Chapter 1 : Social Model - Disability Wales

The social model of disability is a way of viewing the world, developed by disabled people. The 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 toilets.

Definitions Main Document Disability studies is an academic discipline that examines and theorizes about the social, political, cultural, and economic factors that define disability. The disability rights movement, scholars, activists and practitioners construct debates around two distinctly different models of understanding of disability - the social and medical models of disability. The Medical Model of Disability The medical model is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy. The Social Model of Disability The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large-scale social change. The Expert or Professional Model of Disability This model has provided a traditional response to disability issues and can be seen as an offshoot of the medical model. Within its framework, professionals follow a process of identifying the impairment and its limitations using the medical model , and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client. This, along with the medical model, are the models most used by non-disabled people to define and explain disability. The Moral Model of Disability Refers to the attitude that people are morally responsible for their own disability. For example, the disability may be seen as a result of bad actions of parents if congenital, or as a result of practicing witchcraft if not. This attitude may also be viewed as a religious fundamentalist offshoot of the original animal roots of human beings when humans killed any baby that could not survive on its own in the wild. Echoes of this can be seen in the doctrine of karma in Indian religions. The Legitimacy Model of Disability Views disability as a value-based determination about which explanations for the atypical are legitimate for membership in the disability category. Such consequences include loss of earnings for and payment for assistance by the individual; lower profit margins for the employer; and state welfare payments. The Market Model of Disability A minority rights and consumerist model of disability that recognizing people with disabilities and their Stakeholders as representing a large group of consumers, employees and voters. This model looks to personal identity to define disability and empowers people to chart their own destiny in everyday life, with a particular focus on economic empowerment. By this model, based on US Census data, there are 1. This model states that, due to the size of the demographic, companies and governments will serve the desires, pushed by demand as the message becomes prevalent in the cultural mainstream. The Spectrum Model of Disability The spectrum model refers to the range of visibility, audibility and sensibility under which mankind functions. The model asserts that disability does not necessarily mean reduced spectrum of operations.

Chapter 2 : Definitions of The Models of Disability - Disabled World

The social model of disability is a reaction to the dominant medical model of disability which in itself is a functional analysis of the body as machine to be fixed in order to conform with normative values.

Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. The struggle for equality is often compared to the struggles of other socially marginalized groups. Equal rights are said to give empowerment and the "ability" to make decisions and the opportunity to live life to the fullest. A related phrase often used by disability rights campaigners, as with other social activism , is " Nothing About Us Without Us. These might be in terms of: Attitudes, for example a more positive attitude toward certain mental traits or behaviors, or not underestimating the potential quality of life of those with impairments, Social support, for example help dealing with barriers; resources, aids or positive discrimination to overcome them, for example providing a buddy to explain work culture for an autistic employee, Information, for example using suitable formats e. This attitude, which may be seen as stemming from a medical model and a subjective value system, can harm the self-esteem and social inclusion of those constantly subjected to it e. Some communities have actively resisted "treatments", while, for example, defending a unique culture or set of abilities. In the deaf community, sign language is valued even if most people do not know it and some parents argue against cochlear implants for deaf infants who cannot consent to them. They argue instead for acceptance of neurodiversity and accommodation to different needs and goals. The effect of this is a depersonalization, a sweeping dismissal of our individuality, and a denial of our right to be seen as people with our own uniqueness, rather than as the anonymous constituents of a category or group. Disability is used to refer to the restrictions caused by society when it does not give equivalent attention and accommodation to the needs of individuals with impairments. It proposes that people can be disabled by a lack of resources to meet their needs. It addresses issues such as the under-estimation of the potential of people to contribute to society and add economic value to society, if given equal rights and equally suitable facilities and opportunities as others. Economic research on companies that attempt to accommodate disability in their workforce suggest they outperform competitors. A three-pronged approach was suggested: In , amendments to the act called for local authorities and others to actively promote disability equality. This enforcement came in the shape of the Disability Equality Duty in December It extends the law on discrimination to indirect discrimination. For example, if a carer of a person with a disability is discriminated against, this is now also unlawful. Following an offer of a job, an employer can lawfully ask such questions. Certain specific conditions are excluded, such as alcoholism and transsexualism. The directive did not provide for any definition of disability, despite discourse in policy documents previously in the EU about endorsing the social model of disability. This allowed the Court of Justice to take a narrow medical definition.

