2 Session Plan: Understanding disability

Learning objectives
By the end of the session, participants shall be able to: • Define disability. • Explain the meaning of disability as defined in the International Classification of Functioning (ICF). • Describe the importance of early intervention. • Explain how the census deals with disability. • List the five models of disability.

Time allocated
• 150 minutes.

Resources needed
• PPT presentation • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • A1 posters of the models of disability (five graphics posters) • A1 posters of the models of disability (five illustration posters) • A1 poster of the ICF model

Trainer's notes:
• *This is one of the sessions that will particularly benefit from good preparation and the addition of local information. Review the preparation section below thoroughly well in advance.*

Preparation
Research: • How your National Census deals with disability • How your National legislation defines disability • If and when your country signed and ratified the UN CRPD • Latest WHO statistics on disability from their website. Familiarise with: • Relevant content of the Participant Manual • PPT slides • Posters and activity sheets for the five models of disability. Prepare: • A handout to cover your country specific information researched above. • Update slides 4, 9, 10 and 11 with relevant information for your local context. Print: • One copy of the four activity sheets (Group 1 to Group 4) from the session resources folder or the end of this session plan. Laminate if you wish to reuse.

Pin up:
- A1 ICF Poster
- Five A1 posters of the models of disability graphics and illustrations as shown below.

2.1 Introduction (5 minutes)

	National / Regional / District	

Introduce the session.

Explain: The subject of disability has undergone a profound change over the past decades, in society as a whole and in terms of national and international development. The greater role of persons with disabilities in forging this change has been significant and continues to this day. This session looks at the changing face of disability and its link to human rights.

Understanding disability

Learning objectives

By the end of the session participants shall be able to:
- Define disability.
- Explain the meaning of disability as defined in the International Classification of Functioning (ICF).
- Describe the importance of early intervention.
- Explain how the census deals with disability.
- List the five models of disability.

Understanding disability: 2

Introduce the learning objectives of the session.

2.2 What do we understand by disability? (20 minutes)

	National / Regional / District	

Explain: We are going to first look at what we mean when we say disability. We will look at how disability is currently defined or described in the world.

There are variations in the way the ICF (WHO, 2001), the UN CRPD (UN, 2006) and many National Disability Acts and Policies define and/or explain disability.

The ICF classification defines disability as an outcome of the interaction between health conditions and impairment on one hand, and various barriers on the other, resulting in activity limitations and participation restrictions (disability). The UN CRPD (UN, 2006) does not define disability but describes it as an evolving concept. It attempts to explain disability by outlining some of the long-term impairments that some people may have, which in interaction with various barriers may pose a hindrance to their full and effective participation resulting in a disability. The distinguishing feature in the UN CRPD explanation of disability is the use of the phrase 'long term' to describe the nature of the impairment. Unlike the ICF Classification, UN CRPD does not recognize 'interaction with health condition' as one of the necessary aspects in the definition of disability.

How is Disability defined or described in your National Acts or Policies?

   • The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted in 2006. • Recognised as the most important international document relating to people with disabilities. • Describes disability as an evolving concept. Understanding disability: 3	**Explain:** • In 2006, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted after a process of development that involved persons with disabilities and other stakeholders from all regions of the world. • The UN CRPD is recognised as the most important international document relating to people with disabilities. • It describes disability as an **evolving concept.**

Ask: What do we mean by an evolving concept?
Acknowledge responses and confirm that it means that opinions on what disability is have changed over time, and will continue to change and evolve in the same way as other concepts change.

UN CRPD • Catalyst in shift from viewing persons with disabilities as objects of charity to persons with equal rights. Understanding disability: 4	**Explain:** • The UN CRPD was a catalyst in that it created a shift from looking at persons with disabilities as objects of charity, to seeing them as people who had equal rights in all areas of life.

