



Development of a VET curricula for Personal Assistant professional profile
based on the European Framework of Qualifications

**EU-Assistant:
Development of a VET
curricula for Personal
Assistant professional
profile based on the
European Framework of
Qualifications**

2016-1-ES01-KA202-025296

MODULE 1 – FUNCTIONAL DIVERSITY/ DISABILITY



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1. MODULE DESCRIPTION

MODULE TITLE	Functional diversity / Disability
KEYWORDS	Functional diversity, personal assistant, special needs, disability, impairment, handicap, physical disability, visual disability, hearing disability
TARGET GROUP	The target group of the module are people who want to obtain some knowledge to become a personal assistant for a person with disability
LEVEL	beginner
CAREER OPPORTUNITIES	Independent persons who want to become personal assistant for persons with disabilities
AIMS OF MODULE	<ul style="list-style-type: none"> • This module provides participants practical, comprehensive knowledge, resources and networking opportunities on how to successfully start and operate as a personal assistant. • The participant will learn about the fundamental principles of "UN Convention on the Rights of People with disabilities" and the ICF - "International Classification of Functioning, Disability and Health" (from World Health Organization)
LEARNING OUTCOMES	Up on successful completion of the module the participant will learn what is mean functional diversity, what is disability and what types of disabilities exists, social and medical model, etc.
PREREQUISITE(S) SKILLS:	use of basic ICT

PREREQUISITE(S) COURSE:	none
GUIDED LEARNING HOURS:	10 hours
COMPENTENCY	Learn about functional diversity, a new paradigm about disability
ASSESSMENT	The assessment will consist of a multiple choice test and a response exercise to be developed, which will test students' knowledge and understanding through learning outcomes.
CATEGORY	cost (cost optimization) time (efficient time management) s-quality (service quality) m-quality (management quality)
SUPLEMANTARY MATERIAL(S)	none

2. INTRODUCTION

Dear Participant,

Welcome to this Module! This module is created for people who want to become a personal assistant for persons with functional diversity. In this module you will learn about functional diversity, the new term used regarding disability.

The Module includes theoretical and cultural principles to understand the new term regarding disability – functional diversity: terminology, practice. You will learn what is disability and disability models (medical and social); and the rights of person with disabilities. The participant will learn about the fundamental principles of "UN Convention on the Rights of People with disabilities" and the ICF - "International Classification of Functioning, Disability and Health" (from World Health Organization).

In the other modules you will learn about:

- the philosophy of Independent Living;
- what is a Personal Assistant;
- communication abilities with disabled person;
- what is autonomy promotion and how to support the person with disability to develop his/her personal autonomy and build a self-positive image;
- to manage your working plan;
- how to provide primary care, first aid and feeding the person with disability;
- assistive technologies that can help;

After these modules, you will be ready start working as a professional personal assistant!

