



CHAPTER 5

DEFINITIONS, MODELS AND CATEGORIZATION OF PERSONS WITH DISABILITIES

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Introduction

Persons with disabilities have become a part and parcel of every human society. Globally, the World Health Organization (W.H.O) has estimated that about 500 million (80% from developing countries) people live with one or multiple disabilities around the world. In Nigeria today, 20 million people out of the total population of 206.1 million Nigerians live with various forms of disabilities. In an assertion made by Lang and Upah (2008), 20% of the entire population of Nigerians are living with different disabling conditions. However, it is quite unfortunate that persons living with disabilities in Nigeria and other developing countries constitute an impoverished and marginalized group, often characterized by a lack of access to public health, education, and other social support services that would ideally support and protect people with disabilities (Kofi 2013). In a submission by Kofi (2013), economically and in social terms, persons who are living with disabilities in many developing countries are classified as the poorest of the poor. This seems to be the case in Nigeria today. More often than not, Nigerians perceive and believe that persons with disabilities are unproductive and incapable of contributing a positive way to society and are viewed as an economic burden on their families and society at large, which leaves them in a vicious cycle of poverty. Persons with disabilities are often perceived in so many ways that may seem far from pleasant. People often judge and define people with disabilities in light of their disabling condition, placing a huge limitation on persons with disabilities. The perceptions that people often maintain about persons with disabilities in most times are rooted in the different definitions and the theories of disability that have been propounded by many researchers, experts and professional bodies with the passage of time. Different authors and authorities have been able to postulate and put forward different definitions of disability. For example, in the words of the World Health Organization (W.H.O), disability is characterized as the outcome or the result of a complex relationship between an individual's health condition and personal factors, and of external factors that represent the circumstances in which the individual lives. Similarly, Stanley (2012) further averred that people can be disabled by physical, intellectual or sensory impairments, medical conditions or mental illnesses. Each of the different definitions of disability that have been penned down over the years is a reflection of the different models of disability that



exist. Different models of disabilities have been asserted in a bid to paint a clearer picture of the concept of disability. Some of these definitions and models of disabilities have been perceived to be offensive and derogatory and some offer a palatable explanation of the concept of disability.

These models of disability, according to Kofi (2013), are belief systems that often project the concept of disability in a manner that would show how disabilities can be dealt with. The different models that have been propounded over the years are: medical, social, religious, identity, human rights, charity and economic models of disability. Each of these models of disability perceive disability from different stand points. However, some models of disability share similar perspectives and beliefs with a few other models of disability. Also, disability has been classified and categorized into different types.

In the light of this, the thesis statement of this paper includes:

1. Definitions of disability
2. The models of disability
3. Categories of disability
4. Implications of the definitions, models and categories of disability to the practice of special needs education.

Definitions of Disability

The concept of disability does not have a single generally accepted definition. This has been reiterated by Mitra (2006) when they stated that there is no single definition of disability.

Defining disability is complicated as it is complex, dynamic, multidimensional and contested (W.H.O & World Bank, 2011). According to Alannis (2018), disability is a complex and dynamic phenomenon that encompasses a range of conditions of the body and mind that exist in different environmental contexts. Because of the complex nature of the experience of disability, developing language around the definition of disability that is widely accepted and fully inclusive is difficult (Alannis, 2018). Additionally, different definitions of the concept of disability serve different functions. For example, according to Degener (2004), definitions of disability that are tied to social benefits must be needs based in order to be rational. Comparatively, definitions of disability for purposes of anti-discrimination are more inclusive because equal treatment as a right is not a benefit that should be given to only those in need but to all people that could be potentially affected by discrimination (Degener, 2004). Attempts to use the one definition of disability across a range of contexts results in definitions that are poorly targeted and of limited relevance. As such, definitions of the concept of disability must be aligned with the purpose of the definition (Bolderson, Mabbett, Hvinden & Van Oorschot; 2002).

