Medical model vs. Social model of disability

The social model of disability is a way of viewing the world, developed by people with disability.

The social model of disability says that people are disabled by barriers in society, such as buildings not having a ramp or accessible toilets, or people's attitudes, like assuming people with disability can't do certain things.

The medical model of disability says people are disabled by their impairments or differences, and focuses on what is 'wrong' with the person, not what the person needs. The medical model of disability creates low expectations and leads to people losing independence, choice and control in their lives.

The social model helps us recognise barriers that make life harder for people with disability. Removing these barriers creates equality and offers people with disability more independence, choice and control.

Medical model (How society views people with disabilities)

- Disability is seen as something that could hold a person back. It is seen as something that a person should not want, that it makes people different in a bad way.
- Disability is a personal problem– the disability is in you, and it's your issue.
- It is seen that curing the person with disability or making them 'less disabled' will make their problems better.
- The only person who can help the disabled person fit in and be accepted in society is the professional.

Social model (How the disability community sees themselves)

- Disability is only a difference, like gender or race.
- Being disabled is neither good or bad, it's just part of who you are.
- Disability issues and problems come from the disabled person trying to function in an inaccessible society.
- Making society accessible for everyone will help people with disability

Examples of the social model in action

- You are a disabled person who can't use stairs and wants to get into a building with a step at the entrance. The social model recognises that this is a problem with the building, not the person, and would suggest adding a ramp to the entrance.

- You are a teenager with a learning difficulty who wants to live independently in your own home, but you don't know how to pay the rent. The social model recognises that with the right support on how to pay your rent, you can live the life you choose. The medical model might assume that the barriers to independent living are insurmountable, and you might be expected to live in a care home.

An illustration of the social model of disability in practice would be a town designed with wheelchairs in mind, with no stairs or escalators. If we designed our environment this way, wheelchair users would be able to be as independent as everyone else. It is society which puts these barriers on people by not making our environments accessible to everyone.

"The problem isn't that I can't get into a lecture theatre, the problem is that the lecture theatre isn't accessible to me." Professor Mike Oliver

Removing barriers in society

When barriers are removed, people with disability can be independent and equal in society.

There are multiple barriers that can make it extremely difficult or even impossible for people with disability to function. Here are the most common barriers.

1. **Attitudinal barriers:** are created by people who see only disability when associating with people with disabilities in some way. These attitudinal barriers can be witnessed through bullying, discrimination, and fear. These barriers include low expectations of people with disabilities, and these barriers contribute to all other barriers.

2. **Environmental barriers:** inaccessible environments, natural or built, create disability by creating barriers to inclusion. Examples of architectural or physical barriers include:

   o Sidewalks and doorways that are too narrow for a wheelchair, scooter, or walker.

   o Desks that are too high for a person who is using a wheelchair, or other mobility device.

   o Poor lighting that makes it difficult to see for a person with low vision or a person who lip-reads.

   o Doorknobs that are difficult to grasp for a person with arthritis.

3. **Institutional barriers:** include many laws, policies, practices, or strategies that discriminate against people with disabilities. Examples of organisational or systemic barriers include:

   o Denying reasonable adjustments to qualified individuals with disabilities, so they can perform the essential functions of the job for which they have applied or have been hired to perform.

   o Public transport being inaccessible to people with disability, which acts as a barrier in their day-to-day lives and reduces the ability of people with disabilities to participate fully in community life

4. **Communication barriers:** Communication barriers are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and/or understanding, and who use different ways to communicate than people who do not have a disability. Examples of communication barriers include:

- Written health messages may be inaccessible to people who are blind or vision impaired from receiving the message because of:

    - Small print or no large-print versions of material, and

    - No Braille or electronic versions for people who use screen readers.

- Auditory health messages may be inaccessible to people who are deaf or have hearing loss from receiving the message because:

    - Videos do not include captioning or Auslan interpreters.

- Complicated health messages may be inaccessible to people with a cognitive disability from receiving the message because:

    - The use of technical language, long sentences, and words with many syllables which are not provided in Plain Language or Easy English