Warm regards,

EU-Assistant Project Team

3. FUNCTIONAL DIVERSITY

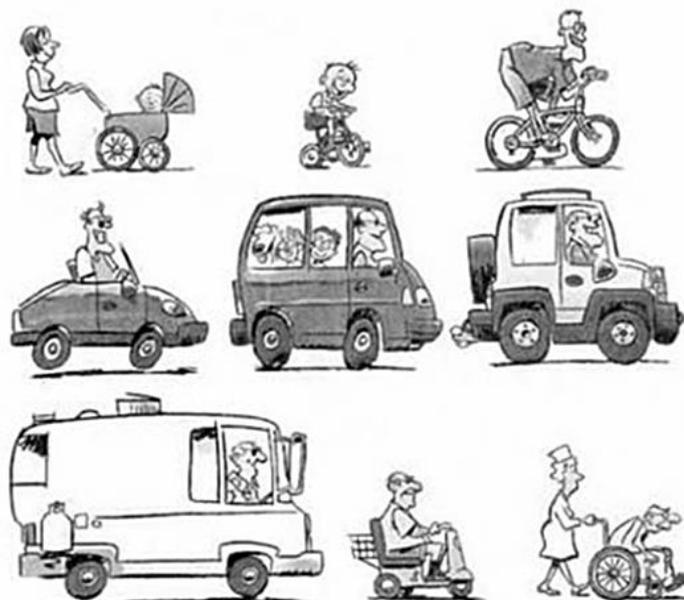
1. What is Functional Diversity

Launched in 2005 in Argentina, by Romañach and Lobato, *Functional Diversity* is a term that wants to change our false image about disability or impairment: "We, women and men with functional diversity, are different from most of the population, from the biophysical standpoint. Due to having different characteristics, and given the conditions of the context generated by society, we are forced to do the same tasks or functions in a different way, sometimes through third parties.... For this reason the term "functional diversity" corresponds to a reality in which a person functions in a different or diverse way from most of society".

Regarding each person has a particular and different way of functioning; all diversity is expressed by means of differences. Functional diversity defined by the expression of all the possible different functionalities is an inherent characteristic of human body.

The next cartoon named "Wheels of life" illustrate very well the cycles of life and the way each of us has to deal during our life with a diversity in functionality that change during our lives.

Las ruedas de la vida...



So, *functional diversity* it is a way of thinking that tries to eliminate the "barriers" between persons with disabilities and without ones and it is used as an alternative to different pejorative terms that describes the features of disabled or discriminated persons. In the last years, the term *functional diversity* it is very used and promoted in Latin America and Spain. In other parts of Europe it is promoted to be used the term "person with special needs" which has a big specter of use: from pregnant women to persons with different kind of disabilities. But despite the term that it is used (functional diversity or special needs), we should notice that like every new term, it is necessary time in order to be used on a large scale.

2. Short history of terms - from handicap to functional diversity

We should not forget that, in Europe, one in six people has a disability that ranges from mild to severe. And around 80 millions are often prevented from taking part fully in society and the economy because of environmental and attitudinal barriers. For people with disabilities the rate of poverty is 70% higher than the average partly due to limited access to employment. Over a third of people aged over 75, have disabilities that restrict them to some extent.

During the last decades, there have been some initiatives that have promoted the Independent Life for some kinds of disabilities. All these initiatives are based on two main ideas: the idea of human dignity and generalization and specification of human rights. The idea of human dignity, often it is related to the social role of person. Even when we talk about the human rights, we cannot say that its applicability it is universal.

How we have said before, *functional diversity* it is used as an alternative to different pejorative terms that describes the features of persons with disabilities. So, the *functional diversity* will replace the labels that normal people give to disabled persons, labels as "handicapped", "abnormal", "defective", "retarded", etc.

Functional diversity tries to redefine the ideas and theories developed till now regarding "disability", "impairment", "people with disabilities", and "people with special needs" and give a bigger specter for using this new term.

It is not just matter of words and "way to say-define" a person, but it is matter of concepts that are beneath of the idea of "normality". Considering the entire span of the life and/or personal difficulties that could be also temporary, we should redefine the concept "normality" as an

average level considered for the population, but not as a personal attribute fixed and constant over the time.

The main idea of *functional diversity* is that throughout their lives each person has to do with a broad spectrum of functionality that could require support: when he/she is baby need help from his/her parents; when he/she is old need a specialized person or a nurse to take care of him/her. Or another example that Agustina Palacios and Javier Romañach give in their book - a person with myopia has a functional diversity because cannot see well and need glasses to improve this.



It is recommended to avoid to use the words like: "handicapped", "cripple", "invalid", "wheelchair bound", "immobilized in a wheelchair ", "limited to a wheelchair", "dwarf", "Lilliputian", "strange", "crippled", "headed", "suffering", "idiot", "moron", "retarded", "mute".

Using language is not difficult at all. There are some simple rules that help you to understand what you need to say and why. Regarding the persons with disabilities as a group, despite of their disability, you should use the term "person with functional diversity" or "person with special needs" or "person with disability".

4. WHAT IS DISABILITY

3. Definition of disability

Disabled People's International (DPI), do not have adopted a definition of disability, but, they consider the International Classification and Functioning (ICF) definition of disability the best one as "The outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face".

