Poster - Medical and social models of disability in education: are either helpful?

by Eleanor Nightingale

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Introduction:

Both the medical and social model of disability view similar situations in different ways. According to the medical model, disability is considered to be "a problem of the individual that is directly caused by a disease, an injury, or some other health condition" (p. 237, Mitra, 2006). This model is extremely normative due to people being regarded as disabled on the basis that they are unable to function how 'normal' people do (Mitra, 2006). The main focus of this model is to 'cure' individuals with disabilities and impairments in order to then include them in society. As noted by Blustein (2012), the medical model suggests that any changes to the built environment or society could not give individuals with disabilities the same opportunities as those who function 'normally'.

The social model views disability as a social construct and is not deemed the individuals fault; instead, it is caused by the way society is organised and requires the removal of social and physical barriers. This is reinforced by Haegele & Hodge (2016); "isolation and exclusion can be a product of society's inability, unwillingness, or neglect to remove environmental barriers encountered by those with disabilities" (p. 197). As stated by Roush & Sharby (2011), the social model of disability places the blame on society and its lack of ability and/or unwillingness to accommodate differences for disabilities.

Medical Model of Disability:

For:

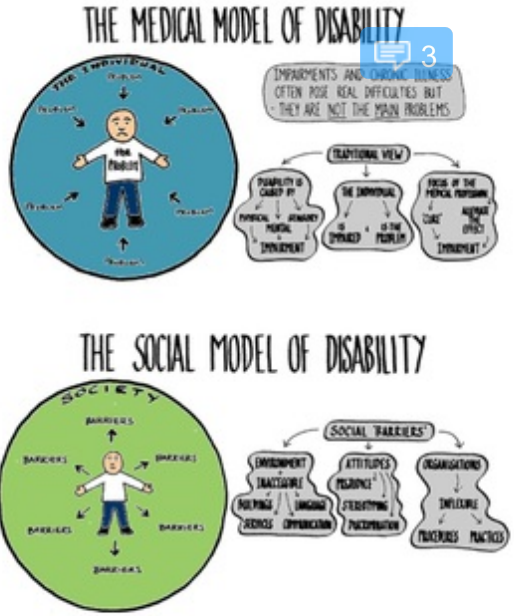
A major benefit of the medical model is how it has helped establish what type of education is best for children with varying degrees of disability. The House of Commons Select Committee on Education and Skills report (2006) supports the idea that mainstream schooling for some children is impracticable and a more fitting form of education is needed. Furthermore, Baroness Warnock (2005) reported that the closure of some special schools was "forcing" some children into mainstream education when it was not in their best interest to be there. This reinforces the idea that inclusive education is not suitable for certain disabilities and that the medical model of disability helps choose suitable forms of schooling.

Additionally, the idea that all children should be well-educated in their mainstream school is highly improbable. Some children's needs are so complex and may need specialist knowledge that can't be provided by staff from mainstream schools. As seen in Simmons & Bayliss' study (2007), many mainstream school teachers struggled to meet the needs of children with profound and multiple learning difficulties (PMLD) compared to less severe forms of the disability. This suggests that including them in mainstream schools would deprive them of their entitlement and cost them their academic and social development.

Against:

Firstly, one issue with the medical model is how professionals may not take into account what individuals want, they instead create labels based on their impairment which can then lead to individuals having self-fulfilling prophecies, as mentioned in labelling theory (Becker, 1963). Many children may also feel as though they were forced into a limited range of options that were offered based on their impairment (Barton, 2009), e.g. going to a special school. Allowing the medical model to have power over what parents or children with disabilities want is unjust and should not stop anyone from going into mainstream education.

Lastly, the medical model has been criticised as being reductionist since it overlooks the important roles of social and environmental factors that may also contribute to the limitations that a disability causes (Minaire, 1992; Rioux 1999). By viewing this from a strictly medical approach, the role of teacher/peers and how it would impact an individual's disability is ignored and therefore limits this model's main concepts.



Social Model of Disability:

For:

Primarily, the social model has identified new ways of challenging social constructs, with the main focus on removing barriers that exclude or disregard children with disabilities. Shakespeare & Watson (2001) recommended that "rather than pursuing a strategy of medical cure, or rehabilitation, it is better to pursue a strategy of social change" (p. 5). This highlights the importance of removing social barriers to ensure that children with disabilities are fully included, for example, adding lifts to school buildings and providing information in other mediums such as Braille.

