



Student name: Nicola Ferguson

Student ID: 2334635

Module Name: Principles of Health and Social Care Practice

Component: 2

Module Code: BMHP5016

Lecturer Name: Bianca Sanfilippo

Table of contents

Introduction	3
Emergence and Development of the Social Model of Disability	3,4
Application to Health and Social Care Policy and Practice	4,5,6
Problems and Limitations	6,7
Recommendations for Policy and Practice	7,8
Conclusion	8
References	9

The Role of the Social Model of Disability in Health and Social Care

Introduction

Health and social care in the UK is influenced by different theories and models that help professionals understand how to support individuals effectively. One important model is the Social Model of Disability. This model focuses on how society creates barriers that make life more difficult for people, rather than seeing disability as only a medical problem. This is different from the medical model, which focuses mainly on a person's condition.

The Social Model of Disability is important because it helps promote equality, inclusion, and independence. It also links closely to person-centred care, as it focuses on what individuals need to live independently and participate in society.

This essay will explain how the Social Model of Disability developed and how it has changed over time. It will also discuss the strengths and criticisms of the model. The essay will then look at how the model is used in health and social care policy and practice in the UK, including the challenges of applying it in real settings. Finally, it will provide recommendations for how the model could be improved in the future.

Emergence and Development of the Social Model of Disability

The Social Model of Disability was developed in the 1970s by disability rights groups, including the Union of the Physically Impaired Against Segregation (UPIAS). It was created as a response to the Medical Model of Disability, which focused on a person's impairment as the main problem. The medical model sees disability as something that needs to be treated or cured.

In contrast, the social model argues that people are disabled by barriers in society, not just by their condition (Scope, 2023). These barriers can include physical barriers, such as buildings without ramps or lifts, communication barriers, such as a lack of sign language support, and social barriers, such as discrimination and negative attitudes.

This way of thinking was important because it changed how people understood disability. Instead of blaming the individual, it highlighted the responsibility of society to make

changes. Over time, this model has influenced how services are designed and how professionals approach care.

The social model has also supported the development of policies that promote equality and inclusion. It has helped raise awareness about the importance of accessibility and the rights of disabled people.

However, the model has been criticised. One main criticism is that it does not always consider the impact of a person's condition. Some individuals experience pain, illness, or fatigue that cannot be removed by changing the environment. This means the model may not fully explain their experience.

Another criticism is that the model can be too focused on social barriers and may ignore the importance of medical support. For example, some people need ongoing treatment or medication, which the social model does not fully address.

Because of these criticisms, many professionals now use a more balanced or holistic approach. This means combining the social model with the medical model to ensure both social barriers and individual health needs are considered.

Application to Health and Social Care Policy and Practice

The Social Model of Disability has had a strong influence on health and social care policy in the UK. One key example is the Equality Act 2010, which aims to protect individuals from discrimination and ensure equal access to services (Gov.uk, 2010). This law reflects the social model by focusing on removing barriers and promoting inclusion.

Another important policy is the Care Act 2014, which focuses on promoting wellbeing, independence, and person-centred care (Gov.uk, 2014). This supports the idea that individuals should be able to live independently and have control over their own lives.

The model is also reflected in NHS policies that promote personalised care and shared decision-making (NHS, 2023). These approaches encourage individuals to be involved in decisions about their care, which links closely to the social model.

In practice, the social model is used by making changes to support individuals. For example:

- Providing wheelchair access in buildings
- Offering communication support, such as interpreters
- Using assistive technology
- Adapting services to meet individual needs

These changes help remove barriers and allow individuals to access services more easily.

The model also supports person-centred care by focusing on the individual's needs and preferences. This helps people feel more independent and respected.

However, there are challenges in applying the model. One major issue is funding. Many services do not have enough resources to make all the necessary changes. For example, adapting buildings or providing specialised equipment can be expensive.

Another challenge is that some professionals still focus more on the medical model. This can lead to care that focuses mainly on treatment rather than improving access and inclusion.

There can also be problems with communication between services. If professionals do not work well together, it can affect the quality-of-care individuals receive.

Another way the Social Model of Disability is applied in practice is through promoting independence and choice. Health and social care services aim to support individuals to live as independently as possible rather than relying completely on support. For example, individuals may be supported to manage their own care, make decisions about their daily routines, and access community activities. This links closely to person-centred care, as it focuses on what the individual can do rather than what they cannot do.

The model also supports inclusion in society. This means ensuring that individuals have equal opportunities to take part in education, employment, and social activities. For example, workplaces may make reasonable adjustments such as flexible working or accessible environments. This reflects the Equality Act 2010, which requires organisations to remove barriers where possible (Gov.uk, 2010).

