

The true nature of "disability" is neither merely the functional limitations of individuals nor difficulty of performance which arises directly from such limitations. "Disability" is oppression, discrimination, social exclusion and the restriction of participation. This view of disability as a social construct is one which clearly removes the focus from the individual disabled person as being "the problem" and shifts the onus to society to remove the barriers which prevent full inclusion.

This perspective on disability is called the Social Model of Disability, and is the underlying conceptual foundation of Disability Equality Training (DET). DET aims to promote an understanding of disability from the Social Model perspective; it helps identify the barriers that exist in society and facilitates proactive measures towards removing these barriers. DET takes Facilitated Participatory Learning, or discovery learning, as an approach for all its training.

This book is developed based on a popular two-week training course by the DET Forum. It covers the Social Model of Disability and a set of Facilitated Participatory Learning methodologies.

KENJI KUNO, PhD, is a senior advisor on social security and disability for the Japan International Cooperation Agency (JICA) and a coordinator of the DET Forum (www.detforum.com). He has been involved in the field of disability and development for over twenty years. He holds a PhD in Development Studies from the University of East Anglia, United Kingdom.

Doing Disability Equality Training
A Handbook for Trainers



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Kenji Kuno



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Doing Disability Equality Training

DISABILITY EQUALITY TRAINING (DET) MANUAL SERIES NO. 6

Doing Disability Equality Training

A Handbook for Trainers

Kenji Kuno



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Preface

This is the sixth book of a series of Disability Equality Training (DET) manuals for DET Trainers. This DET Manual series is published as a part of the Project on Disability, implemented by the Japan International Cooperation Agency (JICA) and the Department of Social Welfare, Ministry of Women, Family and Community Development, Malaysia. This project, the Project to Support Participation of Persons with Disabilities, is implemented to promote the participation and inclusion of disabled people and mainstream disability issues in development interventions. This project is designed based on the concept of the Social Model of Disability, and DET is one of the key components of the project. The DET Forum was also formed as a network of DET trainers under this project in 2005. Over 100 trainers in fourteen countries were trained by this and other JICA projects in the past seven years. They are actively engaging in DET in their countries, namely: Malaysia, Thailand, Singapore, Indonesia, Nepal, Bangladesh, Pakistan, Kyrgyzstan, Maldives, Afghanistan, Philippines, Costa Rica, Papua New Guinea, and India.

The main part of this book is based on a two-week training course module which was conducted by the project in Malaysia. It covers the Social Model of Disability and the Facilitated Participatory Learning methodology.

I truly hope this book provides useful information and ideas on DET. I also welcome comments and suggestions. Please visit DET Forum's website at www.deforum.com and provide your comments.

Last but not least, I would like to acknowledge priceless contributions from all resource persons who have been involved in the development of the foundation of our training courses for DET trainers, and vigorous commitment of all DET trainers who are engaging in the development of inclusive societies all over the world. I would also like to express my gratitude to everyone who have been involved in and supported the projects and contributed to this book. This book could not be developed without their support and contributions. Thank you very much.

As I have promoted in earlier series, I believe the essential element in working on disability is "SPICE": Social Participation, Inclusion in the Community, and Empowerment of all disabled people. Your participation and partnership to "SPICE up" our work on disability is much needed!

Kenji Kuno
Kuala Lumpur, Malaysia
March 2012

Introduction

This book is developed based on the contents of the DET Forum's two-week training of trainers (TOT) course on Disability Equality Training (DET). This course aims to bring the participants to the starting grid and show a clear direction towards becoming DET trainers. It is impossible to train a perfect DET trainer with merely a two-week training course. Participants must have a logical understanding of disability from the Social Model perspective as a key foundation and know the contents of DET. They also need to know the Facilitated Participatory Learning (FPL) methodology which includes general presentation and facilitation skills. This two-week training course aims to bring participants to a minimum level where they can conduct basic DET sessions.

As you may refer to a programme of this training course in Annex 1, more than half of the course is about practical sessions on methods and facilitated discussions. In fact, only these practice sessions and interactive group works can create a facilitated discovery process of learning. This design of the course makes our training unique and effective. I tried to redesign these modules and exercises as much as possible for the purpose of self-learning and self-discovery to include in this book, although it was very difficult to reflect learning points and discovery processes which definitely necessitate the facilitated interactive learning process. The following is a quick summary of the important points of the key components of this book.

Disability: Social Model of Disability

The true nature of "disability" is neither mere functional limitations of individuals nor difficulty of performance which arises directly from such limitations. "Disability" is oppression, discrimination, social exclusion and the restriction of participation. This view of disability as a social construct is one which clearly removes the focus from the individual disabled person as being "the problem" and shifts the onus on to society to remove the barriers which prevent full inclusion. This perspective on "disability" is called the Social Model of Disability, and it is the underlying conceptual foundation of Disability Equality Training (DET).

Disability Equality Training

DET aims to facilitate participants become agents of change to develop our society to be more inclusive and enabling. DET aims to promote an understanding of disability from the Social Model perspective; it helps identify the barriers that exist in society and facilitates proactive measures towards removing these barriers. DET takes a facilitated participatory learning, or discovery learning, as an approach for all its training.

DET:

- Makes participants agents of change
- Promotes disability as issues on equality, exclusion, and social participation
- Examines the barriers imposed to disabled people in society
- Questions stereotypes, myths and misunderstandings about disability
- Promotes inclusive social changes and proactive actions, rather than imposition of individualistic solutions and reactions
- Is action-oriented, not knowledge-oriented

DET is NOT:

- A simulation exercise of impairments
- Giving information about individuals' medical conditions

Facilitated Participatory Learning (FPL)

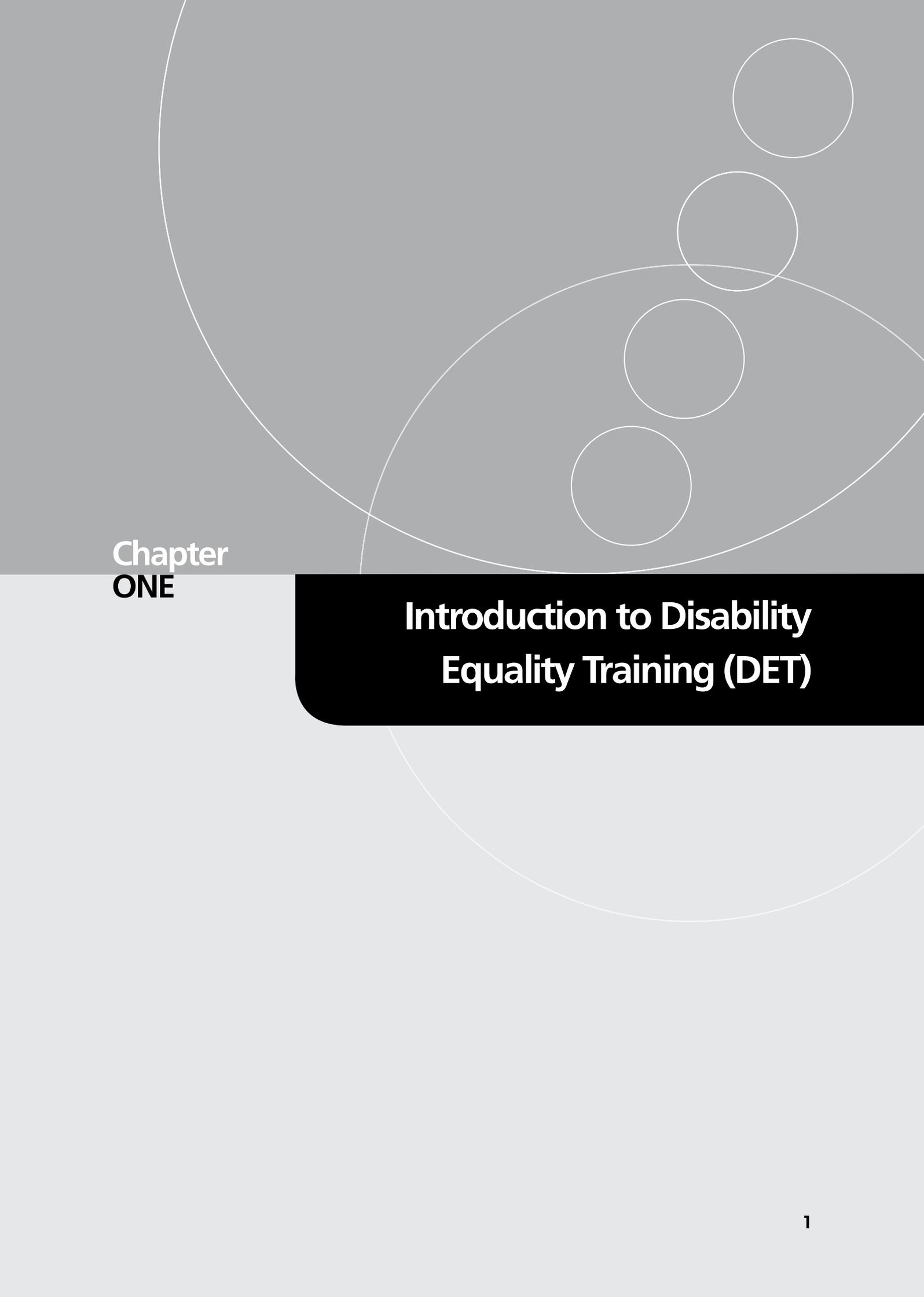
FPL is a methodology of DET of DET Forum. FPL is one of the methods of discovery learning, which orients to create participant's proactive actions to disability rather than mere accumulation of knowledge or reactions to disability as an outcome of the DET. It emphasises a process of discovery as a learning method by using various approaches such as problem posing. DET Forum's method of FPL is unique. It is developed based on Paulo Freire's theory of learning for action, i.e., conscientisation or critical consciousness, together with combination of various methods and approaches such as Logical Thinking, Effectiveness Training of Thomas Gordon, and Coaching.

Aim and Structure of the Book

This book aims to provide readers an idea on what are the contents of DET Forum's Training of Trainers (TOT) of DET, and how it is designed, structured and conducted. It consists of two basic components, contents aspect – Social Model of Disability and Action Plan Making; and methodology aspect – FPL. Structure and flow of this book is not the same as the actual TOT of DET. You can see an actual training programme in Annex 1.

All DET trainers must be equipped with the knowledge on disability in terms of the Social Model and skills of FPL methodology. However, not all disabled people are able to explain their experience to others logically and clearly from the Social Model perspective and stimulate others to initiate proactive actions to prevent and break disabilities, although they have experienced disability. Some, if not many, of them do not have much experience in delivering public speeches, and more so in presentation on disability and facilitation of group work for discovery learning. All DET trainers must acquire the Social Model perspective as his/her own, and be able to conduct DET with FPL methods.

This book gives you an idea how TOT of DET is designed and structured. However, reading this book does not make you a DET trainer. I recommend that you take part in a training course of DET, either of the DET Forum or any other organisations which conduct TOT of DET, if you want to be a DET trainer.



**Chapter
ONE**

**Introduction to Disability
Equality Training (DET)**

Learning Questions of This Module

1. What is the purpose of DET?
2. What are the contents of DET?
3. What is the Method of DET?
4. How DET explains disability?
5. DET can be what for non-disabled people; and, what for disabled people?
6. DET is NOT.....
7. What are the difference between DET and DAT (Disability Awareness Training)?
8. What are the limitations of simulation exercise and DAT?
9. Why is Action Plan Making a component of DET?
10. Who is a DET Trainer?
11. What are the 3 key factors to be a DET trainer?

(see answers at Summary Sheet, page 11)



Introduction to Disability Equality Training (DET)

I don't know → I know → I can → I do

DET = Gain Social Model Perspective + Develop inclusive & Enabling Action

DET = Contents (Social Model) + Process (Facilitated Learning)

DET ≠ Propaganda

The ultimate goal of DET is to facilitate participants to become agents of change by following a process of conscientisation (Critical Consciousness): I don't know → I know → I can → I do. By doing so, non-disabled participants become allies of disabled people to develop an inclusive and enabling society where everyone can participate fully and equally.

To realise this aim, DET has two core objectives or components. The first one is to stimulate participants to have an alternative view of disability which examines it as a social issue, i.e., Social Model of Disability. Although this is the main part of DET, this is not enough to complete DET. An equally important component is to facilitate participants to develop their own concrete action plan to break and prevent the building of barriers which hinder participation of disabled people in relation to their own work and lives. Often, so-called disability awareness seminars end up only containing the first one. However, such seminars do not facilitate the development of participants' action. DET is neither merely a lecture to add knowledge on disability to participants nor a critique of the government. DET aims to challenge one's sense of values on disability, and to facilitate each participant's development of their own inclusive actions to break social barriers.

DET values both its contents and process of learning equally. People do not change their sense of values and action by being forced. These would be changed only if and when she/he became aware of her/his mistakes and importance of alternative views and action. Therefore, providing a logical explanation of disability in the contents, and self-finding and reflection opportunity in the learning process are equally important to ensure such changes in participants of DET.

Therefore DET should not be taken as a propaganda tool to impose the Social Model on participants. DET is rather an educational process to assist internal reflection within each participant, to critically (re)examine his or her standard values on disability.

Disability Equality Training (DET):

- Take disability as a social issue on rights, discrimination and equality rather than individuals' functional issues
- Is based on the Social Model of Disability, not the Individual Model

- Aim to support participants to learn about causes and mechanisms which create disability; and to act to change society to be more just and inclusive, rather than simply raise awareness and change superficial behaviours.
- Avoid using simulation exercise which merely leads to the understanding and emphasis of “inability (impairments)” and functional limitations of disabled individuals.

Components & Contents of DET

DET = Disability (Social Model) + Action Plan Making

Disability as: Discrimination

Action: Change Disabled People → Change Society

There is no standardisation in the content of DET courses. However, two key components of DET are: modules on Social Model perspective and Action Plan Making. All contents of DET are made to facilitate participants step by step to acquire the Social Model perspective on disability and transform them to become agents of change in the realisation of an inclusive society.

However, concrete contents of each DET course have to be designed each time to suit to the needs, type and number of participants. Theoretical explanations of the Social Model of Disability in contrast to the Individual Model may be the main contents for rehabilitation professionals, whereas activities and games to identify social barriers may be more effective for schoolchildren. Chapter Five gives an example of content of DET.

Methods of DET

**Facilitated Participatory Learning
Discovery Learning**

**If I HEAR it, If I () it, If I () it, If I () it,
I FORGET it. I () it. I () it. I () it.**

DET takes Facilitated Participatory Learning approaches as the framework of methods used in DET. It aims at facilitating the self-discovering process, leading to the change of one's own action. Therefore, various approaches and tools to stimulate such learning are used in DET, e.g. role-play, discussion, activities, workshops, and games. The box explains well the difference of impact in the learning process. Try to put verbs in the brackets. Answers are in the footnote¹.

DET & Disability Awareness Training (DAT)

DAT = What disabled people cannot do → how to help

DET = Why disabled people are discriminated → how to break barriers

DET is different from the traditionally practiced disability awareness approach, the so-called Disability Awareness Training (DAT), which usually utilise impairment/disability simulation exercises as its main tool. A fundamental difference of these two trainings is that DAT focuses on functional aspect of disabled people, i.e. what disabled people cannot do, whereas DET deals with disability as social discrimination and inequality. DAT was developed based on the concept of the Individual Model of Disability which regards impairments as the causes of various issues faced by disabled people. On the other hand, DET is based on the Social Model of Disability which regards disabling social institutions as the main cause of issues which are faced by disabled people.

DAT aims merely to teach participants how to help disabled people when they are in trouble. It does not pay much attention to the reasons why they are facing such problems and troubles. On the other hand, DET aims to facilitate participants to learn why such barriers are made, and how to break or to prevent the creation of such disabling social institutions and infrastructures.

Another key difference is the position of participants in each training course. In DAT, participants are considered to have a neutral position, with no direct relationship to the disability issues; "bona fide third person." This individual would wish to learn how to help disabled people, because disability is perceived as an issue of functional limitation or inabilities in the framework of the Individual Model, which is the theoretical basis of DAT. On the other hand, participants of DET are expected to identify themselves as the oppressor or discriminator, contributing to create a disabling society with or without intention although this is mainly due to ignorance and indifference to the issues and needs of disabled people. However, DET also emphasises the transformation from such a "victimisers" position to one of a "change agent" to reform society to be more inclusive and just by supporting the development of their own action plan through their own will and power.

DET pays more attention to the question of why such disabling barriers are made rather than to simply identify and make a list of such barriers; "why" you need to do rather than "what" you need to do. A slogan "Let's help disabled people" does not contribute to the breakdown

¹ From left column: If I (see) it, I (remember) it. If I (do) it, I (understand) it. If I (discover/develop) it, I (use) it. From David Werner & Bill Bower (1982) *Helping Health Workers Learn*, Hesperian Foundation, Palo Alto, (Part Two-1).

of disabling barriers. It may rather contribute to the maintenance of such institutional barriers by encouraging paternalistic attitudes and by putting attention to the real cause of disability aside.

Proactive Action or Reaction

Reaction = maintain barriers

Proactive Action = prevent & break barriers → social change

It is useful to know how to assist or help disabled people when required, sometimes referred to as “etiquette” towards disabled people. However, if people are satisfied with this, it will not lead to social change.

Without doubt, it is important to lend a hand when disabled people need assistance. However, although such a reaction helps disabled people to climb “that” step, it can never break this and other barriers in society. DET ultimately aims to make participants aware of their own discriminative ignorance and indifference which directly or indirectly contribute to the construction of social barriers. In order to realise an inclusive society, it is crucial that participants examine the causes of barriers and develop their own proactive action to prevent and break such disabling barriers in their immediate daily living.

Limitation of Simulation Exercises

Simulation Exercises Emphasise:

- **A functional aspect, NOT a social one**
- **Inability of individuals, NOT capability**
- **What is a barrier, NOT Why it is made**

Simulation exercises e.g. placing non-disabled people in wheelchairs or blindfolding them to experience moving around, only illustrates the functional difficulties, and not at all the experience of inequality or discrimination resulting from an exclusive society. Emphasis on such experiences may limit the understanding of disability to functional aspects and make it difficult to be aware of disability as an issue of rights and equality.

Furthermore, simulation exercises provide only instant, sudden impairments which usually leads to inability and disorientation. It emphasises what people cannot do if they suddenly obtain these impairments. It may create negative connotations around disabled people, as being un-able or less-able, although this is certainly not the case for the many who lead “capable”, independent lives.

It is true that simulation exercises can be used to experience physical barriers in the society, such as steps and stairs. However, simulation exercises are often used only to identify what a “barrier” is, and end up simply teaching participants how to help others climb up steps, or how to guide a blind person. DET emphasises the importance of examining why such barriers are made, and facilitates action to break them and prevent their creation. Limitations of simulation exercises are also discussed in articles listed in the footnotes².

Why the Social Model?

Social Model = Explains disability as discrimination

Only the Social Model of Disability can logically explain disability as discrimination, oppression and social exclusion towards disabled people. It also elucidates various social barriers which restrict the mainstream participation of disabled people.

The Individual Model of Disability has two core features. Firstly, it distinguishes people as either so-called “normal” or “abnormal (i.e. people with impairments)” by setting a standard to define these two groups in terms of physical condition. Since it defines “normal” as an appropriate condition/being, it therefore regards disabled people as inappropriate and inferior beings. Secondly, disabled people are expected to become “normal”, and “rehabilitation (in narrow sense, i.e. therapy)” is regarded as the sole and right path to this functional “normality”.

On the other hand, the Social Model of Disability has alternative core notions. The Social Model of Disability makes it explicit that the functional condition of people is diverse and, as a fact, not everyone can become so-called “normal” in terms of physical function even after ten or twenty years of “rehabilitation (therapy)”. Therefore, the only and appropriate approach to realise full participation of all disabled people is to remove the barriers which hinder participation of disabled people in our society.

Why an Action Plan?

“I know” → “I do”
Reaction → Proactive Action
Sense of Guilt → Change Agent

There are three main reasons of why Action Plan Making is an indispensable component of DET. First, DET aims not only to facilitate participants to understand disability from the Social Model perspective but also to facilitate them to be a change agent in the creation of a just

2 French, S. (1992). “Simulation Exercises in Disability Awareness Training: A Critique.” *Disability & Society* 7(3): 257-266; and Kiger, G. (1992). “Disability Simulations: Logical, Methodological and Ethical Issues.” *Disability & Society* 7(1): 71-78.

and inclusive society. "I know" is not enough. If Action Plan Making is not properly included, many are left feeling: "Now I understand what disability is, but I do not know what to do or how to do it." "I think government should take necessary actions (not me, it is not my business)." The ultimate purpose of DET is to realise a just and equal society for all, not just to increase an individual's knowledge and information on disability.

"Knowing" is not enough. We need to act. But what does DET expect people to do after the training? That is the second point. DET expects participants to take steps to think and take inclusive, enabling and proactive action to break various barriers found daily in their own lives, not just to lend a hand to disabled people at stairs or pedestrian crossings. Each participant's environment, situation and ability are different and there is no ready-made action plan that suits everyone. Each person has to make their own action plan to break disabling barriers. This process helps participants to absorb the theory and concept of the Social Model they have learnt into their real-life situations.

