



Practical solutions to the challenge of disability equality

Applying the Social Model of Disability to Health and Social Care Services

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Move to the Social Model of Disability

The Disability Rights Commission, following extensive consultation, in July 2006 produced their Recommendations to Government report that clearly demonstrates the need for anti discrimination legislation to move away from a traditional model definition of disabled people. The present definition defines a disabled person as having:

“...a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.”

Disability Discrimination Act 1995 - Section 1

The DRC report recommends that this should be replaced with a Social Model of Disability definition;

“a person who experiences discrimination on grounds of disability (*impairment*)”

and

“...everyone who has (or has had or is perceived to have) an impairment without requiring the effects of that impairment to be substantial or long-term.”

This will be a major step forward and will avoid the mixed and confused messages people receive regarding disability. One obvious consequence is that many disabled people are likely to feel more comfortable to define themselves as a disabled person i.e. someone whom may experience discrimination on grounds of impairment - rather than being the problem itself.

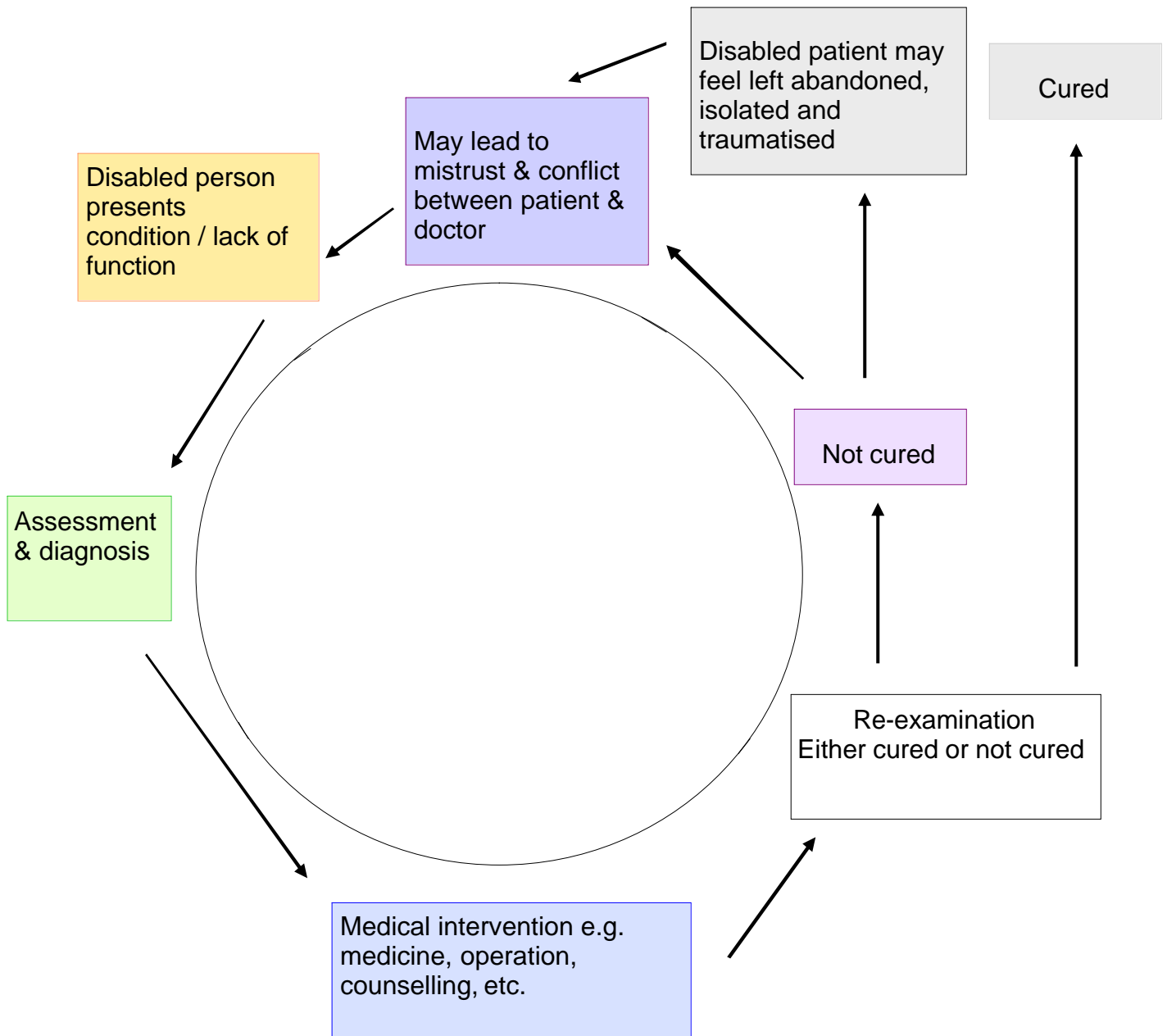
The importance of understanding disability goes far beyond changing our understanding of language or terminology. What matters is the effects of the Social Model approach on the design and development of services.

