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Models of Disability and Neuro Rehabilitation

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Community Rehabilitation in Neurology Training Programme

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Aim of session

- Look at disability statistics in the UK and Europe
- Define disability from the medical and social models
- Chart the development of the social model in the UK
- Case study: The importance of neuro-rehabilitation within the context of the social model in community work

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Disability statistics in the UK and Europe

- There are more than 6 million disabled people in the UK
- There are over 3½ million disabled people of working age. Of these only 30% are in employment
- In Europe there are 50 million disabled people – 11% of the total population

Disability statistics in the UK and Europe continued

- Disability is linked to ageing, only 17% of disabled people were born with their main impairment.

- By 2030 the general population of Europe will have increased by 7%, however the numbers over 65 will have risen by 40%

Empowerment

- Question: what level of involvement and empowerment do disabled people experience?
- To understand that we need to understand the social model and medical models of disability

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Medical Model: Disability Groups Viewpoint

- Impairment, disability and handicap definitions were drafted for the convenience of the medical profession
- The disabled person is seen as the problem
- The body is sick and in need of a cure
- The solution to disability is owned and provided by professionals
- The patient should be compliant and grateful
- This model was the dominant model up to the 1980s

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Vic Finkelstein: Something needs to change

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Vic Finkelstein: a new way of thinking

- One of the first people to use the term Social Model of Disability
- South African anti-apartheid activist, moved to the UK in 1968 as a political refugee.
- In the UK, he found the lack of facilities and support for people with disabilities, excluded them from participation. Similar to the way the "pass laws" of apartheid South Africa excluded black people from many areas and facilities.
- This helped him form the view that people with disabilities were disabled not by their impairments, but by the way the environment was constructed and society's inability to include people with diverse needs.

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The Social Model's Viewpoint

- The person's medical condition is only part of the problem
- Society is organised and constructed to meet the needs of able-bodied people, as such people with disabilities are segregated and excluded from full participation
- The barriers that disabled people face are architectural, attitudinal, political and institutional
- The individual is not to blame for their situation, in many cases the disabling effects can be removed by means of an understanding and accommodating society

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The Social Model of Disability

- *"Disability is the disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from mainstream social activities"*

British Council of Organisations of Disabled People

Definition of disability: 30 years of change

- *"Disability is any lack (resulting from an impairment), of ability to perform an activity in the manner or within the range considered normal for a human being." WHO 1980*
- *"Disability is the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives"* Disability and Rehabilitation: WHO Action Plan 2006-2011

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Social Model Rehab

Vocational Rehab Case Study

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Employment Post Brain Injury: Why is it important?

- Return to work is critical because the highest risk group for TBI is under 30 with the majority of their working life ahead of them
- Inability to maintain employment affects self-esteem & self-identity
- Failure to work can result in poverty and long term dependence on public assistance.
- Employment provides structure, routine and meaningful activity
- Many patients view successful rehabilitation in terms of re-integration in to former roles such as family, social networks and employment

Mr H

- Traumatic Brain Injury
- Bilateral craniotomies
- Right hemiplegia
- Speech problems
- Memory problems
- Depression

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Pre injury employment situation

- Livestock Farmer
- Rurally isolated
- Works with son
- Need to work a lot of heavy machinery: not possible when discharged from hospital
- Not able to drive at time of discharge from hospital

Rehabilitation challenges

- Depressed at loss of role and lack of ability
- Able to engage with farm activities but in a very limited way
- He and his wife struggling to adjust to the changes
- They both had a perception of rehabilitation being about visits by therapists and him receiving therapy
- Mr H was motivated to work on his rehabilitation but only to work with activities that he valued

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What we did

- Developed agreed goals with Mr H
- Measured outcomes (Mayo Portland)
- Developed a chart to highlight his achievements (motivation)
- Developed activities to promote the skills he needed to return to work

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Motor Dexterity

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Left hand steering

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Key Learning Points

- Using the Mayo Portland Outcome measure to facilitate team goal setting with Mr H at the centre
- Working into the community was the key to move him, and his family, away from the idea 'therapy is done to me'. He also was able to achieve more doing familiar tasks in a familiar environment which was meaningful and purposeful for him

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Key Learning Points

- Staying focussed on the social model ensured therapists worked at overcoming the barriers in Mr H's environment. This ensured Mr H remained engaged in his rehab and maximised his potential for recovery and participation

Models of Disability and Neuro rehabilitation

Thank You

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