Chapter 3 : The social and medical model of disability â€" University of Leicester

Social model of disability: some examples A wheelchair user wants to get into a building with a step at the entrance. Under a social model solution, a ramp would be added to the entrance so that the wheelchair user is free to go into the building immediately.

Definitions of Disability The definition of disability is highly contentious for several reasons. Indeed, as late as , the Oxford English Dictionary recognized only these two senses of the term Boorse, Second, many different characteristics are considered disabilities. Indeed, some have questioned, in part because of this variation, whether the concept of disability can do much philosophical work Beaudry, Two common features stand out in most official definitions of disability, such as those in the World Health Organization ; , the U. The classification of a physical or mental variation as an impairment may be statistical, based on the average in some reference groups; biological, based on a theory of human functioning; or normative, based on a view of human flourishing. However classified, impairments are generally seen as traits of the individual that he or she cannot readily alter. Just what makes a condition a trait or attribute of an individual is obscure and debatable, but there seems to be agreement on clear cases Kahane and Savulescu, Thus, poverty is not seen as an impairment, however disabling it may be, nor is tasteless clothing, even if it is a manifestation of impaired fashion-sense rather than scarce income. On the other hand, diseases are generally classified as impairments, even though they are rarely permanent or static conditions. Diseases that are not long-lasting, however, such as the flu and the measles, do not count as impairments. The characterization of both features is disputed. Several scholars have challenged the prevailing view of impairment as objective and biologically grounded Shakespeare, ; Davis, ; Tremain, ; Amundson But the most controversial issue in defining disability is the relationship between the two. At one extreme are definitions that imply, or are read to imply, that biological impairments are the sole causes of limitation. They have been criticized for ignoring disadvantages that cannot be attributed to social attitudes and practices Terzi, , ; Shakespeare, But in characterizing disability in terms of exclusion, these definitions need not deny that impairments have undesirable aspects, such as pain or discomfortâ€"merely that those aspects are not within the scope, or part of the meaning, of disability. In-between are definitions which assert that individual impairment and the social environment are jointly sufficient causes of limitation. The ADA is generally seen as adopting an interactive approach to disability, although it contains an amalgam of definitional features. Models of Disability These different understandings of the relationship of impairment to limitation inform two contrasting approaches to disability, often described as opposing models: The medical model understands a disability as a physical or mental impairment of the individual and its personal and social consequences. It regards the limitations faced by people with disabilities as resulting primarily, or solely, from their impairments. In contrast, the social model understands disability as a relation between an individual and her social environment: Their exclusion is manifested not only in deliberate segregation, but in a built environment and organized social activity that preclude or restrict the participation of people seen or labelled as having disabilities. In their extreme forms, the medical and social models serve to chart the space of possible relationships between impairment and limitation more than to reflect the actual views of individuals or institutions. A variety of more formal models, described in Altman, , graphically represent the causal complexity of disability. The medical model is rarely defended but often adopted unreflectively by health care professionals, bioethicists, and philosophers who ignore or underestimate the contribution of social and other environmental factors to the limitations faced by people with disabilities. A variety of social models are embraced by disability scholars and activists in and outside of philosophy. More moderate versions of the social model maintain the emphasis on social causes while insisting on the interactive character of disability e. Taking the poor fit between atypical embodiment and standard environments as their starting point, they treat disability as an interaction between biological and social causes, denying causal priority to either. Implicit in the UPIAS definition of disability are two ways that society imposes limitations on disabled people, corresponding to two distinct strands of the social model. On this view, the main reason people with disabilities encounter hardship is because they suffer discrimination