UN CRPD • Describes persons with disabilities as: *including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.* Understanding disability: 5	**Explain:** • The UN CRPD describes persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Ask: Who can explain what we mean by saying it is the interaction of the impairment and barriers?

Acknowledge responses and explain that we will cover this in more detail as this training progresses.

National definition of disability

Trainer's notes:
Provide information here on how your National instruments define disability and if these are aligned with the UN CRPD or outdated. Include this information in a handout.

What does disability mean?

- The International Classification of Functioning, Disability and Health (ICF) defines disability as:
- The outcome of an interaction between health conditions and impairments and the physical, human-built, attitudinal, and social environment.

- The International Classification of Functioning, Disability and Health (ICF) defines disability as: *The outcome of an interaction between health conditions and impairments and the physical, human-built, attitudinal, and social environment.*
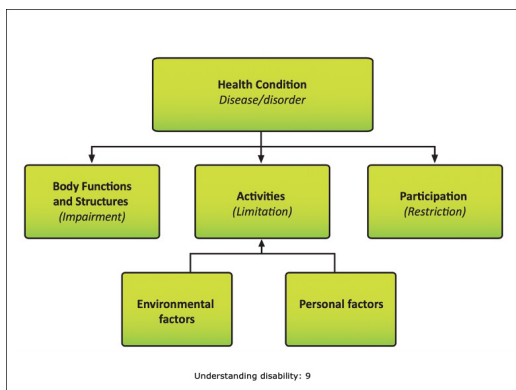

What does disability mean?

ICF takes into account functions in three areas:

- body functions and structures
- activities
- Participation.

Explain:
- The ICF is the World Health Organization's (WHO's) framework for health and disability.

- It takes into account functions in these three areas.

Point to the poster of the ICF and highlight the different areas, explaining that: the ICF looks at how an individual functions in terms of:
- body functions and structures
- activities (tasks or actions carried out by an individual)
- participation (involvement of the individual in society, or in daily living).

Give the example of a builder who loses a leg in an accident:
Point to **Body functions and structures** and explain that his balance and walking ability would be changed
Point to **Activities** and highlight that he can no longer climb a ladder.
Point to **Participation** and highlight that he cannot do his job as a builder.

Give another example of a girl born with a visual impairment:
Point to **Body functions and structures** and explain that she cannot see
Point to **Activities** and highlight that she cannot read written materials
Point to **Participation** and highlight that she cannot use school books.

<div style="border:1px solid black; padding:8px;">

Impairments

Congenital: e.g. club foot, spina bifida, deafblindness
Acquired: e.g. poliomyelitis, paralysis, bipolar disorder.

Most common causes of impairments globally include:
• chronic and other diseases
• injuries
• mental health impairment
• drug and alcohol abuse
• birth defects
• malnutrition, and
• HIV/AIDS and other communicable diseases.

Understanding disability: 10

</div>

Explain: An impairment may be:
- **Congenital** – an impairment that a person is born with: e.g. a club foot, spina bifida, deafblindness, cerebral palsy or Down's syndrome.
- **Acquired** – for example as a result of a virus, drug or alcohol abuse, disease or injury: e.g. poliomyelitis, paralysis, or a mental health impairment such as bipolar disorder.

Highlight some of the most common causes of impairments shown on the slide.

Trainer's notes:
Impairments may be of: • *Vision* • *Movement* • *Hearing* • *Speech impairment* • *Communicating* • *Intellectual capabilities: thinking, remembering, learning* • *Mental health* • *Social relationships*

2.3   Early intervention (10 minutes)

	National / Regional / District	

Ask: What do we mean by the term early intervention in relation to disability?
Acknowledge responses.

Early Intervention

- Early childhood defined as 0-8 years.
- Monitoring children against usual milestones can identify children with disabilities.
- Critical time to ensure access to interventions for children with disabilities.

Explain:
- Early childhood is the period from a child's conception to eight years old.
- Early intervention is the process of monitoring children in these early years against usual milestones to assess if they are developing in different areas along usual lines – including their cognitive, social, emotional and physical development.