The following demonstrate the effects of the different models of disability applied to medical and social care services.

This document should be used in conjunction with GB DTC's Factsheet 1 - Understanding Disability available from www.gbdtc.org.uk.



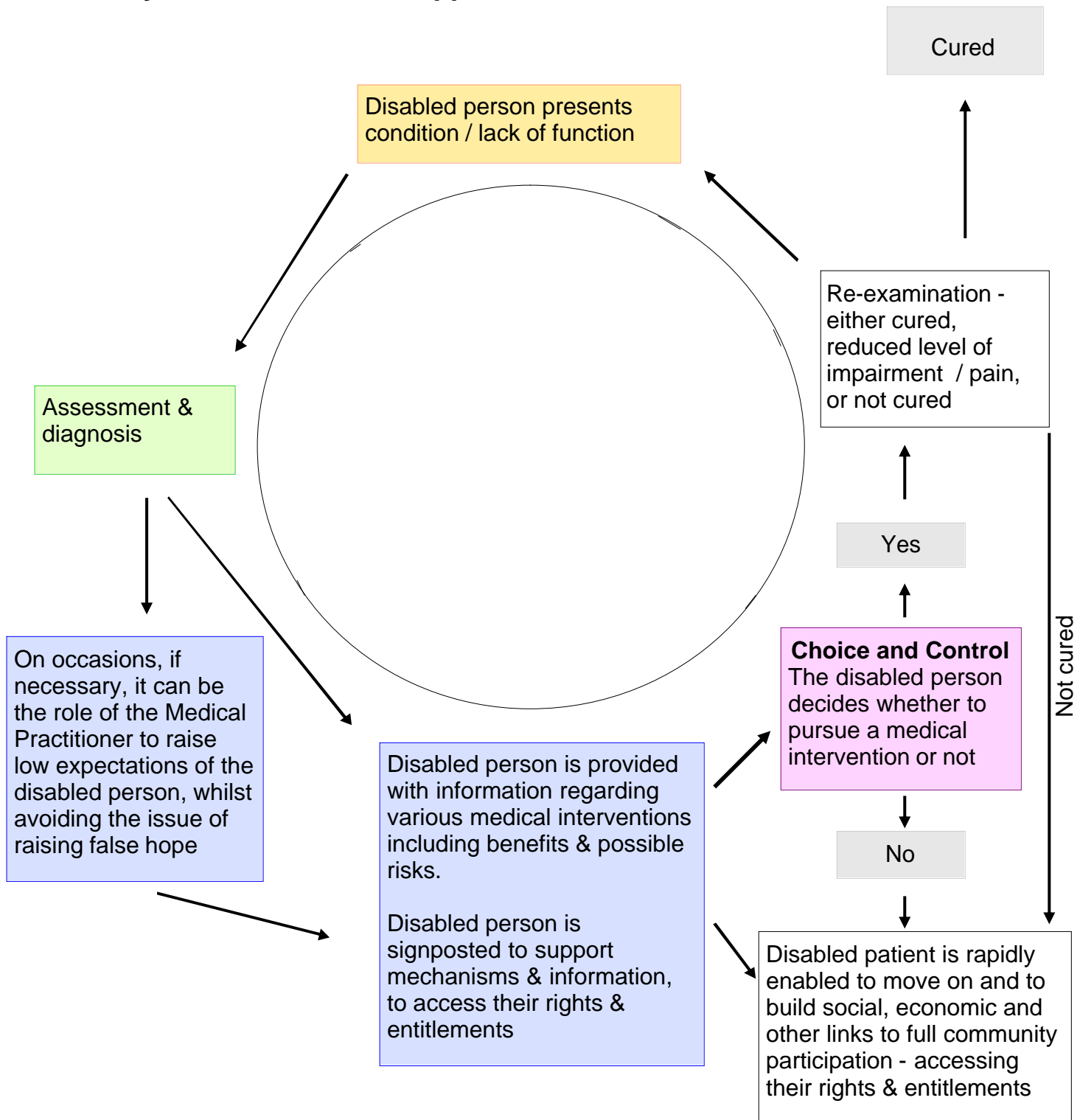
Cycle of Traditional Model Applied to Medical Services



Developed from work by BCODP

Disabled people themselves and the medical practitioners are often both left feeling failures. A continual cycle of failing to be cured can ensue - leading to loss of self esteem, confidence, motivation in the disabled person, and frustration for the Medical Practitioner.

