Understanding Disability: Why Both the Social and Medical Models Matter

When we talk about disability, how we understand it shapes the way we respond to it—whether as individuals, communities, or systems. Two key models influence this understanding: the medical model and the social model of disability.

While the medical model focuses on diagnosing and treating an individual's impairment, the social model highlights how societal barriers—not the person's condition—are what truly disable people. Both models offer valuable perspectives, and when used together, they can provide a more holistic, empowering approach to support and inclusion.

In Australia, this balance is especially important in systems like the NDIS and mainstream healthcare, where each model plays a distinct but complementary role. In this post, we'll explore what each model means, how they differ, how they work together, and why understanding both is essential to building a truly inclusive society.

Medical Model of Disability

Focus
Disability is seen as a **problem within the person**—something that needs to be treated, fixed, or cured.

Responsibility
Healthcare professionals take the lead in diagnosis, treatment, and decision-making.

Goal
Restore or improve the individual's physical or mental functioning.

Environment
Often overlooks the role of social or environmental barriers.

Example
A person with a mobility impairment is viewed as disabled because they cannot walk without aid.

Social Model of Disability

Focus
Disability is seen as a **social construct**, resulting from **barriers in society** rather than the individual's impairment.

Responsibility
Society is responsible for removing barriers—physical, attitudinal, and systemic.

Goal
Promote inclusion, accessibility, and equal participation.

Environment
Emphasises changing the world around the person, not the person themselves.

Example
A person with a mobility impairment is viewed as disabled **because buildings lack ramps or lifts.**

How the Models Complement Each Other

- While the medical model helps by providing treatment, therapy, and diagnosis (which are often essential), it can unintentionally reinforce dependence and passivity if used in isolation.
- The social model empowers individuals by promoting independence and advocating for inclusive design and attitudes, but it doesn't negate the need for medical support.
- Together, they offer a holistic approach:
  - The medical model supports health and wellbeing..
  - The social model supports inclusion and equity.

In the Context of the NDIS and Mainstream Healthcare

NDIS (National Disability Insurance Scheme)

- Largely influenced by the social model.
- Focuses on **choice, control, and functional capacity**, not diagnosis.
- Funding is tailored to remove barriers to participation—e.g. assistive technology, support coordination, community access.
- Encourages community inclusion, employment, and independent living.
- While the NDIS may **require medical assessments** to access the scheme (e.g. proving a permanent disability), once approved, the focus shifts from "what's wrong" to "what supports are needed."

Mainstream Healthcare

- Predominantly based on the medical model.
- Addresses the clinical aspects of disability—diagnosis, treatment, rehabilitation.
- Plays a vital role in supporting functional health, especially for people with complex needs.
- Sometimes criticized for focusing too much on impairment and not enough on access, autonomy, or lived experience.

Final Thoughts

To best serve people with disability:

- NDIS and healthcare systems need to work together—health supports the body, while NDIS supports participation.
- Support Coordinators, advocates, and professionals should aim to bridge the gap—ensuring people receive necessary medical care without losing autonomy, and that environments and attitudes are inclusive and empowering.

Aspect	Medical Model	Social Model
Core Belief	Disability is a result of an individual's impairment or condition	Disability is caused by social and environmental barriers
Focus	Diagnosing, treating, or curing the condition	Removing societal and physical barriers to participation
Responsibility	Health professionals and services	Society, communities, and systems
View of Person	A patient needing medical help	A citizen with rights and contributions
Goal	Improve or manage health/impairment	Achieve equity, inclusion, and participation
Example	A person is disabled because they can't walk without aid	A person is disabled because buildings aren’t accessible

Medical Model Strengths	Social Model Strengths	Combined Benefit
Provides essential diagnosis, treatment, and health support	Promotes accessibility, dignity, and equal opportunity	Holistic support for both health needs and social inclusion
Focuses on managing symptoms and improving function	Focuses on autonomy, rights, and community participation	Encourages independence while addressing medical realities
Clinical expertise and care	Advocacy and environmental change	Empowers individuals through both support and systemic change

This resource has been developed by United Foundation Support Coordination and Access Services.
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