

# The medical model of disability social work essay



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Introduction The models of disability are designed as a mechanism through which diverse of issues related to disability can be analysed, identified and proffered solutions to. Models unravel the ways and manner in which our society makes provision or restrict access to work, goods, services, economic influence and political power for the people associated with disabilities. Although different models postulate different views which of course pose with some challenges on how impairment is defined for providing basis on how government and society can formulate strategy on how to meet the needs of the disabled people. This essay will be focusing on the medical and social model of disability, how they impacts on service users and service in the health and care sectors. Kate et al said that a definition play a powerful role both in the construction of disable people and how they are perceived by the wider society and who are so called the professionals, the model of disability helps us to understand the context in which disability is viewed by different groups and individual in the society. Share and Lola also stressed that defining what is meant when we speak of disability can be challenging, as the word disability suggest a person in wheelchair or a person with a guide dog or a child with down syndrome, the society consider that disability is operated on a variety and therefore, anybody who experience difficulties could be considered as a disable, even more often do we consider how people are labelled as disable or handicapped. The National Disability Authority has noted how disability is defined and understood has suggestion for how people with disability is been treated, the extent and the nature of service provided and the type legislation and policy that includes a disability centre. Also Oliver (1983) argued that disability is a relationship between people with impairments and the restrictions impose upon them by the

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society. Also Finekstein (1981) argued that 'society disable people with different physical impairments' the cause of disability is the social relationships that take little or no account of people who have physical impairments, Thomas (2004) describes Finekstein's understanding of disability as distinct due to its social relational characters, making it a new form of social oppression associated with the relationship, at both macro and micro social scales, between the impaired and non impaired.

Thompson (2006) said that Discrimination is not necessarily a negative term because it is simply good or bad. Although the word discrimination is mostly used in relation to unfair treatment, especially when difference identification process and application of treatment based on established treatment make someone or group to suffer a detriment as a result of their gender, race, ethnicity, sexual identity, religion and so on. Some people or group receives degrading treatment because they have been identified as different and this inhuman treatment graduates to oppression. Due to the fact that anyone can discriminate against anyone else, we can then accept that discrimination is not only a sociological concept but also political and psychological phenomenon. Discrimination and oppression are often found when considering people with learning disability.

Also, Kate et al explained that labelling are often attached to disable people; the word disable person is a label in itself, constructing specific images in mind of the person who is labelling and the person being labelled, the past association said that the term handicapped is being ' cap in hand and begging. The labelling theory stated that by referring to an individual by means of a specific word or term " handicapped " their identity is

constructed and their place in the world is defined by the label. Goffman (1961) also looked at labelling in terms of how and why people were defined by others and discover the effect of the labelling process on people's subsequent behaviour, he suggested that labelling really creates deviance abnormality because the individual amend their behaviour to that of the label Becker (1964) and Lemert (1967) also consider deviancy theory in the broader context of person on group that deviated from normal society's responses to people with disability. Many of the label that described people who have a learning disability have derived from medical definition, the impact of being classed as disable is another label that can affect people with disability, disabled considers the impact of functional disability by focusing on the combination of social focus, cultural values and personal prejudice that marginalizes disable people and portrays them in a negative light and oppresses them.

Also Thompson (2006) emphasized that, we hold that disability is caused by isolated social arrangements which deny equality of opportunity for the impaired people to participate in mainstream social conduct. In Ryan's (1971) notion give an example of blaming the victim that is the wider social and political dimensions are ignored and the forces remains on a narrow individual level, prejudice against disable people is relatively manifests and commonplace itself in a manner of revulsion, dismissive and illogically and also in a misplaced charitable concern in which human right and dignity are exchange for support and good manners. The culture reflect on different response to disability and which are mainly negative in their direction, norms are geared towards the disable people also popular notion present disable

people as either misfit or weak victims of personal tragedy and are subject to abusive and offensive treatment.

Taylor (1977) suggested that the individual medical model approach is entirely justified in that the major causes of impairments are diseases of various kinds, most impairment are caused by disease, doctor cure diseases and where the disease cannot be cure. Medical model control symptom, therefore, doctors have an important role to play. Brechin (2000) also said that service users have not only focus on the services delivered but, also challenged the relevance and suitability of the knowledge based upon which the professionals traditionally draw. The medical model have a very precise focus on individual impairment or illness and the treatments and causes of conditions at the level of individual and the disease, but they do not explain the impact of social and economic factors on people with disease nor does a medical perspective address the reactions of other people to disability or and the resolution and the illness of barriers in the social and physical world. For disable people, the medical is not enough because it leaves them in the role of tragic individual with no model of how to achieve change. The social model was developed by disable academics and activities the social model of disability look beyond the causes of an individual's impairment to the causes of their exclusion from and disadvantages in social and civil right, housing, employment, in this model, disable people discriminate between impairment and extent to which it is allowed by society to disadvantage them. Social model is mirrored in the movement of the people using health services and people with disabilities who have developed their understanding.