along the same lines as racial or ethnic minorities. Accordingly, civil rights protections and anti-discrimination laws are the proper responses to disability e. This suggests the human variation model, according to which many of the challenges faced by disabled people do not result from their deliberate exclusion, but from a mismatch between their characteristics and the physical and social environment. This view of disabilities as human variations is closely related to the view that disability is a universal human condition Zola, or shared human identity Davis, , Ch. The claim that disability is universal can be taken as nothing more than a prediction that we will all acquire familiar disabilities at some time in our lives. But that claim is better construed as one about the nature of disability; as maintaining that all human beings have physical or mental variations that can become a source of vulnerability or disadvantage in some settings. These two versions of the social model are not incompatible, differing mainly in emphasis. The discrimination stressed by the minority group model generally leads to, and is expressed in, the societal failure to accommodate people with various differences. In some contexts, it is appropriate to analogize people with disabilities to racial minorities; in others, it is important to reject a dichotomy between disability and normality and treat impairments as continuous variations. If one goal of social policy is to remove discrimination and its enduring disadvantages, another is to encompass the full range of human variation in the design of the physical environment and social practices. Although the social model, in one version or another, is now the dominant legislative, social-science, and humanities paradigm for understanding disability, stronger versions, particularly the British Social Model, have been subject to extensive criticism. Some argue that an adequate conceptualization of disability requires a recognition of impairments as an objective basis for classification, to distinguish disability discrimination from other types of discrimination Bickenbach, Several critics argue that extreme versions of the model implausibly deny or understate the role of impairment itself as a source of disadvantage Anastasiou and Kauffman, ; Terzi, , ; Shakespeare, Others, however, contend that this criticism is misplaced, because the British Social Model does not deny the importance of impairments but rather seeks to restrict the notion of "disability" to social exclusion and oppression Beaudry, Another objection is that the social as well as the medical model both rest on a false dichotomy between biological impairments and social limitations. There are two versions of this objection. One maintains that disability is a complex phenomenon, in which biological impairment and social exclusion are deeply interwoven and difficult to tease apart Martiny ; Anastasiou and Kauffman, The other version of this objection rejects the treatment of impairment as a strictly biological phenomenon. Moreover, the social environment appears to play a significant role in identifying and, arguably, in creating some impairments dyslexia Cole, ; Shakespeare, ; Davis, , Ch 1; Tremain, ; Amundson, What counts as an impairment may depend on which variations appear to be disadvantageous in familiar or salient environments, or on which variations are subject to social prejudice: Less-than-average height may be more readily classified as an impairment than greater-than-average height because the former is more often disadvantageous in environments designed for people of average height, or because it is generally seen as less desirable. For such reasons, it is difficult to establish the objectivity of the impairment classification by appeal to a clear and undisputed biomedical norm. Amundson goes so far as to deny that there is any biological basis for a concept of functional normalityâ€"a claim emphatically rejected by Boorse Rather, she argues that being classified as having an impairment is an integral part of the social process of disablement. Such criticism parallels the debate among gender theorists about whether we can distinguish sex from gender on the ground that gender is socially constructed whereas sex is not. Anita Silvers has argued that a it is both possible and desirable to construct a neutral, value-free model of disability, using strictly descriptive criteria to identify atypical forms and functions, thereby allowing scholars with conflicting views to debate their normative and policy significance. Those who accept a social model of disability regard the association between disability and well-being as highly contingent, mediated by a variety of environmental and social factors. They question conceptions of well-being that give a central role to the possession or exercise of the standard array of physical and mental functions, as those conceptions imply, or are often taken to imply, that well-being is precluded or diminished merely by the absence or limitation of those functions. These differences are reflected in the conflicting assessments of life with disabilities found in the bioethics and public policy literature on the one hand, and disability scholarship on the other contrast Brock, with Goering,

