

Models

There are different ways of thinking about disability; these ways of thinking, the values that underpin them and the presumptions that flow from them can be described by the models described below.

These models should not be ascribed to particular groups, for example the 'medical model' should not be seen as a position taken by all medical or health practitioners. What's more it is possible for people to think in different ways in different situations. Reflecting on the different models is useful as it may help us to avoid making assumptions and may help us to respond to individuals in a positive way.

The Medical Model of Disability

The medical model sees disability as something that is 'wrong' with a person's body or mind.

For example this model might suggest that a disabled person is 'suffering' from an illness, disease, genetic defect or injury that would ideally be "treated and cured." This way of thinking often makes people want to help by fixing the problem, maybe using drugs, surgery or other interventions. This way of thinking may also make people want to help by preventing transmission of the problem to other generations maybe by promoting interventions such as sterilisation or contraception. The medical model is said to make the following assumptions:

- The young person (their body or mind) is the problem
- The problem may make difficult for it young person to make good decisions about their own life
- They are likely to need professionals to look after them
- If the problem cannot be fixed, they will never be equal to other young people

Critique of the Medical Model

The medical model is criticised for seeing the impairment as the most important part of the person and suggesting the person is helpless to do anything about this. The medical model is said to be deterministic as it suggests a particular problem will always mean a person cannot be equal. Consequently this may reduce the life chances and options of a young person. The medical model also implies that the young person is merely a passive recipient of treatment. Labelling Theory (Becker 1963) would suggest that society sets up rules, which people follow to be accepted. These rules can include quite subtle injunctions such as the way someone looks patterns of behaviour, or how clever they are. The unique person may be subsumed under the **master label** of their impairment, for which the medical model provides them with a ready-made label. Finally, the medical model is essentially disablist because it defines everything in terms of an able bodied norm, instead of taking a viewpoint from the disabled young person.

The Social Model of Disability

This model suggests that people with impairments are actually disabled by the way in which society acts. All people are unique and different from each other, all people have unique circumstances which have to be dealt with by the society in which they live. Some people are born with (or develop) an impairment, if they do not have their needs met by society they are being disabled by society's choices and attitudes. Attitudes and structures in society tend to further exclude disabled children and deny "their gender, their sexuality, their race and even their rights as human beings."

The social model suggests that as a whole society, we do not really want or value disabled children and suggests that people within society need to examine and change their own attitudes. Disabled children should not be expected to ask for charity or pity or to fight for their right to be a full part of their society. The social model suggest that what is needed is a conceptual shift from seeing disabled children as problems, to a perspective which recognises they are a minority group identified through their impairments and oppressed by other people. Activists from a social model perspective aim to solve the problem of oppression.

Critique of the Social Model

The social model (especially in its strong form) is criticised because of its insistence that disability can only be addressed through action to change society and does not recognise the real impact that people's impairments can have on their lives. To focus only on the wider society may risk children's impairments being unrecognised or poorly understood so that children might not get the individual attention that might make their lives better.

Other ways of thinking

Both the medical model and the social model may be helpful in improving people's lives, but both of these models may also create difficulties. It is becoming more common for people to develop more nuanced models of disability which recognise the impact that society has whilst also recognising the impact and experience of people's individual impairments.