

Four Models of Disability

Models of disability can be condensed into two main approaches: the individual approaches, which see the person as having a problem; the social approaches, which see society as having a problem being unable to accommodate all people.

	Charitable (individual)	Medical (individual)	Social (societal)	Human rights (societal)
Objective	Help people with disabilities; do things for them.	'Fix or cure' the medical problem.	Look beyond the individual and identify and remove main barriers within society. Reforming society, raising awareness, and changing attitudes.	Equity and rights for all people with disabilities, in line with the CRPD.
Perceived identity	Beneficiary	Patient	Citizen	Rights holder
Assumption	People with disabilities are suffering and need help, they are seen as victims and objects of pity.	Disability is a health condition. People with disabilities have a disease or defect that is at odds with the norm.	People are disabled by society: the problem is with society, therefore society needs to change.	Taking the social model a step further. Include all people equally within society: women and men, girls and boys, regardless of background or any type of characteristic.
Attitude	People with disabilities seen as passive recipients of help and care. Feeling of superiority towards persons with disabilities.	The person with disability is primarily defined as a patient. The health professionals know best what needs to be done.	Diversity amongst people is respected; diversity is part of the human condition.	People with disabilities are central actors in their own lives.
Be aware	Charity is a human motivation and not bad per se. The point is how people are seen. They are perceived as powerless objects of pity without agency.	The medical model does not equal medical intervention. The problem with it is, as with the charitable model, that people are seen as objects with problems that can be fixed by professionals who know best, without involving the person.	There are institutional, environmental, attitudinal and communication barriers which need to be removed.	This model holds government accountable as the duty bearer. All our programmes, including medical services should be implemented following a rights-based approach (CRPD).