The different models of disability also seem to favor different responses to disability. The medical model appears to support the correction of the biological condition or some form of compensation when that is impractical; the minority group model appears to favor measures to eliminate or compensate for exclusionary practices and recognize their injustice; the human variation model appears to favor reconstruction of the physical and social environment to take into account a wider range of differences in human structure and function. Importantly, such reconstruction may also be supported by the minority group model as an antidiscrimination measure, since that model views exclusionary environments and practices as the characteristic form of discrimination against people with disabilities. The human variation model may just make explicit the appropriate social response to disability in a society without exclusion or discrimination. But claims about the causes of disadvantage do not always yield straightforward prescriptions for their remediation Wasserman, ; Samaha, The proper response to the disadvantages associated with disability depends not only on causal attributions but also on moral judgments about responsibility, respect, justice. The debates over cleft lip surgery and breast reconstruction after mastectomy are not only about the comparative importance of biological and social factors in making the treated conditions disadvantageous. They also concern whether those interventions are justifiable uses of scarce medical resources, and whether they are complicit with suspect norms Little, , as in the case of skin-lighteners for people of color Asch, The Experience of Disability Although it is subject to dispute and qualification, the distinction between biological impairment and social limitation is relevant to many normative and policy issues, especially those concerning the choice between measures that modify the disabled individual or alter his environment. In this section, we consider the role of that distinction in addressing the critical question of how the experiences of people with disabilities are relevant to those issues. The disability rights movement has long complained that the perspectives of people with disabilities are too often ignored or discounted. The slogan suggests that they have both a unique perspective to bring to those activities and a right to take part in them. Such questions are best approached in terms of the two aspects of impairments recognized by most disability theorists: These two aspects of impairment roughly correspond with two distinct types of disability experience: The experience of living with an atypical structure or functionâ€"factual or phenomenological information about living with different physical, sensory, cognitive, or affective functions than does the majority of the population. There may be more commonalities in one kind of experience than the other, and greater relevance to specific research or policy issues. Further, the epistemic and moral authority of statements made by people with disabilities about their experiences may vary with the kind of experience they describe. Questions about this kind of experience are often framed as what-is-it like questions: The experience of atypical functioning or sensing may be far more salient for someone getting to know a person with a disability than it is to the person herself. It may also be highly salient to a person who is recently impaired, trying to function without limbs or senses that she used to have. But the experience of loss and frustration becomes less salient with time, peer and professional support, as she gets more immersed in going about day-to-day life. A person who can see but not hear has very different sensory experiences from a person who can hear but not see, who in turn has very different experiences from a person who can see and hear but cannot move his legs. Further, their experience of life with an impairment may vary with the kinds of activity they engage in, and how they regard their impairments as affecting their opportunities for self-fulfillment. Opportunities in turn may be influenced by all the factors, unrelated to impairment, that affect everyone: Despite these differences, the experiences of living with diverse impairments have one thing in commonâ€"they are likely to be ignored, or given insufficient weight, in the design of the physical and social environment. In constructing buildings, transit systems, and work schedules, they often fail to listen carefully to what people with various impairments say about their experiences of daily living. Those experiences cannot be adequately simulated by spending a day in a wheelchair or walking around with a blindfoldâ€"indeed, the confusion and disorientation that nondisabled people experience in simulating impairments is a very misleading guide to the way people with disabilities experience and negotiate the activities of daily living. Moreover, in learning about the experiences of living with atypical functions, planners and policy makers cannot take any single impairment as representative. The experiences of people with different impairments differ as much from each other as they do from the experiences of nondisabled

people. As the human variation model emphasizes, the very diversity of impairments poses an important challenge for an inclusive society. They will experience something of the stigma and discrimination that cut across impairments. The second type of disability experience, then, is of attitudinal barriers to ordinary activity that are facts of life for people with disabilities. These negative responses involve several elements. The most discussed is overt stigmatization and discrimination: But there are also less overt ways that society makes living with a disability difficult. Simply being different from the majority of the population, in a way that the majority makes salient, can make people with disabilities feel isolated or alienated. This experience is similar to those not only of other stigmatized minorities, such as African-Americans or LGBTs, but of people with atypical characteristics who may not form a distinct political or cultural minority but are nonetheless constantly reminded of their difference. It is in the social construction of disability that we move from the particularity of any one disability toward the common social experiences of people with disabilities. Stigma, discrimination, and imputations of difference and inferiority are all parts of the social experience of disability.

