

EXTENSIVE GLOSSARY
OF INDEPENDENT LIVING-RELATED TERMS

- **Personal autonomy:** Personal autonomy is a concept that encompasses moral autonomy (or self-determination) and functional autonomy. Moral autonomy or self-determination is a person's ability to control and make decisions about how to live according to his or her own wishes, whether that decision is executed by a third party or by oneself.
- **Functional autonomy** is the ability to carry out an activity by oneself. Personal autonomy (both in terms of moral and functional aspects) is not a personal starting point, but the result of the interaction between the person and the environment. For example, the automated kitchen of GBL enables a person who moves on a wheelchair to exercise his or her functional autonomy and cook on their own. In addition, GBL's individual support staff can ensure that a person who cannot transfer by his/herself physically in bed, can exercise his/her moral autonomy by choosing the moment and the way to do so.
- **Independent Living:** It is a philosophy promoted by people with disabilities who, since the 1960s, have laid the foundations for people with disabilities to determine their own circumstances. It is, therefore, an empowering philosophy.
- **Empowerment:** empowerment is the process by which individuals, groups and communities come to have the ability to control their circumstances and achieve their goals, striving to maximise the quality of their lives.
- **Self-determination (or moral autonomy):** The ability of a person or group to control their life circumstances on different levels. In the case of historically powerless groups (such as people with disabilities), self-determination is the result of a process of empowerment. This process provides the basis for people with disabilities to determine what actions they want to take even if they are not physically autonomous. For example, GBL's individual support staff encourage the self-determination of people who are able to respect the way in which they wish to be helped in care situations.

- **Quality of Life:** According to the WHO "Quality of Life is the individual's perception of his/her position in life in the context of the culture and value system in which he/she lives and his/her relationship to goals, expectations, standards and interests".
- **Participation in society:** Participation in society is the process by which a person has the opportunity to decide in which activities he or she is involved at any given time, and is included in these activities on an equal footing with others. Therefore, the person who participates in these activities is no longer the one who does the most, but the one who has the most opportunity to decide in which activities he or she is involved, how and with whom.
- **Social inclusion:** The social inclusion of people with disabilities is the process by which they are deployed to become perceived as legitimate members of ordinary spaces as people without disabilities. Social inclusion is a key element for people with disabilities to participate in society, since it allows them not only to be involved in activities, but also to be part of them. GBL's PVI is an example of moderation that aims to promote social inclusion.
- **Support among equals:** Support among equals is one of the fundamental pillars of the philosophy of independent living, and is based on the idea that people who find themselves in a certain circumstance find the best solutions to the difficulties they encounter when relating to other people in that circumstance. Within the framework of GBL's Independent Living Plan, when users express a common concern, it will encourage the formation of peer support groups with the collaboration of associations of people with disabilities.
- **Medical rehabilitation model:** This model was extended to our society at the beginning of the 20th century and forms part of the individual perspectives, which have been the reference points of our culture for understanding and dealing with disability. If the medical-rehabilitative model is the most widely accepted, there is another individual perspective: the moral model. This means that the disability is a kind of punishment for the person who kicks it. The principal idea of the two models (medical and moral) is that people with disabilities are different and they must set aside from society until they have been normalized. Therefore, disability is conceived as a problem exclusively of the person, who requires care from professionals and/or family members, who are considered to have the skills and competences to intervene in their lives. This is why disabled people fall into the category of "patients" and "objects" and is, therefore, a hierarchical/paternalistic model that prevents the same people with disabilities from taking decisions about their own lives and makes their rights and duties suspended until they return to "normalcy".
- **Social model:** This model emerged at the end of the 1970s in the United Kingdom as opposed to the medical-rehabilitation model and complements the philosophy of VI,

which is based mainly on the right to self-determination of people with disabilities. This model understands that the causes that give rise to the disability are not exclusive to the person but arise from the interaction of his/her functional limitations with the environment; "there are no people with disabilities but non-inclusive environments and societies" (non-inclusive environments are those that present a heterogeneous set of barriers that exclude people with disabilities and deprive them of the exercise of their rights and duties). Therefore, the solution is that society changes in such a way that it is designed to meet the needs of all people and allows for the participation of all. Currently, our society is converting these two models and we are in the process of transitioning from medical rehabilitation to social integration, which is materialised in the United Nations Convention on the Rights of Persons with Disabilities (2006) and in the ratification of the Spanish State in 2008. However, the rights that we collect are not guaranteed to our country.

- **Universal accessibility:** this is the condition that must be fulfilled by the environments, processes, goods, products and services, as well as the objects, instruments, designs and devices, in order to be understood, used and practiced by all people in conditions of security and comfort and in the most autonomous and natural way possible. It is based on the strategy of "universal design or design for all people", and it does not affect the reasonable adjustments that should be adopted.

- **Reasonable adjustments:** These are the necessary and appropriate modifications and adaptations of the physical, social and attitudinal environment to the specific needs of people with disabilities. These adjustments must not prevent a disproportionate or undue burden and must be carried out in an effective and practical way, to facilitate access and participation, and to ensure that people with disabilities can enjoy or exercise, on an equal footing with others, all rights. They are applied in those cases where a participation space is not accessible in the first place.