World Health Organization (WHO, 2016) proposes the following definition of disability: "Disability is an umbrella term, covering impairments, activity limitations and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives".

At the **European Union** level, disability is considered a problem of the entire society. It concerns continuous training and adaptation in all area of life to include and maintain these persons on the main levels of social life (Council of Europe Disability Strategy 2017-2023).

Today, "disability" term is used to describe disadvantage or an activity restriction induced by the organisation of the actual society, which is too less preoccupied or not at all of people with disabilities and thus exclude them from current social activities, where the others participate. Therefore, disability could be considered as a distinct form of social oppression and is focused on attitudinal, environmental and organizational barriers which unable people with disabilities to benefit of equal chances in terms of learning, employment, living, transport, or leisure time.

At the moment, new international trends require the term "person with disability" (for society reasons) instead of "disabled person", just to emphasize that disability is not a person's attribute, but a person-to-environment attribute. A not adapted environment makes a person to become disabled because of the architectural barriers which he/she encounters. Therefore, not the persons with disabilities should be changed, only the society.

4. Models of disability

There are three models of disability: **Medical model**, **Social model** and **Model of diversity**.

4.1.1. Medical model

In the medical model, disability is understood as an individual problem, caused directly by illness, trauma or other situation that require medical care, provided with individual treatment by professionals. Disability management aims to healing or adapting and changing the person's behaviour. Medical care became, in this respect, the main subject, and – at the political level, the aim is to modify or reform the medical care politics. Therefore, this model promote the idea that persons with disabilities are dependent and require treatment or care, and in this way it is justified their systematic social exclusion.

The medical model is sometimes known as the "personal tragedy model", because it affects the way of persons with disabilities think about themselves. Many disabled persons came to believe the negative message that all the problems of this category of people are caused by the fact of their bodies aren't "normal". Persons with disabilities can also be led to believe that their infirmities block them automatically from taking part in the activities of the community in which they live. This kind of autoflagging and spiritual oppression can make disabled persons less available to face with the exclusion they are subjected in the community in which they live in.

Typical definitions based on this limited perception are offered by World Health Organization ("International Classification of Impairments, Disabilities and Handicaps – A manual of classifications relating to the consequences of disease", 1980, reprinted 1993, Geneva), which defines the following terms thus:

Impairment: any loss or abnormal functioning of a psychological, physiological or anatomical nature of a structure or function; in principle impairment represent disturbances at the organ level.

Disability: any restriction or lack that appears from an impairment which does not allow that person to undertake any activity in the manner or range that is considered normal for a human being; thus disabilities represent disturbance at the level of the person.

Handicap: a disadvantage experienced by a person as a result of impairment or disabilities that prevents him/her from fulfilling a role that is considered normal according to his age, gender, social and cultural factors; handicap thus reflect interaction with the adaptation to the individual's surroundings.

The medical model has created a hierarchy within the social construction of disability and in determining equality by:

- labeling in a way that considers the person with disabilities to be inferior;
- developing treatment, care, including professional practice and standards, legislation and benefits based on this label of social inferiority;
- paternal denial of liberties and self-determination.

The model postulates that the problems faced by people with disabilities are the direct consequences of their specific shortcomings. The medical model projects a dualism that tends to appreciate that "cunning" people are "better" or "superior" to those with disabilities. So, in the absence of any possibility of healing their physical state of health, impairment must be seen as a permanence, a constant factor in the relationship between them and the society they are trying to interact with. Thus, the image of the latter comes to be identified with mercy, fear and charity.

4.1.2. Social model

This model was created by people with disabilities. It was primarily a result of the response given by society to their needs, but also as a result of their experiences in the health and social insurance system that make them feel isolated and oppressed from the social point of view. This model has an inclusive approach. It focuses on the participation of the disabled people on an equal footing with non-disabled ones.

The social model of disability considers that disability is not an attribute of an individual, but a complex of conditions created by the social environment.