Ask: Why is it important to know if a child is not developing in a usual way as soon as possible?

Acknowledge responses and explain that there are often interventions that can be made to help a child to catch up to the usual milestones, such as increasing their stimulation or improving their diet, or to support them to reach their potential if they have an impairment such as providing their parents with skills to position them, or referring them to services.

2.4   Data on disability (20 minutes)

National / Regional / District

Data on disability

According to WHO/World Bank (2011), 15% of any population are persons with disabilities:

- all ages, all impairments
- congenital or acquired
- visible or invisible
- with or without pain.

Explain: Disability is varied and complex.

- The World Health Organization (WHO) / World Bank estimates that persons with disabilities represent approximately 15% of any population.
- The number is increasing globally because of an increase in chronic health conditions, population ageing and medical advances that prolong life.
- People of all ages may have disabilities (half of all persons with disabilities are 60+ years). Disability rates go down, as income goes up – disability is both a cause and consequence of poverty.

Ask participants to discuss with the person sitting next to them why it is important to have data on disability?
Ask a few pairs to comment on the reasons they discussed.

Ask: What are some of the ways we collect data on disability?
Acknowledge responses.

Ask: What ways do we currently have to identify and register people with disabilities in the community?
Acknowledge responses.

National Census data Understanding disability: 13	**_Trainer's notes:_** *Find out how disability was dealt with in the last National Census and if this has changed over time or if there is advocacy to update it.* *Expand the slide with any relevant information and cover this in your comments.*

WHO estimate compared to national census Understanding disability: 14	**_Trainer's notes:_** *Calculate 15% of the National population – this is how many people with disabilities WHO estimates are in your country.* *How does this compare to the census information in terms of percentage or numbers? It is likely that your census estimates a much lower figure than WHO.* *Expand the slide with any relevant information you have.*

Ask: Why do you think there is such a difference between these figures?
Acknowledge responses.
Explain that not all persons with disabilities will need specific support, or services. Many are mild and people are able to get on with their lives in the same way as people without disabilities. Disability is part of human diversity.

National census questions Understanding disability: 15	**_Trainer's notes:_** *Provide any specific information on how the census deals with disabilities such as the questions asked.*

Washington short set of questions

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self-care such as washing all over or dressing?
6. Do you have difficulty communicating, for example understanding or being understood?

Understanding disability: 16

Explain:
- A group called 'The Washington Group on Disability Statistics' was established to address the need for comparable statistics of disability.
- The outcome was the recommendation to include these questions in the census.
- The focus is on identifying the percentage of the population with functional limitations that have the potential to limit their independent participation in society.
- Answers to the questions include a scale of difficulty from 'no difficulty' to 'cannot do at all'.

Data on disability

- Census or survey?

Understanding disability: 17

Explain:
- Although advocacy can influence the questions asked in a census, and help improve the data, a census is always likely to be limited in its reporting of disability because the focus is to gather information on the entire population.
- A survey can be a more effective way to gather information on disability as it can ask more focused questions. These are asked of a sub-section of the population and the results can give an indication of the situation for the whole population.

Ask: Are there any questions?
Acknowledge responses.

2.5 Models of disability (20 minutes)

	National / Regional / District	

Models of disability

Understanding disability: 18

Explain: The understanding of disability has evolved over time through various perspectives - often called 'models'. These models have different interpretations of what disability means and what it means to live with a disability.

Ask: What do we mean by the terms: disability 'perspectives' or 'models?'
Acknowledge responses.

Explain: the models can be considered as the 'lenses' through which we see disability.

Ask: Can anyone give us the names of any such models?
Acknowledge responses.

Try to agree the names of the models as: *traditional*, *charity*, *medical*, *social*, *and rights-based* and write them as headings on the whiteboard or flipchart.