Moreover, viewing limitations of disabilities as problems is disrespectful and segregating students based on their differences can limit learning opportunities for both. Legislation, such as the Special Educational Needs and Disability Act (OPSI, 2001), has protected a child's right to be educated in a mainstream school by making the refusal of access on the basis of disability or impairment challenging. The social model helps keep children with disabilities integrated in mainstream education and ensures that everyone gets an enriching experience.

Against:

One major critique of the social model is how, in addition to society and environmental barriers, certain disabilities themselves can limit someone's ability to fit into mainstream education. This is predominantly significant to those with degenerative conditions, where it is difficult to ignore the negative aspects associated with their impairment (Williams, 1999). Consequently, some disabilities aren't explained by the social model and therefore, this limits the model's applicability to all disabilities and impairments.

Furthermore, the social model excludes those who have a learning difficulty, mental health condition and people with chronic/life threatening conditions. It is often believed that impairment can be removed by changing society's views and the environment, however, it has been noted that by focusing on visible, physical impairments, a more significant impact is created (Swain, French, Barnes & Thomas, 2004). This may be why developmental and intellectual impairments are often overlooked/excluded in the social model of disability and why some disabilities can't be overcome by simply removing barriers as it suggests.

Conclusion:

As evident in the provided arguments, the social model helps those with disability edge towards a society with fully inclusive schools by encouraging the removal of social barriers and highlighting the importance of integration for all. Despite the medical model believing in the idea of segregation, it does point out the benefits of special schools to both severely disabled children and children in mainstream schools by ensuring that neither of them are neglected in terms of their education.

As noted by Pfeiffer (2001), no single model can totally explain disability. Together, the medical and social model could create a more holistic outlook on disability and hopefully find a balance between mainstream and fully segregated special schools. A school that is completely inclusive currently seems impossible but with disability models ever-changing, there is hope for fully inclusive schools in the future.

Alone, the social model is the most helpful as it takes a more holistic approach with emphasis on society and the surrounding environment but a combination of the two models works best. Both the medical and social model contribute greatly to the understanding of disability in education so we should not discount one purely off its criticisms.

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GRADEMARK REPORT

FINAL GRADE

78/100

GENERAL COMMENTS

Instructor

This is an excellent first assignment - very well done! Every aspect of the poster has been addressed with care and considerable attention to detail. See in-text comments and below for detailed feedback. Please also note that rubric weightings are intended for guidance only.

The structure is apparent throughout and the reader has no difficulty in navigating it. One area which could have been improved slightly is in providing a link between the introduction and the main sections.

The range and depth of information is excellent, and you have been able to go into a reasonable level of detail while keeping arguments reasonably concise. Added to this, you have successfully supported your arguments with appropriate evidence, all of which has been acknowledged using APA extremely well.

The amount of text is at the upper limit of words for a poster, and so some additional consideration of conciseness would potentially have increased the impact, although this is always a tricky judgement call for poster design (- other assignments will be more prescriptive with the word count).

Your written style is a real strength in this poster, permitting a comprehensive response to the topic despite limited space. The presentation and layout of the poster are very clear and attractive.

This is a very pleasing first assignment that you should aim to build on during your degree. If you would like to discuss this feedback, please make an appointment.

Judith

Comment 1
Good use of referencing

Comment 2
A brief sentence to signpost the reader to the organisation of the argument may have helped here.

Comment 3
Excellent use of illustration - you should always acknowledge your source though (unless it is your own diagram, of course).

Comment 4
Good point and illustrated well

Comment 5
This second point could be linked better to the main argument

Comment 6
Avoid using shortened forms in academic writing

Comment 7
Valid points against

Comment 8
reinforcing beliefs in?

Comment 9
Good, fitting conclusion

Comment 10
Reference list is spot on!

STRUCTURE (20%) 6 / 8

Structure and Appearance

EXCEPTIONAL FIRST (90-100 (8)	Exceptional presentation. There is a clear and logical structure that the reader can effortlessly follow through the educational psychology topic.
OUTSTANDING FIRST (80-89) (7)	Outstanding presentation. The organisation allows the viewer to very easily find their way through the educational psychology topic.
FIRST (70-79) (6)	Very well-presented with very good visual appearance; Clear and easy to follow the educational psychology topic.
2(I) (60-69) (5)	Well presented with good visual appearance; Structure fairly easy to follow.
2(II) (50-59) (4)	Well presented with reasonable visual appearance; Structure is apparent.
THIRD (40-49) (3)	Reasonably presented, but overemphasis of one medium and/or sub-optimal colour schemes. Some structure but hard to follow.
FAIL (30-39) (2)	Largely inappropriate presentation; very difficult to read; no discernible structure and/or poor choice of colour or fonts.
ABJECT FAIL (0-29) (1)	Haphazard presentation. Appears to be little more than a random collection of images and words.

