

Essential Parameters for a Model of Workplace Accessibility for People with Disabilities*

(English Version)

Parámetros indispensables para un modelo de inclusión laboral para personas con discapacidad

Parâmetros indispensáveis para um modelo de inclusão laboral para pessoas com deficiência

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Abstract

To achieve effective labor inclusion for people with disabilities, several models have been proposed that, depending on the historical period, have undergone changes. These models have been proposed to lessen inequalities by adding or removing parameters from disability models. **Objective:** To identify the parameters put forth in disability models and which, based on their frequency, are essential in employment inclusion models. **Materials and Methods:** sixty-three articles were reviewed in the Scopus, Pubmed, Dialnet, and Google Scholar databases, of which 50 containing disability models were chosen. These models were set up, and the variables in each one examined to obtain their parameters so that the ones that appeared most frequently could then be identified. **Results and Discussion:** Seven parameters were identified with a high frequency of occurrence in the disability models: a) family support; b) workplace Adjustments; c) competency-based training; d) on-the-job training and support; e) training coworkers and managers on the inclusion of people with disabilities; f) follow-up and evaluation of the labor inclusion process; and g) education level. These parameters serve as a crucial foundation for the development of inclusive models for people with disabilities.

Keywords: disability studies; social integration; person with disability.

Resumen

Con el ánimo de lograr una inclusión laboral efectiva para personas con discapacidad se han propuesto diversos modelos que, según la época histórica, han sufrido cambios. Estos modelos se han planteado añadiendo y eliminando parámetros provenientes de los modelos de discapacidad, intentando reducir las desigualdades. **Objetivo:** identificar los parámetros propuestos en los modelos de discapacidad y que, según su frecuencia, son indispensables en los modelos de inclusión laboral. **Materiales y métodos:** se seleccionaron 63 artículos de las bases de datos Scopus, Pubmed, Dialnet y Google Académico, de los cuales se escogieron 50 que contenían modelos de discapacidad. Estos modelos fueron organizados y sus variables se analizaron obteniendo los parámetros de cada uno para luego identificar los de mayor frecuencia de aparición. **Resultados y discusión:** se identificaron siete parámetros con alta frecuencia de aparición en los modelos de discapacidad: a) acompañamiento familiar; b) ajuste del puesto de trabajo; c) formación laboral en competencias; d) entrenamiento y acompañamiento en el puesto de trabajo; e) capacitación a los compañeros de trabajo y jefes sobre la inclusión de personas con discapacidad; f)

seguimiento y evaluación del proceso de inclusión laboral; y g) nivel de educación. Estos parámetros son una base importante para el diseño de los modelos de inclusión de personas con discapacidad.

Palabras clave: estudios de la discapacidad; integración social; persona con discapacidad.

Resumo

A fim de alcançar uma efetiva inclusão laboral das pessoas com deficiência, vários modelos foram propostos, os quais, dependendo do período histórico, sofreram mudanças. Estes modelos foram propostos adicionando e eliminando parâmetros dos modelos de deficiência, numa tentativa de reduzir as desigualdades. **Objetivo:** identificar os parâmetros propostos nos modelos de deficiência e que, de acordo com sua frequência, são indispensáveis nos modelos de inclusão no trabalho. **Materiais e métodos:** 63 artigos foram selecionados dos bancos de dados Scopus, Pubmed, Dialnet e Google Scholar, dos quais 50 artigos contendo modelos de deficiência foram escolhidos. Estes modelos foram organizados e suas variáveis foram analisadas através da obtenção dos parâmetros de cada um, a fim de identificar aqueles com a maior frequência de ocorrência. **Resultados e discussão:** sete parâmetros foram identificados com uma alta frequência de ocorrência nos modelos de deficiência: a) apoio familiar; b) ajuste de emprego; c) treinamento em habilidades; d) treinamento e apoio no trabalho; e) treinamento para colegas de trabalho e gerentes sobre a inclusão de pessoas com deficiência; f) monitoramento e avaliação do processo de inclusão no emprego; e g) nível de educação. Estes parâmetros são uma base importante para o projeto de modelos de inclusão de deficiências.

