HOW WE TALK ABOUT DISABILITY MATTERS!

Understanding models of disability

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Understanding models of disability

There are four main frameworks people use to describe disability. These frameworks are known as the ‘models’ of disability. They are referred to as:

- The medical model
- The charitable model
- The social model
- The human rights model.

From an advocacy perspective, it’s important to think about how these models can either limit or advance the rights of people with disability.

This information sheet will:

- Explain the concept of human rights
- Introduce the human rights model as the most useful framework in advancing the rights of people with disability
- Explain how the human rights model builds on and extends the social model of disability
- Explain some of the key differences between the human rights model and the social model of disability
- Explain why the medical and charitable models of disability are not consistent with human rights principles.

Model summary

● Medical model

Views people with disability as being broken and incapable of fitting into mainstream society.

● Charitable model

Views people with disability as being vulnerable, and reliant on people without disability to perform certain tasks.

● Social model

Asserts that the limitations experienced by people with disability are the result of inaccessible systems and processes in mainstream society.

● Human rights model

Recognises that people with disability have the same rights as everyone else in society, and says that governments around the world have a role to play in upholding these rights.[11, 13]

What are human rights?

Human rights are a set of principles that relate to equality and fairness. These principles are based on things that people around the world have agreed are essential to live a good life free from fear, discrimination and harassment. Some examples include the right to:

- Life
- Health
- Be free from torture or other cruel or inhuman treatment
- Privacy
- Be treated equally before the law
- Marry and start a family
- Work
- An education.

These rights apply to all citizens equally, regardless of:

- Disability
- Sex or gender
- Cultural background, ethnicity or skin colour
- Sexual orientation
- Personal opinion
- Religious beliefs
- Social status.[12]

Introducing the human rights model of disability

The human rights model, as the name suggests, is based on basic human rights principles. It recognises that:

- Disability is a natural part of human diversity that must be respected and supported in all its forms
- People with disability have the same rights as everyone else in society
- Impairment must not be used as an excuse to deny or restrict people's rights. [4, 5]

The human rights model exists because of an important international document called *The United Nations Convention on the Rights of Persons with Disabilities*. This document was finalised in 2006 and is one of nine international human rights instruments that have been developed by the United Nations. It is important because it:

- Was developed by people with disability, with the aim of achieving a greater level of equality for people with disability around the world
- Explains the steps that governments around the world must take to uphold, promote and protect the rights of people with disability.[6, 9]

The Australian Government signed and ratified the *Convention on the Rights of Persons with Disabilities* in 2008. In doing so, it has made a legal commitment to uphold the principles the Convention establishes.[2]

How the social model paved the way for the human rights model

Before the human rights model came the social model of disability. The social model:

- Emerged in the 1980s
- Focuses on barriers to access that are created by mainstream society
- Asserts that people with disability are disabled by the environment they live in, and not by the features of their own bodies.

Case Study

Social model

Lila is blind and is enrolled in a course at university. Lately she has been falling behind in her studies because she has to find ways of having the printed handouts that are provided in her tutorials transcribed into Braille so she can read them. The social model recognises that it is the university's responsibility to provide students with handouts in a format they are able to independently access.

The social model has played an important role in the history of the disability rights movement in Australia and overseas. For the very first time, it gave people with disability a framework for recognising that many of the challenges they faced rested with the decisions and actions of society, and not with themselves.[4, 5, 7, 13]

Importantly, the social model makes a clear distinction between impairment and disability.

The impairment in the social model case study was blindness, or the fact that Lila could not see. According to the social model, however, her impairment is not what was disabling her. She was disabled by the university's failure to provide accessible information, not by the fact that she couldn't see.

Definitions

Impairment: A difference or loss of function arising from genetic factors, illness or injury.

Disability: An inability to take part in everyday activities on an equal basis with others due to barriers that exist because of mainstream society.

The social model has played an important role in advancing the rights of people with disability by:

- Helping people with disability to understand the social nature of their condition
- Recognising that society as a whole is responsible for enabling inclusion
- Paving the way for the introduction of anti-discrimination legislation in Australia and overseas
- Providing a framework for the *Convention on the Rights of Persons with Disabilities*
- Recognising that disability is caused by the way that society is organised, not by the presence of a particular medical condition or impairment.[1, 4, 5, 7]

While the social model is still used in disability advocacy today, there are a number of flaws with this framework. These flaws have been addressed through the development of the human rights model.[4, 5]

How does the human rights model differ from the social model?

The human rights model embraces impairment

The human rights model:

- Acknowledges the impact of impairment in the lives of people with disability
- Recognises impairment as a natural aspect of human diversity that governments have a responsibility to support
- Establishes the right of people with disability to live independently and be included in the community
- Acknowledges that the goal of enabling people with disability to live independently and be included in the community is about far more than simply removing mainstream barriers.[4, 5, 7, 8]

The social model:

- Is primarily concerned with addressing barriers that are created by mainstream society
- Makes the assumption that people with disability will be able to access the services they need once these barriers have been removed.

Case Study

Human rights model

Aaron is 23 years old. He was in an accident when he was younger and no longer has use of his legs. Aaron is currently living in an aged care facility. He has been told this is the only environment that can provide him with the level of support he needs. Aaron does not want to live in aged care and wants to live in the community with people his own age. The human rights model recognises that Aaron has the right to choose where he lives and that his disability-related needs do not provide an excuse for restricting this right.

The social model does not acknowledge the very real impact of impairment in the lives of people with disability, such as chronic pain and shorter life expectancy. It also has a tendency to treat all impairment the same.[4, 5, 7, 9]

The human rights model acknowledges that mainstream barriers that exist in society are only one part of the puzzle. Even once these barriers have been removed, many people with disability will still need a range of disability-related supports in order to enjoy their rights on an equal basis with others.[7] Without this support, young people like Aaron may never have choice and control over where they live and in an environment that feels right for them. It is the human rights model, and not the social model, that has driven major reforms such as the National Disability Insurance Scheme (NDIS).

