

**BMHP5016 PRINCIPLES OF HEALTH AND
SOCIAL CARE PRACTICE-WRITTEN
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The Social Model of Disability: A Discussion

Introduction

In recent years Notions of disability have undergone significant transformations. For decades the medical model of disability has dominated understandings of the issue. According to this perspective, disability is seen as an individual problem caused by an impairment or illness. In another perspective, the social model of disability which was developed by the 6he disability activism and research of the past few years, offers a different perspective on the matter. It sees disability as something not inherent to the person but rather a result of a mixture of physical, environmental or attitudinal walls/barriers that stop people with disabilities from fully being able to participate in society. (Barnes, C. and Mercer, G., 2010. *Exploring disability*. Polity.)

This report explores the origins of the equalities model, its key principles, and implications for social policy and inclusion. It goes on to look at the social model of disability; an important concept to many disabled people as well as people who are currently disabled by illness. We explain what the model says, discuss its positives and negatives and look at why this is such a contentious issue.

Origins and Development of the Social Model

The social model of disability was first conceptualised by disability activists in the 1970s. Much of this early work took place in the United Kingdom. The model, which was first articulated by the Union of the Physically Impaired Against Segmentation (UPIAS), a disability rights organisation, was the first mainstream model of disability that did not represent disabled people as either patients in need of cure, objects to be managed by health professionals or both. Rather, the social model seeks to accurately identify the true cause of disability and consequent oppression as being barriers in the environment created by segregation, and going on to challenge these barriers and oppressive structures.

The social model of disability recognises the difference between impairment and disability. Impairment refers to any restriction or lack (of perception, sensation etc) and any biological, psychological, physical or mental limitation; disability is something imposed in society by physical or social barriers, which prevent people with impairment from participating fully in all aspects of life as part of their role as a member of society. For example, someone who uses

a wheelchair may have impairment of both their legs, but it is the inaccessible buildings of society that then disable them.(Garland-Thomson, 2002)

This book transforms a project that aims at supporting people with disabilities through personal assistance into a global narrative that follows the development of the MADAM project across multiple sectors including academia, public policy and the disability rights 'movement'.

Core Principles of the Social Model

The social model rests on several foundational ideas:

- Disability as a Social Construct

Many "disabilities" are in fact caused by environmental or social barriers and not by individual impairment.

- Emphasis on Rights and Inclusion

The consistency of the model aligns with human rights and ensures that disabled people have equal right to participation ,access and dignity.(United Nations, 2006)

- Focus on Environmental Change

It's time to stop spending so much money at illnesses and start making changes at the root obstacles that cause them by using universal design, inclusive education and anti-discrimination laws to combat inequality against those affected.

Strengths of the Social Model

The social model offers several important advantages:

1. Focus on Structural Inequality

Using a model to illustrate the ways in which institutions discriminate and give rise to systemic exclusion, in order to spark long-term social change.

2. Alignment with Human Rights

In addition to being useful in equality and participation work, the themes of equality, sexism, racism, homophobia and disability could be relevant in other social justice campaigns.

3. Practical Impact

This model has real positive implications for the accessibility and inclusion of disabled people, but could also be applied to benefit society as a whole.

Criticisms and Limitations

Although this film acknowledges the limitations of the social model of disability it is also critical of disability poverty and sympathetic to the social model of disability. It includes a critical discussion of the major criticisms of the social model. (Shakespeare, T., 2006. *Disability rights and wrongs*. Routledge.)

1. Neglect of Impairment and Lived Experience

Even though the social model gained widespread popularity and recognition, it gets criticised often for failing to address issues regarding impairment. As it is very true that symptoms of pain, illness and fatigue caused by people with disabilities are affected by a society that is not supportive, those reasons cannot be totally changed by social reform. People with disabilities need a medical solution to control their impairment, and in addition, support from personal assistants to help them to achieve their goals.

This model looks at the external barriers that prevent some people with disabilities from fulfilling their potential. It ignores the effect of impairment and societal attitudes towards people with disabilities.

2. Limited Applicability Across Contexts

The social model of disability was developed within a particular culture in a particular historical moment, that of Western industrialised societies. It is therefore open to question how relevant or accurate it is in describing the relationship between disability and lack of access to resources in other cultures and economies.

3. Policy Implementation Challenges

Although the model has theoretical merit, it may be extremely difficult in practice to remove all physical barriers to participation, given the significant costs involved and the strong pressures of political and economic interests in the community.

Contemporary Developments and Hybrid Approaches

Though critiqued in recent years, scholars and practitioners are developing their ideas within a social model framework.