Palavras chave: estudos sobre deficiência; inclusão social; pessoa com deficiência; integração social.

Introduction

The Political Constitution of Colombia refers to the fact that "All persons are born free and equal before the law, shall receive the same protection and treatment from the authorities and shall enjoy the same rights, freedoms and opportunities without any discrimination for reasons of sex, race, national or family origin, language, religion, political, or philosophical opinion" (a. 13). Persons with disabilities (PwDs) are part of society and 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 (United Nations, 2008).

Disability is the objectification of the impairment in the subject that has a direct impact on his/her ability to perform activities in terms considered "normal" for any subject according to his/her characteristics (age, gender, etc.) (Egea & Sarabia, 2001). However, what is not taken into account is that this is a process of discrimination of opportunities, as described by Arzate (2022) quoting Fernández-Enguita. Disability is considered part of the human condition. Some people may have a certain type of temporary or permanent disability that will affect their psychosocial environment (WHO, World report on disability, 2011). The World Health Organization (WHO) published the International Classification of Functioning (ICF) (WHO, 2001) in May 2001. In this paper, functioning and disability are understood as a dynamic interaction between health conditions and contextual factors, both personal and environmental (WHO, 2011).

The concept of "disability" has undergone major changes over time (Padilla-Muñoz, 2010). The new approach to disability ceases to be a quality of the individual—which in some opportunities is the distinctive feature that identifies him/her in a specific community—to become the result of complex relationships between the conditions of the subject and those of the environment created by society (Gómez and Castillo, 2016). Thus, the term "PwD" ("person with disability") turns out to be the most appropriate term to describe a human reality, as it poses a relational category and distorts its origin in impairment and limitation (Trajano, 2005).

According to the World Bank report (2019), one billion people—that is, 15% of the world's population—experience some form of disability, and the prevalence of disability is higher in developing countries. The WHO (2011) published the statistics of the Latin American countries where there is the highest prevalence of PwD, with Brazil occupying first place (23.9%), followed by Chile (12, 9%) and Ecuador (12.1%); and the lowest in Cuba (3.3%), Honduras

(2.3%) and Paraguay (0.99%). Colombia has an intermediate prevalence of 6.3%, according to the 2005 general census (INS, 2011). Figures from the National Administrative Department of Statistics (DANE, 2015) indicate that the overall employment rate in the country is 58.2%, that 12% of women are still unemployed, that 16% are young and that 19% are Afro-descendants, and that 70% of people have some degree of disability (Profession Leader Writing, 2018).

In Colombia, Statutory Law 1618 seeks to guarantee the full exercise of PwD in development of the precepts of the Convention on Human Rights of PwD, the National Council of Economic and Social Policy 166 (CONPES, 2013), among others. With this, society wants to guarantee PwD's rights in all dimensions; for example, the National Apprenticeship Service (SENA) is explicitly required to guarantee the effective access of the population with disabilities to all its services.

Previous studies have analyzed the qualities of special employment centers for the professional and personal development of PwD. These pay special attention to the functioning and characteristics of the entities belonging to the so-called *Basque model of social and labor inclusion* (Echebarria Rubio, 2020). Specific inclusion models have also been proposed for a type of disability (Arcos *et al.*, 2018), along with other models where it is stated that self-determination has a mediating effect between the conflict of roles and social inclusion (Salvador-Ferrer, 2020), as well as promoting a relevant space in the design and implementation of public policies to improve the conditions of the population and contribute to social equity (Tamayo *et al.*, 2018).

Furthermore, and based on the previous premises, the population with disabilities has been able to access training programs where their characteristics are taken into account and the reasonable adjustments required according to their needs are guaranteed, increasing the possibilities of them exercising a productive activity through labor inclusion in the business sector (Productivity Pact, 2018). However, a study carried out in the city of Cali (2017-2019), revealed that out of 227 companies that have hired people with disabilities, none have a professional in charge of labor inclusion or workers with disabilities in the telework modality (Martínez-Álvarez *et al.*, 2020).

