



Cap sur l'école inclusive
en Europe



Source sheet

From medical to social model of disability

CORE D FOR /DEFINE AND DELIMIT

1/ Scope and content

This sheet is an overview of the definitions of disability in the medical and social model of disability. It also indicates the evolution of the definition of disability: from the medical model and the social model to the bio-psycho-social perspective on disability.

Sources:

Barnes C., Thomas C. (2006). Introduction to part I: Disability Studies. In: L. Barton (ed.), Overcoming disabling barriers. 18 years of disability and society (pp. 3–7). London – New York: Routledge. ^[L]_[SEP]

Charlton J. (2000). Nothing about us without us. Disability oppression and empowerment. Berkeley – Los Angeles: University of California Press. ^[L]_[SEP]

Conrad P. (1992). Medicalization and social control. Annual Review of Sociology, 18, 209–232. ^[L]_[SEP]

2/ Background

International Background

The medical model is the most traditional way of perceiving persons with disabilities. The medical model dominated until late 1960s. As part of that paradigm, persons with disabilities were treated not as humans (subjects) but as “medical cases” and objects of medical interventions implemented by doctors and medical professionals. The opportunities and development capacities of persons with disabilities remained beyond the scope of interests of medical specialists within the medical model. Persons with disabilities were therefore isolated in closed institutions and subjected to restrictive care limited to satisfying their basic living needs and treatment needs, predominantly in the form of administration of drugs. Long-term assistance for persons with disabilities (in particular – publicly funded support) were only possible beyond the family home, in specialised institutions such as psychiatric hospitals or care homes. The assistance was therefore institutionalised and required full obedience (leading to full dependence) and adherence to the rigour of the care institution. According to the medical model, persons with disabilities were regarded as the ill and impaired, the group that needed to be separated from the society. The segregation was justified by the alleged well-being of the patient.

The social model (developed since the 1990s) is based on human rights and promotes full inclusion of persons with disabilities in social life. As part of this civic paradigm persons with disabilities are treated as subjects. It is recognized that they deserve all available opportunities that are accessible for the general public. The paradigm also promotes the following rule: instead of developing special programmes and implementing them at special institutions, persons with

disabilities should be supported in the communities where they live. According to the paradigm, it is not the disabled person that needs to be adapted to the environment – to the contrary, the environment must be adapted to the needs of the disabled person. Instead of programmes developed and implemented by professionals, persons with disabilities need their networks of formal and informal support groups to let them cope with the challenges of everyday lives. The place where support is to be provided for persons with disabilities is not an institution or a special care home but the person's family home, their local school or a workplace in the neighbourhood. According to the civic paradigm, persons with disabilities require individual support tailored to their needs. The decisions pertaining to the person with a disability are not controlled by a doctor or a cross-disciplinary team, but the person her- or himself, with possible assistance from others. The key objective here is not only to satisfy the very basic physiological needs of the person and to change her/his behaviour, but to let him/her become self-dependent and establish contacts with others as well as changing the environment and the attitudes.

The Convention on the Rights of Persons with Disabilities is a reflection of this paradigm. The document complements earlier acts of law pertaining to human rights. It concerns approximately 650 million disabled people worldwide. The Convention is the first international legal act that comprehensively deals with the situation of the disabled. The role of the document is to improve the situation through facilitating a real exercise of all human rights and fundamental freedoms on an equal basis for all persons with disabilities. It also introduces a new, evolving definition of disability, according to which the notion of “disabled persons” (Article 1) refers to persons “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

3/ Objective

Part P – for a presentation of the problem and setting the boundaries; this sheet presents the modes of defining disability which initially focused only on the individual and medical aspect of the phenomenon and eventually developed to recognise the social nature of disability. The Convention on the Rights of Persons with Disabilities is a reflection of this social paradigm.

4/ Constraints

Implementation of the social model of disability requires changes to both legislation and awareness. Decision-makers must therefore acquire sufficient knowledge about the model.

5/ Perspectives

In order to minimize the constraints indicated above we need to strengthen the relevant international and European commitments concerning the implementation of the Convention. The implementation process must also be monitored.

Additional comments:

No information