

Appendix 7

The medical and social models of disability

The medical model of disability reinforces the idea that the problems people face are a direct result of their own health or impairment. It focuses on what is wrong with a person and what they cannot do. This model takes a narrow, labelling approach, which can perpetuate stereotypes and create a cycle of dependency and exclusion that is often difficult to break.

The social model of disability, in contrast, refutes the medical perspective above, and shifts the focus from what is 'wrong' with the disabled person to what is wrong with attitudes, systems and practices, as it is these that often create disabling barriers and prevent participation by disabled people. The social model of disability promotes the right of a disabled person to belong, to be valued, to determine choice and to make decisions. The emphasis is taken away from the disabled person and is placed firmly on the shoulders of the provider.

The social model of disability represents the key to understanding and implementing the duty to promote disability equality. The new duty extends the requirements of the DDA 1995 – to anticipate and respond to the individual needs of disabled people – to a duty under which organisations must understand and dismantle barriers before they have an impact on individuals.

(ref Rose C & Faraday S (2006), 'Core Document – The journey towards disability equality')