Similar to other training programmes on discrimination, non-disabled participants of DET who correctly understand disability may feel a sense of guilt, and identify her/himself as an oppressor to disabled people due to her/his discriminative ignorance and indifferences. In addition to this, they may feel frustration for not being able to solve such feelings constructively. A module of Action Plan Making helps participants transform themselves from oppressors to active change agents by developing their own concrete and achievable action plans.

Who is a DET Trainer?

**DET = Experience + Understanding + Training &
Trainer = of Disability of Social Model Facilitation Skill**

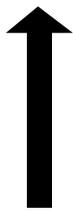
DET Trainer = Expert on Disability Education

Only people who have experience of disability, understand the Social Model of Disability and have proper training and facilitation skills can become a DET trainer.

Having one's own experience of disability, i.e. the experience of discrimination and social exclusion as outlined in the Social Model, is the most indispensable requisite to be a DET trainer, yet it is not enough. It is also essential to be able to use the Social Model perspective to explain such experiences logically and to design and deliver educational processes to participants of a variety of ages and backgrounds. Therefore, the two core components of TOT of DET are the Social Model of Disability and training skills (e.g. facilitation and presentation). DET takes Facilitated Participatory Learning approaches. It requires Trainers to have a proper set of facilitation and presentation skills.

There is no official qualification system for DET Trainers. Several organisations run their own training courses to train DET Trainers. There are ongoing discussions about “non-disabled DET Trainers”. Some suggest that non-disabled people can be DET trainers, although the majority believe DET trainers should be disabled people.

Six Levels to become a DET Trainer



6. Able to facilitate people to act
5. Able to facilitate people to discover Social Model
4. Able to make people understand what is Social Model
3. Able to explain logically what is Social Model
2. Able to talk about Social Model
1. Able to understand Social Model by yourself

If you want to be a DET trainer, you must be able to facilitate participants to discover perspectives which the Social Model of Disability explains and free yourself from the mindset of the Individual Model. A DET trainer must also be able to facilitate the transformation of participants into agents of change that can change society into a more inclusive and enabling one. All DET trainers must reach this level of knowledge and training skills.

Who Should Participate in DET?

DET is for Everyone

**DET is for : non-disabled people = facilitate inclusive action to
break barriers**

: disabled people = empowerment

DET is for everyone. DET enables non-disabled people to gain the Social Model perspective and develop proactive and inclusive actions to break various barriers, contributing to the creation of a better society for everyone. DET also provides an empowerment process for disabled people to overcome the internalised non-disabled peoples’ discriminative sense of values by developing an alternative logical theory on disability.

DET Course Programme

Purpose: Identify disabling barriers + Enabling Action

Length: ½- 2 days

Methods: Facilitated Participatory Learning

Contents: Social Model of Disability + Action Plan Making

Purpose:

The ultimate goal of DET is to facilitate participants to be agents of change. To realise this goal, DET has two essential aims. The first is to stimulate participants to have an alternative view of disability which examines it as social issue, i.e., to gain the Social Model perspective on disability. The second is to facilitate each participant to develop their own enabling actions to break social barriers based on the Social Model of Disability.

Course Length:

A minimum of two days is suggested to run an effective DET course. It is also recommended to have a follow-up session after a certain period to support and monitor implementation of action plans made by participants. However, in practice, a half-day to one-day course is common as a DET programme.

Conclusion

DET = Not giving answers but Questions to keep thinking

Most peoples' perception of disabled people is strongly influenced by the notion of the Individual Model which is strongly rooted and connected to capitalism and meritocracy which dominate values in current world society. Therefore, it is not merely a 'model', but an intrinsic part of fundamental standard values, impossible to change by a mere half- or one-day DET course. What DET can do is to provide an opportunity for participants to start to think critically of disability and to view their own sense of values from an alternative perspective. It can facilitate them to keep thinking, by posing problems and providing tools to examine disability and the issues faced by disabled people.

Summary Sheet: What is DET?

1. What is the purpose of DET?

To make people become agents of change (by discovering a new understanding of disability, i.e. Social Model, and proactive and enabling action to change society to be more inclusive and equal.)

2. What are the contents of DET?

Disability (Social Model) and Action Plan Making

3. What are the Methods used in DET?

Facilitated Participatory Learning (FPL)
Discovery Learning

4. How DET explains disability?

Social exclusion, Inequality, Oppression, Discrimination, Restriction of (full) participation

5. DET can be what for non-disabled people; and, what for disabled people?

For Non-disabled people: Disability Education
For disabled people: Empowerment

6. DET is NOT ...

Propaganda, Agitation, Speech/Lecture, Demonstration

7. What are the differences between DET and DAT (Disability Awareness Training)?

DAT: On WHAT disabled people "cannot" and how to help
DET: On WHY disabled people are discriminated and how to BREAK barriers, and to CREATE an inclusive and enabling society

8. What are the limitations of Simulation exercise and DAT?

DAT (Simulation) focuses on:

- Only functional aspects, NOT social ones
- Inability of individuals, NOT capability
- What is a barrier, NOT why it is made

9. Why is Action Plan Making a component of DET?

To change from "I know" to "I do/act"
To change action from reaction to proactive action
To free participants from the sense of guilt to allies of disabled people as agent for change

10. Who is a DET Trainer?

Disabled people who have three factors
Disability educationist

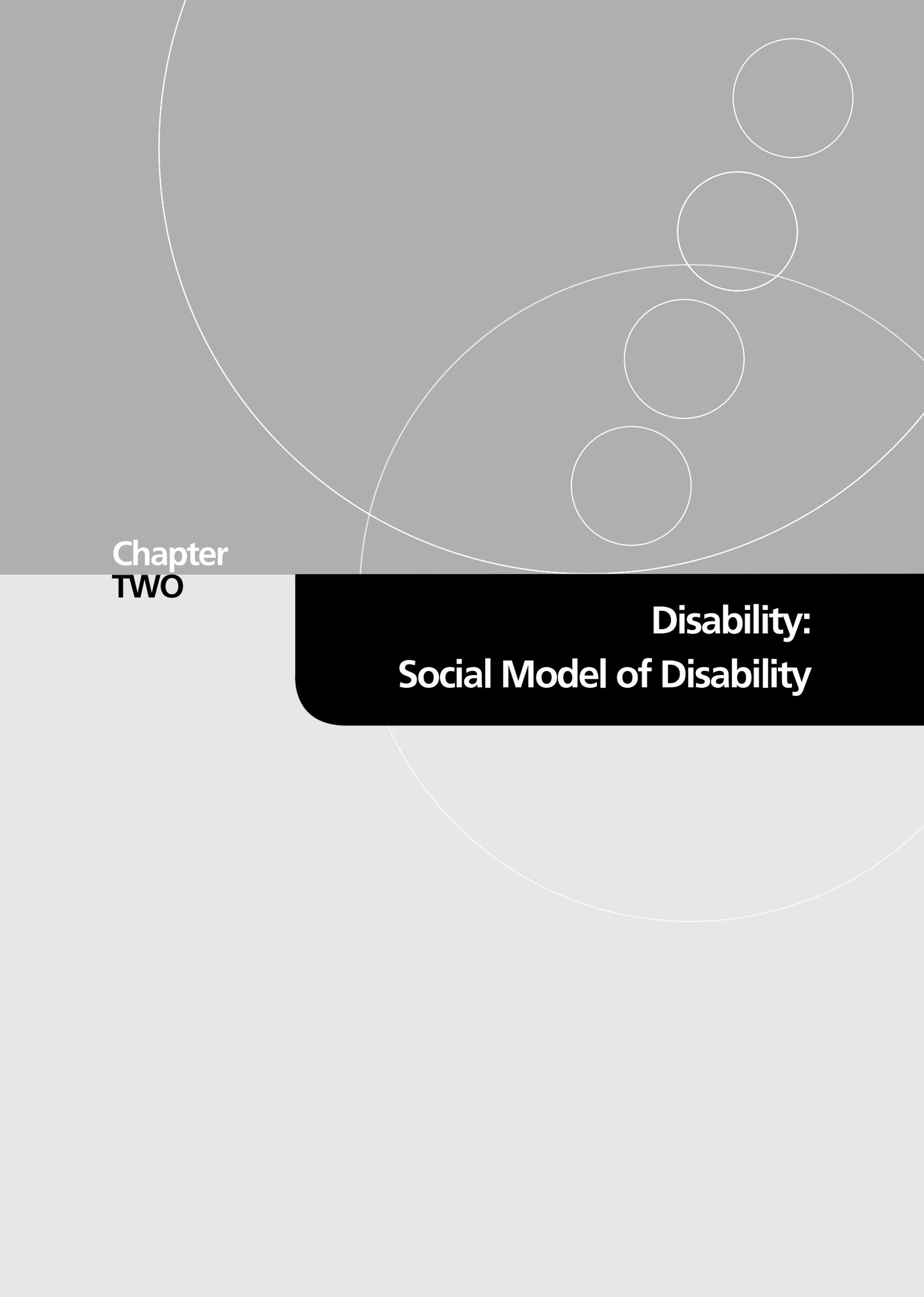
11. What are the 3 key factors to be a DET trainer?

Experience of Disability (in terms of discrimination, exclusion, inequality)

Understanding of Social Model

Facilitation Skill



The background features a light gray gradient with several overlapping white circles of varying sizes. A dark gray banner with rounded corners is positioned horizontally across the middle of the page. The text is white and centered within the banner.

**Chapter
TWO**

**Disability:
Social Model of Disability**

Learning Questions of This Module

1. How do the Individual Model and Social Model of Disability explain disability?
2. Can you explain the differences between the Individual Model and Social Model by the following points:
 - Location of Disability
 - Cause of Disability
3. What are impairment and disability in the Social Model perspective?
4. What are the relationships between impairment and disability, according to the Individual Model and Social Model?
5. What are the conceptual differences between two expressions: persons with disabilities and disabled people?
6. How does the Social Model redefine the meaning of “disabled people”?
7. Complete the following matrix.

	Individual Model	Social Model
People		
Cause of disability		
Location of disability		
Process		

8. How does the Social Model view the notion of “Normal” and “Special”?
9. Answer the following frequently asked questions (FAQ):
 - Does the Social Model say (medical) rehabilitation is not needed?
 - Don't you want to walk again?
 - So both Individual and Social models are needed. (Our NGO provides vocational rehabilitation, not medical therapy. So, we are doing Social Model.)
10. Can you explain the difference between “model” and “approach (intervention)”?
11. What points need to be highlighted to explain disability from the Social Model perspective?
12. What techniques should be used in explanation and diagram making?
13. What are the points to redevelop your story from the Social Model perspective?

(see answers at Summary Sheet, page 25)



Introduction to the Social Model of Disability

Social Model of Disability

What?: Foundation of DET

Disability as socially constructed discrimination against people with impairments

Why?: Essential to create inclusive and enabling actions

Learning Target: Understand the Social Model at least up to level 4

What is the Social Model of Disability?

Social Model of Disability is a foundation on disability of the DET. As it is a model, it gives us a logical explanation how disability is created and its nature, i.e. disability is a socially constructed discrimination against people with impairments.

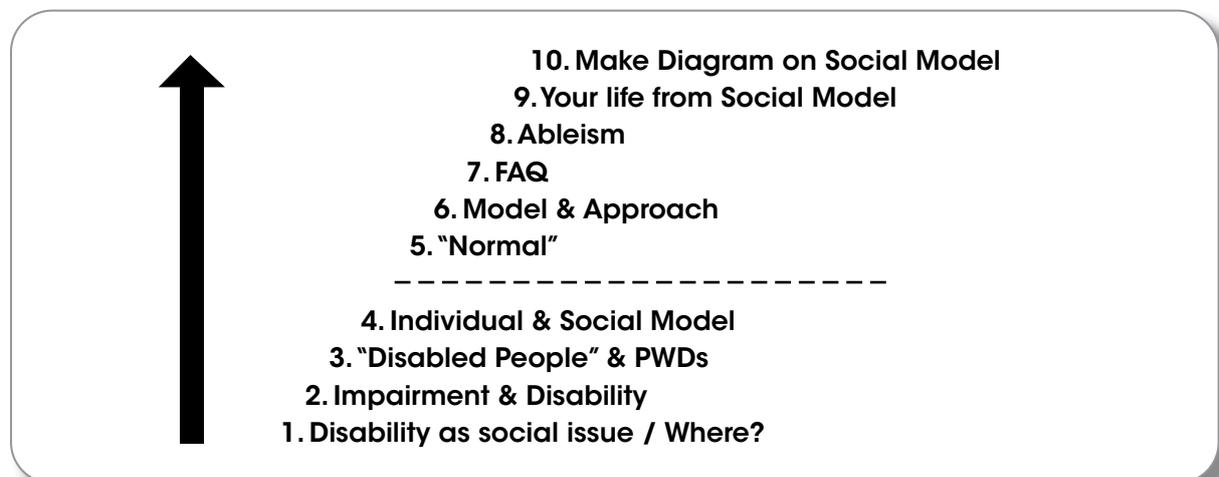
Why does DET include the Social Model of Disability Module?

The Social Model of Disability is essential conceptual foundation on disability in order to create an inclusive and enabling society. Without this perspective and understanding on disability, participants of DET are not able to develop inclusive and enabling actions.

What are the targets of your learning?

The DET Forum developed 10 levels/steps in understanding the Social Model of Disability. To be a DET trainer, you must reach at least level four. However, level 4 is really a minimum level of understanding of the Social Model and you should have full understanding of the Social Model to conduct effective DET.

Ten Levels of Understanding on Social Model of Disability



These are the 10 levels or steps in understanding the Social Model of Disability. This was developed for designing step-by-step training on the Social Model for trainees of TOT of DET and to monitor and evaluate trainees' achievements if they are capable to conduct DET as trainers. A DET trainer's capacity is evaluated based on the levels of understanding the Social Model and acquisition of training skills explained in Chapter 3.

Levels 1: Disability is in the Society, NOT in the Person



The first and the most important step in understanding the Social Model is to understand that disability is in the society and not in the person. Thus, the onus on solution shifts from individuals with impairments to the society.

Level 2: Impairment and Disability



The Social Model defines the meaning of "disability" as socially constructed segregation imposed to persons with impairments, i.e., social exclusion and restriction of participation. In contrast, "Impairment" is defined as functional limitations (differences) of individuals. The Individual Model, which was taken by the World Health Organisation (WHO) as a classification framework of disability in 1980s as International Classification of Impairments Disabilities and Handicaps (ICIDH), takes linear causal linkage as impairments as the cause of the disability. On the other hand, the Social Model does not recognise direct causal linkage between impairments and disability, although takes both as issues but two separate issues.

The following are key definitions on disability from Social Model perspective:

“Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. ...and disability as the disadvantage or restriction of activity caused by a contemporary social organisation, which takes no or little account of people who have physical impairments, and thus excludes them from participation in the mainstream of social activities (The Union of the Physically Impaired Against Segregation [UPIAS] 1975: 14).³”

“A disability is the disadvantage or restriction of activity caused by social factors which take little or no account of people who have impairments and thus exclude them from the mainstream of social activities. (Disabled Peoples’ International)

Level 3: Disabled People and Persons with Disabilities

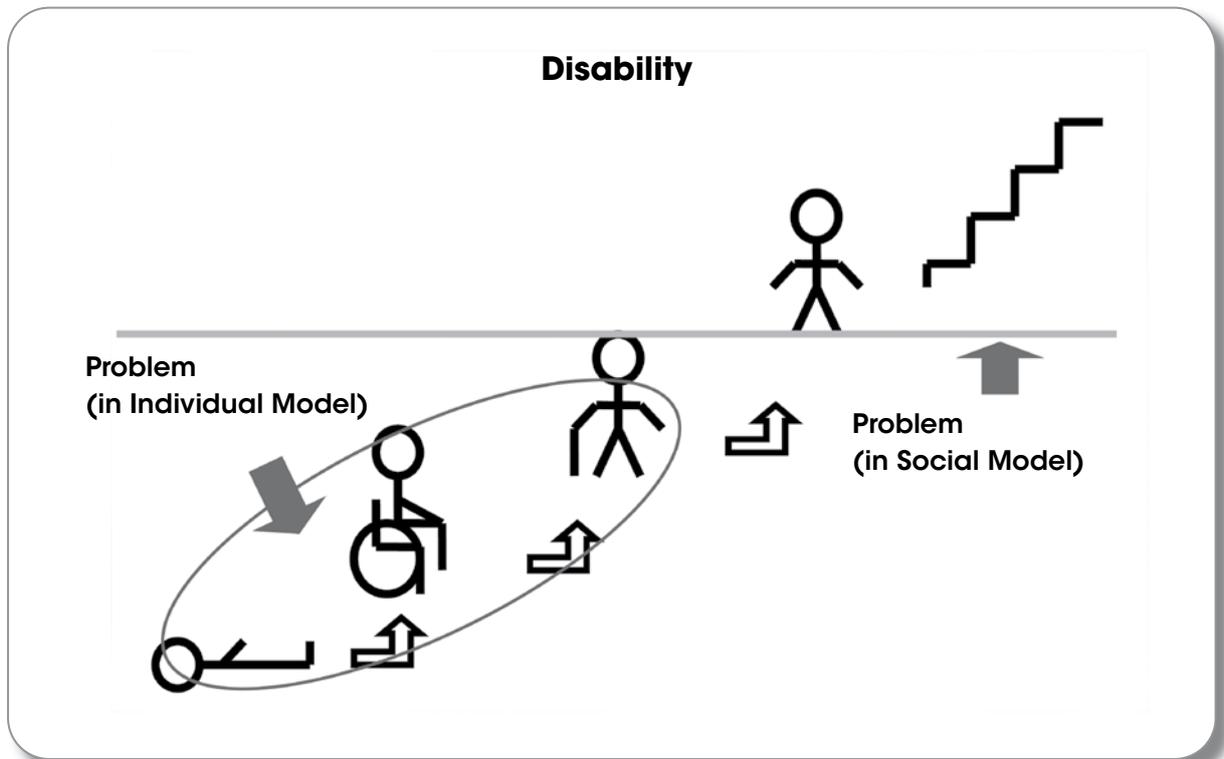
Disabled People
Persons with Disabilities
Persons with Impairments

The Social Model intentionally uses the term “disabled people” instead of “persons with disabilities” in order to reflect the fact that people are “disabled” by the society. As explained above, the Social Model clearly distinguishes impairments as functional limitations which belong to individuals, and disability as socially constructed discrimination against people with certain conditions. A people-first movement promotes the term “persons with disabilities” by explaining that disability is mere part of a person. However, the Social Model cannot accept the notion that disability belongs to the person. Disability is socially constructed barriers which belong to the society, not the person. For instance, the Government of the United Kingdom uses the term “disabled people” in official documents by reflecting the strong disability movements in the UK which reflect the concept of the Social Model of Disability.

However, persons with impairments, e.g. persons with physical impairments, can be used to refer to a person who has impairments in the Social Model, since impairments is the individuals’ functional condition.

3 UPIAS (1975) Fundamental Principles of Disability.

Level 4: Individual Model and Social Model of Disability (1)



The fundamental conceptual differences between the Individual Model and the Social Model of disability are on two points: how to define the condition of "people" (whether to accept the concept of "normal" or not); and the process of solution of disability.

First of all, the Individual Model accepts the concept of normal, i.e., people can be divided into two categories, i.e., normal and not normal, i.e. disabled people as "abnormal" people. And such "abnormal" people, i.e. disabled people, are seen as the "problem" or having the problems in the view of the Individual Model. Then it believes that people must/should become "normal" by recovering functionally as an essential process or prerequisite to "return" to the society as a path to solve the disability.

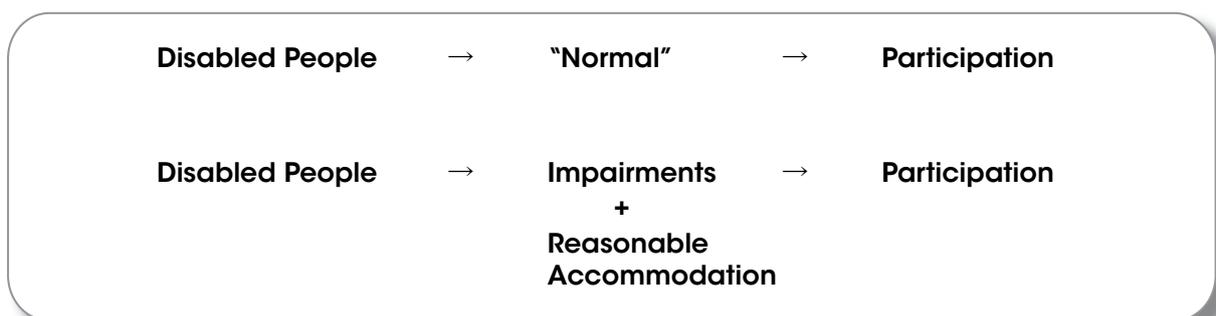
On the other hand, the Social Model denies the concept of "normal". It does not accept the notion to divide people into two categories of "normal" and "abnormal". Instead, it values diversity of people in terms of functions and structure. A society which cannot include persons with different functional conditions is responsible for its failure of inclusion. Hence the process of solving the disability is to make society be more inclusive by breaking down barriers and creating reasonable accommodation without setting certain functional conditions as prerequisites of inclusion and equal social participation.

