Unit 31: Understand Models of Disability

Level:	3
Unit type:	Optional (Group B1)
Credit value:	3
Guided learning hours:	26

Unit introduction

The purpose of this unit is to provide the learner with knowledge and understanding of models of disability.

Current models of disability have an impact on the planning and delivery of health and social care services. Changes to approaches to services has been facilitated in part, to the rise in action by disability living groups and changing perception in society.

Learners will investigate the different models of disability, the reasons for their development, and the differences and similarities between applications.

Implications of each model for individuals who have a disability in terms of quality of life,access to society and overall wellbeing, are considered in the unit. Learners will also analyse how the models shape their own delivery of service and the impact on individualusers of services.

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the difference between models of disability	1.1 Outline the history and development of the medical, social and psycho- social models of disability 1.2 Compare and contrast the medical, social and psycho-social models of disability

Learning outcomes		Assessment criteria	
2	Understand how the adoption of models of disability can shape an individual's identity and experience	2.1	Analyse how the medical, social and psycho-social models of disability can impact on an individual's identity and experience
3	Understand how the adoption of models of disability can shape service delivery	3.1	Analyse how the medical, social and psycho-social models of disability can shape service delivery
		3.2	Evaluate how own practice promotes the wellbeing and quality of life of individuals

Unit content

What needs to be learned

Learning outcome 1: Understand the difference between models of disability

Definition of disability

- A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on an individual's ability to carry out normal daily activities
- (Equality Act 2010).

Medical model

- Looks at what is 'wrong' with an individual, not at diverse needs.
- Puts the impairment first, individual second.
- Focuses on inability rather than ability.
- Focuses on the impairment for:
  - lack of access to goods and services
  - lack of participation in society.
- Individuals must rely on others, e.g. professionals to supply needs.
- Power is in the hands of the professionals.

History

- Development of health as a profession.
- Individuals seen as needing help from professionals.
- Duty of the individual to accept help.
- Talcott Parsons (functionalist theory, 1951), disability as deviance.
- Labelling theory (Becker, 1980s).
- Historical stereotypes associated with 'evil', 'bad luck'.

Social model

- People with impairments are disabled by society.
- Attitudes and structures in society exclude individuals and deny human rights.
- Disability is caused by barriers in society and not by the impairment.
- Positive attitude to individuals with impairments, focusing on ability.
- Attempts to 'cure' or 'fix' an impairment can be seen as discriminatory.
- Disability as a social injustice.

History

- A reaction to the medical model.

- Developed by individuals with disabilities in the 1970s and 1980s.
- Rooted in the civil rights movement (1960s).
- Phrase 'social model of disability' (Mike Oliver, 1983).
- Concept of normalisation, holistic approach.
- Independent Living Movements (Shapiro, 1993; Barnes and Mercer, 2001).
- Disability as an externally ascribed disempowering identity (Riddell, Baron and Wilson, 2001).

Psycho-social model

- Disability is defined as a state that is constructed through physical, cultural and structural barriers in society.
- Broader approach to disability.
- Disability is rarely limited to one domain of human experience.
- Takes the focus beyond the individual and addresses issues affecting overall health and wellbeing.
- Concept of normalisation, holistic approach.
- Social model is outdated.
- Concept of enablement rather than disablement.

History

- An integrated approach (George Engel 1977).
- Reaction to social and medical models.
- Response to actions by disability action groups.

Comparison of models

Social and psycho-social

- Both evaluate the perception of disability.
- Society is the main contributor to exclusion from society.
- Concentrates on ability.
- Removal of barriers to enable individuals.
- Disability is a societal problem.

Medical

- Focuses on the impairment and how this excludes them from society.
- Medical model is seen as taking away independence.
- Supports reliance on professionals.
- Views individuals with an impairment as needing pity, sympathy.

What needs to be learned
Disability is an individual problem.
Learning outcome 2: Understand how the adoption of models of disability can shape an individual's identity and experience

Impact of models on identity and experience

Medical

- Dependency.
- Sufferers of conditions.
- Low self-esteem.
- Poor self-image.
- Lack of identity in an able-bodied world.
- Removal of human rights, e.g. to express sexuality, make decisions.

Social and psycho-social

- Right of access to goods and services, e.g. through adaptations.
- Entitled to make decisions regarding care, support.
- Involvement in care planning.
- Enabled to take risks.
- Right to refuse treatment.
- Raised self-esteem.
- Positive self-image.
- Recognition of personhood.
- Inclusion and involvement in society.

Learning outcome 3: Understand how the adoption of models of disability can shape service delivery

Service delivery

Medical

- Focus on support and reliance on others.
- Decisions made for 'individual's own good' by professionals.
- Independence not seen as important.
- Fosters prejudice, labelling, stereotypes, e.g. of helplessness.
- Reduces human rights, e.g. double rooms for same-sex couples in residential care.
- Resources are there to support and help rather than enable.

What needs to be learned
• Emphasis on rehabilitation.

Social

- Enablement to live independent lives, e.g. provision of aids, adaptations.
- Recognition of individuals' diverse needs, abilities.
- Involvement in aspects of care planning and delivery.
- Recognition of individual's right to refuse treatment.

Psycho-social

- Active involvement in care planning and delivery.
- Emphasis on self-management.
- Normalisation approach.
- Managed risks to enable participation in activities, daily routines.
- Recognition of individual tastes, preferences.
- Personalised care and support planning.
- Shared decision making.

Effects of own practice on wellbeing and quality of life of individuals

- Restrict or promote independence.
- Positive verbal and non-verbal communication to promote self-esteem.
- Challenging own prejudices, stereotypes to shape verbal and non-verbal communication positively.
- Provision of information in appropriate formats to enable understanding.
- Respect for individuals to promote positive self-identity.
- Person-centred approach to promote enablement with compassion.
- Inclusion of the '6cs': competence, compassion, communication, courage, care, commitment.
- Use of reflective diaries.
- Feedback from others, including users of services, colleagues, managers.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time.

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification. AC3.2 should be based on the learner's own workplace.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements.*

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

Textbooks

Davis LJ (editor) – The Disability Studies Reader, 5th edition (Routledge, 2016) ISBN 9781138930223

Shakespeare T – Disability Rights and Wrongs Revisited, 2nd edition (Routledge, 2013) ISBN 9780415527613

Shakespeare T – Disability (The Basics) (Routledge, 2017) ISBN 9781138651395

Websites

dsq-sds.org/article/view/880/1055/	Disability Studies Quarterly Article on models of disability and identity
www.gov.uk/definition-of-disability-under-equality-act-2010	Government website on the Equality Act 2010
www.ombudsman.org.uk/sites/default/files/FDN-218144_Introduction_to_the_Social_and_Medical_Models_of_Disability.pdf	Parliamentary and Health Service Ombudsman Introduction to the Social and Medical Models of Disability
www.warwick.ac.uk/fac/soc/sociology/staff/sypgbj/research/nvfad_2010_disability_studies_poster.pdf	University of Warwick Disability Studies
www.wecanandmustdobetter.org/files/5914/2626/5339/Models_of_disability.pdf	We Can and Must do Better Resource Bank Models of disability
dsq-sds.org/article/view/880/1055/	Disability Studies Quarterly Article on models of disability and identity
www.gov.uk/definition-of-disability-under-equality-act-2010	Government website on the Equality Act 2010