

Principles of Health and Social Care Practice

BMHP5016

Component 2

Individual essay

Denisa Mazarache

ID: 2425452

Introduction

The SMD or social model of disability has become one of the most relevant factors in today's world. This helps the individuals to look beyond the personal aspects to the general ones. The model is a necessary one to live in today's world, which is aimed towards the equal rights and abilities of today's modern world. According to the research, this is one of the most relevant concepts in today's world for overcoming most of the social barriers and bringing equality, whether in personal or professional forums (Pickard, 2021). The main importance of the model is to help the individual stop shifting their perspectives to a wide range of observations, overcoming the limited view and mentality of society, and allowing the individual's thoughts to become accessible in society, in protecting human rights, law, and policies. This is important (Oliver, 2023). The following essay will reflect on the overview of this model and its relevance to health and social care.

Main body

To **define** the concept of the social model of disability, the first thing of the model, is that the people are not the problem, so the main problem which views the individuals as disabled, or the use of society. The social model of disability is a theoretical approach that has been developed to protect the specific, fundamental rights of humans and their health and well-being rights for the well-being of the people. As per the research, the main motive of the theory is to focus on the disability or so-called disabled persons by society (Zaks, 2024). To reflect on its **historical aspect**, availing get the researches, the developmental model of theory has been developed from the demand of predicting the disability rights movement during the late 20th century, for the sake of privileged freedom and autonomy to the socially marginalised and disadvantaged persons who have been marked as the disabled ones, and ignored by the hospital, perceiving an equity to all (Mackelprang *et al.* 2021). The studies add that before the evolution of this model, disabled people used to face or experience extreme exclusion from society, and people who thought that they could not overcome anything in society, so they used to keep them far away from all kinds of social activities (Medical News Today, 2026). The theory has been developed for the sake of providing **a sense of equality** and rights to all people over time. Earlier, the theory has questioned the environment, structure, and social barriers to address equality in society. The model has been developed based on the two main distinct aspects, such as the impairment to overcome the physical and mental disability, aka disabilities, by the security, on the other hand, there are the actual disabilities which are mainly responsible for the restriction of participation in social activities (Mackelprang *et al.* 2021).

One of the primary criticisms for social model of disability is that some people the model focuses extremely on the **social barriers**, and reasons the actual needed facilities that the disabled ones want from society, desire of the **equality** there are some of the mental and physical facilities which they need to survive in the world, where that actually differs from others for their needs of survival. The criticism relevant to the theories is the neglect of the importance of focusing on the environmental barriers, but the failure to measure the actual physical barriers, such as psychological pain, cognitive limitations, etc. For the next level, the level can be criticised from the aspects of false dichotomy, as well as which has been criticised it separates the physical limitations from the social imposed limitations. Moreover, the model focuses extremely on the social aspects to overcome the physical barriers but fails to reflect on the actions needed of the individuals in terms of **intellectual disability**, **chronic illness**, and other **mental health conditions**. All of the criteria relevant to the model are evidence-based on the individual experiences, whereas aiming towards the individual needs for their identity, their personal demands, which are actually responsible for shaping their lives (Withers, 2024).

Reflecting on the scholarly opinion upon the criticism and regarding the social model of disability, there are political ideologies between the two main factors of stuttering. As per the research, one of the renowned scholars, **Mike Oliver**, has discussed that despite the limitations, the social model has been used for the improvement of the lives of people who are suffering from **invisibility**, **lack of sensory**, **cognitive**, and **communication difficulties**, to collaborate or contact with others effectively. Oliver has recognised the importance of communication, affecting the people, avoiding physical barriers, so that people with physical challenges cannot communicate with others the way they communicate with others, especially with those who have issues in taking, licensing, or with others. During the final stage of the model, the therapists have also renewed their interest in planning for helping the disabled persons with real-life experiences and observations, not only relying upon the suggestions of the social code of disability. The research added that some of the years and cycles of age reflected on the political importance in this context, such as the model is very much impaired and then aspects of political context, but at the same time it has faced issues as the scholars have suggested to make modifications while emphasising in the factors that the disabled deserves some more advantages from the political aspects for their survival (Thorneycroft, 2024).

