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Models of Disability and Inclusive Education

Kiran Chalise
School of Education, Kathmandu University, Hattiban, Nepal
Email: kchalise@gmail.com

Abstract. A discussion on social and medical models of disabilities is always a paramount important when we talk about providing education to children with disabilities. The medical model of disability sees the person as a patient so it believes that the person needs to be medically healed to function well in the society. However, the social model of disability believes that subjugation and bias in society result from impairments that leads to marginalization and discrimination. So, a holistic approach in education is needed for the children with disabilities to support them holistically. When we talk about the connection between models of disability and inclusive education, generically there seems connection. The objective of the paper was to explore the ideas of models of disability and its connection to inclusive education. To explore the connection between models of disability and inclusive education, different literatures were collected from search engines, reviewed and analyzed from the angle of disability models. The literatures belonging to model of disability and inclusive education were analyzed from the perspectives interlinking to the role of disability models to the inclusive education. It is explored that there seems strong connection of social model to inclusive education. However, there is still a need of both models in dealing with the case of special education needs (SEN) of children with disabilities considering their profound and mild levels of disabilities.

Keywords. Disabilities, inclusive education, special needs education, social model, medical model.

1. Introduction

It is essential to understand the differences between the medical and social models of disability, as well as their separate histories, in order to fully appreciate the concepts of exclusion and inclusion. Educators and teacher assistants should choose the model that most accurately represents their understanding of disability before making decisions about the students they work with. Most individuals thought that having a disability equated to a personal deficiency before the 1970s [1]. Disability was recognized, classified, and addressed. The ways in which the environment and negative attitudes prevented people with disabilities from participating in society were not well understood. Oliver [2] claims that prejudice towards individuals with impairments was frequently tolerated and unopposed.

The Medical Model approaches disability differently; it views the individual as a patient who requires care or healing in order to perform "normally" in contemporary society [2]. The concept has generated debate among people with disabilities since it pushes them to rely excessively on the medical system without taking into account other factors that may lessen the sense of impairment, such as the social environment. Disagreeing that people with disabilities should adjust to their environment, the Union of the Physically Impaired against Segregation, a disability rights organization, campaigned for an inclusive society in the UK in 1972.

By doing this action, they were able to raise awareness of the marginalization and discrimination faced by persons with disabilities as well as to redefine disability for specific groups of people. This new idea of disability, which was a major divergence from the earlier "medical model" of disability, was referred to as the "social model of disability" [3]. The social model distinguishes between "disability" and "impairment," the latter of which is regarded as a socially constructed disadvantage [4]. The inclusive movement is based on the social model of disability, which promotes the elimination of obstacles to full participation in society.

Riddell [5] offers five categories of disability theory: materialist, essentialist, social constructionist, post-modernist, and disability activist viewpoints. This approach has been adopted by several disability researchers [6, 7]. However, it is evident that social constructionist, materialist, and disability activist approaches to the study of disabilities and special education requirements are closely related and have many commonalities in their conception of disability.

Reading recent inclusion or disability studies research might lead one to believe that the "medical model" approach [8] is an antiquated perspective that has been replaced by "social model" understandings of disability as a social construct. Still, the essentialist perspective has held steady over time in a number of contexts: social conceptions of disability as a "deviation from the norm," medical and therapeutic approaches that place a premium on diagnosis, treatment, and cure, and special education services that function by identifying student "needs" that are distinct from those of the "standard" student.

Shakespeare [9] characterizes the medical model of disability as the idea that the burden of care rests on the disabled person because of their "differentness." Stereotypes about disabilities support this point of view, which is also confirmed by medical discourses about normalcy, treatment, and professional control.

In their writings, Barnes [10], Oliver [2] and Finkelstein [11] developed the "Social Model of Disability." Vehmas and Makela [12] claimed that the social constructionist epistemology of the model explained disability in terms of social structures and bodily standards that are derived from culture. Indeed, according to some scholars, Disability Studies itself presupposes a social constructionist viewpoint [13].

Smith [14] created a useful taxonomy of social and medical models (see Table 1). When it comes to providing logical justifications for the interactions between impairment, disability, and society, she argued that each paradigm had

shortcomings. Researchers began to argue that social constructionist epistemologies (also known as "strong social model theories") overlooked the importance of the body and the role of impairment in social arrangements and instead placed an unwarranted emphasis on the social dimension, in contrast to essentialist epistemologies that rejected the influence of the social on the self.

Table 1. Interpretations of Medical and Social Models

Medical Models	1. Full-essentialist individual deficiency interpretation (FEID)	Disability results from permanent medical conditions that unavoidably prohibit a life of inadequacy and "abnormality."
	2. Part – essentialist individual deficiency interpretation (PIED)	While the aforementioned biological traits are what lead to disability, some degree of "normal living" can be made possible by modifying the social environment.
Social Models	3. Politics of disablement interpretation (POD)	Social practices that consistently bar people with disabilities from participating in "normal citizenship" activities are what lead to disability.
	4. Social construction of disablement interpretation (SCOD)	The way impairments are defined and linked to traits that are inevitably thought to negatively affect one's sense of self, growth, and fulfillment results in disability.