Chapter 4 : Social Model vs Medical Model of disability - Disability Nottinghamshire

The social model of disability was developed by people with disabilities in the s and s. It came as a reaction to the medical model of disability which had been widely agreed with at the time.

Watch this Factsheet in BSL: Introduction The aim of this Factsheet is to provide the reader with an introduction to the Social Model of Disability, and an overview of some of its implications for us as Disabled people and society more generally. These models approach disability in very different ways. Beginnings of the Social Model In the s and s, inspired by the great civil rights movements of the time, Disabled people started to question their life experiences and why so many Disabled people were institutionalised and excluded. Disabled people began to challenge the exclusion, discrimination and lack of choice and control they experienced in daily life, and the prevailing negative attitudes in society. These groups, very importantly and uniquely for the time, were run by and for Disabled people, and enabled Disabled people to develop their political thinking and actively campaign for radical change. Many of the early UPIAS members, for example, were residents in institutional care services, and wanted out of these institutions in order to live like other citizens with choice and control over how they lived and with whom. They began to develop a new approach to thinking about disability that reframed disability as a civil rights and equality issue, rather than a medical or charitable issue. This approach to disability became known as the Social Model of Disability. Here is a diagram of a Medical Model of Disability that shows some of the thinking and assumptions of this Model. A Medical Model of Disability will then focus on trying to help the individual to walk again through operations or equipment, whilst a Charitable Model of Disability will conclude that the person who is unable to walk needs special charitable services often segregated from society , such as day centres, as an alternative to work. Both the Medical and Charitable Models of Disability are still alive and kicking, and often still lurk in approaches and assumptions made by government and public bodies, despite these organisations purporting to adopt a Social Model approach. The Social Model of Disability The Social Model of Disability, developed over the last 40 years by Disabled people, is a radically different Model to the Medical and Charitable approach to disability described above. It states that people have impairments but that the oppression, exclusion and discrimination people with impairments face is not an inevitable consequence of having an impairment, but is caused instead by the way society is run and organised. Here is a diagram of the Social Model of Disability that shows some of the thinking and assumptions of this Model. The Social Model not only identifies society as the cause of disability but, equally importantly, it provides a way of explaining how society goes about disabling people with impairments. Key disabling barriers from a Social Model approach include: The Social Model, in highlighting the barrier, often simultaneously identifies the solution to the barrier; for example: Install an intercom system with video for Deaf and hard of hearing residents. Elderly people and other people who may feel vulnerable feel more secure in the accommodation. Likewise, from a Social Model perspective, to enable Disabled people to achieve genuine independent living requires a range of support to be in place in society to counter the effects of discrimination and oppression. Appropriate and accessible information Appropriate and accessible health and social care provision A fully accessible transport system Full access to the environment Adequate provision of technical aids and equipment Availability of accessible and adapted housing Adequate provision of personal assistance Availability of inclusive education and training Equal opportunities for employment Availability of independent advocacy and self-advocacy Availability of peer counselling The Social Model of Disability is dynamic and effective in that it focuses on barriers and solutions to such barriers and, in doing so, maps out an approach to inclusion and equality that is of benefit to society as a whole, not just Disabled people. Impairment vs disability From a Social Model perspective, there is a radical difference between impairment and disability: Disability is the name for the social consequences of having an impairment. People with impairments are disabled by society, so disability is therefore a social construct that can be changed and removed. Language Language reflects the cultural assumptions and thinking of the society around us. It follows then that for much of history, the language and words used to describe Disabled people have reflected a negative, charitable or medical view of disability.