Thus, disability is understood to be an unequal relationship within a society where the needs of people with disabilities are often given little or they do not receive any attention. Denying chances, restricting choice and self-determination as well as lack of control over support systems in their lives led them to cast doubt on the underlying assumptions that ensured the traditional dominance of the medical model.

People with disabilities become disabled due to the fact that they are excluded from participating in community events in which they live due to the existence of physical, organizational and attitude barriers. These barriers prevent them from gaining equal access to information, education, employment, public transport, housing and chances to have a social life and leisure time.

However, recent evolutions promote inclusion. Anti-discrimination legislation, equal opportunities policies and affirmative action programs have emerged because now is recognized on a much

wider scale that people with disabilities are improperly prevented or restricted in their attempt to take part in a wide range of social activities to which people without disabilities have access and considers them to be natural.

The management of this problem requires social action and it is the responsibility of the entire society in terms of producing of those environmental changes necessary for the participation of people with disabilities in all areas of social life. Disability management is therefore a problem of attitude and ideology that involves a social change, which - in political terms - becomes a human rights issue. For this model, disability is a political issue.

This model refers to the barriers that people with disabilities face in everyday life. For example, if a wheelchair user can't climb the stairs, then an access ramp or lift should be installed in that place. If a blind person can't read the information written in usual alphabet, then the solution is to provide this information in an alternative format such as audio or Braille. By ensuring reasonable and satisfactory changes, barriers can be overcome and this can have a positive impact on the lives of people with disabilities.

Critics of the Social model:

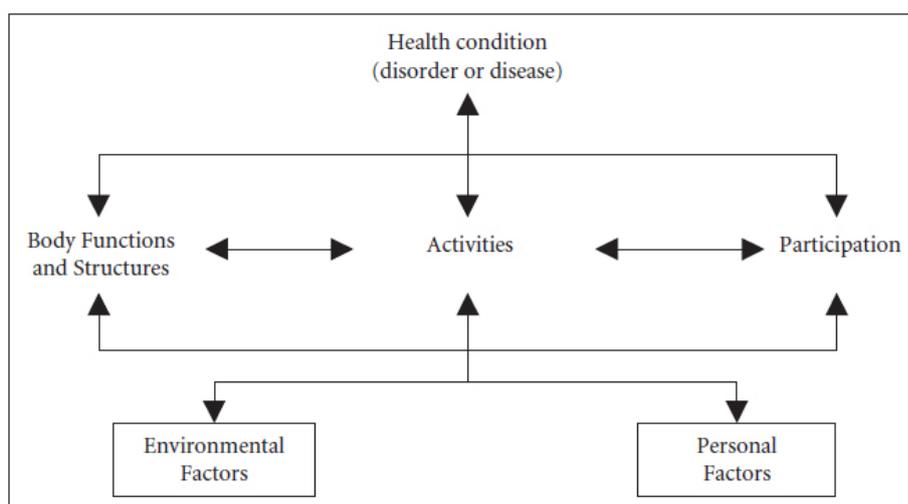
- level which arises from the feeling of oppression of the society (identified as medical model) against disabled people
- ignoring the differences between people with disabilities by gender, sexual orientation, race, culture and other distinctions
- adopts many of the values of capitalist society, placing on the first level work and independence;
- perspective in which a person identifies themselves as being with disability or not.

4.1.3. Medical model vs. Social model

Medical Model	Social Model
Disability is a 'personal tragedy'	Disability is a social oppression experience
Disability is a personal problem	Disability is a social problem
'Treatment' is given by medication	Support groups and systems from which benefit people with disabilities
Professional dominance	Individual and collective responsibility
Expertise is done by qualified staff	Expertise is the experience of persons with disabilities
Persons with disabilities needs to adapt	Must be created facilities for persons with disabilities
'Disability' has an individual identity	Persons with disabilities have a collective

	identity
Persons with disabilities need help	Persons with disabilities need rights
Professionals have the control	Persons with disabilities have to make their own decisions
Individual adaptations	Social changes

International Classification of Functioning, Disability and Health (ICF) realised by World Health Organization (WHO) in 2007, is based on the integration of these two opposite models. To show the essence of integrating the different perspectives of operation, it is used a "biopsychosocial" model. Therefore, in order to provide a coherent point of view, ICF try to synthesis all the perspectives of health: from biological, individual and social point of view.



