

# Medical and social models of disability essay sample

[Health & Medicine](#), [Disability](#)



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### 1. 1 Describe the medical model of disability:

The medical model of disability, is a theory in which disabled people are seen primarily as the problem rather than their disability or the individual's needs. This theory explains the idea that people are defined by their own impairment and difference moreover, they should be adapted to fit into the world as it currently stands rather than being adapted into the world through specialist equipment, which would best suit different types of disability. The main idea of this model, is the belief that disability should be tolerated wholly by the disabled person, and the individuals affected by disability should apply maximum effort to ensure that there is minimal disruption to those around them. In the case that minimalizing the inconvenience is not a possibility, then the disabled individual would be institutionalized in specialist accommodation or required to stay at home, where only the most necessary needs are met.

The power to change the disabled individual and their life often is controlled by health and social professionals, whose main purpose is to focus on cures and recovery rather than a change in societal structure to adhere to the needs of a disabled person. The medical theory of disability often makes decisions in line with the lives of disabled people, for example this way include significant life choices such as where they go to school, where they work, where they live and what benefits they might be entitled to. Generally, the medical outlook on the disabled has been refused by the individuals suffering with disability because it has been viewed as out dated. This model

produces low expectations and, results in a disabled person losing independence, choice and control of own their lives.

## 1. 2 Describe the social model of disability:

The social model of disability states that disability is caused by the way society is organised rather than an individuals difference or impairment. This theory finds possible barriers which limit the chance of independency for a disabled individual. The social model believes, that by removing the barriers which limit a disabled individual in their respective society then you therefore increase their personal choice and control over their lives. In the point of view of the Social Model, everybody in society is equal and considers what a disabled individual can do, rather what they are incapable of doing. This models places responsibility on society to be able to adapts its way of thinking and levels of possible accessibility for people with disabilities. The medical model of disability did not traditionally explain the personal experience of a disabled person, or introduce a more inclusive way of living. Disabled people created the social model which managed to create more inclusive ways of livings, and worked to increase the independence of disabled individuals.

Unlike the previous traditional model, the social model was more widely accepted because it worked as an impactful alternative which successfully integrated disabled individuals into mainstream society, this inadvertently lead to the empowerment of disabled people's rights, choice and independency for them to live the most fulfilling life as they possibly can.

### 1. 3 Outline how each of the models has developed and evolved overtime:

Medical model: Conventionally, there was a widely accepted supernatural view of disability, where a disabled individual was to be possessed by demons, a form of witchcraft and a curse across many different cultures globally. However, during the period of the 18th century, attitudes took a certain pathway in beginning to understand the causes of difference and impairments. Confidence was built in medicines possible ability to cure disability. In the case of some disabled people, they were considered beyond curable and were therefore forced to be institutionalized into specialist homes, schools sent to workhouses during that century or just simply ignored. In contrast in the 21st century, people with special educational needs are able to attend mainstream education as there have been significant advancements in the medical field with understanding disability, which means that their life span, chances and reducing pain. The general belief now in current society is that disabled people are defined by their impairment.

Social model:

The problems faced by disabled people were not really considered until the Disability Movement during the 1960's which aimed to increase social awareness of disabled people by increasing equal opportunities for disabled individuals. The movement had targeted goals which were: to increase safety in accessibility in transport and the physical world such as building ramps and railings. They also demanded equal opportunities in education,

employment and housing. Independence, the end to abuse and neglect of patients' rights. This movement has changed the way society views disability, as methods to improve accessibility and amenities for disabled people has improved. More opportunities are offered in housing, education and employment for disabled people. The social model is the concept more widely accepted by the disabled community.

1. 4 Give examples of where each models of disability may be used in service delivery

Medical Model: this model is mainly regards the individual's impairment and how it is able to fit into society. Usage of the medical model in society are:

Transport: wheelchair, mobility scooter and crutches

Accommodation: medical support

Education: specialist schools

Social model: this model mainly regards with how specific services are designed around the person to make sure that they are able to fulfil their best possible life chances. Barriers are a result of the way the activity is organised rather than the individual.

Transport: public transport

Accommodation: care packages, home modification and support workers

Education: Special Education Needs (SEN) teachers in mainstream schools, gyms

2. 1 Identify how the principles of each model are reflected in service delivery

The principles of each model are reflected in service delivery by adhering to the needs and demands of all disabled people. In the case of a blind individual the medical model requires them to have a support worker, but the social models says that they require specialised equipment in order to help them live to their full potential. Furthermore, in the case of a deaf individual, the medical models requires them to have specialised equipment, whereas the social model requires them to have a support worker. As is evident in the examples above, the medical models looks solely at the severity of the impairment rather than the individual and ways to assist individuals with certain types of disability.

2. 2 Explain how each models impact on the:-

Inclusion-

Medical model: the of impacts on inclusion is the specialist type of equipment that is needed for a disabled person to do an activity.

Social model: the impacts on inclusion is that in order to complete an activity an individual may require the assistance of a support worker.

Rights-

Medical model: individuals with a disability are not able to complete the same activities that a fully abled person can do

Social model: increase the rights to freedom of choice for a disabled individual

Autonomy-

Medical model: the impacts of autonomy on the medical model is that disabled persons require special medication, and specialist support.

Social model: the impacts of autonomy on the social model is that disabled persons have working and effective facilities and time for recreation.

2. 3 Explain how your own practice promotes the principle of inclusion

As a support worker, I use a person-centred approach when handling the people I take care of by ensuring that the service users are involved in the day to day running of the service, which offers meaningful choices to support them to make decisions which affect them and others. As well as this, I also work to assist the people I support to participate in their own chosen social, educational and leisure activities in their local community, whilst respecting their faith, culture, gender and sexuality to support the service users to access volunteering or employment opportunities.