Trainer's notes:

If participants are not aware of any of the models, explain that over time there have been different ways, or models, through which disability has been viewed in different ways, and continue with the next slides outlining them.
Summarise the key points for each of the five models. Use the reference information in the Participant Manual to supplement this section.

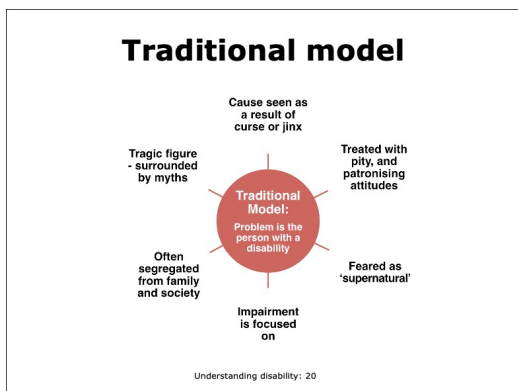**Show** the picture representing the traditional model.
Ask what it is showing?
Acknowledge responses.

Ask: Are there any examples of the traditional model still present in our country?
Acknowledge responses.

Ask: How do you think this woman would feel?
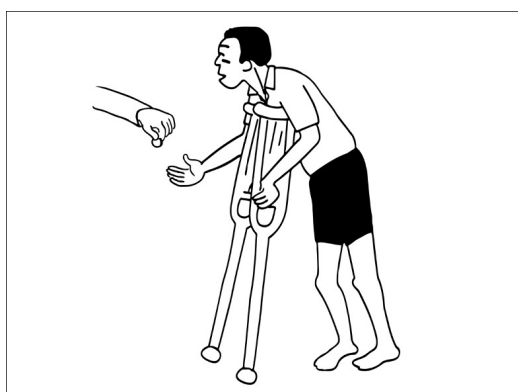**Acknowledge** responses.

Traditional model:
- People with disabilities seen as tragic victims, treated with pity, or sometimes as having supernatural powers.

Point to the centre of the circle and highlight that the person with the disability is seen as the problem.

Ask: Is disability still ever viewed through the traditional lens here?
Acknowledge responses.

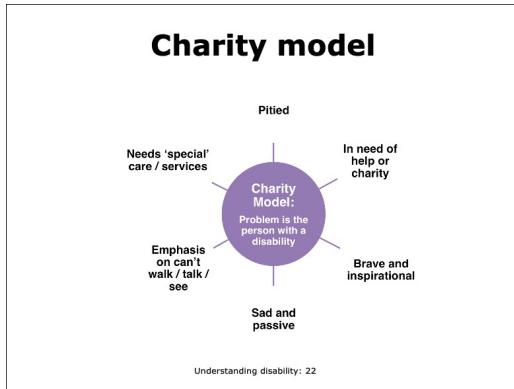**Show** the picture representing the charity model.
Ask what it is showing?
Acknowledge responses.

Ask: Do we ever see the charity model here?
Acknowledge responses.

Ask: How do you think this man feels?
Acknowledge responses.

Charity model

Pitied

Needs 'special'
care / services

In need of
help or
charity

Charity
Model:
Problem is the
person with a
disability

Emphasis
on can't
walk / talk /
see

Brave and
inspirational

Sad and
passive

Understanding disability: 22

Charity model:
- Sees disability as a defect.
- Persons with disabilities are seen as the problem, different from 'normal' people, unable to help themselves and who see themselves as powerless, useless, non-contributing individuals.
- The charity model is not primarily about giving charity, but about treating someone in a very charitable way – with pity, sympathy, and as if they can't help themselves.