Disability is a part of the human condition. Every human being has the propensity of experiencing a disability, either permanently or temporarily, at some



point in their lives (W.H.O & World Bank, 2011). People with disabilities are diverse and are not often defined in the light of their disabling condition (Al Ju'beh, 2015; W.H.O & World Bank, 2011). Disabilities may be visible or invisible, and onset can be at birth, or during childhood, working age years or old age. These factors have contributed in making the concept of disability complex, thus, making it difficult to define.

Despite the complex nature of the concept of disability, some authors, researchers, professionals and authorities have been able to propound plausible and relevant definitions of disability based on their understanding and experiences, projecting the concept in a better way that it could be understood. For example, UNCRPD (2006), defined disability as a long-term physical, mental, intellectual or sensory impairments whose interaction with various barriers may hinder the full and effective participation of persons with disabilities in the society on equal basis with others who may not be living with a disability. The World Health Organization in (2001) brought forward two definitions of disability. According to the WHO (2001), disability is characterized as the outcome or the result of a complex relationship between an individual's health condition and personal factors, and of external factors that represent the circumstances in which the individual lives. Because of this relationship, different environments may have different impacts on the same individual with a given health condition. An environment with barriers, or devoid of facilitators, will restrict an individual's performance. Other environments that are more facilitating may increase the performance of an individual. Society may hinder an individual's performance because it either creates barriers (inaccessible buildings) or does not provide facilitators (e.g., unavailability of assistive devices) (WHO, 2001). In the second definition of the concept of disability as asserted by the World Health organization (2001), disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and the individual's contextual factors (environmental and personal factors). In the words of Marie (2009), disability is a major health problem which may arise from genetic disorders, from birth injuries, as a result of accidents, following a stroke or due to diseases which happen more gradually.

For the Disability Discrimination Act (2007), disability is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. This definition covers physical and mental impairments. These include physical impairments that affect the sense organs such as the eyes and the ears. Mental impairments include learning disabilities and other mental health conditions. According to the Disability Discrimination Act (2007), a disability is considered substantial when it is more than minor. The following are examples that may be considered substantial: inability to see moving traffic clearly enough to cross a road safely, inability to turn taps or knobs and inability to remember and relay a simple message correctly.



Stanley (2012), citing United Nations posited that the term “disability” summarizes a great deal of different functional limitations occurring in a population, in any country of the world. Stanley (2012) further averred that people can be disabled by physical, intellectual or sensory impairments, medical conditions or mental illnesses. Such impairments or conditions may be permanent or transitory in nature.

From the different definitions of the concept of disability, one key feature remains consistent in all the definitions, despite the complexity of the concept of disability. Taking the aforementioned definitions into advisement, limitation and restrictions have been identified to be the major accompanying effects of disability in an individual. These definitions have been drawn and are built on the premise of the different models of disability.

Models of Disability

Different models have been propounded all in a bid to put the concept into perspective. Given below are the models of disability and their meanings.

1. The moral and/or religious model: Disability as an act of God:

The moral and religious model of disability is the oldest model of disability and is found in a number of religious traditions including Christianity (Pardeck & Murphy, 2012). This model of disability maintains the belief that disability is regarded as a punishment from God for a particular sin or sins that may have been committed by an individual with the disability. In an explanation of the moral and/or religious model of disability, Henderson and Bryan (2011) posited that some people, if not many, believe that some disabilities are the result of lack of adherence to social morality and religious proclamations that warn against engaging in certain behavior. To further explain this, these authors asserted this model is based on the assumption that some disabilities are the punishment gotten from an all-powerful entity. Disability is the result for an act or acts of transgression against prevailing moral and/or religious edicts.

Sometimes, it is not only the individual’s sin that is regarded as the possible cause of the disability, but also the sin that may have been committed by their parents and/or ancestors (Henderson & Bryan, 2011). Pointing out the negative effects of this model of disability, Rimmerman (2012) emphasized the destructive potential of this model of disability, in the sense that it may lead to the entire families of persons with disabilities being excluded from social participation in their local communities.