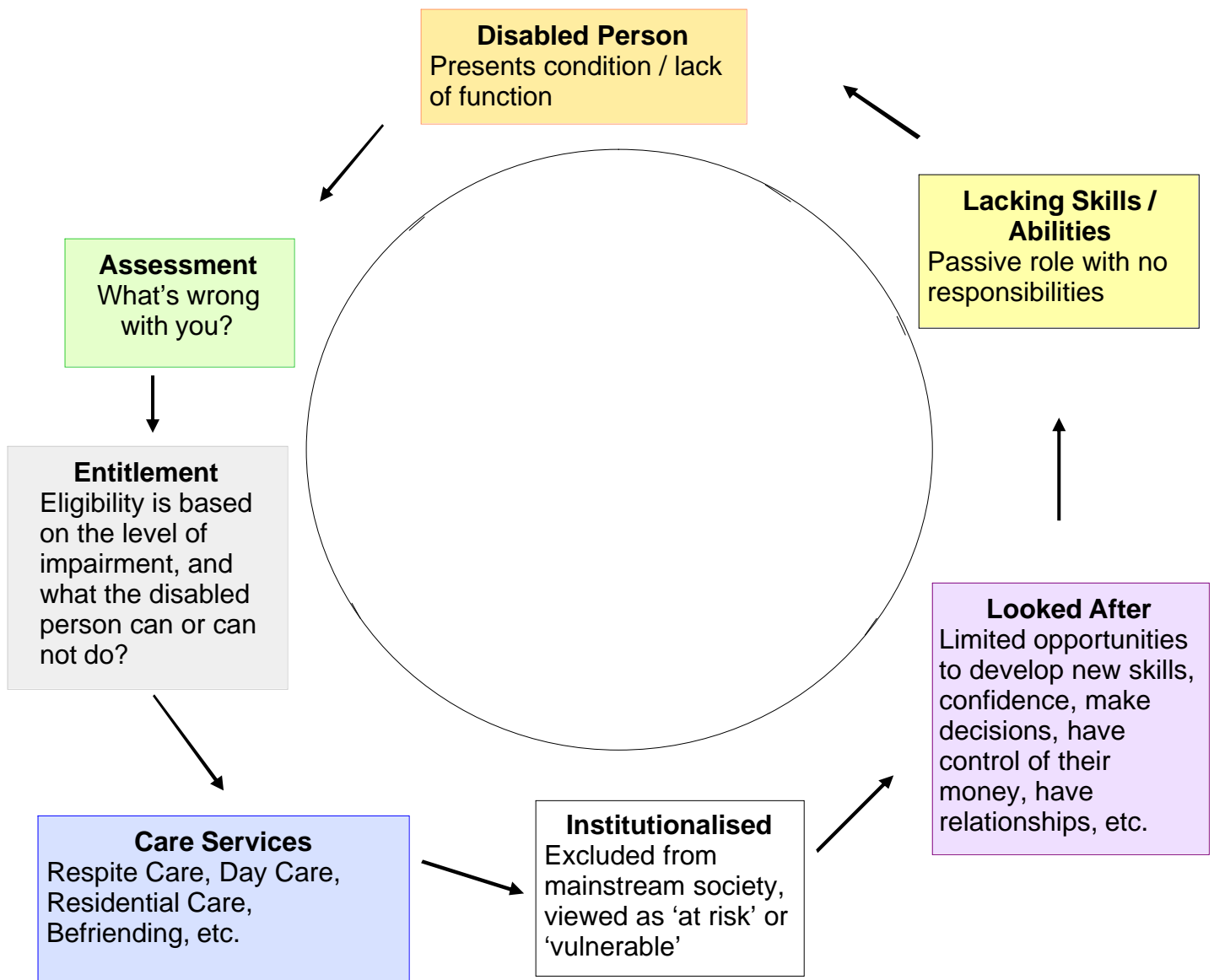
Cycle of Social Model Applied to Medical Services



Disabled people and the Medical Practitioners are able to use their knowledge skills and expertise to identify positive ways to improve the life chances of the disabled person.