1. The Biopsychosocial Model

Our approach to working with people with physical and neurological disabilities is a holistic one, taking into account physical, psychological and social factors. The World Health Organisation has developed an International Classification of Functioning, Disability and Health (ICF) which attempts to provide a framework to view an individual's situation and details how impairment affects a person and how environmental and personal factors create or impede access. (Who.int, 2026)

2. The Affirmative Model

This perspective focuses on disability in a positive light, considers a person's disability identity and culture, as opposed to a medical and/or social model of disability and the lived experiences of people with disabilities.

3. Intersectional Approaches

In recent years there has been an increasing scholarly focus on the intersections between disability and other forms of marginalization.

It was good to be reminded of the social model of disability today, in the context of Disability Studies. Even so, the social model is not the cure-all of disability studies, nor is it the only frame for understanding physical disability.

Education and the Social Model

The social model has been highly influential in the field of education in how it has made people think differently about inclusion and exclusion. An increasing number of policies and

practices labelled as 'inclusive education' have been developed within this framework, with much of the emphasis put on the education system creating the barriers to learning for students with disabilities, rather than the characteristics of the individual student him or herself.

Despite considerable investment and innovations such as tailoring curricula, supporting teachers to deliver those curricula and providing students with technology-assistive learning devices, the biggest challenges relate to implementation and decision-making about trade-offs. These challenges are further exacerbated by teacher and parent unease about the meaning of inclusion and a perception that some children would be better off in separate provision.

But can a mainstream model that has been developed to cater for the needs of the majority effectively address the diversity of differences and needs? Although the social model advocates changes to the system, there are always limitations due to constraints within the school such as class size, resources and the ability of teachers to make changes.

We should be reflecting on the need to look at a range of different educational approaches that sit somewhere along a continuum from full inclusion to more individualised arrangements and being open to different models of flexibility.

Economic Dimensions of Disability

Disability is often seen as one of the factors driving economic inequality. The social model of disability identifies how lack of access to opportunities to education and employment can trap people in poverty. However, other barriers to the labour market, such as transport barriers and discriminatory recruitment practice, as well as physical barriers to the workplace, can prevent people with impairments from entering the workforce.

Although this model is laudable, it doesn't go far enough to address the larger economic systems that can be unequal to people with disabilities. Capitalist labor markets are designed to reward the most productive employees, often those who are the most efficient and have the greatest capacity to work long hours in competitive and demanding workplaces. Although physical barriers to employment have been addressed in recent years, many people with disabilities are unable to capitalize on their talents and abilities because they are unable to meet the expectations of their employer in terms of job performance.

In the wake of recession alternative economic models have begun to be explored, including proposals for universal basic income and flexible work as well as greater recognition of and value placed on unpaid care work. Discussion is also needed as to how current physical disability models can be extended to inform our understanding of economic structures and arrangements.

Policy Gaps and Real-World Limitations

The social model has played a significant role in disability campaigning for progressive disability policy and legislation, much of which is now focussed on enabling access to buildings, transport and services and combating discrimination in employment, education and housing. However, a big gap exists between legislation and practice, and legislation is only effective if it is well enforced and consistently complied with.

After architectural barriers have been addressed, persons with disabilities encounter further obstacles created by negative social attitudes that prevent people with disabilities from seeking and retaining employment, forming and maintaining relationships and living generally fulfilling lives.

However, in low- and middle-income countries, the main constraint for full implementation of the social model of disability is lack of government funding or appropriate health infrastructure to implement such changes. Full implementation of the social model of disability requires political will and resources.

Toward a More Inclusive Framework

The social model of disability is an essential area of study within disability theory and is fundamental to the development of disability studies. However, this article suggests that the social model should no longer be seen as the totalising theory of choice for disability studies and that a more complex understanding of disability is beginning to emerge as the field of disability theory continues to develop.

Such a framework would:

- Programme/Action: Social, Economic and Cultural Rights Program - Integrated Approach.
- Incorporate intersectional analysis to understand diverse experiences
- Value both independence and interdependence
- Emphasize practical implementation alongside theoretical ideals

While each model has its limitations, a combination of the elements can offer a more comprehensive perspective on physical disability.

Conclusion

The social model of disability offers a revolutionary new perspective on disability by looking at the problems caused by society rather than the individual with a disability and provides a powerful analysis of disability whilst offering an alternative view that is more positive and challenging and encourages people to think differently.

In the field of Disability equality work rights, empowerment and change have brought many positive developments in terms of policy and practice. However, the methodology used to inform Disability equality research has limitations, particularly in relation to impairment and lived experience, and more sophisticated methods need to be developed.

The models of disability, or attempts to understand disability, have been a hot topic in disability studies in recent years. No model gets it right. In fact, one of the main things that I will argue is that models of disability are not sufficient and the best way to use them is in an assortment of forms and to include many different viewpoints. Using a social model of disability and an embodied model of disability as equally valid viewpoints, for example, could be a productive approach.

Most important to the social model message is the notion that disability is not just a personal problem or heart breaking misfortune but a matter of social justice.

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