Point to the centre of the circle and highlight that the person with the disability is still seen as the problem in this model.
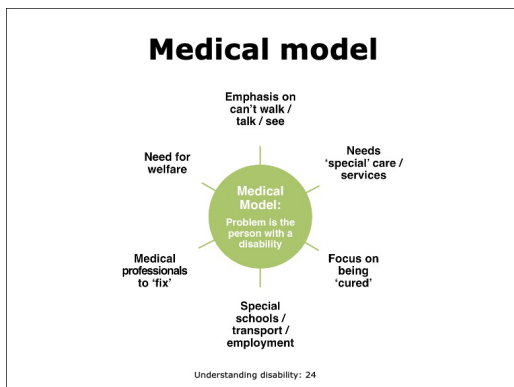

Show the picture representing the medical model.
Ask what it is showing?
Acknowledge responses.

Ask: The people here are seeing the woman's disability as the most significant aspect of her. Do you think that's how she sees herself?

Acknowledge responses.

Medical model

Emphasis on
can't walk /
talk / see

Need for
welfare

Needs
'special' care /
services

Medical
Model:
Problem is the
person with a
disability

Medical
professionals
to 'fix'

Focus on
being
'cured'

Special
schools /
transport /
employment

Understanding disability: 24

Medical model: Later, as science and medicine developed, disability was commonly viewed in biological or medical terms. The medical model:
- Sees disability as a deviation from the normal, caused by an underlying disease or other health condition.
- Focuses on the impairment to be 'cured' or 'fixed' in order for person to become a 'normal' member of society.
- Problem still seen to lie with the individual.

Ask: Do some people view disability through the medical model lens?
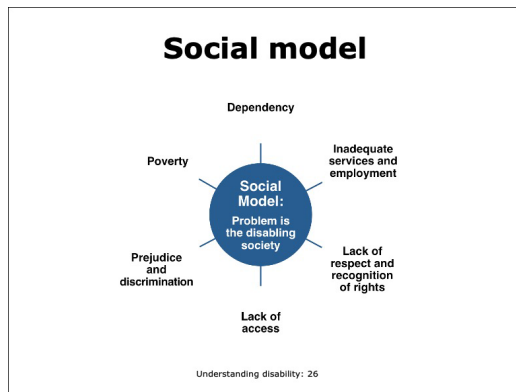**Acknowledge** responses.

NONSE
MWALANDIRIDWA
ALL WELCOME

Show the picture representing the social model.
Ask what it is showing?
Acknowledge responses.

Ask: Do we see evidence of this in our country today?
Acknowledge responses.

Social model

Social model: In the 1960s and 1970s the movement of persons with disabilities grew in strength, and the movement argued that disability is not "located" in an individual body at all, but is created by the way society is organized in relation to physical difference – firstly through stigma and discrimination, and secondly through indifference to the accommodations that persons with disabilities may need to participate fully in society.

The social model:

- Considers that it is society that disables people, (**point** to the centre of the circle) by designing everything to meet the needs of the majority of people who are not disabled.
- Recognises there is a great deal that society can do to reduce and remove disabling barriers, and that this is the responsibility of society, rather than the person with a disability.
- Is more inclusive in approach.

Pro-active thought is given to how people with disabilities can participate in activities on an equal footing with non-disabled people. Certain adjustments are made, even where this involves time or money, to ensure that people with disabilities are not excluded.

Ask: How often do we see disability viewed through the social model lens?
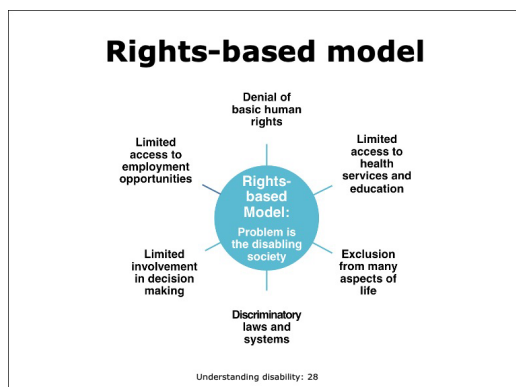**Acknowledge** responses.
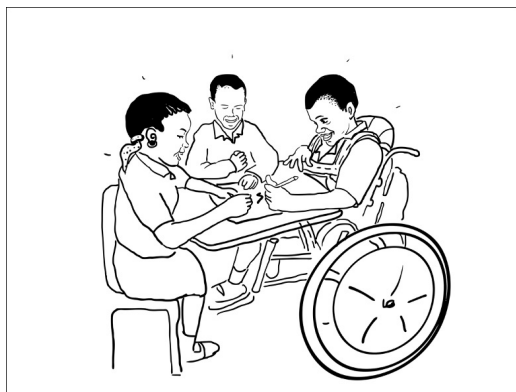
Show the picture representing the rights-based model.
Ask what it is showing?
Acknowledge responses.

