handicap international **Hi** humanity &inclusion

Employment and Disability Project
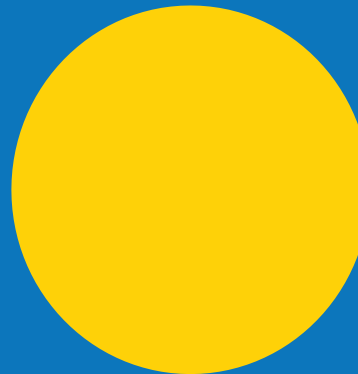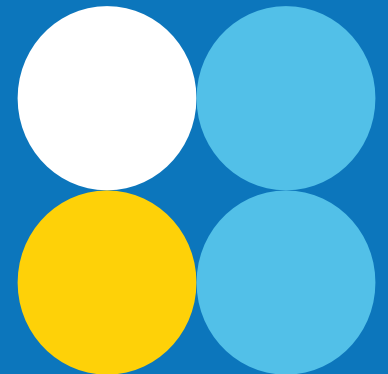
Morocco Tunisia Benin Senegal

Understanding
disability

Factsheet

N°1

June
2020

Why this factsheet?

•To share objective information about the reality of disability and reduce often discriminatory stereotypes.

•To change people's view of disability and help decisions to be taken that are not skewed by preconceived ideas.

Overall situation

Worldwide, more than one billion people live with a disability. Disability prevalence is rising, and it is linked to ageing populations and the global increase in health problems, such as diabetes, heart disease and cancer.

When people with disabilities are given access to care, education and training, they develop skills that match the needs of the market as well as anyone else. They are a source of talent and skills that benefit business and society, but all too often these talent and skills are untapped!

In the work environment, repetition of tasks, unsuitable workstations, high stress, noise, machine tools, chemicals, etc. can lead to musculoskeletal disorders, psychological disorders, motor or sensory difficulties, workplace accidents, etc.

These issues need to be prevented, and unbiased decisions, not based on preconceived ideas, need to be taken.
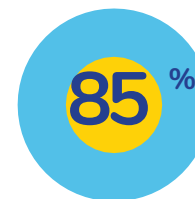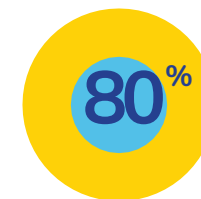
Key **facts and figures**
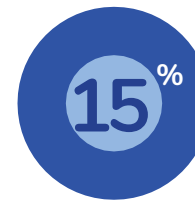
15% People with disabilities make up this percentage of the population[1]
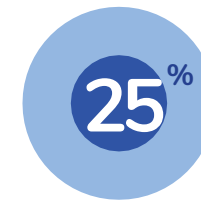
25% of the people living on less than $1 a day are people with disabilities[3].

85% of disabilities occur in later life[2].

80% of disabilities are invisible[4].

1 World Report on Disability, 2011, WHO
2 Council For Disability Awareness, 2013
3 UNDP
4 Agefiph

Disability – a history and model

In all cultures, disability was initially, and sometimes still is, seen as an inevitability or a curse. Charity and compassion prevail through individual handouts, or in the form of charities. This honourable approach creates a fundamental problem: people with disabilities are not considered as equals but as people to be helped. They are overprotected, set apart or kept away from other members of society. They become dependent on others and are socially devalued.

The medical model spread at the same time as this charitable model. In this case, disability is regarded as a problem involving the person and their health. The aim is to heal and get rid of the impairment to bring the person back to the social norm, so that s/he can adapt to society. In order to fit in, however, 'repaired' disabled people must contend with barriers related to prejudice, a lack of accessibility, and a lack of adaptation.

From the 1960s onwards, the disability movement became increasingly structured, vocal, visible and transnational. People with disabilities turned the question around, questioning whether the problem was not one of society and systems, but rather of bodies and mindsets. The activism of people with disabilities and of their allies highlights the notions of 'nothing for us without us' and 'independent living', and gives rise to approaches such as community-based rehabilitation, whose principles of intervention would be used in several sectors (including health, and particularly the fight against HIV-AIDS).

The UN Convention on the Rights of Persons with Disabilities, adopted in 2006 and signed by 163 countries, enshrined four decades of efforts to challenge the individual (charity, medical) view of disability. It is based on human rights, non-discrimination principles and a social model.

