

<b>Title</b>	<b>Explain structures, ideologies and models of disability and their relevance to vision impairment services</b>		
<b>Level</b>	<b>7</b>	<b>Credits</b>	<b>8</b>

<b>Purpose</b>	People credited with this standard are able to explain: how social, cultural, and economic structures and ideologies in Aotearoa New Zealand and other countries construct the experience of disability; and how different models of disability inform policy and practice with relevance to people with vision impairment.
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<b>Classification</b>	Health, Disability, and Aged Support > Sensory Support
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<b>Available grade</b>	Achieved
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**Guidance Information**

1 Definitions

*Impairment* is the functional limitation within the individual caused by physical, mental or sensory impairment. Source: Disabled Persons International 1982.

*Disability* is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. Source: cited in Oliver, 1996, p. 30-31 Further to this, "*Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.*" Source: New Zealand Disability Strategy 2001.

The *individual/medical* model of disability is exemplified in the 1981 World Health's definition of impairment, disability and handicap. It stated that impairment was "any loss or abnormality of psychological, physiological, or anatomical structure or function" (cited in Harris, 1995, p. 345). Disability was "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being" (cited in Harris, 1995, p. 345). Handicap was the "disadvantage for a given individual resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal" (cited in Harris, 1995, p. 345).

The *social model of disability* contrasts with the medical model of disability as it identifies systemic barriers, negative attitudes and exclusion by society as causing disability. (Higgins, 2001). Further to this, a number of scholars have analysed the social model to create the following models from it.

The *critical/political* model includes the institutional, economic, political practices and/or physical environments designed for and by non-disabled people. (Oliver, 1990; Sullivan, 1991)

The *disability advocacy, arts and culture* model is defined as a process and is a movement, which is driven by disabled persons themselves, that aims to bring about positive changes of attitude, systems and laws, through visibility, self-awareness, and the shared thought and action of disabled people. (Kuppers, 2014)

The *liberal/consensual* (or social construction) model views disability as a problem located (or constructed) in the minds of non-disabled people and manifested in social attitudes or ideological underpinnings of discriminatory practices (Barnes, 1996; Bogdan & Taylor, 1992).

- 2 Social policy, international conventions, legislative and regulatory requirements in Aotearoa New Zealand may include but are not limited to:
- NZ Disability Strategy. Available at <http://www.odi.govt.nz/nzds/>.
  - Accident Compensation Act 2001
  - Children, Young Persons, and Their Families Act 1989
  - Disabled Persons Community Welfare Act 1975
  - Health and Disability Commissioner Act 1994
  - Health Practitioners Competence Assurance Act 2003
  - Human Rights Act 1993
  - Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
  - Mental Health (Compulsory Assessment and Treatment) Act 1992
  - New Zealand Bill of Rights Act 1990
  - Privacy Act 1993
  - Protection of Personal and Property Rights Act 1988
- All the above legislation is available at <http://www.legislation.govt.nz/>.
- Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996 (The Code of Rights). Available at <http://www.hdc.org.nz/the-act--code/the-code-of-rights>.
  - Privacy Commissioner 2008, *Health Information Privacy Code 1994: Incorporating amendments and including revised commentary*. Available at <https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary-edit.pdf> .
  - UN Convention on the Rights of the Child 1989, Available at <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.
  - UN Convention on the Rights of Persons with Disabilities 2006. Available at <http://www.un.org/disabilities/convention/conventionfull.shtml>.
  - UN Declaration on the Rights of Indigenous Peoples 2007. Available at [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf) .
  - Waitangi Tribunal Te Tiriti o Waitangi 1840. Available at <http://www.waitangitribunal.govt.nz/treaty-of-waitangi/> (This website is overarching, it should be noted that there may be different references/information/interpretations associated with individual iwi.)
- 3 Recognised reference texts and research include but are not limited to:
- Agnew, F., Pulotu-Endemann, F. K., Robinson, G., Suallii-Sauni, T., Warren, H. Wheeler, A., Erick, M., Hingano, T., & Schmidt-Sopoaga, H. (2004). *Pacific models of mental health service delivery in New Zealand ("PMMHSD") project*. Auckland: Health Research Council. Available at [www.leva.co.nz/download/asset/190](http://www.leva.co.nz/download/asset/190).