PwD have been at a disadvantage compared to the rest of society, since they must face various barriers placed by the social environment. Society assumes that those PwD cannot participate fully and effectively in their work, violating one of the most important fundamental rights: the right to work (ONU, 1948). At the same time, for those who live with disabilities, accessing competitive

employment is a primary opportunity (Vidal *et al.*, 2013), their labor inclusion being part of a broader process—social inclusion; which is based on equal opportunities and full social participation, for which having a job is a necessity (Zondek Darmstadter, 2015). Such inclusion should occur following a model.

The description of inclusion models has become very important. PageGroup conducted a survey of more than 300 employers from different economic sectors to find out the status of labor inclusion in the country; especially in the city of Bogotá. When employers were asked about whether the company where they work has a defined diversity and inclusion program, 52.6% of those surveyed responded affirmatively, while 47.4% said they were not aware of any program related to this topic (Labor Inclusion in Colombia, 2018).

Inclusion models appear later in time, linked to disability models. At the beginning of the 20th century, the rehabilitative model or medical model considered that PwD were no longer condemned by the gods, but that disability is a physical, psychic, or sensory abnormality, which can occur at from birth or be acquired (Palacios, 2008). From the end of the 1980s to date, the social or inclusive model (Pérez & Chhabra, 2019) has been developed, which has the objective that the person can live for many years and in the best manner possible; in addition to having a broad and organized social life to satisfy human needs (Garay *et al.*, 2019).

The following are the types of labor inclusion models that have been used over time:

- Dispensation or care: A product of Ancient and Middle Ages, which, according to Palacios (2008), is based on two essential characteristics: the religious justification of disability and the consideration that PwD have nothing to contribute to their community. Within this model, two sub-models are contemplated: the Eugenic model, where a PwD is determined as a being whose life is not allow to be lived; and that of Marginalization, whose characteristic is exclusion, due to fear or compassion, as the best solution and social response that generates more peace of mind.
- Rehabilitation doctor: A product of the Modern Age, where the conception of disability is individualistic, focused exclusively on the person, their specific health condition, and the limitations that this generates for the performance of certain activities. This model considers PwD as useful to society to the extent that the individuals are rehabilitated or normalized Palacios (2008). It was also called the “Individual Model of Disability” in the interpretation made by sociologists (Oliver, 1996).

- Biopsychosocial: The medical or rehabilitative model and the social model of disability are integrated. This new model precedes the biopsychosocial model of the illness in 1977, when Engel, from the University of Rochester, proposes a paradigm capable of scientifically including the human domain in the experience of disease (Engel, 1977).
- Social: Part of a conception of disability as a social construction that results from the interaction between a person's functional diversity and the barriers of the environment to the full exercise of their rights and freedoms. The origins of disability are in the social barriers that generate schemes of exclusion of this section of the population. It is a model that has as its core the will of the PwDs and gives them the full power to be agents of their own destiny (Ministry of Work, 2016).
- Ecological Model: Proposes four systems that influence people, each of them included in the other. These systems and the forces in them combine and interact in a complex way and in it functions arise that are unique to each person (Pisonero, 2007).
- Universal model: "Postulates that disability is a universal fact, that is, anyone is at risk due to the various environments of a community whether it is acquired by inheritance or by accident" (López, 2016, par. 13).
- Model of Diversity: "Proposes a terminological change, the acceptance of functional diversity as part of enriching human diversity and the achievement of full dignity in functional diversity. For this, the model establishes two fundamental ideas or values: provides the same value to the lives of all human beings and to guarantee the same rights and opportunities to all people" (Velarde, 2012, p. 132).

This research aims to identify the parameters proposed in disability models and that, according to their frequency, are indispensable in labor inclusion models.

Methodology

Materials and Methods

A mixed cross-sectional descriptive non-experimental study was developed. Quantitative variables were presented in terms of percentage, and qualitative variables in terms of frequency.