INFORMATION (30%) 6 / 8

Information Presented

EXCEPTIONAL FIRST (90-100 (8)	Exceptionally succinct and effective presentation of the topic area.
OUTSTANDING FIRST (80-	Outstanding in terms of striking a balance between detail and brevity.

89) (7)	
FIRST (70-79) (6)	Excellent, inclusion of only essential information relevant to educational psychology.
2(I) (60-69) (5)	Very good, relevant selection of key information relevant to educational psychology.
2(II) (50-59) (4)	Good, largely relevant selection of key information relevant to educational psychology.
THIRD (40-49) (3)	Basic. Some relevance, evidence of judgment of what to include.
FAIL (30-39) (2)	Poor. Irrelevant. Either included far too little or far too much.
ABJECT FAIL (0-29) (1)	Superficial and sketchy, or no attempt made to be selective (i.e. just includes everything).

DESIGN (10%) 6 / 8

Use of Images, Diagrams or Charts

EXCEPTIONAL FIRST (90-100 (8)	Imaginatively chosen or designed to convey the message in an exceptionally informative manner.
OUTSTANDING FIRST (80-89) (7)	Carefully selected and very informative.
FIRST (70-79) (6)	Carefully selected and informative.
2(I) (60-69) (5)	Appropriate and well chosen. Provide some useful information.
2(II) (50-59) (4)	Appropriate to the topic and supplement the text fairly effectively.

THIRD (40-49) (3)	Appropriate to the topic and provide some discernible information.
FAIL (30-39) (2)	Inappropriate to the topic or unclear.
ABJECT FAIL (0-29) (1)	Either none, or poorly selected and not contributing to the topic.

STYLE (15%) 7 / 8

Written Style and Clarity

EXCEPTIONAL FIRST (90-100 (8)	Professional and sophisticated with exceptional clarity and coherence. Very high level of reader engagement.
OUTSTANDING FIRST (80-89) (7)	Fluent and accurate with great clarity and coherence. Excellent reader engagement.
FIRST (70-79) (6)	Fluent and accurate with great clarity and coherence. Very good reader engagement.
2(I) (60-69) (5)	Clear and coherent. Good reader engagement.
2(II) (50-59) (4)	Some lapses of clarity. Some expression is ineffective. Satisfactory reader engagement.
THIRD (40-49) (3)	Adequate, but awkward expression throughout with little clarity. Low reader engagement.
FAIL (30-39) (2)	Inadequate and unclear presentation. Error-strewn.
ABJECT FAIL (0-29) (1)	Grossly inadequate and unclear presentation. Error-strewn.

TOPIC (20%) 6 / 8

Account of topic area and research articles (in the context of a poster)

EXCEPTIONAL FIRST (90-100 (8)	Extremely clear, concise and effective account of all aspects of the EP topic. The reader has a full understanding of the area and the conclusions reached.
OUTSTANDING FIRST (80-89) (7)	Very clear, concise and effective account. Leaves the reader with a very strong understanding and a firm conclusion of the EP topic selected.
FIRST (70-79) (6)	Very clear, concise and effective account. Leaves the reader with a strong idea of the EP topic area and associated research/evidence.
2(I) (60-69) (5)	Good account, leaving the reader with a firm idea of the topic area and associated research. Could be more concise in places.
2(II) (50-59) (4)	Clear account of most aspects but either lacking detail or lacking some conciseness around the EP topic.
THIRD (40-49) (3)	Generally clear, but some lack of clarity in places.
FAIL (30-39) (2)	One or more aspects very unclear.
ABJECT FAIL (0-29) (1)	Very unclear. Leaves the reader with little idea about the EP topic or evidence to support it.

APA (5%) 8 / 8

APA Style Referencing

EXCEPTIONAL FIRST (90-100 (8)	Flawless, including in-text citations and the format and content of the references list.
OUTSTANDING FIRST (80-89) (7)	Flawless, including in-text citations and the format and content of the references list.
FIRST (70-79)	Excellent, including in-text citations and the format and content of the references list.

(6)	
2(I) (60-69) (5)	Consistent and accurate, including in-text citations and the format and content of the references list.
2(II) (50-59) (4)	Largely consistent and accurate, including in-text citations and the format and content of the references list.
THIRD (40-49) (3)	Limited referencing and/or adherence to APA style.
FAIL (30-39) (2)	Inadequate referencing.
ABJECT FAIL (0-29) (1)	Inadequate or absent referencing.