Words that reflect these views of disability include: Social Model language rejects this negative or medical language and replaces it with language that describes more accurately our experience. Although the words we use to describe things change over time, it is important to respect and use the language people have chosen to describe and define themselves. Disabled people or people with disabilities? It is used to bring together a very diverse group of people with impairments to identify the causes of our discrimination and oppression, communicate shared experience and knowledge, and create social change. It is the disabling barriers operating in society that disables us, not our impairments. The Social Model of Disability is central to the struggle for inclusion and equality for Disabled people. However, as with any model, there are challenges to the Social Model approach. Two current areas of challenge are: This Model re-frames disability away from a Social Model understanding back to an individualist, quasi-medical and psychological approach. The Biopsychosocial Model is rapidly gaining ground in the UK. It was a founding approach of Atos [2] and underpins the Work Capability Assessment [3]. Criticism from Disabled people Criticism from Disabled people primarily focuses on the failure of the Social Model to explain or address the specific experiences and needs of certain groups of Disabled people; for example, mental health system survivors and people with long term health conditions. We would agree that there has indeed been a failure by advocates of the Social Model to apply and address the specific experiences of certain â€" often excluded â€" groups of Disabled people. We need to get much better at recognising, understanding and responding to the specific and diverse range of experiences, barriers and needs of all people with impairments. We also need to do more to celebrate the diversity and difference we represent as Disabled people, and the culture and community we have developed, both of which help mark the way for a different approach and understanding of society and humanity. Generic Images Moving and Still Some people prefer pictures to words. You can download and use some of these as a free resource. These are cartooning pages created by Dave Lupton, a disabled cartoonist. The cartoons provide comic and challenging images relating to the prejudices that Disabled people face. Examines the portrayal of disability in British film and television across the last century. It plays with the idea of role reversal, using a town where only wheelchair users live so design a town to meet their needs. Their world is disrupted by the arrival of people who walk. Very useful training YouTube clip youtube. This can be a great training exercise. Talks about his take on the Social Model of Disability in youtube. This is a resource based out of Leeds University. A subject based e-repository of research, scholarship and activism, it consists of a wide variety of historical articles and informative documents about the lives and experiences of Disabled people and the beginnings of the Disabled Peoples Rights movement, including archive information on UPIAS, which can be downloaded on Adobe Acrobat for free.

Chapter 5 : Welsh Government | Social Model of Disability

This year marks exactly 30 years since I published a book introducing the social model of disability onto an unsuspecting world and yet, despite the impact this model has had, all we now seem to do is talk about it. While all this chatter did not matter too much when the economy was booming, now it.