The social model of disability plays a pivotal role in personal care in the **health and well-being** of people. Delving into the depth of this department following the model, the person-centered planning has been built upon the values of inclusion. Person-centered planning is that this is a systemic approach that helps individuals to achieve the well-being of a particular community and

be involved in the group (Scope, 2026). According to the researchers, this was developed in the 1980s mainly to help children and adults get support from special placements in the school and in the hospitals. This reflects on the immature short the newborns, and minimum need or support for their survival, such as in schools and hospitals. The main motive of this approach is to understand the views and needs, more importantly, the wishes of the beneficiaries and young people, how far mainly suffer from the issues of diversity, and to provide them with suitable accommodations in those places, it is not about pushing them away from the normal life, instated this is about ensuring the support that they need based on their physical condition. Next, reflecting on the main activities of the person-centred approach, following the key principles of disability are putting the child or adult carer at the core of the process, emphasising their strengths and weaknesses, listening and responding to their issues effectively and with care, overall ensuring their health, education, and overall well-being (Hackney, 2025).

Discussing the importance of the social model of disability on the social care policy and services involves the **patient's involvement in the decision-making approach**. The patient involvement and decision-making are also reflected in the shared decision-making process, which articulates its benefits and relevance with the health care services. To define this, this is a mental yet logical colour where both the medical teams collaborate with the patient party to work together and take effective division of the health care of an individual person, thus it is basically a joint process. Following the social model of disability has a lot of benefits in this context, such as allowing people to be involved and share information about their families who are having issues or disabilities. This ensures the process of better understanding between the patient and the hospital authority. It is important to retain family members to make decisions for covering accurate treatment, and provide them the support and guidance they need to maintain emotional balance as well, through the healthcare decisions by the medical trainers instead of deciding on something by themselves. The main motif behind this is to deduce the feedback of the people who live 24/7 with the person who needs care, as they observe and understand them more. This creates a harmony between family members and health care advisors to solve any kind of inconveniences, whereas the patient's desires aim towards working on more comprehensive, effective solutions (NICE, 2026). One of the primary issues in person-centred patient care is the issue of staff or **employee shortage** in a hospital. One of the biggest reasons behind this issue is the increasing population of the world. Which is constantly growing, and it is expected by the studies that it will reach the level of a crowded sea of people. The studies have stated that by the year 2050, the population of the world will reach over 60, and it is expected to exceed this. The COVID-19 crisis has shown the crisis of healthcare workers' burnout, employee turnover, and some of them have died due to

the virus while serving others (Tondora *et al.* 2021). The person-centered care plan has the issue of **limited time for the visits**. Most of the time, the medical personnel treat patients for a limited time according to their convenience. By getting into the hospital center, many of the patients need to be over time, which takes more time, which, unfortunately, the doctors do not care about. There has been overuse of extra time and attention, leading to the issues of negligence towards the serious patients. The above-mentioned employee shortage issue is also relevant in this aspect; the issue of variety in complex situations can result in major issues for the participants (Tondora *et al.* 2021). Patient-involved decision-making can face the issue of **communication barriers**. The patient has been forced to change between a medical professional and the family members of the patient. In this context, the main uses of the issue are to have information motion about the patient with an open mind while refraining from any kind of hesitations. The patient needs to share the information about the patient with a detailed version, as the patient's family preserves the information for the whole family; a lack of accuracy or involvement in the information may mislead the doctors, making decisions in the treatment or procedure of the patient's team and recovery (Jayatilake and Ganegoda, 2021).

To ensure the success of employee surveillance in the medical departments, fresh first-hand knowledge **motivates them** to take action and offer better ways of optimisation, with technologies like flexible working hours and other benefits so that they would stay motivated and that the employees serve their best to the patients (Hurst *et al.* 2022). The first thing in this context, the hospitals ended up doing is identifying the factors that have led to the use of burnout and then adopting effective strategies for their organisational development, which involves implementing long-term workforce planning and strengthening the foundational trust (McPake *et al.* 2024). To resolve the issues relevant to the organisational barriers to patient involvement, use **simple language** instead of compliance information to use medical terms, which contribute to growth, to help the patient party for their better understanding. Showing models or demos to make them understand the issues will be more effective in terms of creating an emotional environment and help them type to create a sense of mutual understanding among them. Additionally, break down the information into small parts to resolve the issues quickly by suggesting a variety of solutions and reducing the risk factors (Grace and Uveges, 2022).