> Often people with disabilities are not citizens, they are service users. They do not have a say. It is the parents who make the choices for them. Children are hostages of their parents. Many associations confuse inclusion with protection. Their fundamental approach is laudable, but they overprotect, out of kindness.
>
> (Mother of an autistic girl, Morocco)

In this model, disability is defined as a consequence of the interaction between personal and environmental factors. Economic, behavioural, legislative or accessibility barriers often prevent people with disabilities from playing a full part in society.

People with disabilities have less access to healthcare and training, and have less self-confidence than other people. Therefore, there is a need to take action at two levels: that of the individual and that of the environment.
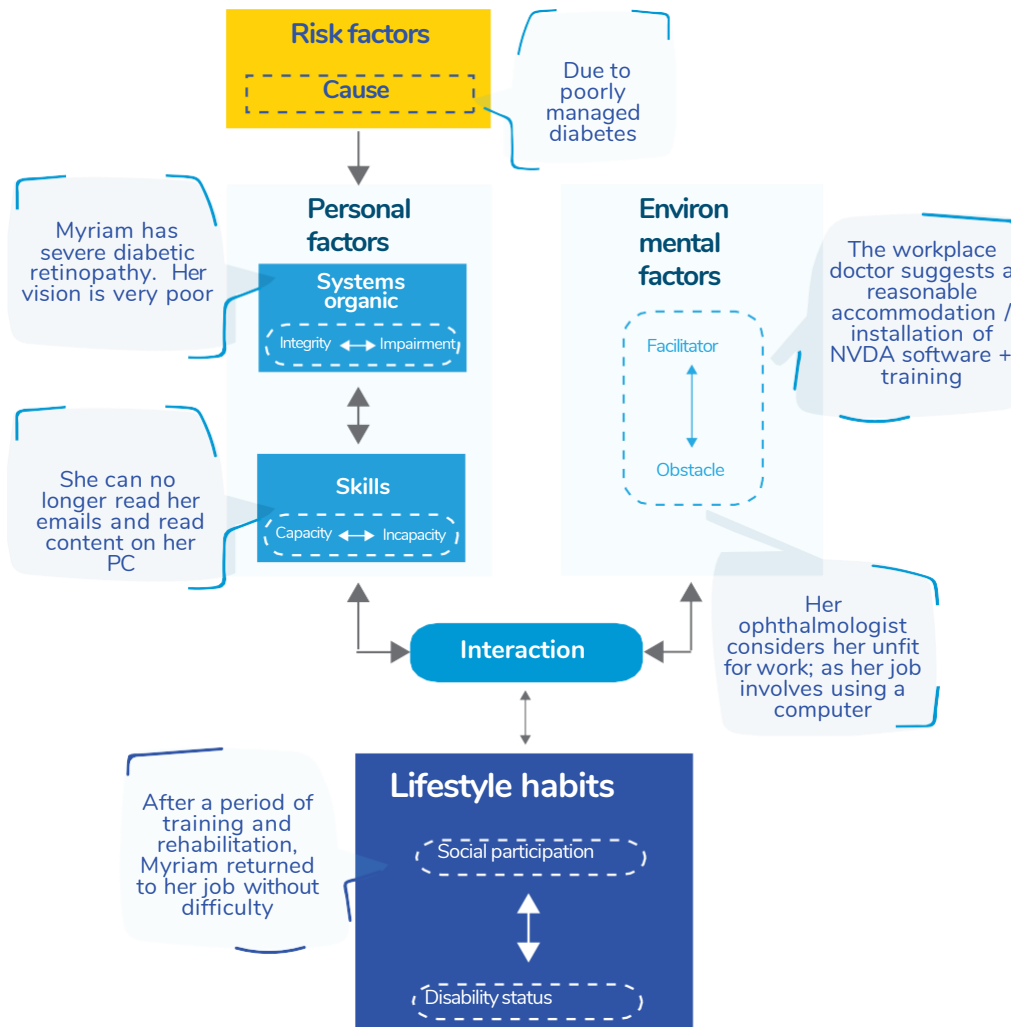
HI's projects are based on this model and on this dual approach. They aim to make society more inclusive, so as to enable the participation of people with disabilities on an equal footing.
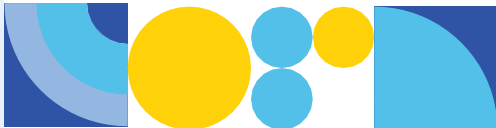
The disability production process1