Level 4: Individual Model and Social Model of Disability (2)

	Individual Model	Social Model
Goal	Return to Normal (ideal / sole path)	Realise Participation
Process	Rehabilitation (return to society)	Social Change
Perception	Prerequisite Thinking (deficit thinking)	Breakthrough Thinking (capacity thinking)
Process of Solution	Disabled ↓ "normal" ↓ Participation	Impairments + Reasonable Accommodation = Participation

The table above summarises the conceptual differences between the two models of disability. It is impossible to integrate the Individual Model and the Social Model into one model since both have completely different foundations of understanding disability, although some say such "integration" is possible.

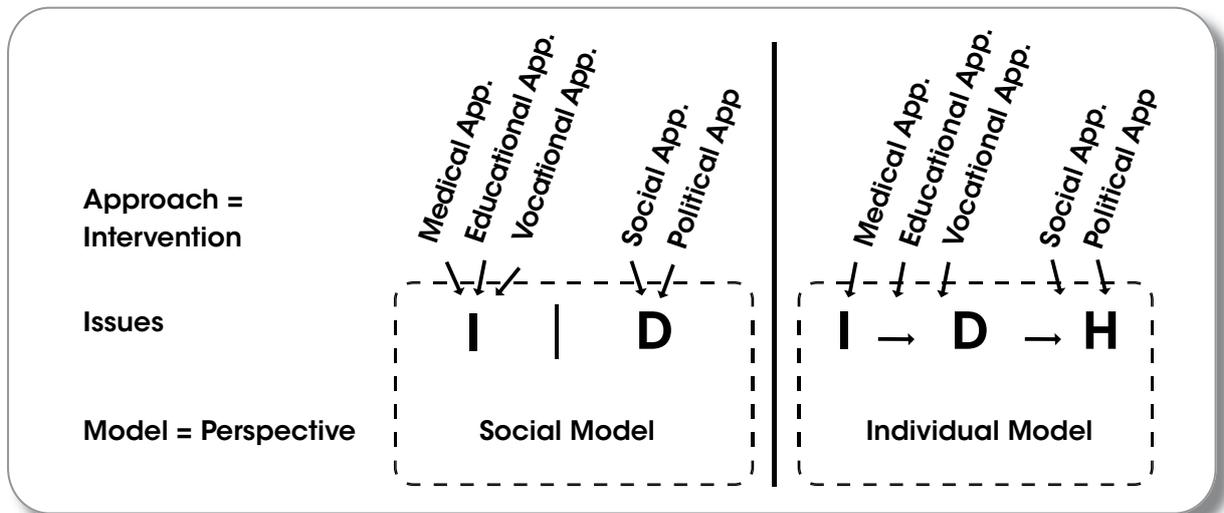
Level 5: Concept of "Normal"



The Social Model denies the concept of "normal" which divides people into two categories. Hence, it does not set a condition of being so-called "normal" as a process or prerequisite condition of equal participation.

DET trainers must emancipate participants from two most common stereotypical misunderstandings which were created by the influence of the Individual Model, i.e. people supposed to be normal, and the process of solution of disability is to make disabled people functionally "normal" by "rehabilitation" to realise equal participation in a society.

Level 6: Model and Approach



(I = impairment, D = disability, H = handicap)

Most critiques on the Social Model of Disability are due to misunderstanding or confusion between “Model” and “Approach”. The Social Model of Disability and the “social approach” are completely different. Such confusion occurs since both words “individual (or medical)” and “social” are used in the terms of the disability models. If other terms are used, e.g. “normalcy model of disability” for the Individual Model and “diversity model of disability” for the Social Model, such confusion could be avoided.

“Model” is a framework or perception to explain situations and relationships or conceptual mechanisms of factors. On the other hand, an approach is a set of methods or interventions. Both Individual (or medical) approach and social approach are taken in the scope of the Social Model of Disability, since the individual and medical approach are appropriate ways of intervention on the issue of impairments, and as the social approach for the issue of disability respectively. On the other hand, Individual Model of Disability and Social Model of Disability cannot be integrated since both are completely different frameworks on disability, i.e. completely different explanation on disability.

Level 7: Frequently Asked Questions (FAQ) in DET

Resistance & Misunderstanding

Are you saying rehabilitation (therapy) is not needed?

Don't you want to walk (again)?

So, both medical & social model are needed.

(I do vocational rehabilitation, not medical rehabilitation. So I do social model, don't I.)

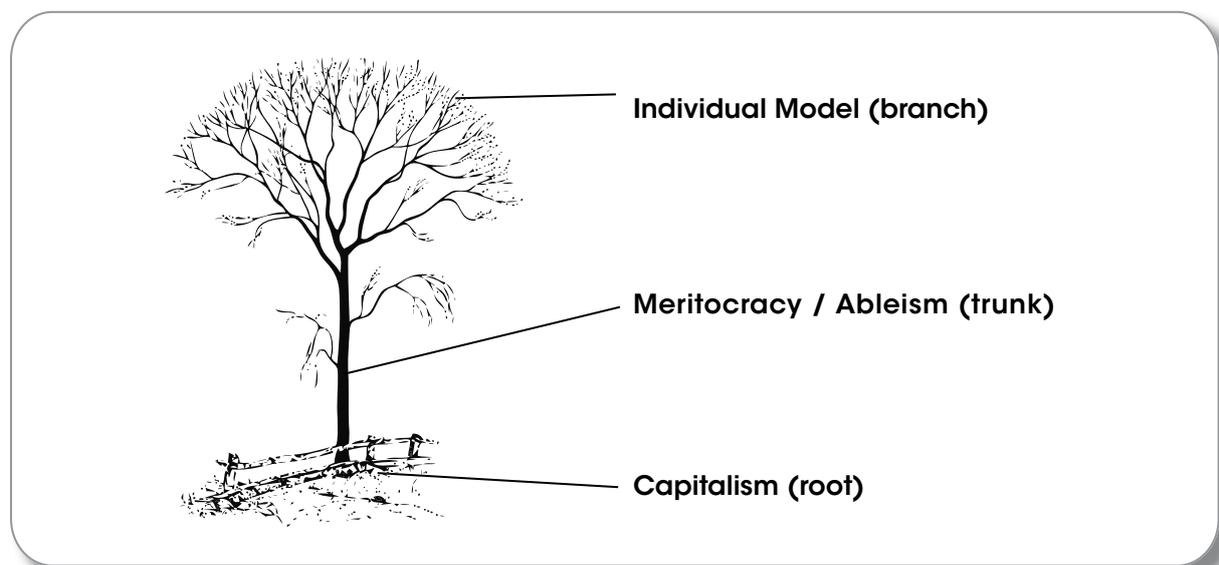
These three questions are often expressed based on the misunderstanding of the Social Model of Disability. And all DET trainers should be able to answer correctly by correcting their misunderstanding of the Social Model. The following are examples to answer to these FAQs.

For FAQ 1: Therapy is an important and effective approach to deal with the issues of impairments of individuals. However, therapy does not work on disability which definitely needs approaches to break social barriers which are not related to therapy for individuals.

For FAQ 2: Please distinguish between the issues of impairments (functional limitations) and disability (social segregation and exclusion). Whether one wishes to walk or not is the individual's choice in terms of physical ability (impairments) and not the issue on disability.

For FAQ 3: No. Although medical and social "approaches" are necessary to intervene in issues of impairments and disability respectively, the Individual (Medical) Model and Social Model cannot be combined or integrated into one model of disability. (*Individual Model and Medical Model refer to the same model of disability. These terms are often used interchangeably.)

Level 8: Ableism and Disablism



Ableism is described as denoting an attitude that devalues or differentiates disability through the valuation of able-bodiedness equated to normalcy⁴. For some, the term ableism is used interchangeably with the term disablism.

DET challenges the notion of ableism which shares same foundation with the Individual Model. DET trainers must facilitate the shift of participants' perception of disability from the Individual Model to the Social Model. However, the Individual Model of Disability is not just a model of disability but strongly rooted to the general value standard of people, especially to Meritocracy, which is also rooted to Capitalism. Therefore, to challenge the concept of the

4 Campbell, F (2008) Refusing Able(ness), MC Journal v11 (3).

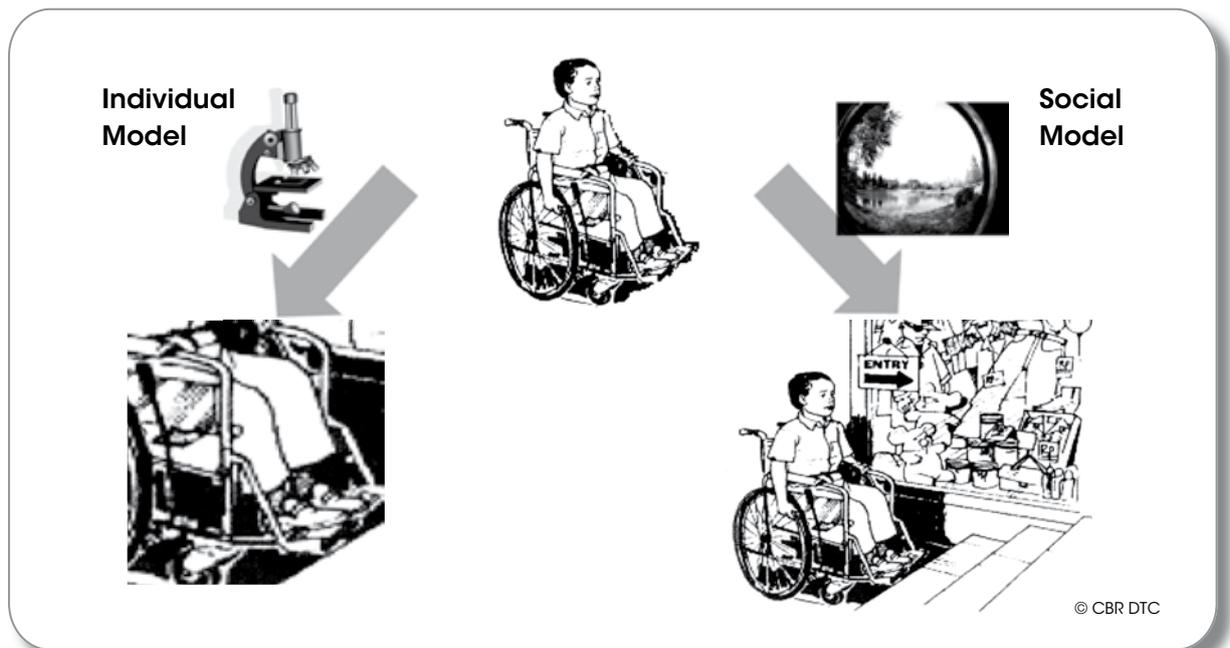
Individual Model is to challenge meritocracy and capitalism which make up the de facto foundation of the value standard in current society. Therefore it is not easy for DET trainers to challenge the notion of the Individual Model.

Level 9: Your Life from the Social Model Perspective

Social Model	Individual Model
"What's wrong with the SOCIETY?"	"What's wrong with YOU?"
"I could not go to school because school was inaccessible and did not provide any supporting facilities."	"I could not go to school because I could not climb up stairs."

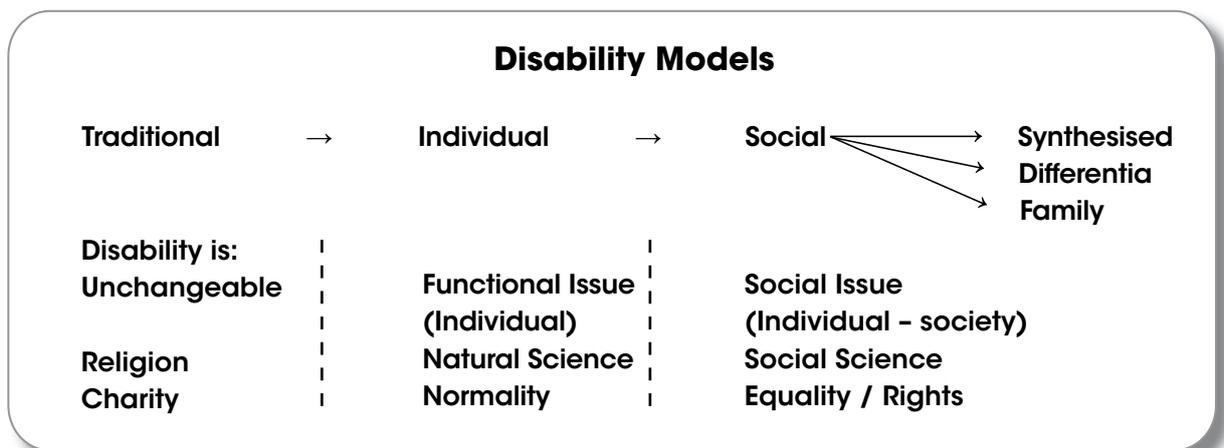
The sentences above show how different the perspectives to see the situation from the Individual Model and the Social Model perspectives. The former tries to see disability and the cause in the person, and the latter in the society. DET trainers must be able to describe the situation from the Social Model perspective. Often this can be used as an exercise to discover the perspective of the Social Model in DET.

Level 10: Diagram on the Social Model



DET trainers should be able to develop visual images and diagrams which explain the differences between the Individual Model and the Social Model. Visual images always help sighted participants to grasp the core idea of the Social Model. There are lots of examples in DET which explain the Social Model or differences between two disability models with diagrams, photos, and illustrations. Illustrations/diagrams used in this chapter are some of these examples, including the one above.

Other Models on Disability



Although the most important discussion on disability can be made in the comparison between the Individual and the Social Model, DET trainers should know the further discussion on the models of disability. The synthesised model is developed based on the attempt to synthesise the polarised Individual and Social models, which presented a thesis-antithesis proposition. WHO's International Classification of Functioning, Disability and Health (ICF) is one of such examples. The Differentia model refers to various models which were developed based on the critiques of both the Individual and Social Model of disability, namely, Social Model of Impairments, Culture Model, Affirmation Model, Inclusion Model, and Post-modern Model. The Family Model of disability claims that disabled people are not the only ones affected by disability, but family members as well. It argues that although their experience of disability is in a different form, it should be recognised and addressed as a disability, since disability is a larger concept than merely physical and functional issues but social issue as well⁵.

5 You can refer to details of these models in Part 4 of Liz Carr, Paul Darke & Kenji Kuno (2012), *Disability Equality Training*, MPH Publishing.

Conclusion

UN CRPD

"...disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

United Nation's Convention on the Rights of Persons with Disabilities (UN CRPD) reflects the perspective of the Social Model of Disability in its explanation of the meaning of disability. It can be used as an acceptable and common framework on disability for anyone who works on disability.

Summary Sheet: Disability: Social Model of Disability

1. How do the Individual Model and Social Model of Disability explain disability?

Points:

Individual Model of Disability:

People should be "normal": People can be divided into "normal" and "abnormal (disabled people)"

Problem is disabled people (disabled people have problems)

Make disabled people "Normal" by rehabilitation

Social Model of Disability:

People are diverse: People cannot be divided into two categories, "Normal" and "Abnormal"

The problem is that it has become the norm to divide people into two categories and society created only to cater to certain condition of people, i.e. socially constructed "normal" person

Change such discriminating norms and society to be more equal and inclusive

2. Can you explain the differences between Individual Model and Social Model by the following points:

Location of Disability:

Individual Model of Disability: in individual

Social Model of Disability: in society (environment, social norms, people's mindset)

Cause:

Individual Model of Disability: impairments

Social Model of Disability: socially constructed barriers (norms/values)

3. What are impairment and disability in Social Model perspective?

Impairment: physical/intellectual/psychosocial differences

Disability: socially constructed inequality imposed toward persons who have impairments (or to groups of individuals which are constructed as different by society or social norms).

4. What are the relationships between impairment and disability in the Individual Model and Social Model?

Individual Model of Disability: causal linkage from impairments (cause) to disability (result)

Social Model of Disability: both are issues but independent (no causal linkage)

5. What are the conceptual differences between two expressions: persons with disabilities (PWD) and disabled people?

PWD: people first. But disability (in terms of physical/intellectual/psychosocial differences) belongs to the person.

Disabled people: people are dis-abled by the society. Disability does not belong to persons, but imposed on a group of people who are seen or categorised as "different".

6. How does the Social Model redefine the meaning of “disabled people”?

Before: it means incapable person, unable person, and invalid person.

After: person who is disabled by society

7. Complete the following matrix.

	Individual Model	Social Model
People	Can be divided: normal - “abnormal” (disabled people) “Normal” is ideal condition	Diverse
Cause of disability	Impairments	Socially constructed barriers / Norm
Location of disability	In individuals	In Society
Process	disabled → “normal” → Participation	Impairments + Reasonable Accommodation = participation

8. How Social Model views notions of “Normal” and “Special”?

Do not agree to the concept of “Normal”, because people are diverse with different condition.

There are no “normal” people.

Normal is a socially constructed norm to exclude people with certain condition as abnormal.

Do not agree to “Special”, but promote inclusive standard (universal and inclusive)

9. Answer to the following frequently asked questions (FAQ)

- Does Social Model says (medical) rehabilitation is not needed?

No. Medical rehabilitation is important as an intervention or approach to the issues of impairments (by distinguishing impairments and disability). But do not take improving impairments by rehabilitation as a solution for disability. Impairments and Disability are separate issues.

- Don’t you want to walk again?

Yes/No. I may like to walk. But please do not impose on me the ability to walk as a condition to go to school. Exclusion from school should be solved as an issue of exclusion toward people with different conditions.

- So, both Individual and Social models are needed. (Our NGO provides vocational rehabilitation, not medical therapy. So, we are doing Social Model.)

No. Please do not confuse model and approach (intervention).

10. Can you explain the difference between “model” and “approach (intervention)”?

(See explanation for level 6)

11. What points need to be highlighted to explain disability from the Social Model perspective?

(See explanation for level 9)

12. What techniques should be used in explanation and diagram making?

Simplification

Comparison

13. What are the points to redevelop your story from the Social Model perspective?

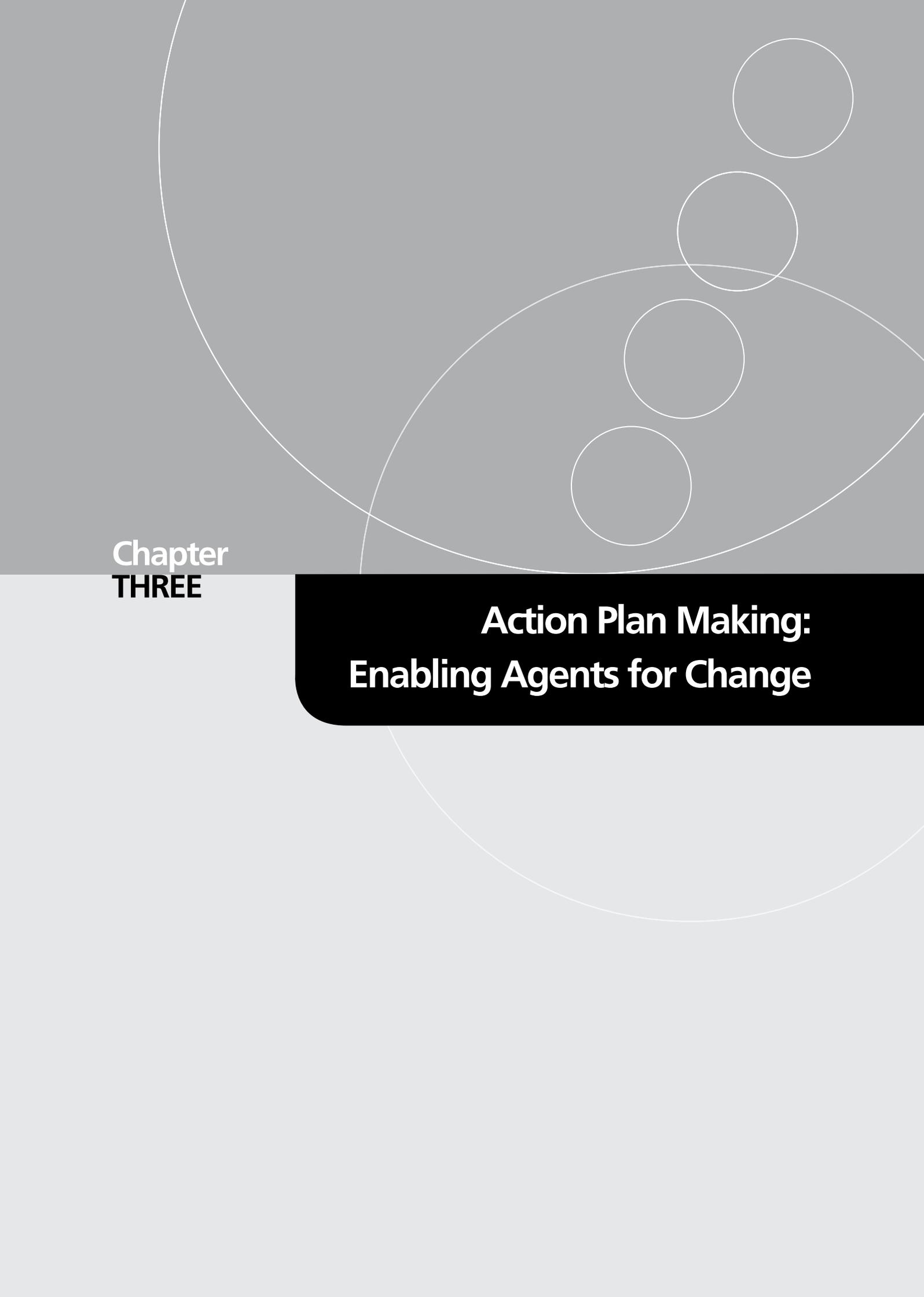
How socially constructed barriers/norms disabled you (taken opportunities from you).