Another prominent dimension of the moral/ religious model of disability is the idea that disabilities are essentially a test of faith or even salvific in nature (Ratief & Letsosa, 2018). In The words of Niemann (2005), disability is a test of faith, whereby individuals and families are specifically selected by God to receive a disability and are given the opportunity to redeem themselves through their endurance, resilience, and piety. Black (1996) points out that some people who receive healing have passed the faith test. If the person does not experience physical



healing of their disability, they are regarded as having a lack of faith in God. Black (1996) further stated the challenges that accompany a disability are viewed as a God given opportunity for character development. According to Black (1996), disability aids the development of particular traits such as patience, courage and perseverance as the primary goal of God's plan for persons with disabilities. Consequently, persons with disabilities may be regarded as "blessed", as they have the opportunity to learn some important life lessons that able-bodied people do not have the opportunity to learn (Ratief & Letsosa, 2018).

The medical model: Disability as a disease:

This model of disability assumes that disability is a medical problem that dwells in the individual. It is a defect or failure of the body system to perform its role and as such is inherently abnormal and pathological. The medical model of disability is sometimes referred to as the personal tragedy model (Thomas & Woods, 2003). This is because disability is defined by this model in a fundamental negative way. Disability is perceived as a bad and pitiable condition, a personal tragedy for both the individual and their family, something to be prevented and if possible cured (Carlson, 2015). The medical model believes that people living with disabilities deviate from what is considered normal. Terms such as "invalid", "cripple", "spastic", "handicapped" and retarded are all derived from the medical model of disability (Creamer, 2009). This approach backs the notion and belief that people who live with disabilities cannot be compared to their able-bodied counterparts. Johnstone (2012) avers, the medical model of disability projects a sort of dualism which tends to make the able bodied appear better or superior to persons with disabilities. Medical professionals who believe in this model of disability tend to treat people as problems to be solved, often failing to take into consideration the various aspects related to the person's entire life (Thomas & Woods, 2003). Medical professionals are assigned tremendous power in this model. For medical professionals who maintain the philosophy of the medical model of disability, persons with disabilities should often play the sick role properly if they want to receive constant help and support. However, Llewellyn, Agu and Mercer (2008) emphasized the shortcomings of this model's sick role approach. Llewellyn et al. (2008) noted, many people living with disabilities are not sick, but have ongoing impairments that may not be necessarily seen as health problems.

2. The social model: Disability as a socially constructed phenomenon:

This model of disability was inspired by the activism of the British disability movement in the 1960s and the 1970s (Ratief & Letsosa, 2018). The social model of disability was developed as a reaction to the limitations of the medical model of disability (D'Alessio, 2011). The social model of disability (sometimes viewed as the minority model) believes that the society is the cause of a disability, thus, any meaningful intervention must be channeled and geared towards societal change rather than individual adjustment and rehabilitation (Barnes, Mercer & Shakespeare, 2010).



The identity model: Disability as an identity:

Under the identity model, disability is a marker of membership in a minority identity, much like gender, race. Under the identity model, disability is defined by a certain type of experience in the world; a social and political experience of the effects of a social system that is not designed with people with disabilities in mind (Brewer, Brueggemann, Hetrick & Yergeau, 2012). This model is more interested in promoting a positive definition of disability based on experiences and circumstances that have created a recognizable minority group called “people with disabilities”. The identity model of disability has impacted persons with disabilities, influencing them to adopt a positive self-image that celebrates their disability (Darling & Heckert, 2010).

3. The human rights model: Disability as a human rights issue: Some researchers over the years have treated the social model and the human rights model as synonymous (Ratief & Letsosa, 2018). Degener (2017), has highlighted a number of relevant differences between the two models of disability. Firstly, while the social model helps people to understand the underlying factors that mold our understanding of disability, the human rights model goes beyond explanation and offers a theoretical framework for disability policy that emphasizes the human dignity of persons with disabilities (Degener, 2017). Secondly, the human rights model adopts both first- and second-generation human rights, in the sense that it encompasses human rights, civil and political as well as economic, social and cultural rights (Degener, 2017). Thirdly, while the social model often fails to recognize the pain and suffering in the lives of persons with disabilities, the human rights model respects the fact that some people living with disabilities are faced by the challenging effects of disability and argues that such factors should be taken into account in the development of relevant justice theories (Degener, 2017). Fourthly, while the social model does not take into account the importance of identity politics, the human rights model provides room for minority and cultural identification (Degener, 2017). Fifthly, while the social model is often critical of public health policies that advocate the prevention of impairment, the human rights model recognizes the fact properly formulated prevention policy may be regarded as an instance of human rights protection for persons with disabilities (Deneger, 2017). Lastly, while the social model gives an explanation to why persons with disabilities live in poverty, the human rights model provides constructive proposals for ameliorating the living standards of persons with disabilities (Degener, 2017).