Search for Information

The review of the existing literature on disability models was carried out considering only articles published between 2010 and 2020 in journals indexed worldwide. The following descriptors were used: "Disability Studies," "Social Integration," and "Disabled Persons." For the search for information, the Scopus, Pubmed, Dialnet, and Google Scholar databases were chosen. Within the inclusion criteria of the search, only labor inclusion or social integration were considered, highlighting the models used in each case.

Selection of Information

Sixty-three articles were selected and organized in Mendeley to facilitate organization by title, author, applied disability model, journal, year, and country, and to be able to complete the information matrix of the selected articles. After the search with the established inclusion and exclusion criteria, the total number of articles was selected.

Inclusion Criteria

Studies dealing with models proposed and applied to workers with disabilities, and which met the following conditions:

- Articles that describe and identify models of disability;
- Full text articles;
- Articles written in English and Spanish;
- Study population: disability models;
- Year of publication: between 2010 and 2020;
- Geographical location: worldwide; and
- Articles indexed in selected databases.

Exclusion Criteria

- Articles not related to disability or social integration; and
- PwDs under 18 years of age.
- Fifty articles met the inclusion and selection criteria.

Data Extraction

From the selected articles, the information was extracted into a comparative matrix and similarities and differences were analyzed to define the parameters of each of the models.

Analysis of Information

First, a bibliometric analysis was carried out to establish an overview of the 50 articles selected in the databases: Scopus, Pubmed, Dialnet, and Google Scholar. Then, a classification of the parameters used in each disability model was made. Next, an analysis of the frequency of appearance of the parameters in the different models was carried out.

Results

Most of the selected publications on disability models were found to have been carried out in Spain ($n=28$; 56%). The following are the subsequent number and occurrences: Colombia ($n=5$; 10%), Ecuador ($n=5$; 10%), and Chile ($n=3$; 6%); Paraguay, Argentina, and Mexico ($n=2$; 4%); followed by Peru, Costa Rica, and Venezuela: ($n=1$; 2%); each with one publication.

The articles that met the inclusion criteria mostly name the social model as a reference in their inclusion processes ($n=23$; 46%), the rehabilitative model ($n=10$; 23%), the activist political model ($n=10$; 23%), the biopsychosocial model ($n=3$; 6%), the ecological model ($n=2$; 4%) and the universal and diversity models, one each ($n=2$; 4%). Due to the heterogeneity and design of the studies, conducting a meta-analysis of the parameters used in each disability model was not possible.

Once the disability models were identified, identifying the breakdown of models was possible: the rehabilitation model is made up of 11 parameters; the social model 13 parameters; biopsychosocial, 8; the activist politician, 3; the universal, 6; the ecological, 9; and functional diversity, 2; for a total of 52 parameters. By the contrast of the identified parameters, the frequency of appearance of each of them in the models was determined as a total of 26 parameters.

Of these 26 parameters it was found that n=17; 65.3% have an appearance frequency of less than 33% of the models. This means that they are parameters used specifically for each type of model. Two or three inclusion models shared the n=2; 7.69% parameters, while the n=7; 26.9% parameters appeared in more than 66% of the disability models..

Table 1. *Frequency of Occurrence of Parameters in Disability Models.*

Frequency of Models of Disability	Parameters
More than 66%	Family support.
	Workplace adjustments.
	Competency-based training.
	On-the-job training and support.
	Training to co-workers and managers on the inclusion of PwD.
	Follow-up and evaluation of the labor inclusion process
	Education levels
Between 33% and 66 %	Individualized support at the workplace provided by specialized job coaches.
	Supported employment programs.