Source: Smith [14]

2. Methods

To explore the ideas of models of disability and its connection to inclusion and inclusive education, different disability models and inclusion including inclusive education-based literatures were collected from search engines. The collected literatures were basically the indexed based journals published from the year 1990 onwards. The major intention of collecting the journals was to explore the ideas of models of disability and to know how these models have illustrated and analyzed the concept of inclusion and inclusive education from disability perspectives. Thus, there was no any specific time period and systematic review of the literatures but the available literatures in terms of disability models were tried to analyzed from the perspectives of inclusion and inclusive education.

3. Findings (Connection between Models of Disability and Inclusive Education)

The social model of disability promotes inclusion by involving all children, regardless of aptitude, in regular education in an attempt to dismantle social obstacles. A University of Plymouth professor asserts that if disability is a societal issue, then society has to change [15].

The inclusion idea states that students with special education needs (SEN) ought to be taught in regular classrooms with their classmates. Schools need to provide accommodations for students who have both physical and learning disabilities in order to satisfy their needs. In determining whether a child has special education needs (SEN), the social model of disability considers all pertinent factors. Rather of diagnosing a disease, it adopts a more comprehensive approach to the child, taking into account any emotional, behavioral, physical, or social needs they may have.

Roffey [16] asserts that by observing a child in a range of situations over a short amount of time, one may determine their strengths and shortcomings. This involves paying attention to how they talk, behave with other kids, and approach different tasks. When employing the social paradigm, SEN is handled cooperatively.

Every community contains members who have mental, physical, or social disabilities, which inevitably results in opinions regarding what is and is not normal in that community [17]. Throughout history, social barriers aimed against those with disabilities have contributed to the marginalization and discrimination of this population. Disability, in the eyes of the general public, is a tragedy that takes away a person's chances and social involvement while also making them suffer for the rest of their lives [18]. The medical model and the social model have both advanced our knowledge of disability over the past 50 years, but they have quite different perspectives on disability and society [19]. The medical model claims that a person's impairment is caused by a lack of biological function; this is something that the social model disputes. The medical approach caused a division in the concepts of impairment and disability. The social model holds that discrimination and oppression arise from impairments and cause environmental barriers, discriminatory attitudes, and oppressive behaviors [20]. There are significant differences between the social and medical paradigms. According to the medical paradigm, disability is essentially a biological problem that needs to be treated with medicine. On the other hand, the social model argues that physical and social barriers are part of the social causes of disability in society [21]. Due to its close resemblance to the core inclusion principles, particularly with regard to attitudes and equal chances within an educational setting, the social model emerged as the predominant framework supporting inclusive education.

A student in inclusive education is not defined just by their biological dysfunction or labeled as disabled; rather, they are seen as individuals above and beyond their limitations. Because the social model sees disabilities as distinctions in a kid rather than a source of identity, it is essential for inclusive education. It places greater trust in each person's prior experiences and expectations than in institutionalized knowledge and presumptions, allowing for flexibility in response to the needs of all students and their families [22]. The social model of inclusive education considers the individual as a whole, accounting for their disability without allowing it to restrict their educational

opportunities. Because it encourages acceptance for all individuals with disabilities, which is consistent with the inclusive education concept, the social model serves as the cornerstone for inclusive education.

An additional rationale behind the social model's endorsement of inclusive education is its continuous endeavor to revolutionize society by diminishing environmental obstacles. The goal of inclusive education and participation in society is to give everyone equal opportunities, regardless of disability [23]. Rather than highlighting the individual shortcomings that facilitate "fitting in," inclusion breeds a range of mental and physical inequalities. Physical or curriculum restrictions do not limit participation in school life; rather, inclusion, which aims to remove all obstacles to learning, does so [24]. This is achieved by erecting ramps in place of stairs, improving the curriculum to better serve all students, and including accessible transit, sports facilities, and restrooms into school planning. Unlike special education settings, where children with impairments are kept aside from their peers who are typically developing, inclusive education aims to encourage involvement in all aspects of school life while reducing exclusion from it [25]. The aim of inclusive education is to eliminate any barriers that impede students with disabilities from having equal access to education. This aligns with the tenets of the social model, which suggest that the environment should be modified to accommodate these individuals and facilitate their involvement and integration into the community.

Nevertheless, the fundamental principles of the medical model remain essential for execution. Rees [25] defined mothers of severely disabled children as "[embracing] the social model in the sense that they believed social barriers served to create disability, yet at the same time they adhered to the medical model by continuing to seek within-child interventions to mitigate the impact of disability" (p. 32). While the social model acknowledges the reality of impairments, it disagrees with the designation of these conditions as "disabilities" [20]. Classifying and labeling are beneficial to the family, teachers, other school personnel, and the community at large, while being viewed as bad medical model practices.