People use a variety of models to obtain a clearer understanding of a problem or the world around them. Such models include physical models, three-dimensional graphical models, animal models of biological systems, mathematical or ideal models, and computer models. When relationships are highly complex, however, as they are in rehabilitation processes and other areas of human endeavor, it is seldom possible to develop models that are quantitatively predictive. Nevertheless, it is often possible to establish rough relationships between various variables that are observable. Models based on partial knowledge are often called conceptual models. Conceptual models may help people to think about behaviors of components in complex systems, even though they may not yield quantitative answers. They may allow one to understand general relationships without the necessity for an extensive verbal or written description. In this way they are like an out-of-focus picture that partially reveals relationships. It is common in science and engineering to use models to help develop hypotheses that can be examined experimentally, but even as models assist scientists in moving forward with new understanding, they are abandoned for new versions. Experimental results may suggest that the models must be altered or even abandoned in favor of new models. The models discussed in this chapter are conceptual in nature. Page 63 Share Cite Suggested Citation: Assessing the Role of Rehabilitation Science and Engineering. The National Academies Press. Rehabilitation science and engineering, at its current stage of development, does not have a comprehensive paradigm or a universally accepted theoretical model. It is an emerging field of study, and as such, is still evolving. This chapter presents a brief look at the history of models of disability, which is useful in understanding the current status and direction of disability and rehabilitation research, and then presents a model of disability that builds upon and elaborates previous models, as well as adding several new elements. It presents this model verbally, schematically, and mathematically. Finally, it introduces a matrix that defines rehabilitation research. Evolution of models of Disability The prevailing wisdom about the causes of disability has changed in the last several decades. In the s, impairment of a given severity was viewed as sufficient to result in disability in all circumstances; in contrast, the absence of impairment of that severity was thought to be sufficient grounds to deny disability benefits. By the mids, Nagi outlined a process by which a pathology e. While outlining a process that would seem to move inexorably from pathology to loss of a job, Nagi noted that correlations among impairments, functional limitations, and work loss were poor, and he speculated that the extent to which the environment accommodated limitations largely determined whether disability would result from the onset of a medical condition. In the interim, at least three others have developed models or modifications: All of these models attempt to facilitate and improve understanding by describing the concepts and relationships Page 64 Share Cite Suggested Citation: His model initiated a search for the factors in family, community, and society that affect disability as an outcome. Although the Nagi model included the environment, it was limited in how it conceived of the environment. In his model, the environment impinges on individuals only when activity limitation interacts with the demands placed on those individuals; the process that gives rise to disability is still inherently a function of the characteristics of medical conditions and attendant impairments. The IOM model IOM, was derived directly from Nagi, defining disability as "a function of the interaction of the person with the environment" and beginning to describe certain subsets of environmental factors that could potentially affect the development of and movement within a disabling process. In this model, physical and social environmental risk factors as well as biological and lifestyle risk factors were described as independent variables that exist at all stages of the process. These factors affect progression within the model, and their control therefore affects prevents disability. The NCMRR model adds emphasis to the importance of environment by adding a category called societal limitations to account for restrictions that society places on individuals and that limit their ability to participate independently in tasks, activities, and roles. The

unwillingness of employers to provide accommodations and the lack of ramps that deny access to public buildings to persons with disabilities are given as examples. Building on these models, this committee describes a model where the environment interacts with the individual to determine whether disability will result. In this new model, the environment plays a critical role in determining whether each stage occurs and if transitions between the stages occur. Page 65 Share Cite Suggested Citation: As described above, several frameworks have been advanced to describe disability-related concepts, but none of these has been universally adopted. The lack of a uniformly accepted conceptual foundation is an obstacle to research and to other elements critical to rehabilitation science and engineering. Using the definitions laid out in Chapter 1 , this committee presents a new set of models, based primarily on the previous IOM model , designed to enhance the robustness of the previous models with respect to reversing the disabling process, i. This section presents an overview of "the enabling-disabling process," explains its stages, and describes the nature of disability. Access to the environment, depicted as a square, represents both physical space and social structures family, community, society. A person who does not manifest disability a is fully integrated into society and therefore has full access to both: A person with potentially disabling conditions 1 has increased needs expressed by the size of the individual and is dislocated from their prior integration into the environment b. The rehabilitative process attempts to rectify this displacement, either by restoring function in the individual c or by expanding access to the environment d e. This model does not mean to imply that the two methods which may be generally characterized as cure and care are mutually exclusive. Indeed, the most effective rehabilitation programs include both. The model separates the two only to illustrate that disability is the interaction between the potentially disabling 1 It is important to note that a potentially disabling condition becomes an actual disabling condition once the person is dislocated from the environment as a result of that condition. Page 66 Share Cite Suggested Citation: The environment, depicted as a square, represents both physical space and social structures family, community, society. A person who does not manifest a disability a is fully integrated into society and "fits within the square. Page 67 Share Cite Suggested Citation:

Chapter 6 : Social model of disability | Mental Health Foundation

model of disability which has provided the structural analysis of disabled people's social exclusion (Hasler,). The social model emerged from the intellectual and political arguments of the Union.