The disability production process illustrates the social model of disability. Personal and environmental factors can be a barrier or facilitate the person's participation, as illustrated in the following simplified diagram:

Risk factors

Cause

Due to poorly managed diabetes

Myriam has severe diabetic retinopathy. Her vision is very poor

Personal factors

Systems organic

Integrity ⟷ Impairment

She can no longer read her emails and read content on her PC

Skills

Capacity ⟷ Incapacity

Environ mental factors

Facilitator

Obstacle

The workplace doctor suggests a reasonable accommodation / installation of NVDA software + training

Interaction

Her ophthalmologist considers her unfit for work; as her job involves using a computer

After a period of training and rehabilitation, Myriam returned to her job without difficulty

Lifestyle habits

Social participation

Disability status

1 The Human Development Model -Disability Production Process (HDM-DPP) was created in 1998 after several years of research led by Patrick Fougeyrollas.
http://ripph.qc.ca/modele-mdh-pph/le-modele/

Similarly, a person in a wheelchair who has skills (personal facilitating factors) that enable him/her to study or work in a business that is fully accessible (environmental factor), has a physical impairment but is not disabled at work!

" *I ruled out several interesting study options because I couldn't imagine living on my own and being independent, I always had my health condition in mind. So I enrolled at university. I realise now that I had many limitations. I couldn't see far ahead [..] The disabled person always feels that he or she has to make more of an effort than others to establish themselves and shatter*

the image that people have of the person who can't do things. I subsequently took the plunge:I had been afraid of going to another city in Morocco, but I was planning to go to France. I was scared. I had confidence in myself for my studies, but I was not prepared for everyday life. But I did it anyway. After that, I felt brave enough to go and do an internship in another European country. "

Defining Disability

Article 1 of the Convention on the Rights of Persons with Disabilities (CRPD) states that: "Persons with disabilities include 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".
Disability is not a fixed state but an evolving one.
It is a relative notion that varies according to the context and the environment.

" *When I was six my father took me to the hospital and we saw a doctor. He told my father that he would be better off taking me home because nothing could be done, and we should just wait for the day when I could not walk. My father asked me to wait outside and came back to protest to the doctor. I had an operation when I was at secondary school. I could have had an operation before to rectify my scoliosis but my parents didn't know*

and they were afraid. After the operation I should have worn a corset but I didn't. We didn't know, and the doctors didn't say anything. Then, when I was about 20, by chance I saw a programme about scoliosis. The doctor who was on the show explained it. I looked up his contact details and we went to see him. He tracked my progress, firstly prescribing physiotherapy sessions and then I had an operation. I now walk just like you. "

The different types of disability

Physical disability

Hemiplegia, paralegia, cerebral palsy...

Hearing impairment

Hearing impaired, deafness, tinnitus.

Mental illness

Depression, psychosis, schizophrenia, bipolar disorder, anorexia and bulimia

Visual impairment

Colour blindness, retinal diseases ...

Cognitive impairment

Autism, dyslexia, dyspraxia, attention deficit disorder (ADD)

Debilitating diseases

Diabetes, haemophilia, multiple sclerosis, rheumatism, AIDS, allergies, heart disease, musculoskeletal disorders ...

Learning difficulties

Down's syndrome, Williams-Beuren syndrome, Smith-Magenis syndrome, cri du chat syndrome, Fragile X syndrome

Cognitive impairments, mental illness, and learning difficulties are not differentiated in the same way in different countries.

The important thing is to identify solutions and adaptations to reduce the impact of the disability!

Disability diversity

"I work in a call centre. Due to an illness, I only have partial sight in one eye. In everyday life I have great difficulty in finding my way around and avoiding obstacles. I use a cane to help.
I am able to use a smartphone and a computer

because the contrast setting allows me to access the information. When some people see me writing and reading on my smartphone, they don't believe that I am visually impaired. It's very difficult to explain what I can and cannot see."

Each person is unique. A disability can range from mild to very severe. The same impairment will have very different impacts from one person to another. The disability will vary according to the abilities that the person has developed, and their incapacity, and the attitude of those close to them, and the accessibility and adaptation of their environment.

Consequently, it is not a good idea to identify jobs based on disabilities. Instead, there is a need to identify the potential constraints for each job. Each disabled person will know for himself or herself whether he or she can overcome them.