In fact, there ought to be a harmony in the application of the social and medical models in real-world scenarios. Opposition to the medical model stemmed from the idea that a person is not only defined by their disability, even though these individuals still need some kind of medical intervention to comprehend and get assistance regarding their biological predicament [26]. The medical model still has a big influence on the lives of those who are disabled, so there's no reason to be unduly wary of the medicalization of disability [20]. If the social model was developed and used in conjunction with the medical model, the medical community would take into account both the individual and the handicap.

Since the social model's concepts align with inclusive philosophy, it is the language that advocates for inclusion policies. Inclusionary education encourages involvement and acceptance of all people, regardless of disabilities, with the aim of changing educational environments and attitudes to guarantee that all children have access to an equitable education. The social approach encourages acceptance of the full individual—not just their disability—and inclusivity. In early childhood education, embracing and enticing children with impairments to engage in work and play enhances their self-perception and builds their self-esteem, both of which have a positive impact on their learning. The social model has many positive goals, but sometimes the lived experience or reality of a person with a disability is overlooked in favor of its paradigm. Furthermore, despite the social model's resistance to the medical model, the medicalization of disability still has implications for individuals with impairments. In conclusion, the medical model shouldn't be completely disregarded, even if the social model seeks to reduce environmental and cerebral barriers to offer persons with disabilities greater agency. Although its concepts and practices benefit people with disabilities in different ways, the medical model is not their enemy. The excellent aspects of the social and medical models may be integrated to create a comprehensive model that would benefit both these people and society as a whole.

Every child has the right to a top-notch education and the opportunity to realize their greatest potential. All schools should help educate children from their local community, regardless of their background or aptitude, and all teachers should be prepared to work with pupils who have special educational needs (SEN).Unlike the medical paradigm of treatment, the social approach to treating SEN involves changing the child's environment. It removes the barriers to achievement that the medical model imposes. Rather than modifying or "curing" a youngster to conform, society modifies itself to accommodate the child.

There are advantages and disadvantages to both the medical and social models. The social model of disability has the advantage of emphasizing a child's needs above their diagnosis. A child's background and experience, in addition to their skills and shortcomings, are taken into consideration while determining an effective teaching strategy that will eventually enable the child to realize their full potential. Instead of being seen as a "problem" that has to be fixed, the child is acknowledged as an individual and a person, and society also adapts to make life simpler for them. The social approach has the advantage of inclusive education. However, there are disadvantages of the social model of disability, these being conflicting arguments between both models. Whereas the social model concentrates on altering society's attitudes and practices to improve the quality of life for the disabled individual and make it easier for them to receive an education and go about their daily lives, the medical model focuses on "curing" the disability in order to allow the person into society.

Two feminist disability theorists, Liz Crow and Jenny Morris [27], concur with Hughes and Paterson's view and have called for a revision of the social model of disability that takes sociology of impairment into account. According to Morris [27], the social model has effectively rejected the notion that the suffering that people with disabilities experience on a physical and mental level as a result of their impairments has any relevance on the day-to-day practical aspects of their life. Disability was not viewed by the social model as a flaw that had to be rectified. Rather, it thought that the problem originated in the architectural and social settings. If everyone could sign, being deaf would not be

nearly as restrictive. If ramps and curb cuts were everywhere, using a wheelchair wouldn't be nearly as difficult. If people did not think that being disabled was the end of the world, parents of their children would be less distraught, start raising their children considering their disability far sooner, and experience less fury or despair. For this reason, the social approach is far more empowering.

Certain generations are included in inclusive education as well. Three generations should be involved in inclusive education strategies, according to Wehmeyer [28]. The main objective of the first inclusive practices was to move kids from general education classrooms to inclusion classrooms. Creating and evaluating support plans for kids with disabilities in inclusive classrooms was the primary objective of second-generation inclusive practices. Third-generation inclusive methods place more focus on the subjects that kids are taught than on where they attend school [28]. The goal of the third generation of inclusive practices is to support and strengthen each student's right to self-determination, including those who have special needs and disabilities. Additionally, it guarantees that all students receive flexible education and that the curriculum is created universally. It carries out interventions at the school level that provide positive behavior supports for every student [28]. Third-generation inclusive approaches, according to Wehmeyer [28], improve adult and educational results, allow children greater access to the general education curriculum, and give students more agency by enabling them to better control their own lives. Thus, in the third generation of inclusive education practices, there is an educational promotion strategy focused on providing all students with disabilities with a high-quality education.

4. Conclusions

Considering all these aspects of models of disability, the social model is the current consideration dealing with the case of disabilities and inclusive education. The social model is the holistic model inclines to holistic approach of development of persons/children with disabilities. Talking about education and learning needs of persons/children with disabilities, it is also inclined to current approach to education as universal design for learning (UDL). The UDL deliberately ensures and acts for multiple means of engagement, multiple means of representation and multiple means of action and expression to improve and optimize teaching and learning of all including persons/children with disabilities. However, when we talk about children with disabilities considering their special education needs (SEN) and their categorical differences on disabilities (from profound to mild level of disability), both models will have their contribution to ensure the educational rights of children with disabilities.

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