The human rights model recognises people with disability as experts in all matters that affect them

While the social model recognises that society has a role to play in enabling access, it does not necessarily see the views of people with disability as essential.

The human rights model addresses this flaw by placing a strong focus on the active participation of people with disability. It recognises that:

- People with disability are experts in their own lives
- People with disability are active stakeholders in all matters that affect them.[14]

The NDIS is a good example of this. It aims to recognise all individuals with disabilities as experts in their own lives. This is achieved by allowing each participant to determine what supports they need, and the terms on which these supports will be provided.

The human rights model recognises that equality does not mean treating everyone the same

The social model is based on the principle of equal opportunity. It assumes that by treating all people in society the same, everyone will have access to the same opportunities. It is a flawed model because it assumes that everyone in society starts on a level playing field which we know is not the case.[1, 10]

We know, for example, that people with disability in Australia:

- Face a heightened risk of violence and abuse
- Are far more likely to be unemployed or underemployed
- Have lower levels of educational attainment
- Are far less likely to participate in activities outside the home.

The human rights model addresses this shortfall by:

- Acknowledging the power imbalance that exists between different groups of people in society
- Requiring governments to put measures in place to improve outcomes for marginalised groups.[1, 10]

The Australian Government's RecruitAbility Guaranteed Interview Scheme is a good example of such a measure. In 2017, the rate of unemployment of people with disability was twice the national average. Further to this, only 3.6% of employees working in the Australian public service identified as having a disability. This is despite the fact that people with disability of working age make up nearly 15% of the Australian population. The Australian Public Service Commission rolled out the scheme to combat this problem across all government departments. Job applicants with disability who opt into the scheme and meet the minimum requirements of a vacancy advertised under the scheme are automatically advanced to the next stage of the recruitment process.[3]

The human rights model places accountability on governments to take action

While the social model provides a framework for describing disability, it does not require governments to take any proactive steps to advance the rights of people with disability.

The human rights model addresses this shortfall by:

- Explaining the steps that must be taken by governments to uphold, promote and protect the rights of people with disability in each area of public life
- Requiring governments to report to the United Nations on the steps taken to advance the rights of people with disability every four years
- Requiring governments to actively consult with people with disability in the development of all new policies, laws and programs that might affect them.[2]

Why are the medical and charitable models of disability inconsistent with human rights?

The medical and charitable models of disability are both inconsistent with human rights principles. As advocates, we should aim to challenge these outdated methods in all aspects of our work. But it's important to understand why.

The problem with the medical model

The medical model focuses purely on a person's impairment and sees the person with disability as the problem. It does not acknowledge the role society plays in limiting access and inclusion.

The medical model is based on two assumptions that have a dangerous impact on human rights. Firstly, it views people with disability as being incapable of performing tasks within a range that is thought to be "normal". This assumption has underpinned historical policies aimed at:

- Housing people with disability in institutions
- Sending children with disability to special schools
- Employing people with disability exclusively in sheltered workshops.[4, 5]

Secondly, it holds that disability can be used as an excuse to restrict or deny someone's rights and that people with disability are incapable of making important decisions about their lives. This assumption has underpinned historical policies relating to:

- The forced sterilisation of women and girls with disability
- The establishment of mental health and guardianship laws that take an incapacity approach to disability.[4, 5]

The problem with the charitable model

The charitable model is based on similar principles to those that underpin the medical model. It grew out of the emergence of charitable organisations that aimed to provide assistance to people with disability. While many charities did, and still do offer vital support, the charitable model compromises the rights of people with disability by:

- Portraying people with disability as being reliant on others and unable to do things for themselves
- Failing to recognise the views of people with disability as being valuable or essential
- Failing to recognise the role society plays in restricting access for people with disability
- Relying on the good will of others to fund services for people with disability, rather than recognising personal support as a right that government has an obligation to support.[4, 5]

Case Study

Medical model

Kesha is 18 years old and has Down syndrome. A few months ago, she had to go into hospital to have her appendix removed. She has recently found out that when this procedure took place, the medical professionals also removed her uterus. Kesha's mother told her this was done to make life easier for her, but it had never been discussed with her and she did not consent to this procedure taking place.

This example shows how Kesha has been stripped of the right to make decisions about her own body and her own life. It is assumed that because she has Down syndrome, she does not have the capacity or the right to make these decisions for herself.

Case Study

Charitable model

A religious group has established an organisation to provide support to people with cerebral palsy. The organisation is reliant on donations from the community. In order to get these donations, it portrays people with cerebral palsy as victims of their condition who cannot do anything for themselves. Nobody with cerebral palsy is on staff or on the board, and input has not been sought from people with cerebral palsy to determine which services are most needed, or how and when these services should be provided.

Although the organisation has been established with the aim of assisting people with cerebral palsy, this charitable model case study example shows that people with cerebral palsy are not recognised as the experts and do not have a say in how the service is run.

How do the four models compare in practice?

Scenario

A child who uses a wheelchair is unable to attend her local school because most of the buildings are not wheelchair accessible.

Medical model

The child with disability is the problem, because she is unable to use the same buildings the other children can access.

Charitable model

The child's needs would best be met through specialised support that cannot be provided in a mainstream school.

Social model

The school is the problem, because it has not been designed to be accessible to all children.

Human rights model

The child has the right to access the school of her choosing and requires governments to put legislation, guidelines and standards in place to ensure all school premises are fully accessible.

It also requires governments to provide the child with any additional support she may need to facilitate her full and equal participation in school life.

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