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The nature and dynamics of systemic barriers to the participation of people  
with disabilities in social, economic and political institutions



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# **What is a barrier?**

**A barrier is an obstacle or anything that prevents a person with a disability from fully participating in all aspects of society due to his or her disability.**

**People with disabilities face physical and social barriers that hinder their access to services or work and prevent them from enjoying their rights.**

**There are many different types of barriers. Barriers can be visible, invisible, physical, attitudinal, technological, informative and communicative barriers.**

## The Social Model

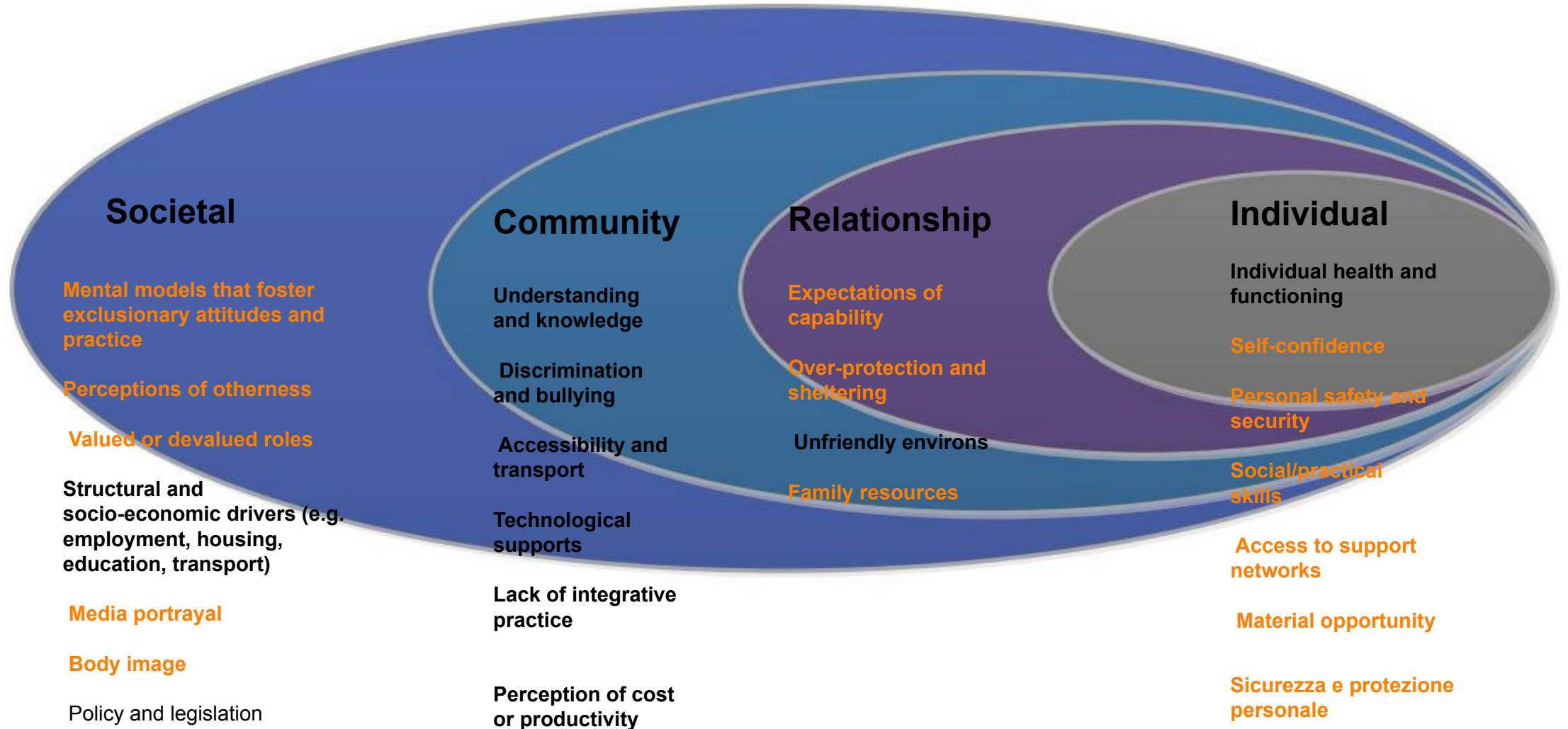


Types of barriers	Definition	EXAMPLES OF BARRIERS
<b>Architectural, structural and physical</b>	Design of the building or stairs, from the shape of the rooms, the size of the doors or the width of the corridors and sidewalks	Corridors and doors too narrow for a person using a wheelchair or poor lighting for the people with vision loss
<b>Attitudinal / Social</b>	They are behaviors, perceptions and assumptions that discriminate them people with disabilities. These barriers often arise from a lack of understanding, which can lead people to ignore, judge or have misconceptions about a person with a disability.	Assume that a person with a disability is inferior  Assume that someone with speech problems cannot understand you Forming ideas about a person due to stereotypes or lack of knowledge.
<b>Information or communications</b>	They occur when sensory disabilities, such as hearing, sight, or learning disabilities were not considered. These barriers concern both the sending and receiving of information	Electronic documents that are not formatted correctly and cannot be read by a screen reader. Videos without captions and without transcriptions.