Social Model of Disability Last updated 29 July The Social Model of Disability recognises that disabled people are people with impairments who are disabled by their environment. This Model is recognised by disabled people and was formally adopted by the Welsh Government in Having been formally adopted by the Welsh Government, the Social Model of disability must be reflected in the language that we use and the policies and services which we deliver. What is the Social Model of Disability? It recognises that people with impairments are disabled by the barriers that commonly exist in a society. In simple terms, it is not the inability to walk that prevents a person entering a building unaided but the existence of stairs that are inaccessible to a wheelchair-user. The Social Model of Disability requires society to remove the barriers in order that all people have equality. Who came up with the idea of a Social Model of Disability? The Social Model was devised by disabled people to explain the barriers to equality which they experience. Experiences have shown the Welsh Government that most of the problems faced by disabled people are caused by the way society is organised and not by impairments. Although the Equality Act defines disability as having a physical or mental impairment that has a substantial and long-term adverse effect on carrying out normal day-to-day activities, the Social Model advocates that it is society which creates attitudinal and physical disabling barriers. The Social Model is a positive approach to disability and focuses on removing barriers to equality. If anyone requires reasonable adjustments, in order to participate on a basis of equality, regardless of whether they meet the Equality Act definition, the Welsh Government is committed to meeting their requirements. How does this affect my day to day work? Firstly, all references to disabled people should use language which is consistent with the Social Model of Disability. Using the right language is important because it ensures the correct understanding of the issues. Secondly, and crucially - all policies and services should be designed in the light of the Social Model, ensuring that our actions do not cause barriers which disable people with impairments and prevent equality. What is the Medical Model of Disability? The Medical Model of Disability is the more traditional understanding of disability in which disability is equated with impairment. Under the Medical Model the medical profession has significant responsibility and potential for helping disabled people. The Medical Model of disability sees the disabled person as the problem - the focus is on the impairment, rather than removing the barriers which affect the person. The Social Model is about equality and removing barriers which prevent disabled people from participating in society on an equal basis with their non-disabled peers. What is the difference between Impairment and Disability? Impairment A few examples of impairment include; someone who has had a leg amputated has impairment, someone whose learning difficulty makes it hard for them to remember things, someone who is visually impaired, or deaf, or who has epileptic seizures, unwanted muscular spasms, or a long term condition. Disability Disability occurs when a person is excluded by barriers affecting people with impairments, from something that other people in society take for granted. That might be the chance to attend an event, access some service or get involved in an activity. It might be to live independently, to earn a living, to be kept informed, or just to make choices for themselves. People commonly assume that impairment causes the disability, but this is wrong. It is the choices society makes that causes someone to be disabled. Below are a few examples: Example 1 - a deaf person wanting to attend a conference. If no sign language interpreter, or loop system depending on their requirements is provided then the person is excluded â€" disabled. But with a signer operating alongside the speakers, or a loop system, the person can take part on an equal basis. They still have the same hearing impairment, but they are not disabled. Example 2 - a wheelchair user wants to get on a bus. If it has room and access for wheelchairs, they are fine. If not, they are disabled. Example 3 - a visually impaired person wanting to find out what the council is doing. If information is available in an audio format, they are enabled. Where can I get further information?

Chapter 7 : Disability: Definitions, Models, Experience (Stanford Encyclopedia of Philosophy)

DOWNLOAD PDF THE SOCIAL MODEL OF DISABILITY

Disability is commonly viewed as a problem that exists in a person's body and requires medical treatment. The social model of disability, by contrast, distinguishes between impairment and disability, identifying the latter as a disadvantage that stems from a lack of fit between a body and its.

Chapter 8 : Social model of disability - Wikipedia

The social and medical model of disability There are a number of 'models' of disability which have been defined over the last few years. The two most frequently mentioned are the 'social' and the 'medical' models of disability.

Chapter 9 : The Social Model of Disability | Inclusion Scotland

Disability studies is an academic discipline that examines and theorizes about the social, political, cultural, and economic factors that define disability. The disability rights movement, scholars, activists and practitioners construct debates around two distinctly different models of understanding.