

Social -V- Medical Model of Disability: A Practical Guide

Introduction

At [Bee Brilliant People™](#), we believe educating and sharing knowledge is essential to creating a better, just and more equitable world.

This practical guide will help you learn about the Social and Medical models of Disability in the context of neurodiversity in the workplace and why it matters.

Origins

The medical model of disability originates from the rise of modern medicine and the biomedical approach to health and illness that developed during the 19th and 20th centuries. This model emerged as part of the broader scientific and medical advancements of the time, which focused on understanding human physiology and pathology through objective, measurable, and standardised methods.

Key Historical Factors

1. **Scientific Revolution:** The Scientific Revolution of the 16th and 17th centuries laid the groundwork for a more systematic and empirical approach to studying the human body, leading to the development of modern medicine.
2. **Industrial Revolution:** The Industrial Revolution in the 18th and 19th centuries brought about significant social and economic changes, leading to an increased focus on productivity and efficiency. This period saw the rise of institutions, such as hospitals and asylums, where medical professionals could apply scientific methods to treat illnesses and disabilities.
3. **Advancements in Medical Science:** The 19th and 20th centuries saw rapid advancements in medical science, including the discovery of germs, the development of vaccines, and the creation of new medical technologies and treatments. These advancements reinforced the view that medical intervention was the primary means of addressing health-related issues, including disabilities.

4. Institutionalisation: During this period, people with disabilities were often placed in institutions where they were treated primarily as patients with medical conditions that needed to be managed or cured. This approach further entrenched the medical model of disability.

Characteristics of the Medical Model

- Pathology and Diagnosis: Disability is viewed through the lens of pathology, where medical professionals diagnose and classify various conditions based on symptoms and biological abnormalities.
- Treatment and Rehabilitation: The focus is on finding treatments or rehabilitation methods to reduce the impact of the disability and make the individual as "normal" as possible.
- Individual Focus: The model centres on the individual, considering the disability a personal issue that needs medical attention and intervention.

Influence on Society

The medical model significantly influenced how society viewed and treated people with disabilities, often leading to segregation and marginalisation. While it has contributed to critical medical advancements and improved health outcomes for many, its limitations have prompted the development of alternative models, such as the social model of disability, which emphasises societal responsibility in creating inclusive environments.

Understanding the origins and characteristics of the medical model helps in appreciating the evolution of disability perspectives and the ongoing efforts to promote more inclusive and equitable approaches.

The Social Model of Disability

The social model of disability emerged as a response to the limitations and criticisms of the medical model. It originated from disability rights movements in the latter half of the 20th century, particularly in the 1970s and 1980s. It was developed by disability activists and scholars who sought to redefine disability in a way that highlighted societal and environmental factors.

Key Historical Factors

- **Disability Rights Movement:** The disability rights movement, which paralleled other civil rights movements of the 1960s and 1970s, significantly shaped the social model of disability. Activists demanded equal rights, accessibility, and societal inclusion for people with disabilities.
- **Influential Publications:** Pioneering works by scholars such as Mike Oliver, who coined the term "social model of disability" in 1983, provided a theoretical foundation. Oliver and others argued that disability should be understood in the context of social barriers and exclusion, not just medical impairments.
- **Shift in Perspective:** The social model gained traction as more people recognised that societal attitudes, physical barriers, and systemic discrimination played significant roles in disabling individuals. This model encouraged a shift from viewing disability as an individual issue to understanding it as a social construct.

Characteristics of the Social Model

- **Societal Barriers:** Disability is viewed as a result of the interaction between individuals with impairments and societal barriers. These barriers include physical obstacles, inaccessible environments, and discriminatory attitudes.
- **Focus on Inclusion:** Emphasises creating inclusive environments that accommodate diverse needs, enabling full participation in society.
- **Collective Responsibility:** Stresses that society must remove barriers and promote equality for people with disabilities.

Why It Matters in the Context of Neurodiversity Advocacy

- **Promotes Acceptance and Understanding:** The social model shifts the focus from trying to "fix" neurodivergent individuals to understanding and valuing their unique contributions. This fosters a culture of acceptance and reduces stigma.
- **Encourages Inclusive Practices:** By emphasising societal barriers, the social model advocates for changes in workplace practices, policies, and environments to accommodate neurodivergent employees. This includes flexible working conditions, sensory-friendly environments, and accessible communication methods.
- **Empowers Neurodivergent Individuals:** The social model empowers neurodivergent individuals by recognising their rights and advocating for their full participation in all aspects of life. It moves away from viewing neurodiversity as a deficit and towards seeing it as a natural variation of human experience.
- **Aligns with Legal and Ethical Standards:** Embracing the social model aligns with modern legal frameworks and ethical standards that promote diversity, equity, and inclusion (DEI). This alignment ensures that neurodivergent individuals are treated with respect and fairness.
- **Drives Innovation and Creativity:** Inclusive workplaces that adopt the social model benefit from the unique perspectives and problem-solving abilities of neurodivergent individuals, driving innovation and creativity within the organisation.