What language should we use? People-first!

| What to say	What not to say
• A person with a disability (CRPD) • A person in a disabling situation • A non-disabled person, a person with no disability/limitation • A person with a disability • A visually impaired person • A deaf person, a visually impaired person, a wheelchair user	• A disabled person, a physically disabled person, deaf, mute, a wheelchair... • A disabled person, a handicapped person • A normal person, a healthy person, an able-bodied person, a different person • A person suffering from ..., a victim of ..., • A person living with a disability does not necessarily suffer, and is not necessarily a victim.

Note:

More broadly, it is preferable to adopt language that puts the person before the condition, and that is gender neutral.

Consequently, we refer to people with health conditions, vulnerable people, people living with HIV, drug users, homeless people, and so on.

Did you know that…?

80%

of disabilities are invisible: there are probably people with disabilities around you!
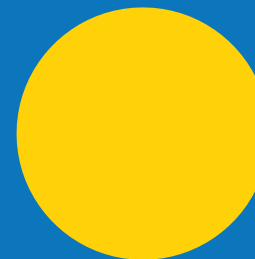
With the following six questions from the Washington Group questionnaire2, you can easily identify the prevalence of people with difficulties in your organisation:

1. Do you have difficulty seeing even when you wear your glasses?
2. Do you have difficulty hearing even when you wear a hearing aid?
3. Do you have difficulty walking or climbing stairs?
4. Do you have memory or concentration difficulties?
5. Do you have difficulties with personal care, for example, washing or dressing?
6. Do you find it difficult to communicate, for example to understand or be understood, when you use your usual language?

If you identify the people who have difficulties, among them people with disabilities, you can offer them adaptations that will make them perform better in their daily lives!

2 The Washington Group was established in 2002 by the United Nations Statistical Commission, with the aim of measuring the prevalence of disability in the same way across countries. More information: http://www.washingtongroup-disability.com/about/
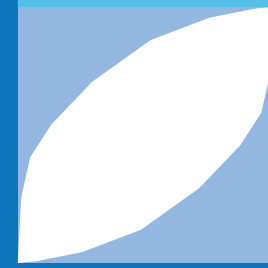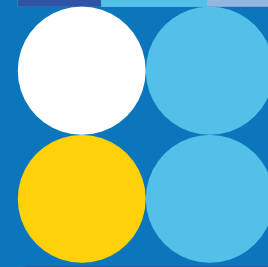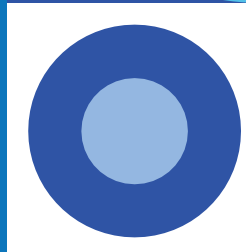
Some tips for communication

In all cases, face the person and address them, even if they are accompanied and communication is through someone else!

With a person with a physical disability

- Comply with accessibility standards
- Get down to their level to have a conversation
- If the person you are talking to finds standing and/or carrying a load difficult, offer to help!

With a person with a hearing impairment

- Look the person in the face and talk to the person, not the interpreter
- Always place yourself in front of the person when speaking to them, as many people with hearing difficulties lip read.
- Speak clearly, articulate without exaggeration, in a normal tone and at a moderate pace.
- Keep sentences simple, short and rephrase if they don't understand.
- Use the written word if necessary.
- Take minutes and provide hard copies of documents at meetings
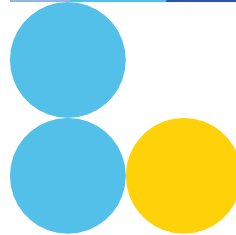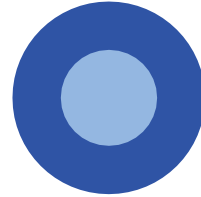
With a visually impaired person

- The person does not necessarily know that you are talking to them. Don't hesitate to let them know you are there, and who you are!
- Offer the person your arm to guide them, but don't be offended if they turn down your offer!
- Check the accessibility of IT tools.
- Don't shout, the person may not be able to see, but they can hear you!

With a person with a learning difficulty

- Take time to listen and understand
- Speak to the person, even if it is their carer who is helping with communication.
- Do not be impatient.
- A friendly expression will give the person you are talking to confidence.
- Speak normally, using simple sentences and avoiding details.
- Encourage the person to express their own opinions.
- Do not hesitate to repeat yourself and make sure the person has understood your message by getting them to rephrase it.

WHERE COULD WE PUT THE PERSON IN A WHEELCHAIR?

NEAR THE POTTED PLANTS...

This factsheet is part of a kit of eight factsheets designed for businesses and services supporting people with disabilities into employment.