How social change is needed, rather than recovery (by extending your experience to other disabled people/ generalisation)

Do not focus too much on impairments aspect and medical history.

Be careful to use your own “winning story” (how you have overcome by your own efforts).



The background features a light gray gradient with several overlapping white circles of varying sizes. A dark gray banner with rounded corners is positioned horizontally across the middle of the page. The text is white and centered within the banner.

Chapter
THREE

**Action Plan Making:
Enabling Agents for Change**

Learning Questions of This Module

1. Why is Action Plan Making necessary in DET?
2. What Actions should be encouraged in Action Plan Making?
3. What Actions should NOT be encouraged in Action Plan Making?
4. Explain "Open Box Solution".
5. Explain "Twin-Track Approach".
6. Explain "2E Approach (Empowerment and Enablement)".
7. Explain "2B Approach (Break and Build)".
8. What points should you bear in mind when you facilitate Action Plan Making?

(see answers at Summary Sheet, page 42)



Introduction to Action Plan Making

What?: One of two key modules of DET

To be agents of change

Facilitate inclusive actions

Why?: DET is action oriented training

Learning Target: Able to design & conduct Action Plan Making module to various participants

What is Action Plan Making?

Action Plan Making is one of the two foundation modules of DET. It is an essential process for participants to be agents of change. The DET trainer must facilitate inclusive, enabling and proactive actions for social change in relation to the work and lives of participants. "Breakthrough thinking" is encouraged rather than "prerequisite thinking". Process is either collective or individual exercise.

Why does DET include an Action Plan Making Module?

DET is an action-oriented "training", i.e., participants are expected to be agents of change by identifying actions which they will do to create an inclusive society. DET is not a lecture to teach the Social Model of Disability as mere knowledge. Participants will identify themselves as a cause of disability, i.e. they are the ones who are creating barriers that restrict disabled people's equal participation, by taking the first module of DET, i.e. Social Model perspective. DET must not stop at this stage. DET must emancipate participants from the sense of guilt and make them allies of disabled people as agents of change.

What are the targets of your learning?

You must be able to design and conduct action plan making module effectively to various participants.

Structure and Flow of Action Plan Making

Preparatory Exercises

Breakthrough Thinking

Proactive Action

Twin-Track Approach

Inclusive Approach

2E (Enablement and Empowerment)

2B (Break and Build)

Reasonable Accommodation

"Nothing About Us Without Us"

Main Exercise

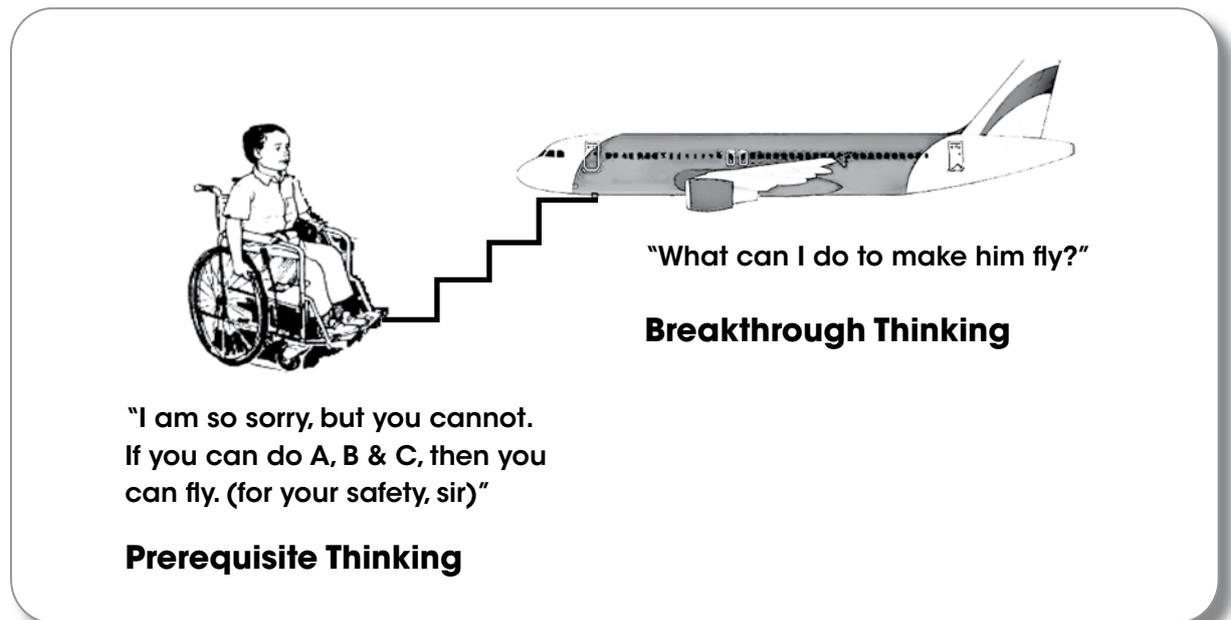
Action Plan Making

DET aims to facilitate participants to become agents of change to develop an inclusive society. What action must DET trainers facilitate? Do you want participants to “rehabilitate” disabled people, or put disabled people into residential institutions? No. What we want to promote as actions in DET is to enable participants to be allies of disabled people to promote inclusive social change. Breakthrough thinking and proactive action are foundations of action. The Twin-Track Approach is a framework of action. The inclusive approach, 2E (Enablement and Empowerment), 2B (Break and Build) and Reasonable Accommodation are the concrete approaches for inclusive actions.

In addition, it must be promoted to respect and practice participation of disabled people in decision making and planning process of their actions, as foremost important practice.

The above-mentioned concepts and actions are learned by discovery learning as preparatory exercises. Then feasible and concrete actions which are closely linked to their work and living which they will really do after the DET are developed as the final main exercise of Action Plan Making. This process transforms participants from “oppressors” to allies of disabled people as agents of change.

Breakthrough Thinking



First and foremost, DET trainer must start the session of Action Plan Making to develop positive and active attitudes among participants toward making actions to transform themselves from oppressors to agents of change as allies of disabled people.

A DET trainer facilitates them to discover power of breakthrough thinking to develop creative solutions and action, in contrast to the prerequisite thinking which does not lead to solutions but maintains the status quo of current exclusive and discriminative society. Breakthrough thinking is a way of creative thinking to solve the problem. This way of thinking

must be acquired by participants to be agents of change to create an inclusive and enabling society.

However, our thoughts are often influenced by prerequisite thinking, which sets something, e.g., functional abilities to walk as a “righteous requirement and standard” to do or to be. For instance, airlines often demand passengers to be able to walk, climb up stairs and sit straight as required conditions to fly with that airline. If not, they refuse passengers. DET must challenge such exclusive ways of thinking and acting. Prerequisite thinking does not create solutions but only produce excuses for not doing so. Although it is a huge challenge for DET trainers to facilitate a shift of thinking from prerequisite thinking to breakthrough thinking, DET trainers must facilitate this process by applying discovery learning exercises at the very beginning of this module.

DET trainers may show participants several examples of inclusive actions on how to develop some concrete ideas of what they can and will do as inclusive actions at this stage or just before the final Action Plan Making.

Proactive Action, NOT Reaction

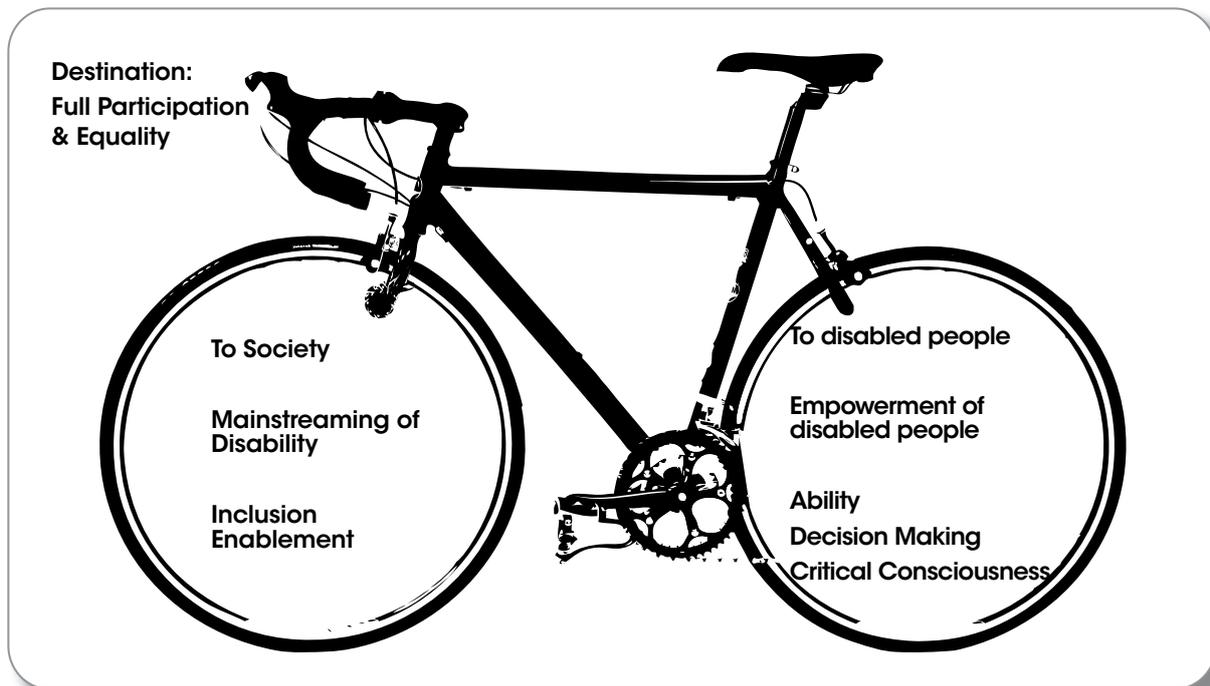
“If you see a baby drowning you jump in to save it: and if you see a second and a third you do the same. Soon you are so busy saving drawing babies you never look up to see there is someone there throwing these babies in the river.” (Wayne Eltwood)

DET trainers should promote proactive actions rather than reactions. Let’s find the difference between them. If there were steps in front of the shop, lifting up the wheelchair every time a customer who uses a wheelchair comes is reaction. On the other hand, modifying steps into a ramp is proactive action. Reaction is an action after a “problem” occurs. Proactive action is an action before problems happen, e.g., prevention.

Reaction does not solve the existence of the “problem (steps)” which restricts free movement of wheelchair users. However, proactive action deals with the problem itself, i.e., removing a “problem (steps)”. Reactions to help disabled people when they are in trouble are of course needed. However, DET should promote proactive actions to facilitate the breaking down of barriers rather than allowing existence of such barriers. Reaction allows the retention of such barriers. Only proactive action breaks down barriers.

The above story is used as a story to analyse for participants to discover what action is required for Action Plan Making.

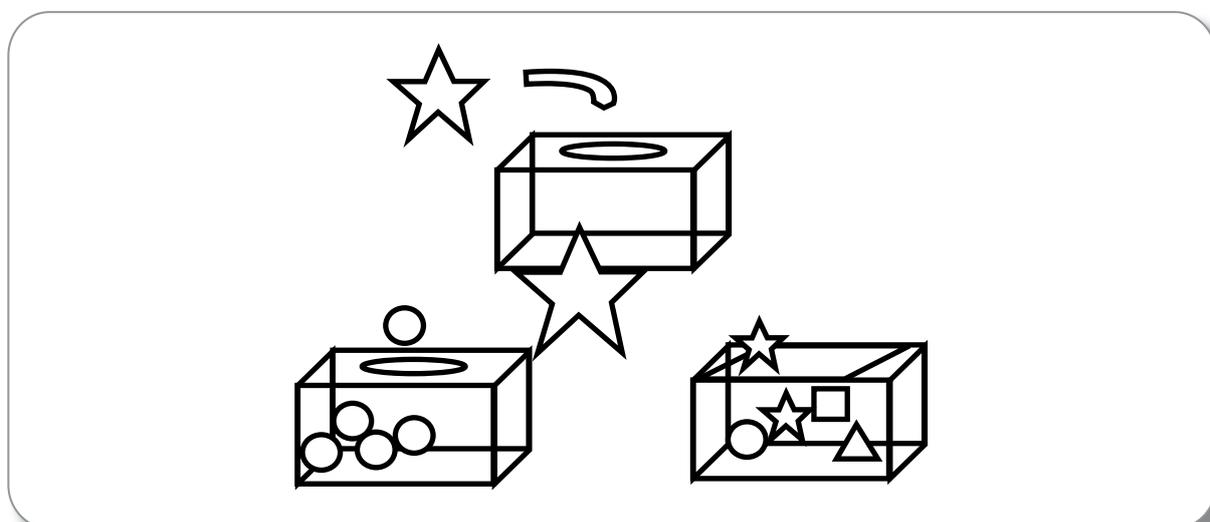
Twin-Track Approach



The Twin-Track Approach is a framework of action to realise full participation and equal opportunities by applying mainstreaming (inclusion and enablement) and empowerment. This framework is taken as a framework of action on disability and development by various development agencies, such as the Japan International Cooperation Agency (JICA) and the Department for International Development, UK (DFID).

The inclusive approach and three different meanings of empowerment are explained in the section of 2E Approach.

Inclusive Approach/ Enabling Social Change



Two most common stereotypes on solution of disability are: disabled people must be recovered to be functionally “normal” by “rehabilitation” to participate in a society; and disabled people need “special” and “separated” services, e.g. “special school/education”. These misunderstandings must be corrected in DET.

Two different models of disability lead two opposite actions to solve disability. The Individual Model of Disability promotes to “change disabled people to fit into a society”. On the other hand, the Social Model of Disability encourages to “change society to be more inclusive and enabling”.

In the diagram shown above, a star symbolises disabled people and the box represents society. An inclusive society enables all people to be in the community regardless of their differences. On the other hand, an exclusive community requires certain conditions as prerequisites to be in the community. Hence, whoever does not fulfil such requirements are excluded from the community.

People tend to have an idea to set up special and separate services for disabled people as solutions, e.g. special schools, special transportation services, special work, etc, rather than make existing services more inclusive.

DET trainers must facilitate participants to discover potentials of inclusive approach in contrast to the recovery-oriented and separated (segregated) approach. This is the first step to develop foundation of making inclusive actions in Action Plan Making by challenging the most common “misunderstanding” and strong stereotypes on the solution of disability, i.e. disabled people must recover to be “functionally normal” to participate in society, and special and separated approaches are needed.

2E Approach: Empowerment and Enablement



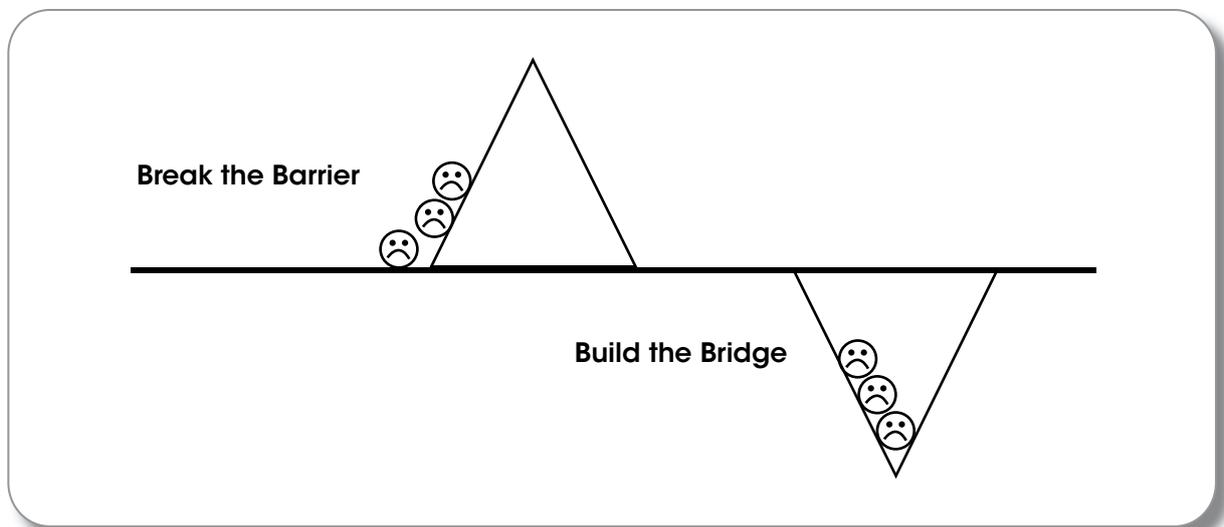
On the top is a Japanese Kanji. Kanji is an ideogram, i.e. similar to Chinese characters. Can you guess what this character means? This character describes a situation where a tree is trapped in a box, hence the tree cannot grow bigger. This letter means “in trouble”. How can you solve this situation, i.e. let the tree grow freely? There are at least two ways. If someone removes the box, the tree can grow freely. This type of action is called enablement. If the tree becomes strong enough to break the box by itself, the tree can grow bigger, too. This type of action is called empowerment.

Enablement is to change society to be more inclusive (society means community, norms, legislation, environment, etc.). Empowerment is to make disabled people stronger. However, empowerment has three different meanings as follows:

- Acquiring ability and skills
- Decision making: gaining power to decide on both oneself and community
- Conscientisation/Critical Consciousness: being agents of change. (The three steps of Conscientisation are: realise the unequal condition of society, recognise that such situation (or society) is changeable, then act to change society.)

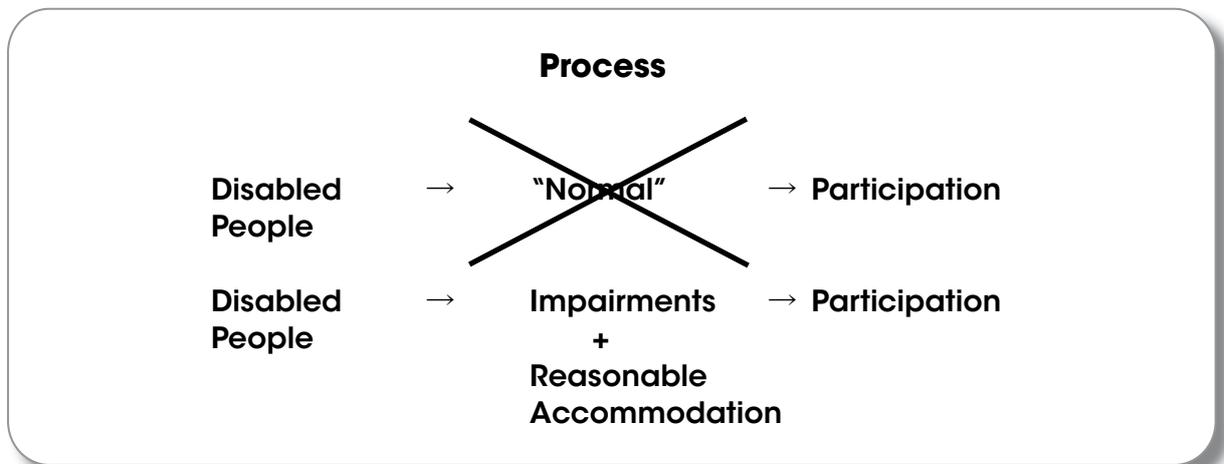
Often, people understand the meaning of empowerment merely as an ability, or decision making. And conscientisation is not included. You must facilitate participants to discover the meaning of empowerment as conscientisation in this module.

2B Approach: Breaking Barriers and Building Bridges



Two approaches are needed to make our society more equal, inclusive and enabling in order to realise the full participation of disabled people. The first approach is breaking various physical, social, environmental, and legislative barriers, e.g. steps or stairs, negative attitudes, and exclusive policies and practices. However, it is not enough. What is equally important is to create enabling support services to enable disabled people to participate in our society which are needed but not available or existent, e.g. sign language interpreter services, personal assistant provision, Braille publishing, etc. Although insufficiency of essential enabling services is often not seen as barriers of social participation, it should be dealt with and considered as barriers that restrict equal participation of disabled people. DET trainers must facilitate participants to be aware on both kinds of barriers and actions, i.e., breaking barriers and building bridges by creating necessity services.

Reasonable Accommodation



Most people agree that realising the participation of disabled people is the goal. But the processes are different. What do you put as a process to participation in the box on the top? Many people put "being normal" or "recover" as a necessity process to participate in a society due to the influence of the Individual Model of Disability. On the other hand, the Social Model promotes practice of "reasonable accommodation" as a process to realise participation, e.g. making available services such as sign language interpreters.

Many people accept the next sentence without any doubt: "disabled people must be normal (recover functionally) to participate in society". However, the same people laugh at the next sentences: "women must be men to participate in society" and "black person must become white person to participate in a society". Why only disabled people are required to be so-called "normal" to have equal opportunities to participate in the society? Somehow, the issue of segregation against people who are in a socially constructed category is transmuted to the issue of ability of individuals. This "mystification" must be corrected in this module.

