Level 3 Diploma Health and Social Care
Unit Title: 394 – Understand Models of Disability
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Introduction
This assignment report intends to perform an in-depth study on the various models of disability and how these models facilitate in shaping each individual's livelihood. The models that would be discussed in the assignment are medical model, social model and psycho-social model. The role of these models in shaping disabled individuals experience and the appropriate service delivery provided would also be elucidated in this assignment.

Outcome 1 - Understand the difference between models of disability
1.1 The history and development of the medical, social and psycho-social models of disability
Medical Model: The medical models also termed as illness approach signifies that the key cause of disability could either be a trauma or disease. The impact or consequences of this condition is handled and resolved by professionals. The reports of Backup (2012) enlightened me that disability of an individual is the unconventionality of health condition from that of normal state. I realised that the person diagnosed by disability in health condition has to comprehend and undertake sufficient care recommended by health experts also known as health professionals (Wasserman et al., 2011). The disability caused due to the unhealthy condition residing inside an individual is known as medical model of disability.
Social model: The disability developed with an individual due to the lack of society's concerns is termed as social model of disability. I analysed that this is considered to be a socially constructed disability within an individual. This could also be caused due to the lack of life style modifications facilitated in leading productive lives (Backup, 2012). I comprehended that the key factors that lead to social model of disability in accordance to medical diagnostics are injury or illness that has occurred to an individual. According to Evenbreak (2012) society is pointed out as the key facet of this disability, as it is reflected as the key cause for creating able-bodied majority.
Psycho-social model: An individual's disability that is considered to be developed due to the physical, environmental and emotional levels of life is termed to be as psycho-social model. I implicit from the reports of Backup (2012) the key factor that is considered to construct such a disability is the disabling condition irrespective of
the person’s experience and livelihood. I accounted that the approach exist to be consistent as per the revised definitions of WHO.

1.2 Comparison on the medical, social and psycho-social models of disability

<table>
<thead>
<tr>
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<th>Description</th>
<th>Limitation</th>
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<tbody>
<tr>
<td><strong>Medical model</strong></td>
<td>• Unidirectional, directly influenced.</td>
<td>• The impact of disability is restricted to physical conditional changes.</td>
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<tr>
<td></td>
<td>• Considered to be caused due to disease or trauma (Disabled World, 2010).</td>
<td>• The role of society and the person is disregarded.</td>
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<td></td>
<td>• The impact of disability is restricted to physical conditional changes.</td>
<td>• The outcome of the health condition is restricted to the individual’s conditions.</td>
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<tr>
<td><strong>Social model</strong></td>
<td>• The disability is considered to be developed due to social issues.</td>
<td>• The behavioural aspect of the person that influence the disability character of the person is left unnoticed (Kisner and Colby, 2012).</td>
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<tr>
<td></td>
<td>• The influence on health conditions is considered due to environmental factors.</td>
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<td></td>
<td>• Emphasis on equality rather than changing the society’s perception on disability.</td>
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<tr>
<td><strong>Psycho-social model</strong></td>
<td>• Disability is termed as a combined condition of environmental, emotional and physical factors.</td>
<td>• Provides an extensive descriptive perspective of the person’s health conditions.</td>
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<td>• Provides a complete analysis of the individual’s health condition (Disabled World, 2010).</td>
<td>• Does not identifies or recognises any specific factors contributing to the condition.</td>
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<td></td>
<td>• Also justifies that the three factors of the disability model are independent of each other</td>
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The above table justifies the comparison between the disability models namely, medical model, social model and psycho-social model. I was able to comprehend from the table that, medical model of disability is developed within an individual due to traumatic stage or disease (Beard et al., 2009). My studies expedited that the social model of disability is developed due to the lack of social awareness and circumstances that the individual had to confront with the societal approaches. Whereas, the psycho-social model of disability is said to be developed due to the adverse impact of emotional, physical and environmental factors.