Ask: How do you think this boy feels compared to the people in the other pictures?

Acknowledge responses.

Rights-based model

Rights-based model: This is closely related to the Social Model. The rights-based model or approach starts with universal human rights:

- Persons with disabilities are seen to have a right to access all aspects of life within their society on an equal basis with others.
- Society has the responsibility to change to ensure that all people have equal possibilities for participation.
- This is the model promoted by the ICF and the UN CRPD.

The two main elements of the rights-based approach are:
- empowerment: participation of people with disabilities as active stakeholders
- accountability: duty of public institutions and structures to implement rights.

Persons with disabilities are often denied their basic human rights such as the right to health, to education and to employment.

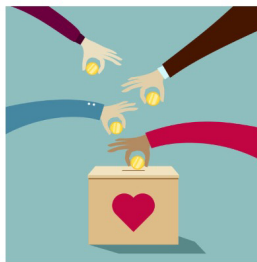- Does the rights-based model reject medical treatment?
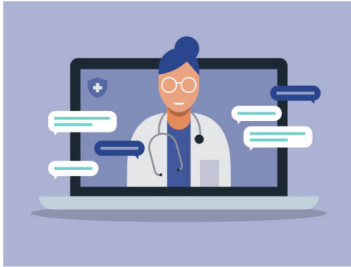
Understanding disability: 29

Ask: Does the rights-based model reject medical treatment?
Acknowledge responses.

Explain: No, it does not. The rights-based model incorporates the positive aspects of the medical and social models. It promotes that medical interventions be provided in line with a rights-based approach that puts persons with disabilities at the heart of decisions that affect their lives.

- Does the rights-based model reject charitable acts?

Understanding disability: 30

Ask: Does the Rights-based model reject any charitable acts such as support of persons with disabilities who need assistive devices or help with transport or training?

Explain:
- No, it does not. The rights-based model recognises that in the absence of a fair society, people with disabilities need support while the barriers they face in society still exist and while they are unfairly marginalised and stigmatised, and stopped from achieving their potential.
- It also recognises that acts of charity or support should always be provided in a way that gives respect and dignity to the person receiving it and should be considered not as charity, which often has negative connotations, but as good citizenship in the light of the equalities that exist that make it necessary.
- Such good citizenship has had a positive impact on the lives of many persons with disabilities while society has, and continues to deny them their rights.

Emphasise that the rights-based model contains the positive aspects of all the other models.

Ask: Who do we want to be viewing disability through the Rights-based model lens?
Answer: Everyone!

2.6 Activity (70 minutes)

Activity

- Read your Handout giving a situation and the typical examples shown for each of the models of disability.
- In your group, prepare a short role play to convey just **two** of the different models.

Understanding disability: 31

Explain: We are going to do an activity to contextualize these different models.