Nothing About Us Without Us: Participation of Disabled People

DET trainers must emphasise the participation of disabled people in the planning, decision making and monitoring/evaluation process as an indispensable factor. Actions should not be developed by mere ideas of non-disabled people.

We have more than enough evidence that services, activities and products which were developed for disabled people do not fulfil their needs due to lack of involvement of disabled people in the development process.



The “wheelchair-like” object on the top is one of such examples. This was developed by the members of a charity organisation to be given to centres and organisations for disabled people in Malaysia. This looks like a wheelchair but cannot be used as a wheelchair due to the lack of fundamental features to function as a wheelchair, e.g. safety features, structural strength, etc. This happened because it was made without consulting wheelchair users in the development process.

Examples of Inclusion and Enabling Actions



You may like to show some examples of inclusive and enabling actions. Pictures on the top are some examples. Points to show examples are: related to the work and life of participants, variety of actions to widen scope of participants from small to large scale of actions, clear examples which promote inclusion and enablement, NOT functional recovery as prerequisite.

Action Plan Making

Action Plan to Realise "Full Participation & Equality for ALL": What can we REALLY DO in 6 Months

Name of Group _____

Ideal/ Vision

Goal in 6 Months

Mon	What?	How?	Input	Note
5				
3				
1				

Think, Empowerment & Enablement!!!!

NOW **Current Situation** **What are the causes?**

1 month
3 months
5 months
6 months

As the final exercise of the Action Plan Making module, participants are encouraged to develop a real plan of action to do after DET either as an individual or a group. All concepts and approaches learned in preparatory exercises must be applied in this exercise. This plan must be realistic and feasible.

On the top is a format used by DET Forum for Action Plan Making (see Annex 5). The following is the flow of making a plan with this format.

- Identify the Vision
- Analyse current situation from the vision
- Set a concrete goal with target period
- Develop step-by-step plan

Necessary inputs (human and financial resource) must be taken into consideration. Collective work is recommended rather than individual work to make the plan making process itself a process of discovery.

Why People Do Something, and Ignore Others?

Motivation

Why can't you stop smoking?

Logic vs. Benefit vs. Emotion

Positive and Negative Incentive

Benefit - Lost

Pleasure/fun - Boring

Wish - (Force)

Easy - Difficult

Like - Dislike, hate

Family and friends - Stranger, rival, enemy

Interest - Indifference

Responsibility - "not my business"

Owing - (no owing)

Why smokers do not stop smoking? Don't they know that smoking is not good for their health? Why are so many good and right things not done? Being "right" and "good" is not a strong enough incentive to make people act. People do not act even if they are logically convinced and agreed that it is right and good. Logic does not make people act, although people will not continue actions if there is no logic. We prefer to do something which we like and is easier to do, rather than difficult ones, even if we know it is right and good.

Charities used to appeal to people's emotion, such as mercy, by showing pitiful and sad images to make people donate. TV advertisements, on the other hand, appeal to people's profit-and-loss arithmetic and pleasure and wish, e.g. want to be rich, have fun, and be like what the advertisements show. In contrast to the incentives to the emotion and benefit, logic and "being right" are much weaker as incentives to make people act. Although responsibility and owing makes people do something, they are also not strong incentives. Negative incentives, e.g. fines for speeding, make people abide to laws to some extent. However, do you follow the speed limit where there is no policemen and speed-trap cameras?

So, how can DET trainers make people do right and good actions? A DET trainer must be an effective facilitator to motivate participants to act. People tend to do and continue to do what they have decided by themselves, rather than something which they were directed or forced to do. DET trainers must not force and direct actions. In Action Plan Making, the DET trainers' role is not convincing people to do right actions, but facilitating them to make feasible and practical actions, which would benefit not only disabled people but also participants in various ways, e.g. satisfaction, fulfilling responsibility, fun or benefit.

Conclusion

DET is Action-Oriented Training

Aim of DET: Participants become allies of disabled people as agents of change to create inclusive society.

DET is not mere teaching of the Social Model

DET Module:	Social Model	→	Action Plan Making
(learning stage)	(sense of guilt)	→	(agents of change)

Promoted Actions:

Twin-Track Approach

Breakthrough thinking

Proactive action

Inclusive and enabling social change

“Nothing about us without us”

DET is an action-oriented training and not merely a lecture or seminar to add knowledge on the Social Model of Disability. Action Plan Making is one of the two foundation modules and process to facilitate participants to be agents of change as allies of disabled people. Promoted actions are inclusive and enabling social change and proactive action. Breakthrough thinking is required to be creative to develop solutions. Actions must be concrete and feasible in relation to their own work and lives. You must remind participants the importance of participation of disabled people in the process of planning and decision making. “Nothing about us without us (us = disabled people)”!

The objective of the module of Action Plan Making is to facilitate participants to overcome the sense of guilt by acquiring the Social Model perspective (by being aware that “I” am the cause of disability) and to emancipate them to become agents of change.

A concept of Twin-Track Approach is a framework of action, in which consists of empowerment of disabled people in terms of conscientisation (i.e. being agents of change) and mainstreaming of disability (i.e., creating enabling and inclusive society).

Summary Sheet: Action Plan Making

1. Why is Action Plan Making necessary in DET?

To support participants to become agents for change
Support participants to move from the "sense of guilt" stage to the "Yes, we can" stage

2. What Actions should be encouraged in Action Plan Making?

Social change, inclusive approach, and proactive action.

3. What Actions should NOT be encouraged in Action Plan Making?

Prerequisite of functional recovery, segregated approach, and reaction.

4. Explain "Open Box Solution".

Changing society to be inclusive. NOT changing disabled people to "fit" into the society.

5. Explain "Twin-Track Approach".

Aiming to realise full participation and equality for all disabled people by taking "mainstreaming (enablement, inclusion)" of society and "empowerment" of disabled people.

6. Explain "2E Approach (Empowerment & Enablement)".

Empowerment: to disabled people (three paradigms of power and empowerment):

- Ability: gaining skill
- Decision making: gain power to decide on both him/herself, and his/her community
- Conscientisation/Critical Consciousness: being agents of change. Three steps of conscientisation: realise unequal society, recognise that society is changeable, then act to change society.

Enablement: to society

Change society to be more inclusive (society means: community, norms, legislation, environment, etc.)

7. Explain "2B Approach (Break and Build)".

Break the existing barriers (physical, social, attitudinal, environmental, legislative, etc.), and create services to ensure equal participation of disabled people without requiring individual's functional recovery as prerequisite condition (e.g. Braille, sign language interpreter, job coach, personal assistant, etc).

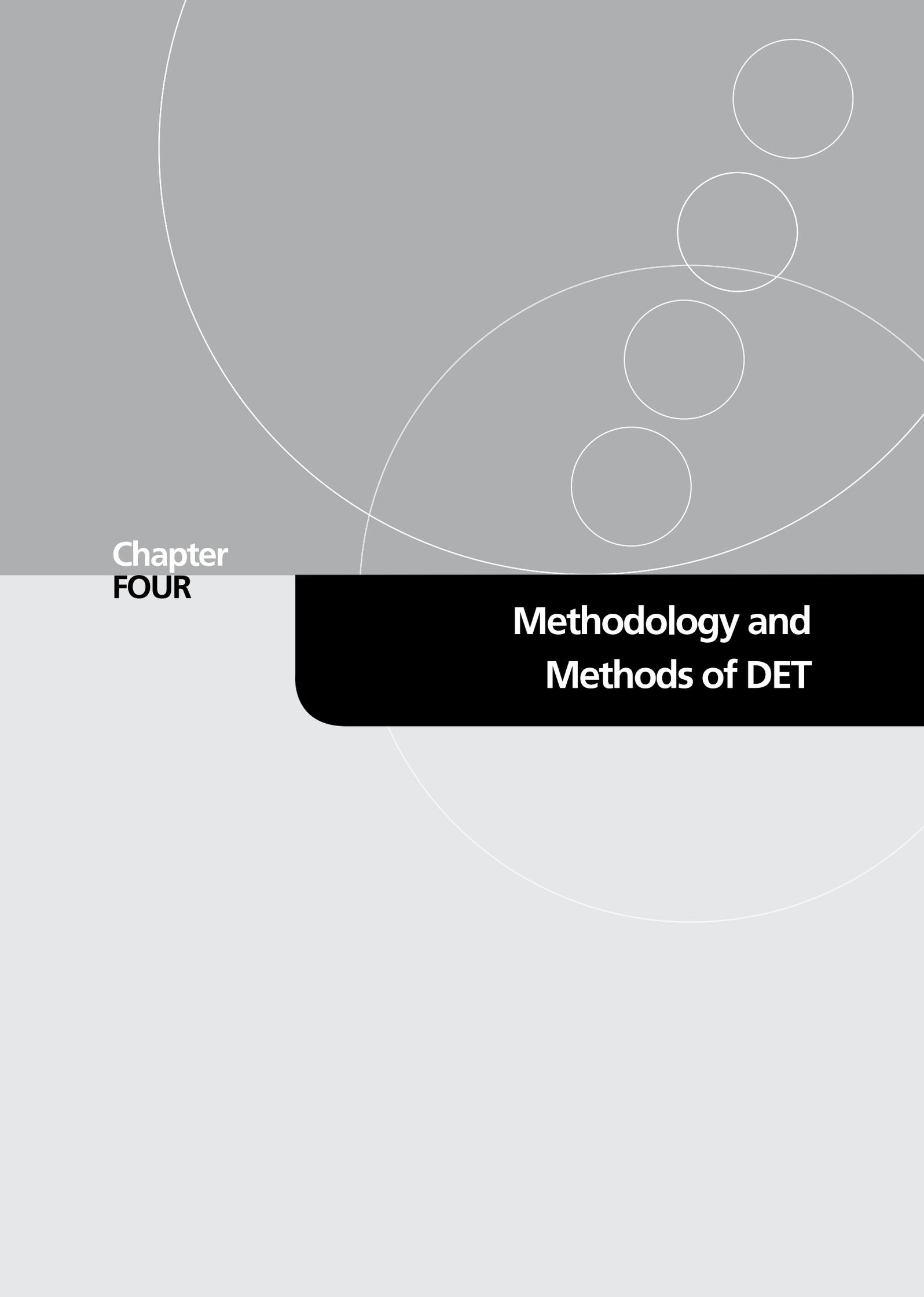
8. What points should you bear in mind when you facilitate Action Plan Making?

Facilitate social change, inclusive approach, proactive action.

Do not force/impose actions, but facilitate and guide.

Do not be too optimistic. Facilitate feasible and simple actions which participants can really do.





Chapter
FOUR

**Methodology and
Methods of DET**

1) Facilitated Participatory Learning

Learning Questions of This Module

1. Write a simple explanation on Facilitated Participatory Learning (FPL).
2. Why does DET use FPL? (Purpose of using FPL method in DET)
3. Explain Problem Posing.
4. Why people do something, and do not do other things?
5. What are the 4 key components in Methods of DET?

(see answers at Summary Sheet, page 49)



Introduction to the Facilitated Participatory Learning

What?: Methods to facilitate participants become agents of change

Why?: DET is action-oriented training

Learning Target: Able to design problem posing and facilitating questions

What is Facilitated Participatory Learning?

Facilitated Participatory Learning (FPL) is a methodology of action-oriented training. It applies the philosophy of discovery learning which facilitate participants to discover answers by themselves. Problem posing with facilitating questions to guide participants into the right track of discussion is important in FPL. All DET trainers must be equipped with FPL as a fundamental skill.

Why does DET apply Facilitated Participatory Learning as its method?

FPL is the appropriate method to facilitate participants to become agents of change. DET is not knowledge accumulation-oriented training but action-oriented. FPL is a method to take participants from a stage of mere "I know" to "I can" then "I act".

What are the targets of your learning?

You must be able to design right problem posing and develop facilitating questions to guide participants into right track of discussion.

Teach or Learn

Sam: I've taught Spot to fly. (Spot is a dog)

Mary: Really! But I haven't seen it.

Sam: I did not say he has learnt.

It's a very funny conversation isn't it? But this story tells us how "teaching" and "learning" is different. DET trainers must not be satisfied with mere "teaching", but must ensure "learning" of participants. You must apply the best learning methods and be equipped with all skills to apply its methods.

Learn = Act

I don't know → I know → I can → I do

When can we say that we have learnt? I believe that just knowing and remembering the fact do not mean that I have learnt. Only when I become able to apply and use it, and do it, I can say I have learnt it. DET is not a lecture to add knowledge on disability but training to make participants to act to make our community and organisation better in terms of inclusion and enablement. DET must be conducted with methods which ensure all participants to reach to this meaning of learning as a goal. And all DET trainers must be equipped with that method and skills. You can say that your DET has succeeded only when your participants made the right actions.

Facilitated Participatory Learning

**If I HEAR it, If I () it, If I () it, If I () it,
I FORGET it. I () it. I () it. I () it.**

DET takes FPL approaches as the framework of methods. It takes the discovery learning approach which believes people apply the knowledge and use it only when they themselves developed or discovered it⁶. Hence, DET emphasises collective discovery learning that process leads changes of one's own actions. It applies various approaches and tools to stimulate such learning, e.g. role-play, discussion, activities, and workshops. However, problem posing, theorised by Paulo Freire and guiding questions are key approaches and skills for FPL.

Skills for FPL

Facilitation skill: Conscientisation (Critical Consciousness)

Presentation skill: Logical Thinking

Communication skill: "Effectiveness training" (active listening and I-message)

Motivation skill: Coaching

FPL of DET Forum is developed based on the concept of discovery learning. However, it also consists of various other training approaches and methods. DET trainers must be equipped

⁶ From left column: If I (see) it, I (remember) it. If I (do) it, I (understand) it. If I (discover/develop) it, I (use) it. From David Werner & Bill Bower (1982) Helping Health Workers Learn, Hesperian Foundation, Palo Alto, (Part Two-1).

with the following skills, too:

Facilitation skill

Developed based on the concept of conscientisation theorised by Paulo Freire.

Presentation skill

Applied from logical thinking.

Communication skill

Applied from “effectiveness training” which developed by Thomas Gordon, e.g. active listening and I-message.

Motivation skill

Adopted from various coaching methods including Neuro-Linguistic Programming (NLP).

Problem-Posing



Problem-Posing is an educational approach developed by Paulo Freire as alternative to the conventional educational approach. The problem-posing approach values learners’ knowledge, experience and analysis. One of the concrete methods is critical analysis of real-life situations. A snapshot of their life is an objective to analyse. For

instance, the picture on the left can be used for this purpose. Some may see no problem with this scene. But some may deduce that there is no Braille block on the pavement for the blind persons; structures in the middle of pavement blocks the passage for wheelchair users; and no ramp was installed at the entrance of the building. Meta-recognition is also encouraged to analyse the situation which participants are embedded in. DET trainers must facilitate such process of analysis among the participants to make participants experience discovery learning in the process of analysis.

Guiding Questions

What is Disability? / Where is Disability?



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Providing precise guiding questions is crucial when you apply the problem-posing approach in your DET. For instance, if you ask, "What is the colour of this flower?", participants pay attention to the "flower" and not something else, and analyse its "colour", not the shape or the species of flower. This is just a simple example, but participants are guided by your questions what to analyse and how. You must carefully prepare these guiding questions when you apply the problem posing approach.

If you give the answer, participants will never think of the answer. You may feel frustration sometimes by not being able to provide answers to the participants. But you must play a facilitator's role, not a lecturer's role, if you use the problem-posing method.

Conclusion: FPL for Action

People Do: because: like, benefit, motivated, know the reason and result, easy, have control over, confident

People Do NOT: because: no interest, no benefit, (forced), don't know the reason and result, difficult, no control over, no confident

You must remember that the aim of DET is to make participants agents of change. FPL, which is developed based on the concept of discovery learning and reinforced with other methods on presentation, facilitation, communication, and motivation approaches, is the powerful method to realise this aim. Actions which we want to promote are right and good in terms of creation of an inclusive society. However, these are usually not attractive in terms of individual benefit and pleasure. Can we force these on people, even if such actions are not profitable for them or not so fun? Delivering knowledge on Social Model and right actions by lecture is very easy. However, to make participants practice what was taught is very difficult. FPL has potential as a method of action-oriented training and all DET trainers must be equipped with its concepts and skill if you want to be an effective DET trainer.

Summary Sheet: Methodology and Methods in DET:

1) Facilitated Participatory Learning

1. Write a simple explanation on Facilitated Participatory Learning (FPL).

FPL is a process of discovery learning.

FPL is an educational process.

FPL is NOT a message delivery (agitation/propaganda/protest).

Facilitator trusts participants can find the answer and solution by themselves.

2. Why does DET use FPL? (Purpose of using FPL method in DET)

Only FPL makes participants practice what they have learnt (use what they have discovered/developed).

To facilitate participants to discover is a process that leads participants to real actions.

3. Explain Problem Posing.

It is a method used in FPL to facilitate participants to analyse the situation and the problem.

Snapshots of real life which contains problem to be analysed.

Not a message delivery (Not an advertisement).

4. Why people do something, and do not do other things?

Do: because: like, benefit, motivated, know the reason and result, easy, have control over, confident.

Do NOT: because: no interest, no benefit, (forced), don't know the reason and result, difficult, no control over, no confidence.

5. What are the 4 key components in Methods of DET?

Design and Structure

Presentation

Facilitation

Visual aids and Tools

DET is an educational process. DET Trainers must be equipped with the knowledge and skills on the aforementioned four components and FPL to conduct effective DET. It is not a one-way lecture, but an interactive learning through discovery process. In order to realise such interactive process in DET, creating and presenting precise guiding questions for problem posing, attentive listening and answering questions are essential. "Listening (attentive listening)" is vital in the process of DET.



2) Designing and Structuring DET

Learning Questions of This Module

1. What is training programme design?
2. What are the three most important components in designing DET?
3. How to design DET?
4. What are the three components of structure?
5. Why is the Introduction so important?
6. What should you include in the Introduction?
7. Why is the Conclusion so important?
8. What are the two main bodies of DET?
9. How is the flow of each key component of the main body of DET made?
10. What are the three techniques of developing structure?

(see answers at Summary Sheet, page 59)



Introduction to Designing and Structuring DET

What?: Package developed from training needs: objectives, content, method, tool, structure and schedule

Why?: Maximise training outcome / to meet training needs

Learning Objectives: Able to design appropriate DET for various categories and levels of participants

What is a DET programme design?

DET programme design is about developing an entire training programme by forecasting what DET participants will do after the DET. The four key components of training are learning objectives, contents, learning methods and structure. The three important points in designing DET are identifying the participants and their training needs, setting the right learning objectives and selecting effective learning methods.

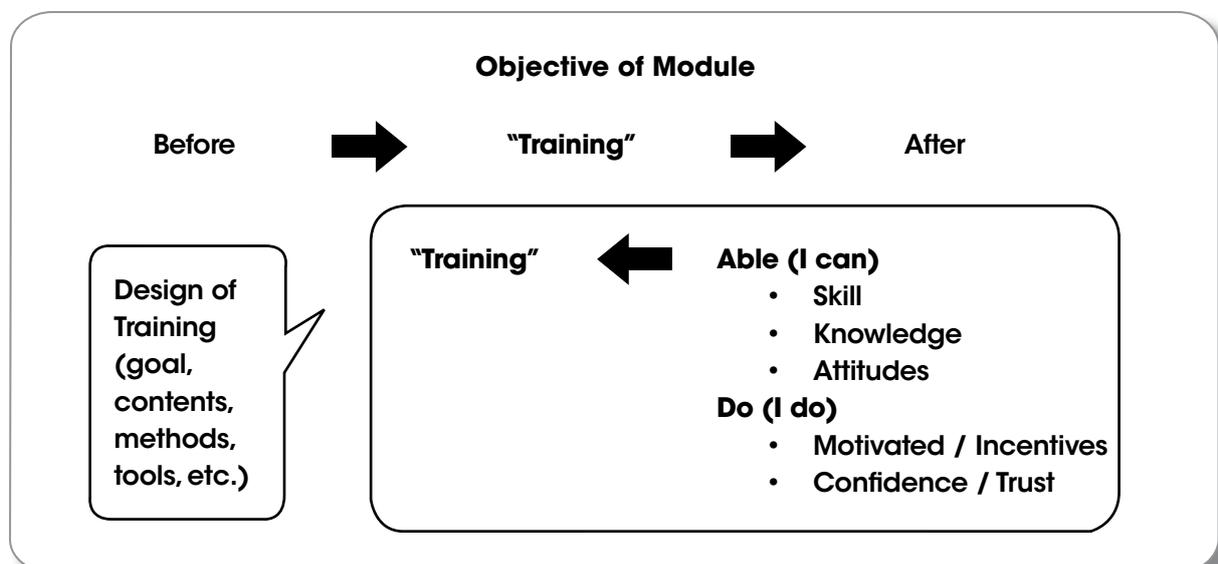
Why do DET trainers need to learn how to design a DET?

DET design, which includes the learning objectives, contents, methods, and structure, should be based on the participants' needs. You cannot apply the same DET design for all categories of participants.

What are your learning objectives?

You must be able to design appropriate DET sessions with specific learning objectives for the participants.

