Critical realism originated in the writings of Roy Bhasker during the 1970's a re-application of Kant's dualist method, dividing reason from empirical reality . Critical realist writers suggest reality is constructed by experiences, their approach it is suggested is to ' bring back the body, relate individuals to society in a challenging, unidirectional way and to rethink questions of identity, ethics, difference of care with a commitment to real bodies and real self, real lives in a real world. (Williams , 1999)The medical model view the disability as the problem, belonging to the individual based on power from medical professionals, insurers and institutions who's expertise influence the medical model, being probably the most influential and pervasive model today (Gregory, Imrie, 1997, Llewellyn & Hogan, 2000). It assumes that impairment arises from measurable symptoms due to disorder, syndrome, disease or condition that is then categorized and classified. However if we consider autism spectrum disorder these are based on observational or behavioural attributes usually in children in a clinical setting, this can result in an unclear or tentative diagnosis. The medical model unlike the social model does not consider the social environment or functioning. The social model points that disability is a social construction and society disables people, seen as a response to the more individualised and Normative

medical model of disability, shifting the focus from reshaping the individual to reshaping society Autism & Oughtism (2011) states that society creates “disability” by imposing hindrances to the full participation of persons with different abilities. (Hughes & Patterson, 1997; Harris, 2000; Swain & French, 2000). Originated with people with physical and sensory impairments the disability movement’s ‘big idea’ Hasler (1993). It was an alternative approach in understanding disability developed initially by the Union of the Physically Impaired against Segregation (UPIAS) around the mid 1970s it distinguishes between impairment and disability. Impairment has recently been broadened to also include Sensory and intellectual or development impairment. (Barnes, Mercer & Shakespeare, 1999) “Traditionally, when violence and disability have been considered together, this has emphasised the disabled subject whom inevitably exhibits violent challenging behaviour. Recently, however more attention has been paid to violence experienced by disabled people, most notably in relation to hate crime” (Goodley, Runswick-Cole 2011) Sherry explains disability hate crimes as needing to have two elements to be satisfied “first it must be a criminal act [e. g. theft or arson]; and second it must be motivated in whole or in part by the victims perceived disability status” (Sherry 2010 p. 18) “our current use of language may be responsible for the under-reporting and the under-prosecution of these crimes” Sherry, 2010 Roulstone, Thomas, Balderstone 2011 agrees that language is rather muddled in constructing disabled people as ‘Vulnerable’, this construction delayed introducing hate crime provisions and legal justice for disabled people, as the law perceived hate crime as different from those who are vulnerable.