	Rehabilitation service.
	Personal and home care support.
	Foundations' Support during the inclusion process
	Inclusive workforce planning process. This consists of: establishing the company's disability inclusion policies and creating an inclusion committee.
	Support on daily occupational practice.
	Consultancy for employers.
	Accessibility.
	Inclusion activities.
Less than 33%	Psychological support.
	Recognition of disability as a human rights issue.
	Include the discrimination definition, its causes and the mechanisms to guarantee equality.
	Implement equalization strategies to reduce structural inequalities based on both physical and mental barriers.
	Offer forms of human or animal assistance and intermediaries.
	Participation of representative cultural and sports groups.
	Community involvement.
	Based on Human Rights.
	Capacity of the PwD.

Source: Authors' Elaboration

Discussion

The social model's background is the dispensing and medical models. It encompasses socio-political aspects and considers PwD as citizens with rights (Garay and Carhuancho, 2019). The social model as an inclusion implementation reference was mentioned in 46% of the articles. This model is made up of eleven parameters and seven out of the those were established as fundamental for designing a PwD inclusion model.

“Los Centros Especiales de Empleo de Euskadi” (Echebarria, 2020), which constitute the so-called “Basque model of social and labor inclusion,” have been working with the purpose of creating quality employment for people with greater

support needs and helping the transition to the ordinary employment market for the group. This model's main feature is that all the entities that belong to it are grouped around Ehlabe (Euskal Herriko Lan Babestuaren Elkartea),¹ the Basque association of non-profit entities that foster the PwD social and labor inclusion. Currently, they have more than 10,000 PwD with employment, or participating in employability services. Of all the models analyzed for this study, the rehabilitator model is the only one with a parameter that monitors the support provided by foundations during the inclusion process. This support occurs occasionally (less than 33%) in the disability models. However, the Basque model of social and labor inclusion has proven to be an effective parameter and has achieved that the entities with employability capacity work together with the intention of achieving inclusion for workers with disabilities and productivity for companies.

Salvador-Ferrer (2020) analyzed whether the existence of labor conflicts could condition the social inclusion of workers with disabilities in his study on the quality of life of workers with disabilities. Data showed that role conflict in the workplace could hinder social inclusion. Although workers reported the lack of role conflict, there was a statistically significant and inversely proportional relationship between role conflict and social inclusion. This study showed a "training of coworkers and bosses on the inclusion of PwD" as a fundamental parameter in a model of labor inclusion. This parameter is of great importance: it avoids rejection due to the non-disabled population's ignorance, achieves effective inclusion and has a positive impact on the workplace.

Conclusions

Seven parameters were identified as having a high frequency of occurrence in the disability models:

- a. *Family support*: maintains constant communication between the family and employers to propose joint measures that improve labor inclusion processes.

1. This model accounts for 95% all employment initiatives, 14 entities and more than 100 work centers, in the Basque Autonomous Community (CAE).

- b. *Workplace Adjustments*: applies adequate adaptations to favor access to spaces, machines and technologies that are necessary for perform the tasks.
- c. *Competency-based training*: ascertains the competencies of the person for the definition of the job profile.
- d. *On-the-job training and support*: favors learning and reducing the possibility of human errors during the tasks.
- e. *Training co-workers and managers on the inclusion of people with disabilities*: provides an adequate and respectful working environment for the inclusion processes.
- f. *Follow-up and evaluation of the labor inclusion process*: establishes training plans and reinforces working techniques. And
- g. *Education level*: assesses the skills of workers with a disability for employment.

These parameters serve as a crucial foundation for the development of inclusive models for people with disabilities. Seven out of the eight disability models of this study are applied in current studies (2017-2020) without considering the dispensation model. Although some experts consider that one should not speak of PwD rehabilitation, some studies consider the rehabilitation model with the purpose of avoiding injuries of other parts of the body and/or mind of the employed PwD that may worsen their condition.

When contrasting the disability models, most of the parameters (65.3%) are present in less than 33% of the models herein studied; that is, in one or two of them. This means that disability models are proposed with the purpose of identifying a difference to prove it as an appropriate model for the correct classification and representation of this population.

References

Arcos, L. J., Martínez Álvarez, L.-A., & Restrepo Bedoya, J. C. (2018). Propuesta de un modelo de inclusión laboral para personas con discapacidad. *Revista Colombiana de Salud Ocupacional*, 8(1), 1-6. https://doi.org/10.18041/2322-634X/rc_salud_ocupa.1.2018.5115.