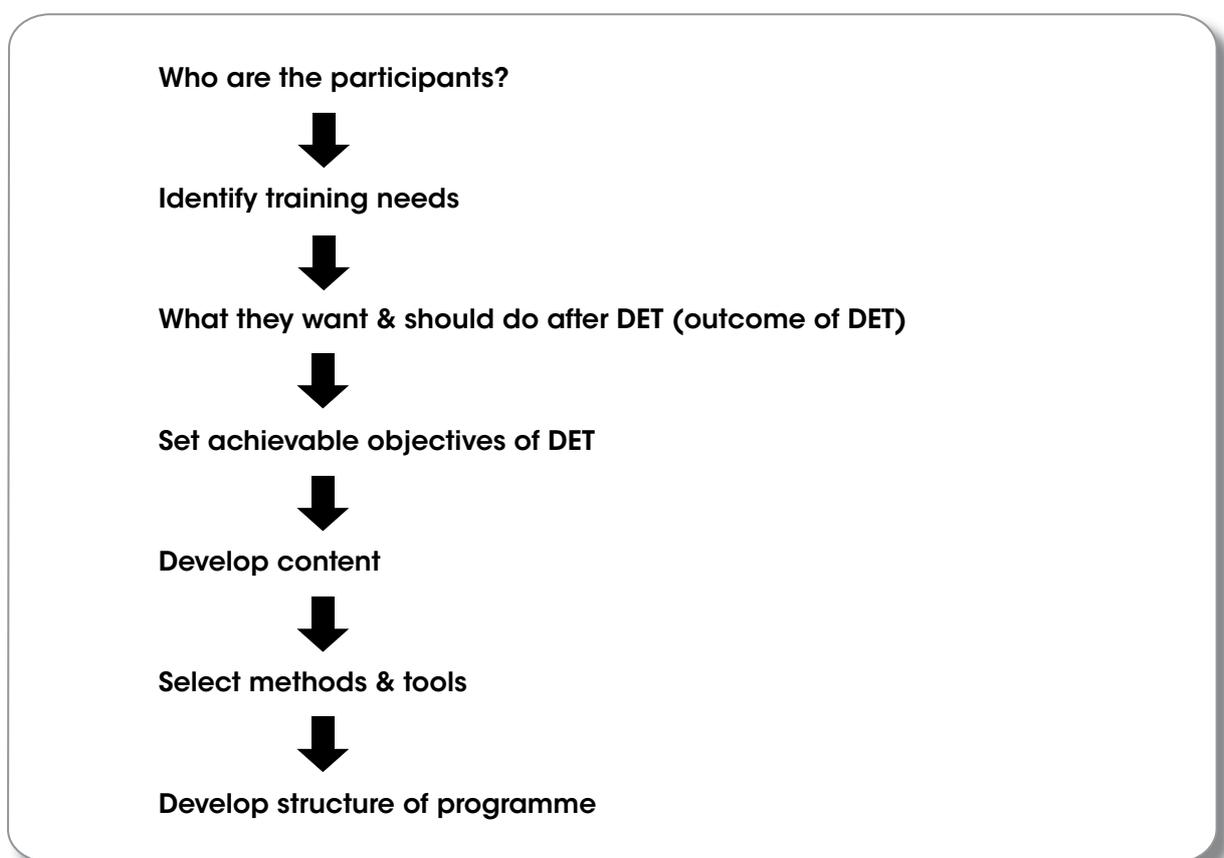
Designing Training Programme: Action-Oriented, NOT Knowledge Accumulation



Any “training”, including DET, is action-oriented, i.e., trainees (participants) are expected to be able to apply what they have learnt to their work or living after the course. In contrast to a seminar, talk or lecture, training is action-oriented and NOT mere knowledge accumulation.

In order “to be able”, participants must develop the right attitudes, gain knowledge and skills to practice. To implement or apply it into their work and life, participants must be motivated and have the confidence to do so. Any training must be designed to realise this goal. DET is not just for teaching the Social Model of Disability.

How to Develop a DET: Flow and Process



The most important and the first thing you have to do to design a DET is to know who the participants are; in other words identifying training needs. For instance, training needs differ between companies’ human resource officers who are responsible for the employment of disabled people and primary school students who will receive disabled peers in their class. Based on the needs, you can set a goal for that particular DET session. You must develop appropriate contents to realise this goal, and select the most effective learning methods and tools for these participants. Then finally you can develop the course by considering the length of each session, module flow, materials and equipment.

Components of DET Design

- | | | |
|------------------------------|--|--------------------------|
| • Learning Objectives | • Tools | • Materials |
| • Structure | • Trainers & Trainees | • Time allocation |
| • Content | • Venue, Facilities,
Equipment, | |
| • Method | | |

Learning Objectives:

Training needs of participants - what they will do after the DET, in their work or living: e.g., human resource officers hiring disabled employees.

Structure:

Programme/Schedule - number of modules, flow, order, length of sessions, and method.

Contents:

Two key components of DET are acquisition of the Social Model perspective and Action Plan Making. Theme, point, level, and amount of information (i.e., content) must suit the participants.

Method of Learning:

For example: lecture, discussion, exercise, workshop, presentation, and case study, size of group - whole group, small groups, pairs, individuals.

Tools:

Exercises (e.g., video/story/scene analysis, action plan making)

Trainers and Trainees: Expertise, number, grouping.

Venue, Facilities, Equipment:

Things you need to conduct DET (including paper, flipcharts, and marker pens).

Materials:

PowerPoint slides, handouts, exercise instruction sheet, summary sheets, evaluation sheet, DVD, etc.

Time:

Length of each session and time of the day - pay particular attention to what to do in the afternoon, and how.

Learning Objectives, Content & Method for Different Participants

Examples of participant-specific Learning Objectives

Private sector/service provider:

For Inclusive service: “reasonable accommodation” for both disabled customers/users and employees; compliance with disability legislation

Disability specific government agency and NGOs:

For policy and implementation: Advanced and specialised knowledge on disability (Social Model) and its concrete implementation

Children/students/community:

For Inclusive society: “become friends” with disabled peers

Disabled People:

For empowerment: overcoming internalised Individual Model of Disability

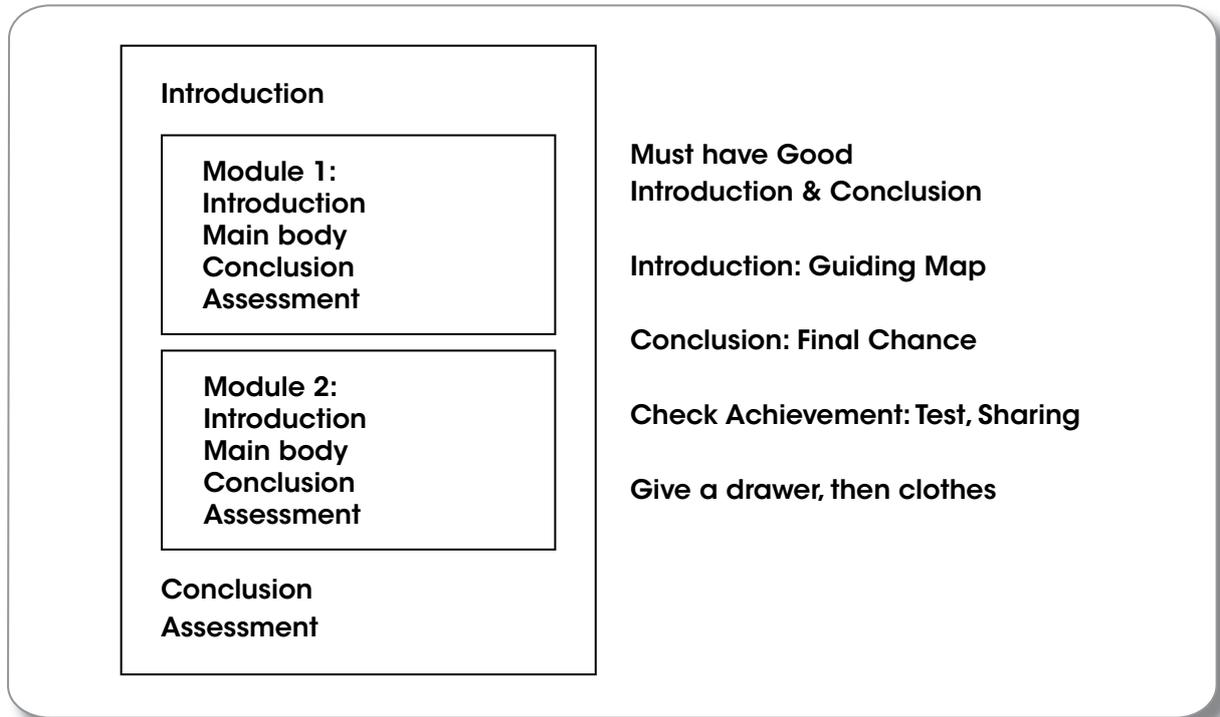
Learning Objectives:

Each DET has its objectives specific to the participants although the goal of every DET is to make participants agents of change by the end of the training. The aim of DET is “enablement” i.e., creating an inclusive society and services if the participants are service providers and the civil society. On the other hand, DET can be applied as a process of empowerment if the participants are disabled people.

Content and Method:

If the participants are welfare department officers, you can use the “lecture” style to explain the Social Model of Disability, since they need to be equipped with this knowledge. On the other hand, if the participants are primary school students, you should use interesting activities. It would be more effective to include concrete examples of implementation and actual Action Plan Making in relation to their real work, if participants are from the private sector. For participants who are disabled people, DET becomes an empowering process. You should carefully apply the “process of critical consciousness” by critically analysing participants’ experiences during group discussions.

Developing Structure



The structure of each topic in the entire course is based on three key components: introduction, body, and conclusion. Introduction is a guiding map and should include an explanation of the purpose and outline. The main body of DET must contain modules to develop the Social Model perspective and Action Plan Making. The conclusion is a final chance to highlight the Social Model perspective and consists of the summary and review. Periodic/regular achievement checks are recommended.

Order: Prepare a “Drawer” First, Then the “Clothes”

- 1. Introduction → Main body**
Number of Points
Important Points
- 2. Conclusion → Evidence**
- 3. Whole → Detail**

You must provide a “drawer” to keep and sort out new knowledge by providing the introduction and signposts.

People would be confused if new knowledge and information are provided without proper “boxes/drawers” to sort them accordingly. DET facilitates participants to see things from different angles by presenting new sets of ideas which are different to their previous perception

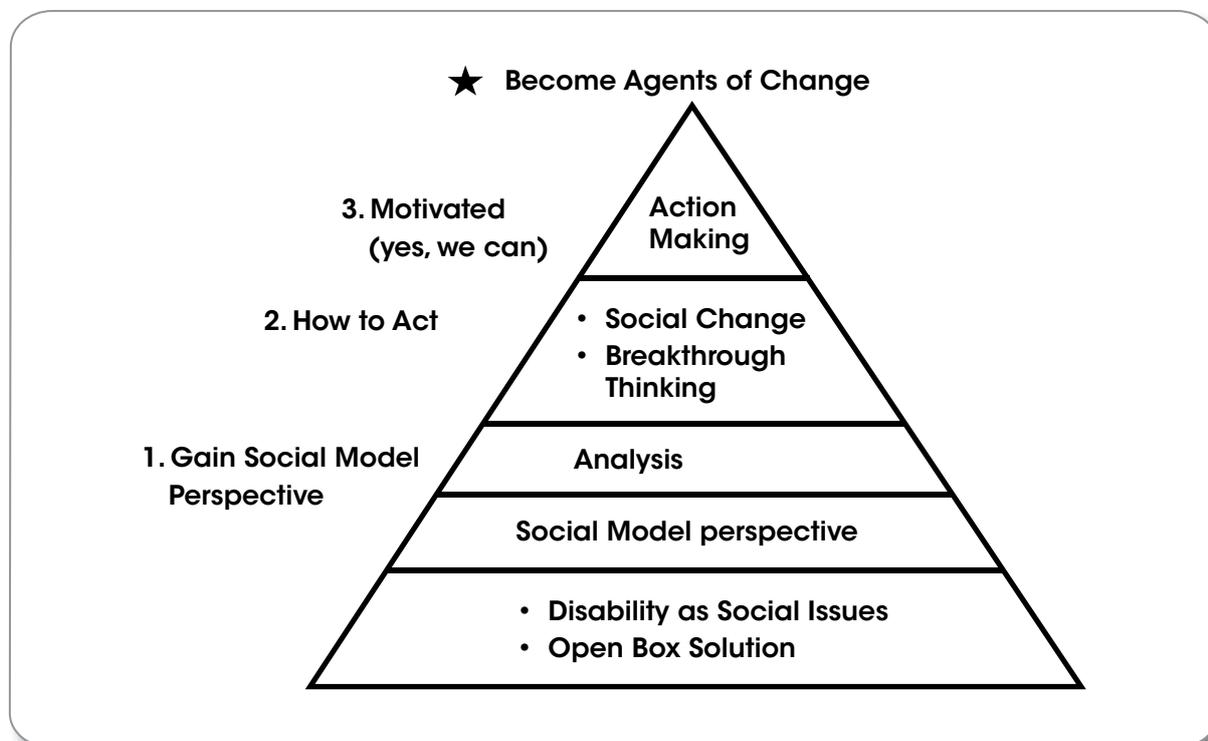
toward disability and disabled people. Trainers must give “boxes/drawers” of knowledge with clear “labels” at the very beginning, and provide signposting in the process of making sure participants can sort out all new knowledge and information given in the DET into the appropriate “boxes/drawers”.

Techniques of Designing Course Structure

Sort by Grouping
Arrange in Order
Provide Keywords

“Sorting and grouping” helps to develop content groups. “Arranging in order” provides steps towards new perspectives and develops flow and structure. Identifying “keywords and key concepts” highlights the signposting for participants.

Structure of DET - Cumulative Learning



The diagram on the top is an image of the cumulative learning structure of DET. Cumulative learning is a sequential or layered learning process of acquiring knowledge and behaviour. It is like a building a house: laying the foundation, erecting the beams, and then laying the

roof. The final goal of DET is to make participants agents of change, and the DET session is its process. Gaining the Social Model perspective is the first and foremost foundation of this process. Participants must learn by discovering how to make right actions with motivation. Then, participants will be motivated to develop appropriate actions.

Flow in Structure

Introduction
Preparatory exercise (Set of small step-by-step tasks)
Main exercise (Integrated Task)
Conclusion

DET has two key components, i.e. acquisition of the Social Model perspective and Action Plan Making. Each component has its introduction, preparatory exercise (set of small step-by-step tasks), main exercise (integrated task), and then conclusion. Participants need to learn each important component with preparatory exercises that focus on one single objective before proceeding to the comprehensive learning exercise, i.e. the main exercise.

For instance, four preparatory and one main problem-solving exercises are used for a typical DET session. Preparatory exercises need to include visuals to promote understanding of disability and disabled people (to assess participants' ability to identify different meanings of disability); identify locations of disability (to gain the ability to analyse the cause of disability); develop solutions to disability (to be aware of two different ways to solve disability); and the application of all the three analyses to very easy sample scenarios. The Main exercise requires using all of these analytical skills to examine comprehensive and real situations concerning disability and disabled people. Chapter Five gives an example of DET.

Conclusion: Design and Structure of DET

Design:
DET must be specific to Participants
Goal, Structure, Content and Method

Structure:
Introduction, Body, Conclusion
Drawer first, then Clothes (contents)
Cumulative Learning

You must not do the same DET for all participants. Each DET must be specifically designed to meet the participants' needs. You must foresee what they should do as agents of change after the DET session. You must consider the following as components of DET design: goal, structure, content, methods, tools, trainers and trainees, venue, facilities, equipment, materials, and time. The Goal and methods must be carefully set and selected when you design a DET programme.

Each component must have the introduction, body and conclusion. The introduction and conclusion are crucial as the guiding map and final check respectively. You must provide a "drawer" to keep the new knowledge by giving the introduction and signposts. DET must be designed as cumulative learning, i.e. step-by-step learning, since it challenges people's stereotypes on disability which cannot be easily changed.

Summary Sheet:

2) Designing and Structuring DET

1. What is training programme design?

Training programme design is about developing an entire training course by forecasting what trainees/participants will do after training (outcome of training).

Four key components of training programme design are: goal setting, content development, methods selection and structuring.

2. What are the three most important components in designing DET?

Knowing the participants (training needs)

Setting the right goal

Selecting the most effective methods and tools

3. How to design DET?

Who are the participants?



Identify training needs: What they want to and should do after DET? (outcome of DET)



Set a feasible goal of training



Develop content



Select methods and tools



Developing structure of the course

4. What are the three components of structure?

Introduction, Body, and Conclusion

You must have these three components in all sessions. Any session without a proper introduction and conclusion halves the understanding of the participants. Having clear and precise introduction and conclusion makes your session perfect. You must prepare carefully these two parts.

5. Why is the Introduction so important?

Introduction is a road map or navigation.

People would be confused if new knowledge and information are provided without proper "boxes/drawers" to sort them accordingly. DET facilitates participants to perceive things from different angles by presenting a new set of ideas (and even value standards) which is often quite different to their previous perception towards disability and disabled people. Trainers must give "boxes/drawers of knowledge with clear labels for sorting" at the very beginning, and provide signposting in the process to make sure participants can put all new knowledge and information given in the DET into the appropriate "boxes/drawers".

6. What should you include in the Introduction?

You need to include an introduction to yourself, objectives of the session, and the flow/ schedule of the session.

7. Why is the Conclusion so important?

Conclusion is a final check and reminder.

Conclusion is a final chance for trainers to remind the participants of the key contents of the session. Participants are often confused and unable to identify the important points of the content even if you provide them with “drawers of knowledge” and “signposting”.

8. What are the two main components of DET?

They are the “Social Model of Disability” and “Action Plan Making”.

Teaching the Social Model of Disability is not enough to be called DET. DET is a process of conscientisation, i.e. participants must become agents of change by the end of DET. It is not enough merely to have knowledge on disability to go through such a process. Participants must be motivated that “yes, we can (make our society better)”. It is equally essential, with the knowledge of the Social Model of Disability, to go through the process of determining their roles, power, and the feasible steps to change our society to become more inclusive in the process of Action Plan Making in DET.

9. How is the flow of each key component of main body of DET made?

They are: introduction, preparatory exercise, main exercise, and then conclusion (in both Social Model and Action Plan Making).

The principles of developing structure must be applied to the development of sub-components of DET too; i.e. there must be the introduction and conclusion. DET also applies methods of cumulative learning, i.e. participants need to learn each important component with preparatory exercises that focus on one single essence before proceeding to the comprehensive learning exercise.

10. What are the three techniques of developing structure?

Sort/Grouping, Order and Making Keywords.

“Sort and grouping” helps to develop contents. “Order” leads to developing the structure. “Keyword” becomes the signposting.



3) Presentation

Learning Questions of This Module

1. What are the differences between Presentation and Facilitation?
2. What points should you bear in mind when you make a presentation?
3. How to answer to questions?

(see answers at Summary Sheet, page 69)



Introduction to Presentation

What?: Information Delivery

Why?: For effective training

Learning Target: Present, not just Talk

What is presentation?

Presentation is a method to deliver the contents and message from the DET trainer to the participants. It is one of the two key means to conduct DET along with facilitation. Presentation is not just about giving a speech or talk. It is a method with a set of skills to enable participants to receive and understand your message effectively. Skills of listening and answering are also required in presentation.

Why do DET trainers need to learn presentation skills?

Presentation is a fundamental skill and method which a DET trainer must have to conduct a DET session successfully. Presentation is different from agitation or propaganda. It is an educational approach/technique. Some disabled activists are good at agitation to confront and thrust their demand and opinions, but not good at educational approaches to facilitate learning of participants. DET is not a demonstration to the participants on the rights of disabled people but an educational process for participants to explore the meaning of disability and transform themselves into agents of change. Confrontational methods should not be used. Hence, a DET trainer must be equipped with educational approaches and skills which include presentation skills.

What are the targets of your learning?

You should understand the basic concept, approaches and skills of presentation. However, presentation is not knowledge but a skill. You need to practice a lot to develop your presentation skills.

Presentation and Facilitation

Presentation:
Message From you to audience

Facilitation:
Questions / Problem Posing Among participants

Presentation is one-way message delivery from you to the participants. However, it is not dumping of information. There are two components to ensure that participants receive and understand the contents without getting confused: clear contents and effective delivery method, i.e.

presentation. Presentation is a set of methods and skills to ensure better acceptance and understanding of information by participants. What is important in the presentation is that the message you deliver is understood by the participants without any distortion.

On the other hand, facilitation is used to create two-way interactive communication among participants. What is important for a DET trainer in the facilitation process is to pose precise guiding questions to stimulate interactive discovery learning among participants. You need to play different roles as a presenter and a facilitator, and you need different skills to do that.

Presentation as Communication

7% - Words (contents)
38% - Voice/Verbal
55% - Non-verbal (body language)

You might have heard that face-to-face communication occurs through three channels: non-verbal behaviour (e.g. body language, facial expression), tone of voice and words. Effective communication consists of 55% body language, 38% tone of voice and 7% meaning in the words you use. These research findings of Albert Mehrabian, who researched communication, are often quoted to explain the importance of non-verbal aspects in communication. Although there are criticisms to and doubts in the figures, there is no doubt on the importance of non-verbal aspects and voice, in addition to words (contents), in communication and presentation.