However, in practice, this is not always easy to achieve. Some services may struggle to provide fully accessible environments due to limited resources or funding. There may also be differences in how services apply policies, which can lead to unequal experiences for individuals. This shows that while the social model is important, there are still challenges in making it fully effective in real-life settings.

Problems and Limitations

Although the Social Model of Disability is very important, it has several limitations. One key issue is that it may not fully recognise the importance of medical care. Many individuals need treatment, medication, or ongoing support that cannot be solved by removing social barriers alone.

Another limitation is that everyone's experience of disability is different. Some individuals may feel that their condition has a bigger impact on their life than social barriers. This means the model may not fully represent all experiences.

There are also practical challenges in health and social care settings. Staff often work under pressure due to limited time, high workloads, and a lack of resources. This can make it difficult to fully apply the social model in practice.

In addition, there may be a lack of training or understanding among professionals. If staff do not fully understand the model, they may not apply it correctly. This can lead to differences in the quality of care.

Despite these challenges, the social model is still very important because it promotes equality and inclusion. However, it cannot be used on its own and should be combined with other approaches.

Another limitation of the Social Model of Disability is that it may not fully consider mental health conditions. While the model focuses on physical and social barriers, individuals with mental health needs may face different challenges that are not always addressed in the same way. This suggests that the model may need to be adapted to better reflect different types of disability.

These challenges show that although the model is widely used, it is not always fully applied in practice (SCIE, 2024).

There can also be cultural and social differences that affect how disability is understood. In some communities, disability may still be seen mainly as a medical issue rather than a social one. This can make it more difficult to apply the social model consistently across different settings.

In addition, some individuals may not agree with the social model completely. They may feel that their condition itself has a significant impact on their life and should not be ignored. This shows that disability is a complex experience and cannot always be explained by one model alone.

Recommendations for Policy and Practice

There are several ways the Social Model of Disability could be improved in health and social care.

Firstly, more training should be provided for professionals. This would help them understand how to apply the model and improve the quality of care. Training should also focus on promoting positive attitudes and reducing discrimination.

Secondly, more funding is needed to make services accessible. Without enough resources, it is difficult to remove barriers and provide equal access for everyone.

Another recommendation is to improve communication between different services. Better teamwork and information sharing can help ensure individuals receive consistent and coordinated care (SCIE, 2024).

It is also important to use a balanced approach that combines the social and medical models. This would allow professionals to meet both the social and health needs of individuals.

Finally, raising awareness about disability and inclusion is important. This can help reduce negative attitudes and improve how society supports disabled people.

Another important recommendation is to involve individuals more in the design of services. People with lived experience of disability can provide valuable insights into what works well and what needs to improve. This can help ensure that services are more effective and better suited to individuals' needs.

It is also important to continue promoting positive attitudes towards disability in society. Education and awareness campaigns can help reduce stigma and discrimination, making it easier for individuals to feel included and respected.

Finally, regular reviews of policies and services should take place to ensure they are meeting the needs of individuals. This would help identify any gaps in care and allow improvements to be made over time.

Conclusion

In conclusion, the Social Model of Disability has played an important role in shaping health and social care in the UK. It has helped shift the focus from individual impairment to the barriers created by society. This has helped improve equality, inclusion, and access to care. However, the model also has limitations, especially in relation to medical needs and individual experiences. Because of this, it is important to use a balanced approach.

By improving training, funding, and awareness, the Social Model of Disability can continue to support better and more inclusive care in the future.

References

- Gov.uk (2010) *Equality Act 2010*. Available at:
<https://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed: 16 March 2026).
- Gov.uk (2014) *Care Act 2014*. Available at:
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets> (Accessed: 16 March 2026).
- Gov.uk (2022) *Health and Care Act 2022*. Available at:
<https://www.legislation.gov.uk/ukpga/2022/31/contents> (Accessed: 16 March 2026).
- National Health Service (NHS) (2023) *Personalised care*. Available at:
<https://www.england.nhs.uk/personalisedcare/> (Accessed: 17 March 2026).
- National Institute for Health and Care Excellence (NICE) (2021) *Shared decision making*. Available at:
<https://www.nice.org.uk/guidance/ng197> (Accessed: 17 March 2026).
- Scope (2023) *Social model of disability*. Available at:
<https://www.scope.org.uk/about-us/social-model-of-disability/> (Accessed: 17 March 2026).
- Social Care Institute for Excellence (SCIE) (2024) *Integrated care*. Available at:
<https://www.scie.org.uk/integrated-care/> (Accessed: 17 March 2026).