Activity: Rights-based model of disability	
Groups	**Divide** participants into four groups. **Allocate** one of the situations in the activity sheets at the end of the session plan to each group, as follows: • Group 1: Situation: Young woman using a wheelchair • Group 2: Situation: Man with an intellectual disability • Group 3: Situation: Parents of a daughter with a hearing impairment. • Group 4: Situation: Boy with a visual impairment. **Give** each group the card of their allocated situation.
Instructions	**Ask** each group to read their given situation and the typical examples shown for each of the five models of disability. Groups should prepare a short role-play to convey only **two** of the different models for their situation to the whole group. Try to ensure all group members participate. **Emphasise** the role-plays should be very short: 1-2 minutes for each.
Monitor	**Check** to ensure each group has understood the activity and is working on the correct situation as allocated.
Time	**Allow** 20 minutes for groups to prepare; 5 minutes for each group to present; 5 minutes for other groups to give observations; 5 minutes for final trainer summary. (Total time: 65 minutes).
Feedback	**Emphasise** to groups to keep the role-plays brief. **Ask** each group in turn to present their information to the others. **Invite** observations from the others on which models were demonstrated. **Ask** groups to confirm. **Ask** for any questions. **If** any models have not been demonstrated in the role-plays (such as the medical model), ask participants how the model could have been portrayed in one or two of the scenarios.

2.7 Summary (5 minutes)

Summary

- Models represent a progression over time.
- The place of persons with disabilities has changed from that of being pitied and worthy of charity to becoming empowered with the same rights as others.
- This training package promotes the rights-based model - the only model towards which we should all be working.

Understanding disability: 32

Summarise:

- The models represent a progression over time in approaches and attitude to disability, from the traditional model to the rights-based approach.
- The place of persons with disabilities has changed too, from that of being pitied and worthy of charity to becoming empowered individuals/ groups with the same rights as people without disabilities.
- This training package promotes the rights-based model; it is the only model towards which we should all be working. That doesn't mean that medical treatments and charitable initiatives aren't important and needed – it means that they must be provided from a rights-based approach.

- Highlight that some aspects of the charity model are easy to adopt – some people may give a donation to a person with a disability in the street. But what is needed more is for society to empower people with disabilities to realize their rights through the rights-based model.
- Disability is recognised in the UN CRPD as an evolving concept, and we can see the evolution of thinking in our own communities. It is critical that we all promote a rights-based model of disability that locates the problem with the way society is organized rather than with the person with a disability.

Close the session.

Group 1: Young woman using a wheelchair

Traditional model[1]	"She has been bewitched; she will never get married''.

Charity model	"What a pity, this beautiful woman is bound to a wheelchair. She'll never be able to marry, have children and care for her family".

Medical model	"Oh this poor woman. She should go to a doctor to discuss with him if there is a therapy which could enable her to walk again, like everyone else".

Social model	"The community really should build ramps in front of public buildings, so that persons like her can participate in social life".

Rights-based model	"When she gets a job, her employer will have to build accessible rooms. This is her right!"

---

[1] Examples informed by explanation in document at
https://attitudes2disability.wordpress.com/2007/02/27/the-traditional-model/

Group 2: Man with an intellectual disability

Traditional model	''How sad... demons must be controlling his intellect''.

Charity model	"Look at this poor confused man; he seems to be mentally retarded. It would be better for him to live in a home, where somebody will take care of him".

Medical model	"Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".

Social model	"It's a good solution that he lives with his brother, so that he is within the community like others".

Rights-based model	"Let's go and ask him where he wants to live?"

Group 3: Parents with a hearing-impaired daughter

Traditional model	''Poor girl. She is being punished for her mother's stealing habits''.

Charity model	"It must be very sad having a child and knowing that she will never be able to live on her own".

Medical model	"I'm sure in a few years there'll be a hearing aid available which will make this child able to hear better".

Social model	"We should all learn sign-language, so that we can communicate with this child and all other hearing-impaired people".

Rights-based model	"When this child grows up, she'll study at university if she wants to".

Group 4: Boy with a visual impairment

Traditional model	"His mother must have been with another man – not her husband"

Charity model	"Oh poor boy – he'll never be independent. Give him some money"

Medical model	"Let's hope one day an operation will enable him to see like normal people"

Social model	"We need to ensure there are no hazards in the hallways or signs he might bump into"

Rights-based model	"He has the same rights to go to school as anyone else"