Recall the seminars and lectures you have attended, and analyse them to see which presentations were good, and why. We show various good examples of presentations in video and practice a lot during the actual training of DET trainers. Please search and analyse videos of presentations on the Internet and practice. One good example we use in our training is the speech of US President Barack Obama at New Hampshire, available on YouTube. You can analyse his speech using the next checklist.

How to do Presentation: Check Points

Verbal/Voice

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Tone | <input type="checkbox"/> Speed | <input type="checkbox"/> Word |
| <input type="checkbox"/> Sound/Volume | <input type="checkbox"/> Pause/Punctuation | |

Non-verbal

- | | | |
|---|---|--|
| <input type="checkbox"/> Eye contact | <input type="checkbox"/> Action/Gesture | <input type="checkbox"/> Position |
| <input type="checkbox"/> Posture | <input type="checkbox"/> Facial expression | <input type="checkbox"/> Appearance |

On the top is an extract of a checklist for presentation, which consists of both verbal and non-verbal aspects. For verbal aspect, pauses and punctuations are essential, although the entire points are important. Put a decent pause period, especially after you have stated some important points, to enable the participants to absorb them. Participants receive and understand the contents if you have good pauses and punctuations, even if you speak fast.

For non-verbal aspect, eye contact is the most important part but difficult for inexperienced trainers. They often “talk to the wall” (by watching the screen), talk to their notes (by reading it), or talk to the ceiling (just to avoid eye contact with participants!). You must talk to the participants by having good eye contact with them. You cannot have good eye contact, if you do not know what to say and have to refer to the notes or slides to check the contents. One key factor to ensure eye contact is to equip yourself with the contents. We allocate quite a long time to practice eye contact in our DET Training of Trainers, since this is very important.

Appearance means how you look, e.g. what you wear and your hairstyle. First impression is very important, and it influences the attitudes of the participants. If you look professional, confident and friendly, participants would have a positive impression of you and be likely to trust you as a trainer and participate actively.

Answer to the Questions

LISTEN until the end
LISTEN attentively (nod, make notes, think)
Acknowledge (“Thank you. It’s a good question.”)
(Repeat question)
Answer
Check (“Have I answered to your question?”)

If you do NOT know the answer?
Ask participants
Tell the answer later (and MUST do so).

Say “Yes, and...”, NOT “No, but...”

Presentation is communication. Answering the question is an opportunity to ensure that participants have the correct understanding of the contents. Do not interrupt while the participant is still expressing his/her question. You must listen attentively until he/she finishes the question. Then, you thank the participant for raising the question; and only if the question is not clear, you can ask for further clarification. Then you give your answer, and ask if you have answered his/her question.

If the question is about facts or data which you do not have answers to, you can ask other participants if they have an answer. You can also say that you will give the answer later. However, if you promise to do so, you must do it.

Sometimes participants want to express their thoughts or comments in the form of questions. In that case, you do not need to respond to them, but show acceptance and appreciation of the opinion, then proceed to the next questions.

Try to avoid starting your answer to the questions or reply to comments with, "No. But what I meant/wanted to...". Instead, say, "Yes. And what I meant/wanted to...". Even if you say the same thing after "I meant/wanted to...", participants will feel that their questions are accepted and answered positively.

Preparation and Practice Makes Perfect

Contents (design & structure)
Facilities & Equipment
Be there 40 minutes before
Check by yourself
Backups
Prepare for FAQ

Do real practice
Demo with friends

The most important thing to do before the DET session is preparation. You must do so by designing the training objectives, structure, contents, methods, etc, preparing the facilities and equipments, and practicing. Do not forget to ask the training organiser to prepare what you want, e.g. audio system to be connected to the computer, working desks, etc.

As part of preparation, you should also prepare how to answer to frequently asked questions (FAQ).

You must practice before you conduct a DET session. Practice should be as close to the real situation as possible, do not just do so by silent reading. You should ask your friends to sit in at your demonstration and give constructive feedback. If not, you can do it in front of a mirror or record by video and analyse it by yourself.

On the day of the DET training, you should be at the venue at least 40 minutes earlier. Then you will have enough time to deal with problems that may crop up, and for some conversation with participants. You should expect and be prepared for troubles! You should check all the facilities, e.g. light switches and equipments, e.g. audio system, by yourself before you start the session. Please do not forget to bring backups (presentation files, documents etc).

Are You Nervous? They are Nervous, too.

Smile / Eye contact

Speak slowly

Start from your story

Break the ice

**Talk personally before
start**

Pause / Count to 5

Look at all

Focus on 1 (who nods)

Anyone becomes nervous when they have to do new things or meet new people. It is a natural human reaction. As you are nervous as a trainer, participants are nervous, too. It is better to break the ice before you start the DET session.

Good icebreaking conversations always help both you and the participants feel more relaxed. Do this with some of the participants before starting the session, if time permits. You can feel that at least there is someone whom you already know. Smiling also makes you feel calm. It is scientifically researched that turning up the corners of your mouth, i.e. smiling!, releases the tension in your body!

You don't have to start the session by going straight into the contents. You can make small talk, e.g. about yourself, to make you warm up. People tend to talk fast and use a high tone when they feel nervous. Try to speak slowly and with a lower tone, with longer pauses. It gives you time to get over the initial jitters.

If you find it difficult to have eye contact with participants, find someone who appears to be listening to you attentively, e.g. by nodding. You can start to have an eye contact with that person first, then you can extend it to the others one by one. Don't avoid eye contact with participants, please!

How to Deal with "Afternoon Sessions"

Design (Structure)

Active contents: workshop

Energiser

I am sure you have experienced being sleepy in the afternoon while attending a training session. Now, you have to deal with it as a trainer, not as a participant.

Designing the structure of the session is important. Do not put lectures or difficult contents in the afternoon. Instead, have activity-based sessions in the afternoon, e.g. Action Plan Making and workshops.

However, there are times when it is impossible to avoid doing lecture-style sessions in the afternoon. In that case, use energisers whenever you think necessary. There are so many books and websites on energisers. You can try some of those and find what is appropriate to use. However, please pay attention to the suitability/accessibility of these energisers, if there is a person with impairments. Some energisers/games require visual or sound prompts to play.

Tips for Presentation

- **Do not start with apologies**
- **Use strong words**
- **Give handouts later**
- **Use magic number “3”**

There are lots of small but effective tips to make your presentation better.

- Do not read the slide or your notes, but talk to the participants. You cannot make eye contact if you read. You should digest the contents before you conduct DET.
- You may have attended lectures which start with apologies such as “I did not have enough time to prepare this. But let me start...”; “This is not my professional area but...”; or “My boss assigned me to conduct this session although this is not my work...”. Once you have heard these excuses, you instantly lost your interest in the session and confidence in the speaker. People often take this line of defence, with or without intention, to justify the lack of preparation or a low-quality session. You must prepare and develop the session with purpose, and must be careful not to start your session with such apologies.
- You should use strong words and expression such as “I believe...” and “it is...”, rather than “I think...” or “it may be...”, when you express your opinion.
- It is more effective to give printed slides after the session rather than before the session, in terms of interaction between you and the participants, although it rather depends on the type of the session - either fact and data learning or discovery learning. Participants prefer to read what they have in their hand rather than look at you and the screen, if they have printed slides with them. Then it makes it difficult for you to interact with them, e.g. to check their understanding from their facial expression or eye contact.
- Most of the topics can be summarised into three main points. Three is quite an acceptable number. One and two points may be too few, four and five points may be too many: this is subjective, though.

Conclusion

Do Presentation, NOT just talk
Presentation is not PowerPoint
Preparation and Practice makes Perfect
Interact: "Catch the ball, do not hit it back"

Presentation is a method with a set of skills to make participants receive and understand your message without confusion. It is neither merely a speech or talk, nor agitation or propaganda. The Central player in a presentation is you, the DET trainer, not the PowerPoint slides. Don't feel at ease just by making PowerPoint slides. You can improve your presentation skills only by practice and doing presentation with constructive reflections of participants.

Don't forget to include an evaluation session at the end of the DET. Preparation is vital to ensure good presentation sessions. Interaction with participants' questions and answers or clarification for understanding is an essential component of a presentation, although presentation is a rather one-way message delivery. You must have good listening and answering skills. Interaction is like playing "catch the ball". You must first receive the "ball", i.e. questions and opinions from participants then you throw the "ball" back by answering those questions or sharing your opinion. You should not "hit" the ball back without first receiving it.

Summary Sheet:

3) Presentation

1. What are the differences between Presentation and Facilitation?

Presentation: Message delivery (from you to participants)

Facilitation: NOT delivery, but stimulation of discovery process

Presentation is a rather one-way message delivery. However, it is not dumping of information. There are two components to ensure participants receive and understand contents: clear contents and effective delivering methods, i.e. presentation. Presentation is a set of methods and skills to ensure better acceptance and understanding of information by participants. What is important in the presentation is that the message you deliver is understood by the participants without any distortion.

On the other hand, facilitation is used to create two-way interactive communication among participants. In other words, it is a constructive dialogue. What is important for the DET trainer in the facilitation process is to pose precise guiding questions to stimulate the process of interactive discovery learning among participants.

2. What points should you bear in mind when you make a presentation?

Verbal aspects and non-verbal aspects (see checklist)

Presentation is one of the forms of communication. Presentation, in a wider sense, includes preparation, developing structure and contents, using visual aids, and so on. There are essential components in communication, i.e. verbal, and non-verbal aspects. In the verbal aspects, you should pay attention to: tone and volume of the voice, speed, pause/punctuation, and selection of words. In the non-verbal aspect, you should pay attention to: body language, eye contact, posture, actions and gestures, facial expression, position, and your appearance.

3. How to answer questions?

Attentive Listening → Appreciation → Clarifying the point → Answering → Confirmation

Do not interrupt while a participant is still expressing his/her question. You must listen until he/she finishes the question. Then, you show appreciation for raising the question, and if the point is not clear, you can ask for clarification. Then you can share your answer, and ask if you have answered his/her question.

If the question is about facts or dates which you do not have the answers to, you can ask other participants if they have an answer. You can also give the answer later. However, if you promise to do that, you must do so.

Sometimes participants just want to express their thoughts in the form of questions. In that case, you do not need to answer them, but just show appreciation and proceed to the next questions.



4) Facilitation

Learning Questions of This Module

1. What is Facilitation?
2. What is the role of the Facilitator in DET?
3. What are the key points in the preparation and structure of facilitation in DET?
4. What are the points in the implementation of facilitation?
5. Describe three key purposes of discussion in DET, and how to facilitate them.

(see answers at Summary Sheet, page 80)



Introduction to Facilitation

What?: Enabling intervention for discovery learning
Facilitation in DET is Problem Posing, NOT Manipulation

Why?: For Discovery Learning

Learning Target: You must be able to conduct Discovery Learning

What is facilitation?

Facilitation is the intervention and process to enable a group to work in effective cooperation to complete a discussion or task. It is a process of interactive learning communication between the DET trainer and participants. The most crucial skill of the DET trainer is to enable each participant to go through a process of discovery learning in DET. Problem Posing is a method of facilitation applied in DET. Facilitation is used as a means to enable a group to work collectively to complete a given task within a given timeframe. On the other hand, the aspect of supporting the discovery learning process of both the group and the individuals is more important in DET. Facilitation is different from manipulation.

Why do DET trainers need to learn facilitation?

Facilitation is crucial as a process of DET and as a skill for the DET trainer to make possible a discovery process for participants, since DET applies the discovery learning approach. A DET trainer has the responsibility of ensuring that all participants acquire the discovery learning process in DET.

What are the targets of your learning?

You must be equipped with effective facilitation skills, especially problem-posing methods in DET. What is important in DET is not the content but the process, i.e. the process of discovery learning. DET will not be "DET" if you cannot facilitate discovery learning. You must be able to apply problem posing and develop guiding questions according to the target of each learning point. Facilitation is a skill. You need to practice it a lot!

Facilitation can be applied for two purposes: supporting a group to complete a given task, and supporting a group to learn by discovery through the process of analysis or discussion. DET applies facilitation for the latter rather than the former.

How to do Facilitation in General: The Process

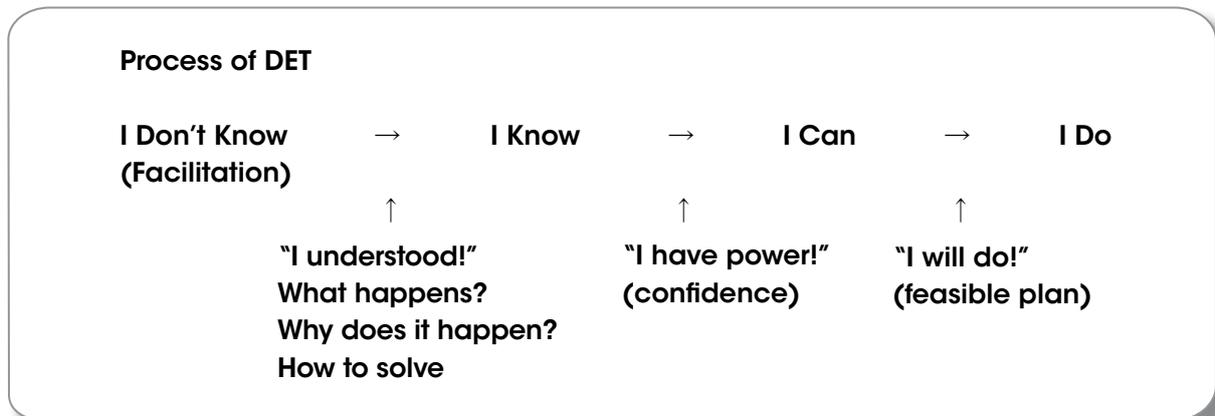
Set a clear task (What)
Give a clear Guide (How to)
 You know, they don't.
 Repeat
 Prepare Instruction Sheet
Keep Focus on the task (depends on target)
 Information collection - wide
 Finding answer (analysis) - focus
 Planning - organise
Structure: one by one (not 2 in 1) and step by step

Facilitation is not delivery of information but a process to support the discovery process by posing a problem for analysis with a set of clear guiding questions.

First of all, you must set a clear task or learning target of doing that particular exercise. Then you must provide a clear guide for a discussion or exercise. Make the process as simple as possible, or by step by step. You know how to, because you have developed it. However, it is the first time the participants have heard about what to do and how and, often, participants have difficulty understanding the steps or the task. You can ensure the participants' understanding of the task and process by (i) preparing an instruction sheet for their reference, (ii) asking one or two participants to explain again what should be done, and (iii) you repeating the explanation. Remember, you know what to do but they (the participants) do not.

You should maintain the truck line of the task or discussion according to the purpose and point of the discussion. Much of the purpose of discussion can be categorised into these three aims: information collection, analysis of the situation/problem, and planning of solutions/actions. For information collection, you facilitate in widening and diversifying the perspective of participants. For the analysis, you facilitate the participants to focus on the point of discussion and metacognition, i.e. objectively analyse their own perspectives themselves. For the planning, you facilitate the participants to be creative and take all factors into consideration for practical planning. Do not give two tasks at the same time. Give them one by one.

Facilitation Process in DET



The main aim of facilitation in DET is not merely to complete a given task, but to stimulate a collective discovery process. DET is the process where participants become agents of change by experiencing step-by-step discovery of the meaning of disability, and their capability and role in their community. The DET trainer plays the facilitator's role in this process that can be divided into three steps.

First, participants must understand the real meaning of disability by analysing what happens to disabled people, the causes of disability (in terms of the Social Model perspective), and how to solve it appropriately. Video analysis exercises are used for this purpose. Second, the DET trainer must ensure participants feel that "Yes, we can" by having confidence in their own capacity, and recognising their role and importance in the process of solution, not just putting that responsibility on the authorities or someone else. By the end of the DET session, you must be able to make all the participants have the conviction "Yes, I will". Participants must be motivated to act as agents of change with concrete and feasible action plans. Action Plan Making is the module to facilitate these second and third steps of DET.

Skill of Facilitation and Role of Facilitator in DET

Facilitate expression of opinions and ideas
Keep the discussion point on track
Provide equal opportunities to share
Manage time

The purpose of facilitation in DET is not merely to make participants complete a task, but to create a collective discovery process among participants. Your role as a facilitator in this sense is to guide and support participants in their discussion by providing the means of problem posing and a set of guiding questions. You should facilitate such process by providing guiding questions, not by providing answers. You must be cautious when providing examples in the

process of facilitation. Though helping with examples can be effective to give participants concrete ideas on the points of discussion, it may also narrow participants' perspective only to the examples given.

In the process of facilitation, you should refrain from judgement and denial. Instead, you can guide them to look at the point from different perspectives. Providing effective guiding questions is the key to enrich the discussion.

You must also pay attention to giving equal chances to all participants to express their ideas and contribute to the discussion, which is the process of discovery. And of course managing the time is a crucial responsibility and skill of the facilitator.

Skill of Facilitator in DET: Visualisation

Methods: Diagram, Matrix, Table, Chart
Mind Mapping/Spider diagrams
KJ-Method/Snowball Technique

Equipment: Flipchart, whiteboard, colour marker pens, Post-it, notes

Visualisation of the discussion is one of the important roles and skills of the facilitator. You can schematise the discussion by diagram, matrix, table or chart. Such schema helps participants to distinguish the differences of opinions and the tasks to do. Although you should encourage the creativity of the group, you can prepare such diagrams before you start as a step-by-step guide of the process or task.

The KJ-Method or snowball technique is one such visualising tool on collecting and sorting ideas/opinions. Mind Mapping or spider diagram is another technique to visualise expanding ideas or widen a scope. The Action Plan Making Sheet (annex 5) is used in the DET Forum for the planning to take various factors into consideration, e.g. time, inputs, stakeholders, etc.

Do not forget to prepare the equipment you need, such as flipcharts, whiteboards, colour paper or marker pens, before you start a group discussion. You should use appropriate materials depending on the size of the group, e.g. A3 paper is useful for a group that consists of only 4-5 people, but a whiteboard or flipchart is to be used for a larger group.

Skill of Facilitation in DET: Tips

- **Guide by questions**
- **Do NOT teach**
- **Do NOT deny**
(do not say "No")
- **Do NOT judge**
- **Everyone says**
- **Perspective**
- **Conflict/Attack?**
- **Aggressive?**
- **Intentional (different) idea**

What you should bear in mind in facilitation is that you guide participants by questions, i.e. good guiding questions; you should not teach or lecture. Your role as a facilitator is to stimulate participants with questions and to listen to them, not teach. Identify or clarify the points or differences in the discussion. Contributing different opinions or challenging by putting in contradictory ideas to widen the participants' perspective also works effectively.

Try to make everyone contribute. If it is an opinion, do not deny or judge. Be cautious when you use examples. Although examples give concrete ideas, they may also confine the perspective of the participants.

If there are personal attacks, aggressive attitudes, or someone attempting to dominate or control (not facilitate), you, as a facilitator, must intervene. You have to manage the group and the time.

You can enrich the discussion of a group with good guiding questions!

Three Purposes of Discussion

Information Collection – wider & diverse perspective
Situation/Problem Analysis – focus & metacognition
Action Planning – creativity & management

The role of the facilitator is not to say only "the next turn is yours". This is mere "control", not facilitation. You must facilitate the discussion. You have to widen the perspective of the participants, deepen the discussion, and make practical and feasible action plan by facilitation. These are the roles of the facilitator. Developing and selecting the means of problem posing, preparing sets of guiding questions support participants to have metacognition. These are the required skills of the facilitator in DET.

1. Information Collection – wider and diverse perspectives

Collect facts, information and data, e.g., collect what difficulties disabled people face in using public transportation. Facilitate participants to see something from wider, diverse, and multiple perspectives. For instance, if participants collect information on the difficulties with regard to

only land transportation, e.g. bus and train, ask them to widen the perspective to sea/river and air transportation by using guiding questions, "How about travelling by air?" or "Is there any other type of transport?"

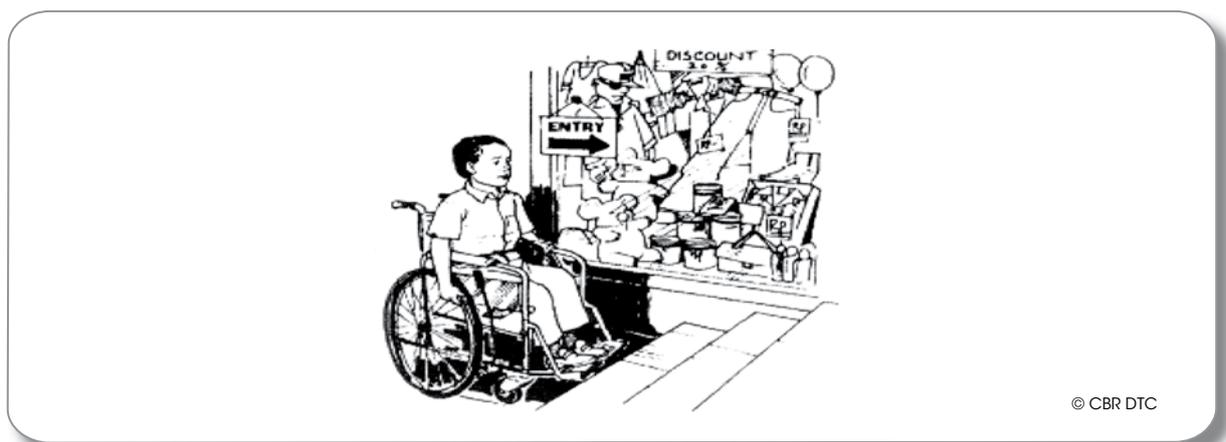
2. Situation Analysis – focus and metacognition

Analyse the situation, problem, causes, outcome, factors of event or incident e.g. analyse causes of inaccessibility of public transportation. Facilitate participants to identify the factors involved, causes, and outcomes of the event and incident. The facilitator accumulates questions of "Why" to find the root cause, or "What would happen?" to identify the outcomes or impact. It is like a digging a hole in the ground until you find a treasure. Sometimes people find it difficult or hesitate to answer the question, "Why?" This is because we feel an answer to a "why" question reflects personal value judgement. You can rephrase the question form to "What are the causes?" instead of "Why does it happen?" Facilitator must also support participants to analyse the "event" objectively by applying a metacognitive approach, e.g. by asking the reasons why the participants analyse an "event" so, and explore to see the "process" of analysis itself in an objective manner.