4. The economic model: Disability as challenge to productivity:

This model of disability approaches the concept of economic analysis, focusing on the various effects of disability on an individual’s abilities with respect to labour and employment (Armstrong, Nobel & Rosenbaum, 2006). According to Smart (2004), while the economic model of disability is big on the relevance of respect, accommodations and civil rights to people with disabilities,



such concerns are subservient to the economic model's estimation of a disabled person's ability to work and contribute their own quota to the development of the economy. The economic model of disability is often used by governments as a basic point of reference for formulating disability policy (Jordan, 2008). In an assertion made by Ratief and Letsosa (2018), the economic model of disability assumes that people are considered as persons with disabilities when they have a physical or mental impairment which is long term or recurring and which substantially limits their prospects of entry into a gainful impairment. Any person with disability that does meet these criteria has the right to be gainfully employed and earn a living like their counterparts who do not live with any form of disability.

5. The charity model: Disability as victimhood:

This model propounds that persons with disabilities are victims of circumstances and should be pitied. Duyan (2007), posits that the charity model perceives people with disabilities as victims of their disabling conditions. This model assumes that a disability is a tragedy and causes suffering to inflicted victims. It then behooves people who are considered able-bodied to assist persons with disabilities in whatever way possible, as their condition warrants them to receive special services, institutions (Duyan, 2007). Comparing the moral/religious model of disability, which projects a negative view of disability, the charity model seeks to act for the benefits of persons with disabilities, encouraging humane treatment of persons with disabilities (Henderson & Amp; Bryan, 2011).

Many people in the disability community see the charity model in a very negative light (Ratief & Amp; Letsosa, 2018). The model is perceived as portraying persons with disabilities as helpless, depressed and dependent on other people for care, protection, fueling the preservation of harmful stereotypes and misconceptions about persons with disabilities (Seale, 2006).

6. The limits model: Disability as embodied experience:

This model of disability was propounded by Creamer (2009). This model of disability purports that it is imperative for people to come to terms with the fact that all human beings may experience some level of limitation at some point in their lives (Creamer, 2009). However, these limitations may be experienced to varying degrees during the course of our lives (Creamer, 2009). This model believes that rather than being something novel to human existence, limits are as a matter of fact a common, indeed quite unsurprising aspect of human existence (Creamer, 2009). This model of disability has very strong implications on the understanding of what disability is. Firstly, this model seeks to do away with categorization of people such as "disabled", "able-bodied", "abnormal body", or "normal body". This model prefers to focus on a web of related experiences that identifies for example, that a person who is legally blind might have more in common with a person who wears glasses than a person who uses a wheelchair (Creamer, 2009). Second, according to Creamer (2009), this model of disability stresses the point that limits are an unsurprising aspect of being human, it protects against over determining the situation of persons with disabilities vis-à-vis the wider population (Mawson,



2013). Creamer (2009) observed this model also stresses that limits go beyond those labeled as part of the province of disability, and shows that some limits are more normal (I cannot fly) than others (I cannot run). Lastly, recognizing the key philosophy of the social model that posits disability is social in nature, the limits model deviates from the social model by allowing the viewpoint that not all limits are necessarily normal or even good (Creamer, 2009).

Categories of Disability

The Individuals with Disabilities Education Act (IDEA) has categorized a number of disabilities. Given below are the classifications and their meanings:

1. Specific learning disability: This is disability that manifests itself in one or more of the basic cognitive processes that are responsible for the comprehension and the use of language, spoken or written.