Conclusion

To conclude, the above-discussed essay is based on the concept of the social model of disability to reflect on its positive and negative aspects. The essay has primarily discussed the importance of the model in today's generation, along with depicting the context and source from which it has emerged, while focusing on its historical background. Next, there on the essay on the relevance

and importance of the issue in the proposed healthcare services, and the involved decision making is discussed along with the issues relevant to it, such as employee satisfaction, limited time visits, and communication issues, with effective recommendations to it.

References

- Grace, P.J. and Uveges, M.K., (2022). *Nursing ethics and professional responsibility in advanced practice*. Jones & Bartlett Learning.
- Hackney (2025) *0-25 send local offer | family information service | what is person centred planning?* Available at: <https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/advice.page?id=LTygXFgJ08A> (Accessed: 21 April 2026).
- Hurst, D.J., Potter, J., Naumann, P., Baig, J.A., Evatt, M., Lockhart, J.S. and Gielen, J., (2022). Barriers to patient involvement in decision-making in advanced cancer care: culture as an amplifier. *Narrative inquiry in bioethics*, 12(1), pp.77-92. <https://muse.jhu.edu/pub/1/article/860954/summary>
- Jayatilake, S.M.D.A.C. and Ganegoda, G.U., (2021). Involvement of machine learning tools in healthcare decision making. *Journal of healthcare engineering*, 2021(1), p.6679512. <http://onlinelibrary.wiley.com/doi/abs/10.1155/2021/6679512>
- Mackelprang, R.W., Salsgiver, R.O. and Parrey, R.C., (2021). *Disability: A diversity model approach in human service practice*. Oxford University Press.
- McPake, B., Dayal, P., Zimmermann, J. and Williams, G.A., (2024). How can countries respond to the health and care workforce crisis? Insights from international evidence. *The International Journal of Health Planning and Management*, 39(3), pp.879-887. <https://onlinelibrary.wiley.com/doi/full/10.1002/hpm.3766>
- Medical News Today (2026) *Social model of disability: Meaning, examples, and history*, *Medical News Today*. Available at: <https://www.medicalnewstoday.com/articles/social-model-of-disability#criticisms> (Accessed: 21 April 2026).
- NICE (2026) *About shared decision making*, *NICE website: The National Institute for Health and Care Excellence*. Available at: <https://www.nice.org.uk/what-nice-does/our-guidance/about-nice-guidelines/about-shared-decision-making> (Accessed: 21 April 2026).
- Oliver, M., (2023). The social model of disability. In *Social work* (pp. 137-140). Routledge.
- Pickard, B., (2021). A framework for mediating medical and social models of disability in instrumental teaching for children with Down syndrome. *Research Studies in Music Education*, 43(2), pp.110-128. <https://journals.sagepub.com/doi/abs/10.1177/1321103X19855416>
- Scope (2026) *Social Model of Disability: Disability Charity Scope UK*, *Scope*. Available at: <https://www.scope.org.uk/social-model-of-disability> (Accessed: 21 April 2026).
- Thornycroft, R., (2024). Screwing the social model of disability. *Scandinavian Journal of Disability Research*, 26(1). <https://sjdr.se/articles/10.16993/sjdr.1130>

Tondora, J., Stanhope, V., Grieder, D. and Wartenberg, D., (2021). The promise and pitfalls of electronic health records and person-centered care planning. *The journal of behavioral health services & research*, 48(3), pp.487-496. <https://link.springer.com/article/10.1007/s11414-020-09743-z>

Withers, A.J., (2024). *Disability politics and theory*. Fernwood Publishing.

Zaks, Z., (2024). Changing the medical model of disability to the normalization model of disability: Clarifying the past to create a new future direction. *Disability & Society*, 39(12), pp.3233-3260. <https://www.tandfonline.com/doi/abs/10.1080/09687599.2023.2255926>