In Share and Lalor, (2009) who said that the social model of disability define disability as the barriers that are created by how society, government and health agencies response to impairments experienced by a person, this model requires a political response since the problem is based in society and how people response to those with disability. In the late 80s, An American activates and writer on disability issues John O'Brien who developed an alternative model of service delivery that embodies the principle of moving from a traditional model to social model of disability, O'Brien emphasis on the service rather than containing individual, act as a facilitator to ensure that people are linked to and can participate within their own communities. This model helps person's network of friends and family, the primary role of the service become one of support and safeguarding the individual within their own social network and creating and developing new opportunities in the person's own community because the community is seen as a resource and where the person's can be connected with the support of the service.

Share & Lalor stressed that O'Brien (1989) propose that all services for people with disability should be designed on the basic of his five value experience and describe the five value experience, and consider all people seek out relationship, choice, contributing, sharing ordinary places and dignity. When services operate in a way that ensure that service users experience these, they achieved what the O'Brien refer to as the five services accomplishments: promoting choice, supporting contribution, community presence, community participation and encouraging valued social role, those five valued experience resonate for all people as the feature of a fulfilled life.

Furthermore, Thomas & wood (2003) said that the impact of social policy can be measured against the notion of quality which culturally, structurally and bureaucratically is defined, the impact that medical and social model of disability have on how people are perceived by society has an influence over policy making, disability pressure groups have been formed and highlighted the need for social model inclusion in policy development. The budget restrictions prevalent in services for people with learning disability need to be challenged and support are to be achieved (Priestley 1999). according to Thompson (2000) said that there are four main level at which legislation can be interpreted, statutory guidance, local policies, precedent direct practice, each legislation ac influence the care that is provided for people with learning disability, statutory guidance is issued by governments and direct how particular pieces of legislation are to implemented. This informs how services are to be structured and provided. Local polices are developed by the local authorities or other agencies providing social care support. These police are devised by the individual agencies' to provide explanations and guidance. Oliver et al, (2012) stressed that social worker occupy a unique position in the welfare system in which directly or indirectly employed by the state to implement it welfare policies as they are the face of the state. They are not only have to represent the welfare services but often the only people with whom service users have direct contact and therefore play a key role in feeding back their needs. Conclusion Apparently, under the medical model the perception is that any individual with a disability is in the sick role, , they are tend to be excused from the normal obligations of society; like going to school, getting a job, taking on family responsibilities, etc. Often times, they are also expected to come under the authority of the medical profession in

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order to get better. Thus, until recently, most disability policy issues have been regarded as health issues, and physicians have been regarded as the primary authorities in this policy area. The influence of the social security system on medical model of disability today in the area of public policy cannot be overemphasised, most notably in the Social Security system, in which disability is defined as the inability to work. This is consistent with the role of the person with a disability as sick. It is also the source of enormous problems for persons with disabilities who want to work but who would risk losing all related public benefits, such as health care coverage or access to Personal Assistance Services (for in-home chores and personal functioning), and medical card assistance, because people forfeit their disability status if they decide to opt for work. Unlike the medical model, disability is caused by the society we live under the social model, is not the 'fault' of an individual disabled person, or an inevitable consequence of their limitations. Disability is perceived as the product of the physical, organizational and attitudinal barriers present within society, which ultimately lead to discrimination. The removal of discrimination requires a change of approach and thinking in the way in which society is organized. The social model takes account of disabled people as part of our economic, environmental and cultural society. The barriers that prevent any individual playing a part in society are the problem, not the individual. Barriers still exist in education, information and communication systems, working environments, health and social support services, transport, housing, public buildings and amenities. The devaluing of disabled people through negative images in both the print and broadcasting media also act as a barrier. The basic aim of the social model is to removing barriers so that disabled people can be have the same opportunity as

everyone else to determine their own life styles. A simple example is that of a wheelchair user who has a mobility impairment. He is not actually disabled in an environment where he can use public transport and gain full access to buildings and their facilities in the same way that someone without his impairment would do. The social model of disability has fundamentally changed the way in which disability is regarded and has had a major impact on anti-discriminatory legislation. However, some disabled people and academics are involved in a re-evaluation of the social model and they argue that the time has come to move beyond this basic position.