Types of barriers	Definition	EXAMPLES OF BARRIERS
<b>Technological</b>	They occur when a device or technology platform is not accessible to the intended public and cannot be used with an assistive device. Technological barriers are often linked to information and communication barriers	A website or page Web that does not support the reading software of the screen or provides no text alternative for images
<b>Organizational or systemic</b>	<p>Policies, practices and procedures an organization that restrict people with disabilities, who discriminate unfairly and can prevent people from fully participating in a situation.</p> <p>Organizational or systemic barriers are often put in place unintentionally</p>	A process of hiring that allows candidates to submit your CV only through a system of online application e the organization does not offer alternatives to the process online application

# Socio-ecological model

## KEY FACTORS OF EXCLUSION AT SOCIAL, COMMUNITY, RELATIONAL AND INDIVIDUAL LEVEL



The socio-ecological model (Dahlberg and Krug 2002) is a useful means of organising the different drivers and the contexts where exclusion can occur. For example, In the diagram we can identify the role of mental models and their influence on societal, in particular through media representation, notions of body image and in politics and legislation

**Mental models** are perspectives and values that are often unexpressed and taken for granted, mental models of difference or **otherness**, which guide structures and are based on our own values and conceptions of the world; these ways of thinking have preferred the exclusion of people over the centuries on the basis of characteristics such as ethnicity, gender, identity, disability or other intrinsic characteristics characteristic of people (Das 2009) leading not only to exclusion, but also to discrimination, alienation and persecution for various reasons (Balibar 2005; Simpson 2011). Through these perceptions, people have attributed values or characteristics to others, perceived as strangers and inferior.

Otherness in particular describes a category completely separate from one's identity and belonging to a social group (Harma et al 2013) and would therefore involve seeing people with disabilities exclusively in terms of impairments or considering them as different people, giving rise to discriminatory behaviors towards them (Harma et al 2013).



**At the heart of the notion of "other" is an intrinsic understanding of the ideal**

**For example, Foster and Wass (2013) argue that the notion of a typical worker contributes to the exclusion of disabled people from work and argue that when guided by the notion of what a typical or ideal worker should be, employers act to the disadvantage of disabled. They argue that the perception of the ideal worker is a legacy of productivist theories that emphasized strong, healthy, productive male workers. Foster and Wass (2013) suggest that this thinking still informs decisions related to work, performance and remuneration.**

**In general, therefore, these perceptions and ways of thinking can result in a series of practical exclusions. For example, people with mental health problems are often excluded due to stigma and discrimination and low expectations of what they can achieve.**

## Valued or devalued roles

Perceptions of valued or devalued roles also drive exclusion and a concept underlying much of the modern exclusion debate, particularly in relation to disability is Wolfensberger's **theory of social role enhancement**, which postulates that the value people place on various social roles tends to shape their behavior towards people they see in roles that are valued or undervalued. Those in valuable roles will be treated well, but those in devalued roles will be treated poorly (Wolfensburger 2000).

People who are devalued include those with impairments, who have unorthodox behaviors, with bodily characteristics perceived negatively (eg obese, disfigured), those who rebel against social order, the poor and the unemployed.

The fundamental objective therefore becomes that of making it possible for deprived people to access socially valued roles, since in this way people will on the one hand be invested with expectations and will have the opportunity to improve their skills, and on the other hand they will have the opportunity to compensate or diminish the deficient aspects

## **Media representation**

**It was found that the representation of disabled people in the media emphasizes the notions of otherness and difference by identifying these people as disadvantaged, sick and defenseless. This is a stigmatized vision of being disabled that can convey the feeling that a disabled person is inferior (Samsel and Perepa 2013, Zhang and Haller 2013) and can reinforce the sense of otherness and difference.**

**The literature also emphasizes the importance of terminology, as using negative and disabling language devalues people with disabilities and can create a negative self-image (Haller and Zhang 2013). Therefore, the use of positive language and images will also be an important step in improving the representation of disabled people in the media, influencing public opinion and ultimately reducing social exclusion.**