It can be seen that the function of an individual in a certain field is an interaction or complex relationship between his/her health condition and the contextual factors (e.g.: environmental factors and personal factors).

4.1.4. Model of diversity

This model is based on a vision based on human rights and considers research in the field of bioethics as a fundamental tool to achieve the full dignity of people with disabilities.

It is presented as an evolution of the social model. From its fundamental principles, the capacity of people and the possibility of contributing to society, the new basic principles are human dignity and the diversity of people.

The model of diversity is based on the acceptance of the fact of human diversity and seeks to overcome the capacity / disability dichotomy. It is also proposed that any person with any type of disability must be guaranteed their intrinsic dignity.

5. THE LEGAL FRAMEWORK FOR THE REGULATION OF THE RIGHTS OF PEOPLE WITH DISABILITIES

5. United Nations - Convention of the Rights of Persons with Disabilities (CRPD)

This Convention adopted in 2006 and entered into force in 2008, is based on years of work done by UN to change attitudes and approaches regarding persons with disabilities. UN wants to change to image of persons with disabilities – from "objects" of charity, medical treatment and social protection to "subjects" with rights, who know for their rights, make decisions and be an active member of the society.

The Convention adopts the categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedom. It offers protection for the civil, cultural, economic, political and social rights of persons with disabilities on the basis of inclusion, equality and non-discrimination. It clarifies how the rights are applied and identifies the areas where it is necessary to be made adaptations for persons with disabilities.

The Convention is available in different languages: English, Spanish, French, Russian, Romanian, Turkish, etc.

6. European policy regarding disability

The European Community Policy promotes the active inclusion and full participation of persons with disabilities in society. EC considers that disability is a rights issue and not a matter of discretion and the environment should be adapted for every person by removing barriers. All the documents developed by EC regarding disability are basis of UN–CRPD.

European Commission supports the Academic Network of European Disability Experts (ANED) who manages an online tool named DOTCOM (<http://www.disability-europe.net/dotcom>) that provides an overview of the key instruments in the Member States and the implementation of the UNCRPD.

Legal bases

The legal bases for EC actions are those provided by Article 13 of the European Treaty, dating back to 1999, which allow the European Council to "act to combat discrimination based on sex,

ethnic or racial origin, religion or belief, age and sexual orientation" (Goelen 2005). Legislation has been expressed in various forms, such as the Charter of Fundamental Rights and, for example, in the Commission's communication "*Towards the elimination of Europe's barriers to people with disabilities*" (2000) and "*The European Disability Strategy 2010-2020: A Commitment Renewed for a barrier-free Europe*"(2010). A Progress report on the Implementation of the Strategy up to 2016 has been published in February 2017, which confirms successes and continuation of the objectives of this strategy.

European strategy 2010-2020 for people with disabilities: a renewed commitment for a Europe without barriers

In this European Strategy, there are 8 priority areas:

- *Accessibility*: make goods and services accessible to people with disabilities and promote the market of assistive devices
- *Participation*: people with disabilities enjoy all the benefits of EU citizenship; remove barriers for equal participation in social life and leisure time; promote the provision of quality community based services
- *Equality*: combat discrimination based on disability and promote equal opportunities
- *Employment*: open the labour market for persons with disabilities
- *Education and Training*: to remove the legal and organizational barriers that prevent people with disabilities from accessing general education and learning systems throughout life; to provide timely support for inclusive education and personalized learning and early identification of special needs; to provide adequate vocational education and training and support to education staff working at all levels and to develop reports on participation rates and results. EC launched several educational initiative, one of them is European Agency for Special Needs and Inclusive Education
- *Social protection*: promote decent living conditions, combat poverty and social exclusion
- *Health*: promote equal access to health services and related facilities
- *External actions*: promote the rights of people with disabilities in the EU and international programmes

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