Intersectionality

The social model of disability profoundly influences intersectionality within the context of neurodiversity by acknowledging and addressing the multiple layers of identity and experience that individuals may navigate.

Intersectionality recognises that neurodivergent individuals may also belong to diverse social groups based on race, ethnicity, gender, sexual orientation, socioeconomic status, and more.

By focusing on societal barriers rather than individual deficits, the social model emphasises the importance of understanding how various forms of discrimination and marginalisation intersect and compound for neurodivergent individuals. It underscores the need for inclusive practices that consider these intersecting identities and experiences, ensuring that

support and accommodations are tailored to address the unique challenges and strengths of this intersectionality.

Embracing the social model in the context of neurodiversity advocacy thus promotes a more comprehensive and equitable approach to fostering acceptance, support, and empowerment across diverse communities.

How organisations can successfully implement the Social Model

- **Flexible Work Policies:** Many organisations have implemented flexible work policies that accommodate diverse needs, including those of neurodivergent employees. For instance, allowing flexible hours or remote work options can provide neurodivergent individuals with the flexibility they need to manage their work in environments that suit their preferences and abilities.
- **Accessibility Initiatives:** Organisations have proactively improved accessibility in their physical spaces and digital platforms. This includes installing ramps, accessible restrooms, and elevators for wheelchair users and ensuring websites and online content are accessible to individuals with visual or auditory impairments.
- **Training and Awareness Programs:** Effective implementation of the social model often involves training programs to educate employees about disability awareness and inclusion. Organisations conduct workshops and seminars to promote understanding of diverse abilities and teach strategies for creating inclusive workplaces.
- **Adjustments in Recruitment and Hiring Processes:** Some organisations have modified their recruitment and hiring processes to be more inclusive of neurodivergent candidates. This may involve providing alternative interview formats, such as allowing candidates to demonstrate skills through practical tasks rather than traditional interviews.
- **Employee Resource Groups (ERGs):** Establishing ERGs specifically for neurodivergent employees or disability advocacy can provide a platform for sharing experiences, offering support, and advocating for organisational changes. ERGs can also advise on policies and practices that promote inclusion.

- **Accommodation Support:** Successful implementation of the social model includes providing reasonable accommodations tailored to individual needs. Examples include providing noise-cancelling headphones for employees sensitive to noise, offering adjustable desks or ergonomic chairs, and allowing breaks as needed.
- **Leadership Commitment and Accountability:** Organisations implementing the social model often have leadership commitment to diversity, equity, and inclusion (DEI) goals. They set clear objectives for promoting inclusion and hold themselves accountable by regularly measuring progress and seeking feedback from neurodivergent employees.
- **Partnerships and Collaboration:** Collaborating with external organisations, such as [Bee Brilliant People™](#) and disability advocacy groups, can enhance an organisation's ability to implement the social model effectively. These partnerships provide valuable insights, resources, and best practices for creating inclusive workplaces.

In Summary

The Medical Model of Disability

- **Definition:** Views disability as a problem within the individual.
- **Focus:** Diagnoses, treatments, and interventions to "cure" or mitigate the condition.
- **Goal:** Make the individual more like the majority (neurotypical).
- **Example:** An employee with ADHD being encouraged to undergo therapy to improve concentration rather than adjusting the work environment.

The Social Model of Disability

- **Definition:** Views disability as a result of societal and environmental barriers.
- **Focus:** Changing society to accommodate diverse needs.
- **Goal:** Create an inclusive environment where all individuals can thrive.

- **Example:** Providing flexible work hours and quiet workspaces to accommodate an employee with ADHD.

Reflective Questions

- How have you seen these models applied in your workplace?
- What are some potential barriers that neurodivergent individuals might face in your organisation?
- How could your team implement a specific accommodation mentioned in the guide?

For further information about our wide range of expert services, including training and coaching on the Social Model of Disability, to support neurodiversity in the workplace, visit our website:

www.beebrilliantpeople.com