## **Body image and notions of beauty**

**The media help to reinforce a concept of beauty that values thinness and an ideal body. In this perspective, disabilities become imperfections and are stigmatized (Xenakis and Goldberg 2011). Researchers point to the pervasive influence of Western concepts of beauty that reinforce a lack of self-confidence, particularly among women with disabilities: they often have difficulty developing a healthy body image, socializing with others and expressing themselves. especially when compared with groups of non-disabled women (Xenakis and Goldberg) 2011).**

**A significant **relational** factors of social exclusion are the expectations of capacity, level and shelter overprotection and family resources. In particular, low and limited expectations were universally perceived as among the most disabling barriers to community participation, as confirmed by the results of a New Zealand participatory action research project, twenty-eight people with disabilities, users of New Zealand professional services, collaborated.**

### **Expectations of capacity**

**The 28 people interviewed stressed the need to believe in themselves and to challenge the low expectations of others. Part of being strong and developing higher self-esteem lay in trying to increase control of one's life, including taking care of one's body, and become as independent as possible.**

**The information obtained also made it possible to identify significant influences on one's expectations, coming in particular from families, which played a fundamental role in influencing the sense of agency of individuals or in the feeling of having the power and the ability to control one's life. . Sometimes it has been the struggle against family expectations that has led to a strong will to take control and that is why excessive protection or a lack of understanding of individual skills and needs by parents, health professionals and other figures are identified as factors that limit the opportunities for socialization with others.**

**However, most respondents reported that it was easier to challenge oneself and disable community barriers when family was a safe place to return.**

## **Aspettative personali**

**The New Zealand study shows that the family was one of the few places where participants related to other people in ways completely separate from disability. Rather than being consumers of support, their roles were different and within it they were more likely to experience self-determination, reciprocity, psychological security and well-being, affirmation of expectations and a sense of belonging**

**The support (or not) of family relationships seemed to exert a powerful influence on people's disposition towards their disability. Family was the source of some people's most intimate and precious relationships, the place where they were most likely to experience each other's intimacy and care.**

**The family was linked to the idea of “home”, a place where people belong, where their disability was irrelevant. They have provided a place of psychological safety, emotional and material resources, and have also created opportunities for expanding social networks**

At the **individual level**, exclusion factors relate to an individual's health and well-being, self-confidence and effectiveness, social and practical skills, access to support networks and material opportunities.

### **Self-confidence and self-efficacy**

A recurring theme in the literature on the individual experience of disability and on barriers is the lack of personal confidence and skills. The results of a study conducted by the Psychology Department of the University of Tripura, which compared the self-esteem of disabled and non-disabled people in Tripura, showed that disabled people possessed low self-esteem (both personally perceived self-esteem and self-esteem perceived socially) compared to non-disabled people. The results did not reveal any significant differences between male and female disabled people and between people with motor and visual disabilities in their self-esteem. This further indicated that disability negatively affects an individual's self-esteem regardless of gender and the nature of the disability.

**Furthermore, a study examining whether self-esteem and perceived discrimination played a mediating role in the relationship between social support and subjective well-being (SWB) in a sample of people with physical disabilities in China showed that self-esteem significantly mediated the relationship. between social support and SWB, representing a fundamental resource in the mediation of the relationships between social support, SWB and perceived discrimination in people with physical disabilities.**

**In an OECD working document on inclusive entrepreneurship, ENTREPRENEURSHIP AND SELF-EMPLOYMENT BY PEOPLE WITH DISABILITIES, the lack of limited trust / aspirations between them; aspiring entrepreneurs with disabilities often lack the self-confidence to be able to successfully start and run businesses, particularly among those with mental health problems (EMDA 2009)**

**Some studies also indicate social and practical skills that may be underdeveloped, potentially due to a lack of support or over-protection from guardians and family members or a lack of social contacts.**

## **Access to support networks**

**For many people with disabilities, networks of family and close friends are an important element and a gateway to the wider community. These networks are important for the contact and engagement they provide and also for the networking links they offer with others in the extended family or neighborhood.**

**In the New Zealand study cited above, making oneself known in the community, having community expectations of participation, and having an opportunity for people with disabilities to relate to each other were all important factors in supporting inclusion (Milner and Kelly, 2009).**

## **Material opportunities**

**The material resources of a disabled person affect their ability to participate in the community. People with disabilities are less likely to have jobs and to enjoy the income and material rewards it can bring (Roulstone 2010).**

**The cost of disability can be a factor of exclusion that is often not fully addressed with government support, thus leaving individuals and families to tap into their own pockets to provide the services necessary for a good quality of life.**



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