Arzate-Salgado, J. G. (2022). Herramientas para la comprensión sociológica del bienestar: analítica de las formas de precariedad social y visibilización

del continua desigualdad(es) violencia(s). *Ánfora*, 29(53), 42-62. <https://doi.org/10.30854/anf.v29.n53.2022.915>

Banco Mundial. (2019). *Discapacidad*. Banco Mundial.

Chiavenato, I. (2002). *Comportamiento Organizacional. La dinámica de éxito en las Organizaciones*. McGraw-Hill.

CONPES. (2013). *Consejo Nacional de Política Económica y Social 166*. Departamento Nacional de Planeación.

DANE. (2015). *Empleabilidad*. Departamento Administrativo Nacional de Estadística.

Echebarria, A. (2020). Centros especiales de empleo de Euskadi. El modelo vasco de inclusión sociolaboral. *Revista Jurídica de Economía Social y Cooperativa*, 36, 153-175. <https://doi.org/10.7203/CIRIEC-JUR.36.17249>.

Egea, C., & Sarabia, A. (2001). Clasificaciones de la OMS sobre discapacidad. *Boletín Real Patronato sobre Discapacidad*, 50, 15-30. https://sidinico.usal.es/idocs/F8/ART6594/clasificacion_oms.pdf

El Espectador. (23 de dic. de 2018). *Redacción profesión inclusión laboral en Colombia, un camino por recorrer*. <https://www.elespectador.com/noticias/economia/inclusion-laboral-en-colombia-un-camino-por-recorrer/>

Engel, G. L. (1977). The Need of a New Medical Model: A Challenge for Biomedicine. *Science*. 196(4286), 129-136. <http://meagherlab.tamu.edu/MMeagher/Health360/Psyc360h/articles/Engel1977360h.pdf>

Escobar, D. M. (2014). *La inclusión de las personas con discapacidad en el mercado laboral colombiano, una acción conjunta* (tesis de Maestría). Universidad Nacional de Colombia, Bogotá, Colombia. <http://bdigital.unal.edu.co/46075/1/52646657.2014.pdf>

Garay, F. D. & Carhuancho, I. M. (2019). Modelo social como alternativa para el desarrollo de la persona con discapacidad, Callao. Perú. *Telos*, 21(3), 681-709. <https://doi.org/10.36390/tehos213.10>.

Gómez, E. & Castillo, D. (2016). *Sociología de la discapacidad*. Tla-melaua.

- Instituto Nacional de Salud, Observatorio Nacional de Salud. (2011). *Primer Informe ONS, aspectos relacionados con la frecuencia de uso de los servicios de salud, mortalidad y discapacidad en Colombia, 2013*. <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/IA/INS/informefinal.pdf>
- Keith, D. & Newstrom, J. W. (1999). *El comportamiento humano en el trabajo*. McGraw-Hill.
- López, M. del C. (2016). *Modelos de la discapacidad*. <https://es.slideshare.net/MaraDelCarmenLpezCrd/modelos-de-la-discapacidad-68651708#:~:text=MODELO%20UNIVERSAL%20DE%20LA%20DISCAPACIDAD,por%20herencia%20o%20alg%C3%BAn%20accidente.>
- Ley Estatutaria 1618 de 2013. *Por medio de la cual se establecen las disposiciones para garantizar el pleno ejercicio de los derechos de las personas con discapacidad*. Febrero 17 de 2013. DO: 48717. <https://www.funcionpublica.gov.co/eva/gestornormativo/norma.php?i=52081>
- Martínez-Álvarez, L.-A., Restrepo Bedoya, J. C., Ordoñez Hernández, C. A., Granada Aguirre, L. F., & Ayora Díaz, F. (2020). *Inclusión de los trabajadores con discapacidad en el Sistema de Gestión en Seguridad y Salud en el Trabajo en las empresas de Santiago de Cali, Valle del Cauca, Colombia*. UniCamacho.
- Ministerio de Trabajo de Colombia. (2016). Guía para el proceso de inclusión laboral de personas con discapacidad. <https://www.mintrabajo.gov.co/documents/20147/59111836/GUIA+PARA+EL+PROCESO+DE+INCLUSION+LABORAL+DE+PCD.pdf/1d8631c0-58d5-8626-69cb-780b169fcd7?version=1.0>
- Oliver, M. (1996). *Understanding Disability, from Theory to Practice*. Macmillan.
- Organización de las Naciones Unidas. (2008). *Convención Internacional sobre los Derechos de las Personas con Discapacidad*. Organización de las Naciones Unidas.
- Organización Mundial de la Salud. (2001). *Clasificación internacional del funcionamiento*. OMS.