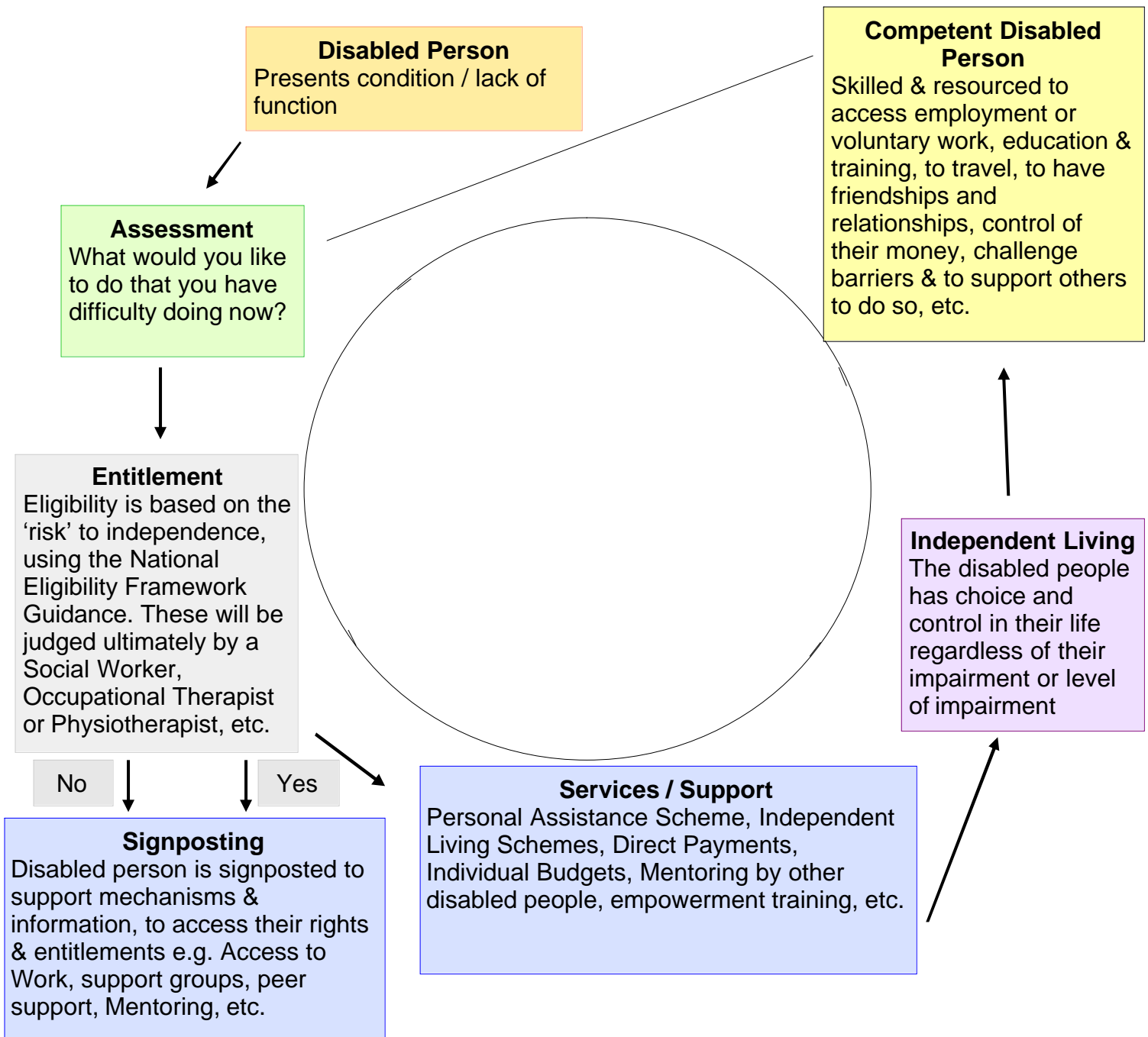
Note: Disabled people may choose to both access their rights & entitlements whilst also seeking medical interventions.

Cycle of Traditional Model Applied to Social Care Services



Disabled people are viewed as 'at risk' and consequently looked after or become passive receivers of care. They are excluded from many of the learning opportunities in society and thus become more vulnerable, thereby 'justifying' them being looked after. However what happens when Social Care Services reassesses them out of the service? Or their parents are no longer there to look after them?

Cycle of Social Model Applied to Social Care Services



Eligibility to a service is based upon 'risk' to independence. This includes "severe restriction of opportunity within work and education", "vital family or other social roles and responsibilities cannot or will not be sustained", "homelessness" or the risk that "relationships cannot or will not be sustained". Disabled people are viewed as at risk of not having access to their rights & entitlements - Social Care Services are designed to ensure that they do.

Disabled people and their organisations are fully involved in the development and even delivery of services. Disabled people are empowered, and social care staff use their knowledge & skills to support disabled people to live independent lives - based on the principles of choice & control.