2. Speech and Language impairment: This is a type of disability that is significant in communication disorders such as stuttering, impaired articulation, language impairment and/or a voice impairment.

3. Visual impairment: This type of disability includes impairments in vision, so severe that even with corrective lenses, the disability adversely affects an individual's performance. Visual impairment includes both partial sight and total blindness.

4. Hearing impairment: This is a disability that affects the hearing acuity of an individual.

This disability adversely affects an individual's general performance.

5. Intellectual disability: This is a disability that is significant in the general intellectual functioning of an individual.

6. Orthopedic impairment: This refers to a type of disability that could be looked upon as injuries or disorders and abnormalities that affect the skeletal system and the affiliated muscles, joints and the ligaments.

7. Multiple disorders: This refers to concomitant (simultaneous) impairments.

8. Autism Spectrum Disorder (ASD): This is a developmental disability that is characterized by problems in social communication and interaction, with restricted and repetitive behaviours.

9. Down Syndrome: This is a disabling condition that is caused when an individual has an extra chromosome. This condition is characterized by poor muscle tone, short neck with excess skin at the back of the neck, small ears, ears and mouth and flattened facial profile and nose.

10. Cerebral palsy: This refers to a group of disorders that are caused by a non-progressive injury to the brain of infants. Cerebral palsy affects a person's ability to move, maintain posture and balance.

Implications of the Definitions and Models of Disability

The different models and definitions of disability have in a significant way impacted all facets of the lives of persons with disabilities, including the education and training of special needs learners and persons living disabilities. Given below



are some of the ways in which these models and definitions of disability impact on the persons with special needs.

1. The understanding of these models and definitions of disability would impact the way that people with disabilities are viewed in society, ridding the minds of people of the negative and stereotypical notions that have been maintained about persons with disabilities.
2. The social model of disability emphasizes the need for modifications and adaptation of the environment so that the limitations imposed by a disabling condition will plummet.
Public places such as schools, hospitals, worship centers and the home environment should be modified to accommodate the special needs of each individual with disability, consequently, ameliorating the standard of living and the general functional capability of persons living with disabilities. For example, the provision of ramps in public places can help persons with disabilities navigate different buildings independently and safely.
Similarly, the provision of a classroom with materials and resources that meets the special needs of learners with special needs have a positive effect on the academic performance of special needs learners.
3. The limit model of disability points out that limitations are part of every one's life.
Everyone has a limitation that they live with and as such, there is no need to categorize people into "able bodied" and those living with disabilities since we all experience a disability at some point in our lives.
4. The economic model of disability propounds that people are considered as persons with disabilities when they have a long term or recurrent physical or mental impairment which substantially limits their prospects of entry into a gainful impairment. Any person with disability that does meet these criteria has the right to be gainfully employed.
5. The human rights of disability are a potent tool in the advocacy of the rights of persons with disabilities. This model points to the fact that persons with disabilities have rights just like every other. The rights of persons with disabilities should be taken into advisement when formulating policies for persons with disabilities.
6. Persons with disabilities should be provided with assistance and support services (Educational, medical and rehabilitative services) wherever and whenever possible. This is the major assumption of the charity model of disability.
7. The medical definition and model of this is somewhat derogatory. The medical model of disability tends to label persons with disability, putting the disabling condition first before the person. This has a negative impact on persons with disabilities.

Conclusion



Disability is a complex concept that has no universally accepted definition. Many researchers, authors and scholars have held, maintained and published different definitions and understanding of what disability is. The different views on the concept of disability have given rise to different theories of the concept of disability. Each of these theories and models have their own shortcomings. However, each definition and model of disability has been able to sufficiently emphasize on limitation and restriction as the major accompanying effects of disability. Some of these models project a positive image of persons who are living with disabilities, while some models of disability aids in portraying a negative image of persons with disabilities. Each of the models of disability aforementioned have impacted the practice of special education as well as the general lives of people who are living with disabilities across the globe. A strong understanding of the position of each of the models has helped to improve service delivery and has also helped to ingrain a positive notion in the minds of people about persons living with disabilities.

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