Outcome 2-Understand how the adoption of models of disability can shape an individual’s identity and experience

2.1 The impact of medical, social and psycho-social models of disability on an individual’s identity and experience.

On the basis of studies of Beard et al. (2009) I observed that persons with disability tend to ignore interaction with others based on their health disorders, personal details as well as environmental aspects. I could also identify the existence of varied diverse classification of disabilities such as people in wheelchair, blind, deaf, etc. The studies also enlightened me that disability could be either in-borne or due to circumstantial factors. For instance, I analysed from varied studies that cerebral palsy, was one among the disability caused in-borne to an individual and the disability of an individual due to circumstantial factors are arthritis, amputated leg of soldier in a land-mine, dementia, etc (Olkin, 2012). A wide range of people who suffer from disability does not consider themselves as unhealthy. It was informative for me that persons with disability showcase diverse personality in accordance to their differences of gender, age, sexuality, cultural heritage, etc.

Each individual with disability encounters with different scenarios. For instance, as per the study of Beard et al. (2009) I realised that women with disability was disadvantaged on two different perspective. One among the factor was the disability itself and other factor that was more likely to be faced was the probability of disabled women getting married. The studies on disability also cultivated the knowledge in me that the highly affected group of individuals due to disability are people with mental disorders or intellectually impaired (Lerner and Busch-Rossnagel, 2013). Another severe impact experienced by individuals with disability that I came across was
based on the unemployment. Though, several disabled people possess educational qualification, they are being rejected due to their disabilities.

**Outcome 3-Understand how the adoption of models of disability can shape service delivery**

**3.1 How the medical, social and psycho-social models of disability can shape service delivery**

As per the studies facilitated by Anderson (2010), I realised that several disability service delivery are provided in support to people with disability. The major service delivery models utilised are medical model of care and social model of care. The medical model of care studies the cause of illness and aids the individual in overcoming the situation that the person is experiencing and thereby fulfil their needs. The delivery offered by medical model of care is specific to kind of illness or condition of the person (Hofstetter, 2012). People with disabilities are provided with periodic monitoring, supervision and protection so as for them to lead an improved way of living. It was also recognised that the culture, expectation and behaviour of staffs or volunteers are based on the caring and nurturing philosophy. The medical model of care of Anderson (2010) enlightened me with the fact that disabled people should be enhanced with the feeling of protected and secured and thereby, aware them of their abilities rather than disabilities.

Another disability service delivery offered is the social model of care. As per the justification provided by Hofstetter (2012) I recognised that the social model of care dealt with illness and conditions that existed within societies. In line to that of medical model of care, disabled individuals are monitored, supervised and protected. I analysed that the major impact of this service delivery was to break through the social hindrances that affect an individual’s disabilities mainly (Anderson, 2010). Through this service delivery I was able to conclude that disabled persons are provided with a wide range of opportunities to avail support from community networks.

**3.2 How own practice promotes the wellbeing and quality of life of individuals**

As part of rendering my duties and responsibilities in assisting people with disabilities, I initiated my practice through the enhancement of an in-depth study about people’s disabilities and the root cause of these disabilities. The study facilitated me in identifying that many people were born with disabilities and many of
them were disabled due to circumstantial factors. As part of my responsibility to serve them, I gave utmost care and service. The studies on people with disabilities facilitated me in introducing novel strategies so as to avoid the feeling within people that they are disabled. I motivated them to interact with people within their society. This aided them in gaining societal support and care. Through the strategy of getting rid of their disability disabled people were able to improve their livelihood as well as the life of people who have been supporting them throughout. Through this service delivery strategy I realised that the key factor that has to be accounted while serving disable people are their inner feeling of self-avoidance and that they different from rest of the world.

**Conclusion**

This assignment entails a detailed study on the various models of disability. The assignment encompass of the comparison of these models and their developmental strategies. Further, it has been estimated in this assignment, how the models have been adopted and facilitated in shaping a disabled persons identity and experiences in life. Ultimately, it has been facilitated in this report, the role of adopting these models in enhancing the service delivery to people with disability.
Reference