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- Boglan, R., & Taylor, S. J. (1992). The social construction of humanness: Relationships with severely disabled people. In P. M. Ferguson, D. L. Ferguson & S. J. Taylor (eds.), *Interpreting disability* (pp. 275-294). New York: Teachers' College Press. Available at [http://4000summerb2014.weebly.com/uploads/2/8/7/3/28734887/bogdan\\_taylor\\_1989.pdf](http://4000summerb2014.weebly.com/uploads/2/8/7/3/28734887/bogdan_taylor_1989.pdf)
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- Ministry of Health. (2014). *He Korowai Oranga – Māori Health Strategy*. Wellington: Ministry of Health. Available at: <http://www.moh.govt.nz/>.
- Ministry of Health. (2008). *Pacific Peoples' experience of disability: A paper for the Pacific Health and Disability Action Plan Review*. Wellington: Ministry of Health. Available at: <https://www.health.govt.nz/system/files/documents/publications/pacific-peoples-experience-of-disability-may08.pdf>.
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- Morton, M., Duke, J., Todd, N., Higgins, N., Mercer, L., & Kimber, M. (2012). Chapter 2: The social and political underpinnings of the inclusive education movement. In S. Carrington & J. Macarthur (Eds.), *Teaching in inclusive school communities* (pp. 66-87). Brisbane: John Wiley & Sons.
- Newbold, G. (1995). *Quest for equity: A history of blindness advocacy in New Zealand*. Palmerston North: Dunmore Press.
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- Te Pou o Te Whakaaro Nui (2014). Let's get real: Real skills for people working in *disability: A framework*. Auckland: Te Pou o Te Whakaaro Nui. Available at <http://www.tepou.co.nz/resources/lets-get-real-disability-a-framework/530>.
- Tikao, K., Higgins, N., Phillips, H., & Cowan, C. (2009), 'Kāpo (blind) Māori in the ancient world', *MAI Review*. Available at <http://www.kapomaori.com/docs/maireview2.pdf>.

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## Outcomes and performance criteria

### Outcome 1

Explain how historical, social, cultural, and economic structures and ideologies in Aotearoa New Zealand and other countries construct the experience of disability.

### Performance criteria

1.1 Historical and contemporary influences in Aotearoa New Zealand are explained in terms of how they construct the experience of disability.

Range influences include but are not limited to – Māori and Tauīwi perceptions of disability, economic development for Māori and Tauīwi, competitive individualism, economic rationalism, medicalisation of disability, social Darwinism, eugenics movement, the disability advocacy, arts and culture model; evidence relating to four influences is required.

1.2 Models of disability are explained and their key features are compared.

Range models of disability may include but are not limited to – individual/medical model, liberal/consensual model, critical/political model, disability advocacy, arts and culture model; evidence relating to three models of disability, which includes an international model, is required.

1.3 Barriers to social engagement for people with vision impairment are explained in terms of their origin in historical, social, cultural, and economic structures and ideologies in Aotearoa New Zealand and other countries.

### Outcome 2

Explain how different models of disability inform policy and practice with relevance to people with vision impairment.

Range explanation must include – local and international models; may include but is not limited to – individual/medical model, liberal/consensual model, critical/political model, disability advocacy, arts and culture model.

### Performance criteria

2.1 The candidate's personal values are identified and explained in relation to people with vision impairment.

Range evidence relating to four personal values is required.

2.2 Models of disability are explained in terms of how they define social engagement of people with vision impairment as a problem, and how the models construct solutions to the problem.

Range solutions may include but are not limited to - consumer group involvement, advocacy, inclusion, social change, services in vision impairment, legislation; evidence relating to three models of disability is required.

2.3 The explanation identifies the models of disability that underpin social policy, and legislative and/or regulatory requirements in Aotearoa New Zealand, and their potential impact on people with vision impairment.

Range evidence relating to three social policies and one legislative or regulatory requirement in Aotearoa New Zealand is required.

2.4 The explanation proposes changes to social policy, or legislative or regulatory requirements in Aotearoa New Zealand in terms of improved opportunities and social engagement for people with vision impairment.

Range the explanation must include three proposed changes.

**This unit standard is expiring. Assessment against the standard must take place by the last date for assessment set out below.**

**Status information and last date for assessment for superseded versions**

Process	Version	Date	Last Date for Assessment
Registration	1	15 September 2016	31 December 2023
Review	2	26 August 2021	31 December 2023

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.