- Organización Mundial de la Salud. (2011). *Informe mundial sobre la discapacidad*. OMS.
- Organización de las Naciones Unidas. (1948). *Declaración Universal de Derechos Humanos*. Organización de Naciones Unidas.
- Pacto de Productividad. (2018). *Los servicios de formación para el trabajo como parte del Modelo de Inclusión Laboral de Personas con Discapacidad "Pacto De Productividad"*. SENA.
- Pacto de Productividad. (2010). (s. f.). *Programa Empresarial de Promoción Laboral para Personas con Discapacidad. Estudio diagnóstico sobre barreras para la inclusión laboral*. <http://www.pactodeproductividad.com/pdf/documentodiagnosticopactodeproductividad.pdf>
- Padilla Muñoz, A. (2010). Discapacidad: contexto, concepto y modelos. *International Law: Revista Colombiana de Derecho Internacional*, 16, 381- 414. <https://www.redalyc.org/pdf/824/82420041012.pdf>
- Palacios, A. (2008). *El modelo social de discapacidad: orígenes, caracterización y plasmación en la Convención Internacional sobre los Derechos de las Personas con Discapacidad*. CINCA.
- Pérez Dalmeda, M. E. & Chhabra, G. (2019). Modelos teóricos de discapacidad: un seguimiento del desarrollo histórico del concepto de discapacidad en las últimas cinco décadas. *Revista Española de Discapacidad*, 7(21), 7-27. <https://www.cedid.es/redis/index.php/redis/article/view/429>
- Pisonero, S. (2007). *La discapacidad social, un modelo para la comprensión de los procesos de exclusión*. Ekaina.
- Ripollés Arnau, M. & Martín Toboso, M. (2008). La discapacidad dentro del enfoque de capacidades y funcionamientos de Amartya Sen. *Araucaria*, 10(20), 1-39. https://idus.us.es/bitstream/handle/11441/46027/file_1.pdf?sequence=1&isAllowed=y
- Salvador-Ferrer, C. M. (2020). Inclusión social de las personas con discapacidad: estudio piloto en el contexto laboral del papel mediador de la autodeterminación entre el conflicto de rol. *Siglo Cero*, 51(4), 25-37. <https://doi.org/10.14201/scero20205142537>

Tamayo, M., Besoain, Á. & Rebolledo, J. (2018). Determinantes sociales de la salud y discapacidad: actualizando el modelo de determinación. *Gaceta Sanitaria*, 31(2), 96-100. <https://doi.org/10.1016/j.gaceta.2016.12.004>.

Velarde, V. (2012). Los modelos de la discapacidad: un recorrido histórico. *Revista Empresa y Humanismo*, 15(1), 115-136. <https://dadun.unav.edu/bitstream/10171/29153/1/REYH%2015-1-12Velarde%20Lizama.pdf>

Vidal E, R., Cornejo V. C. & Arroyo H, L. (2013). La inserción laboral de las personas con discapacidad intelectual en Chile. *Convergencia educativa*, 2, 93-102. <https://dds.cepal.org/redesoc/publicacion?id=4067>

Zondek Darmstadter, A. (2015). *Manual para una inclusión laboral efectiva*. INICO