3. Action Planning – creativity and management

Make a plan of action to solve a problem, an activity or programme, e.g. an action plan to make available an accessible bus service. Facilitate participants to develop a creative but feasible action plan by taking factors such as stakeholders and resources into consideration. For instance, if participants do not take some factors into consideration, you can facilitate them to do so. You should use "5W1H" questions, i.e. what, who, when, why, where, and how. The facilitator can support participants to develop feasible plans systematically by applying these questions to make them focus on the factors to be considered in planning.

Problem Posing



Facilitation starts from preparation. Identify or develop the most appropriate materials for problem posing, develop the guiding questions, prepare the equipment, design the method, task and activity for the purpose of discovery learning. You should also anticipate the frequently occurred mistakes and misunderstandings, and important key learning points. You can practice facilitation by doing DET Forum Video analysis (available on YouTube).

Failure of Facilitation: No Discovery and Forced Feeling

No discovery: How to prevent:

Preparation (Problem Posing, Guiding Questions), related to one's own experiences, facilitation skill

Feeling of being forced: How to prevent:

Sufficient time, No "Boss", Relate to their work, Not "you" but "we/us"
Do NOT Manipulate!

How to evaluate the success of your facilitation in DET? The two key criteria are whether the participants go through the process of discovery or not; and whether each participant feels that "I did it", not someone else did it or feels being forced to do it.

Careful preparation of problem-posing materials and guiding questions is the crucial first step to prevent failure of facilitation. You should design and facilitate the discussion on contents familiar to the participants or experiences they actually have, if a group or someone in the group has difficulty to proceed with the process of discovery. When you include all these, your facilitation skill is a key to success in DET.

There are four major reasons that make participants feel "forced to complete a task" rather than proceeding with the collective discovery learning process as a group through discussion or doing a task. The first reason is that they are not given sufficient time for the task. They feel they are rushed to finish a task without bothering about the contents or learning. The second reason is that they do not feel that what they are doing is meaningful to them, or they see no connection between the task and their work or life. The third reason is that there is someone, maybe a facilitator, who becomes the "boss" of the group and assigns tasks to the participants, instead of creating collective learning. The last reason is that the topic of the task is too conceptual and difficult, and not practical.

To avoid this, you must give sufficient time for the task and discussion. Design the task and topic that are concrete and related to the participants and are not too difficult. Facilitate, and do not command or instruct. Even if the task or topic is conceptual, you can facilitate the discussion in relation to their concrete real-life experiences, or start from the concrete event and then move to conceptual discussion. For instance, instead of saying "You do this", say, "Shall we do this?" You can also appoint someone to write down the points of the discussion on a flipchart or fill in diagrams. These may seem small but they make a difference.

Reporting by Group

	Advantage	Disadvantage
Oral (big group)	Detail	Takes time
Paper (big group)	Saves Time	Limited information
Exchange (2 groups)	Detail	Not shared by all

Do you design reporting as a learning process?

Do not spend too much time on reporting in DET. Reporting is usually done after a group discussion. However, the main aim of group work in DET is to have discovery learning during the process of discussion with facilitation. Hence, merely “reporting” the outcome is not so important. On the other hand, you should utilise the outcome of the discussion for discovery learning again. For instance, comparing different opinions of the group can be an effective learning process.

The worst thing you can do (but often done in so-called “workshops”) is to give 10 minutes to each group to report what they have discussed, spending crucial time just on reporting. Merely listening to the “report” cannot be considered a discovery process. Minimise the reporting time, and maximise group discussion time. Transform mere “reporting” into comparative discussion.

The table on the top shows the advantages and disadvantages of different types of reporting methods. Oral presentation in a whole group can provide details of the discussion but that takes time. Presentation on paper (paste all the papers on the wall for the whole group to view in an allocated time) and exchange reports between two small groups can save time, although both have limitations, e.g. information is limited and the points cannot be shared by all. What is often used by the DET Forum is paper presentation, which can lead to the final discussion in the whole group to clarify the important points, in case there are some groups which do not have a clear understanding or are not able to reach the expected level of discussion. The DET Trainer, then, has one final chance to facilitate their learning.

Conclusion: Facilitation in DET

Problem Posing & Guiding Questions**"I did" feeling****Visualisation****Clear & Precise Instruction, Question & Step**

Facilitation is the interactive process, i.e. dialogue, in DET to realise the process of discovery learning. It is a fundamental skill of the DET Trainer. Application of Problem Posing and well-prepared precise guiding questions are the key to facilitation in DET.

You must create a feeling of "I did", rather than "being forced to complete a given task" among participants to reach the final goal of DET, i.e. enabling participants to become agents of change.

You must give precise questions or tasks and present clear step-by-step instructions. Turning participants' opinions in discussions into visuals by using diagrams or matrices always helps them to understand what they are discussing. Facilitation is not manipulation. In other words, facilitation is different from control. Facilitation values open-ended discussions that would create unexpected outcomes as a result of the discussions. Such interaction can only be created when there is trust in each other. On the other hand, manipulation is used to reach a blue-printed closed goal.

Summary Sheet: 4) Facilitation

1. What is Facilitation?

Facilitation is the intervention and the process to enable a group to work in effective cooperation to complete a discussion or a task, and to let each participant experience a process of discovery learning. Since DET applies the discovery learning approach, facilitation is a crucial process in DET and a necessary skill for a DET trainer to make the discovery process of participants possible. Facilitation is not manipulation.

2. What is the role of the Facilitator in DET?

A DET trainer has the responsibility to enable all participants to experience the discovery learning process in DET. The DET Trainer plays the facilitator role throughout DET, since DET is a discovery process of learning. The role of the facilitator in DET is to:

- Set a clear task, goal, process and method of group and individual work;
- Develop and select precise problem-posing materials and guiding questions to enable interactive discovery learning process among participants; and
- Support and run smooth and constructive discussions among participants.

3. What are the key points in the preparation and structure of facilitation in DET?

NOT delivery, BUT "stimulate the discovery process" by guiding questions

Set and Give clear guide (How to)

You know, they don't.

Repeat

Ask participant to explain

Focus on Discussion Point (depends on target)

Information collection – wide perspective

Find answer (analysis) – focus on point

Planning – organise

Structure: one by one (not 2 in 1)

step by step

4. What are the points in the implementation of facilitation?

Facilitate expression of opinions and ideas

Keep the discussion point on track

Provide equal opportunities to share

Manage time

Your role as a facilitator is to guide and support participants in discussing the points raised. You can facilitate such process by providing guiding questions, not by providing answers. You must be cautious to provide the kind of examples in the process of facilitation. Although giving examples can be effective in giving participants concrete ideas on the points of discussion, it also narrows participants' perspective only to the image given with the example.

In the process of facilitation, you should refrain from judgement and denial. Instead, you can support them to explore the point from different perspectives. Providing effective guiding questions is the key to enrich the discussion.

5. Describe three key purposes of discussion in DET, and how to facilitate them.

Collection – wider and diverse perspectives

Collect facts, information and data, e.g. difficulties the disabled people face in using public transportation. Facilitate participants to see “something” from wider, diverse, and multiple perspectives. For instance, if participants collect information on difficulties regarding only land transportation, e.g. bus and train, ask them to widen the perspective to sea/river and air transportation by asking, “How about travelling by air?”, “Is there any other type of transport?”, “Can we...?”, and so on.

Analysis – focus and metacognition

Analyse the causes, outcome, factors of event or incident: e.g. analyse causes of inaccessibility of public transportation. Facilitate participants in identifying the factors involved and the root causes or ultimate outcome of the event/incident. The facilitator accumulates questions of “Why” to find the root cause, or “What would (happen)”, then “What if” to identify the ultimate outcome. It is like digging a hole in the ground until you find a treasure. Sometime people find it difficult or hesitate to answer the question, “Why”. It is because we feel an answer to “Why” questions reflect personal value judgement. You can rephrase the question to “What are the causes of it?”, instead of “Why does it happen?”

The facilitator must also support participants to analyse the “event” objectively by applying a metacognitive approach, e.g. by asking the reasons why the participants analyse something so and explore it to see the “process” of analysis itself in an objective manner.

Planning – creativity and management

Make a plan of action to solve a problem, an activity or programme, e.g. action plan to make available an accessible bus service. Facilitate participants to develop creative but feasible action plan by taking factors such as stakeholders and resources into consideration. For instance, if participants do not take some factors into consideration, you can facilitate them to do so. You should use “5W1H” questions, i.e. what, who, when, why, where, and how. Facilitators can support participants to develop feasible plans systematically by applying these questions to make them focus on the factors to be considered in planning.



5) Making Slides and Visuals

Learning Questions of This Module

1. What are the four principles of making slides and visuals?
2. What are the six techniques of making slides and visuals?
3. Explain briefly each of these six techniques.

(see answers at Summary Sheet, page 94)



Introduction to Making Slides and Visuals

What?: Presentation Tool

Why?: For effective training

Target: 4 principles & 6 techniques

What are slides and visuals?

Most of us use presentation software such as Microsoft PowerPoint these days. It is a very powerful tool to complement your DET session, if used effectively. A slide means a “page”, and slides refer to a set of slides.

Why do DET trainers need to learn this?

Presentation is an important part of DET. Thus, all DET trainers should be able to develop and use slides and visuals effectively. The principles and techniques of making slides can be applied not only for presentation software but also other means of presentation such as whiteboard, flipchart, and handouts for participants.

What are the targets of learning?

You should understand four essential principles of making slides and be able to apply six basic techniques to your DET.

* Slides are a visual medium. You must explain its contents if there are participants with visual impairments.

Principles of Making Slides

Less is More

Simple

For 'look', not to read

NOT sentences

Visualise

The fundamental principle of making slides is making them as simple as possible. Do not put too much information in a slide. The worst thing you can do is to put the whole text of your talk into the slides, and read them out.

A slide is a signpost and a supplement for participants to understand what the key points of your presentation are. Give handouts to the participants instead of showing detailed information in slides, if they need to have detailed information. Avoid putting sentences: have only keywords in bullet-point form. Otherwise, they pay much attention to “reading” the slides instead of listening to you.

Try to schematise the contents or use graphic images rather than explanatory texts. You must “pare and scrape”, i.e. minimise the contents in the slides to guide participants to the precise learning points. Participants learn better and more of the topic, if you reduce the amount of information in a slide, and vice versa.

Six Techniques of Making Effective Slides

- 1. Guide**
- 2. Simplify & Summarise**
- 3. Separate**
- 4. Compare / Contrast**
- 5. Arrange**
- 6. Schematisation / Graphic presentation**

Slides, or presentation software, are effective tools and means to support learning of participants by guiding them to key points in the contents. Visual input is a much more effective means than hearing one, as we have learnt in the methodology of DET, “If I hear, it, I forget it. If I see it, I remember it.” There are six techniques to make “easy-to-look” simple and powerful slides.

Analyse: What Is Wrong with This Slide? Factors of Making Slides

Disability is defined in the UN CRPD as follows: results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

Participation is defined by the UN as follows: the right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equally to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development.

Social Model of Disability is defined by the UPIAS as follows: Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. ... and disability as the disadvantage or restriction of activity caused by a contemporary social organisation, which takes no or little account of people who have physical impairments, and thus excludes them from participation in the mainstream of social activities.

Is it easy to look at this slide? Can you analyse what is wrong with this slide? How can you make it better? What factors should you pay attention to?

Making effective slides is not difficult, if you know what points to pay attention to and what basic rules to follow. The points are: amount of information, font (size and type), colours

(contrast between background and letters), style and format. If you can analyse the reasons that make this slide so terrible, you will not make the same mistake and will be able to make effective slides.

Technique 1: Guiding (1): by Highlight

Asian Football Ranking				Asian Football Ranking			
	2010	2011	2012		2010	2011	2012
1	Uzbekistan	Malaysia	Tadzhikistan	1	Uzbekistan	Malaysia	Tadzhikistan
2	Tadzhikistan	Kazakhstan	Uzbekistan	2	Tadzhikistan	Kazakhstan	Uzbekistan
3	Indonesia	Uzbekistan	Indonesia	3	Indonesia	Uzbekistan	Indonesia
4	Philippines	Turkmenistan	Kazakhstan	4	Philippines	Turkmenistan	Kazakhstan
5	Kazakhstan	Indonesia	Philippines	5	Kazakhstan	Indonesia	Philippines
6	Turkmenistan	Tadzhikistan	Singapore	6	Turkmenistan	Tadzhikistan	Singapore
7	Singapore	Singapore	Turkmenistan	7	Singapore	Singapore	Turkmenistan
8	Japan	Philippines	Japan	8	Japan	Philippines	Japan
9	Malaysia	Japan	Malaysia	9	Malaysia	Japan	Malaysia

The tables on the top are that of mock Asian Football Ranking. Which table is better to identify the rank of Malaysia, and why? You can guide participants to the point or information that you want them to pay attention to by simply highlighting that point in the information. (I use shading instead of highlighting by colour here since this book is in black and white. You should use colours in real slides.)

However, do not use too many highlights. For instance, if you want to explain the ranks of three countries and use three different colours in this table, it does not guide participants but just distracts them. You should use other techniques, e.g. use a “line chart” with three different coloured lines, or use the “animation” function of the software to show three countries, one by one.

Technique 1: Guiding (2): by Title

What Title?
<p>“...disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”</p>

You can help participants grasp the information in a slide by putting the right title to the slide. Imagine that you are showing the full text of the explanation of disability by UN Convention on the Rights of Persons with Disabilities (UN CRPD) in a slide. What title would you put at the top of the slide? I have two examples:

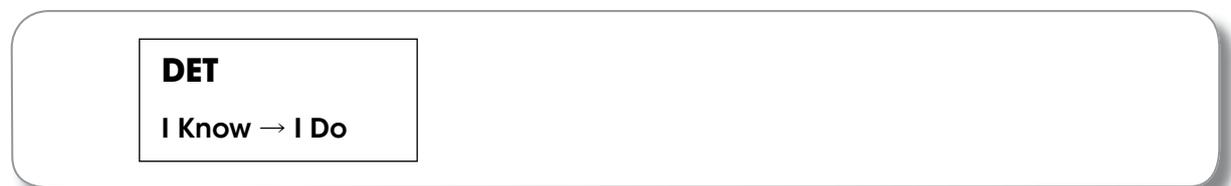
- (A). Definition of Disability by UN CRPD
- (B). Disability is Participation Restriction

What is the difference between titles (A) and (B)? Title (A) explains what the text is, i.e. "This is the definition of disability by UN CRPD". On the other hand, title (B) explains the core meaning of the content, i.e. "disability is participation restriction". There are always two ways to present the title: explain "what it is", and "what the key message is". Use either one of them to suit your needs. However, the latter is more effective to help participants understand the core meaning of the content.

The title should be in one line, not two or more lines. If the title is more than two lines, it is too explanatory. If just one or two words go to the second line, you can adjust by changing the size of the font.

You can also highlight the keyword in the text. (I bold them in the slide on the top. Use a different colour in a real slide.)

Technique 2: Simplify & Summarise - Cut & Delete



Could you try to make a slide to explain the following content? "In DET, it is not enough to make participants understand what disability is and what to do. What is more important in DET is to make participants act as agents of change in society, not just to know about disability." An example is in the slide on the top.

A slide is not for reading, but to look at. Bullet-point form is recommended; you can explain the details orally. Otherwise, participants will read the slides rather than listen to you. Simplify and summarise the contents by cutting and deleting unimportant points. Let the participants focus on the core points by showing only keywords of the content in the slide. (Don't "bury" the keywords within sentences!)

Technique 3: Separate - “Drawer” to Sort Information

Potentials & Limitation of DET & DAT

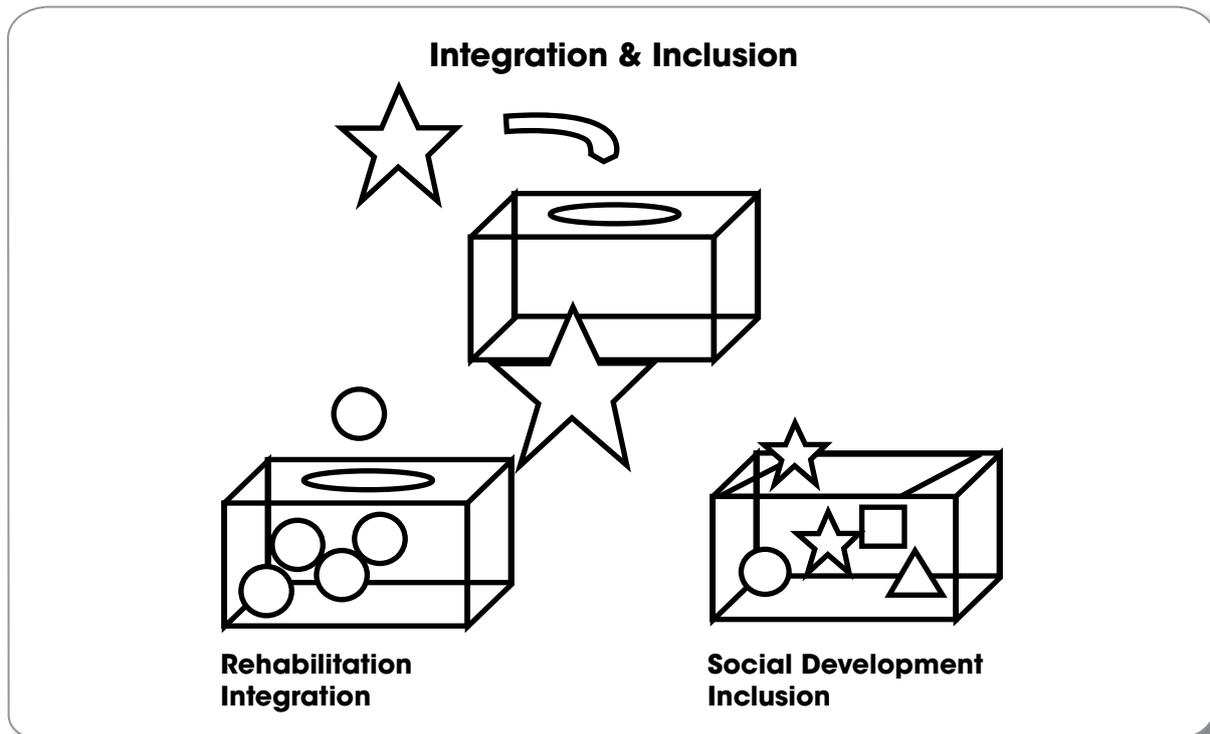
	DET	DAT
Potential	Changes attitudes Creates proactive action Promotes social change	Understands functional aspect Teaches how to assist
Limitation	Takes time Needs good facilitator	Understands only functional aspects Does not facilitate social change

Participants get confused when they do not know how to sort new information in their “knowledge box”. Separation is a technique to provide information with “a ready-made drawer (or sorting box of information)” for participants. A matrix is an example of how to effectively separate information according to key criteria.

The matrix in the slide on the top is an example to show when you explain the following strengths and limitations of DET and DAT: “DET and DAT both have potentials and limitations. The important potentials of DET are: changes attitudes of people, creates proactive action, and promotes social change. Its limitations are: takes time and needs good facilitators. On the other hand, DAT’s potential is that it enables participants to understand the functional aspects of impairment and teaches them how to assist disabled people. DAT’s limitation is the understanding of disability is restricted to within the functional aspects, and it does not facilitate proactive actions for social change.”

Technique 4: Compare & Contrast - “B as non-A”

	DAT	DET
Disability:	Functional Limitation Individual Model	Inequality Social Model
Methods:	Simulation	Facilitated Learning
Participants:	Neutral	Oppressor & Change Agent
Facilitator:	Non-disabled people	Disabled People



This is the most effective and useful technique to use when making a slide. People understand easily what “B” is, when you explain “B” in contrast to “A” by comparing and contrasting the differences between “A” and “B” by using key criteria. In other words, explain “B” as “non-A”. A vital point to remember when using this technique is to identify the key criteria to compare.

At the top is an example of the comparison between DET and DAT in table format. Please pay attention to the criteria used to compare DET and DAT. At the bottom is another example to explain the difference between integration and inclusion in image format. You can also see some of such examples in the Chapter 5, Example of DET.

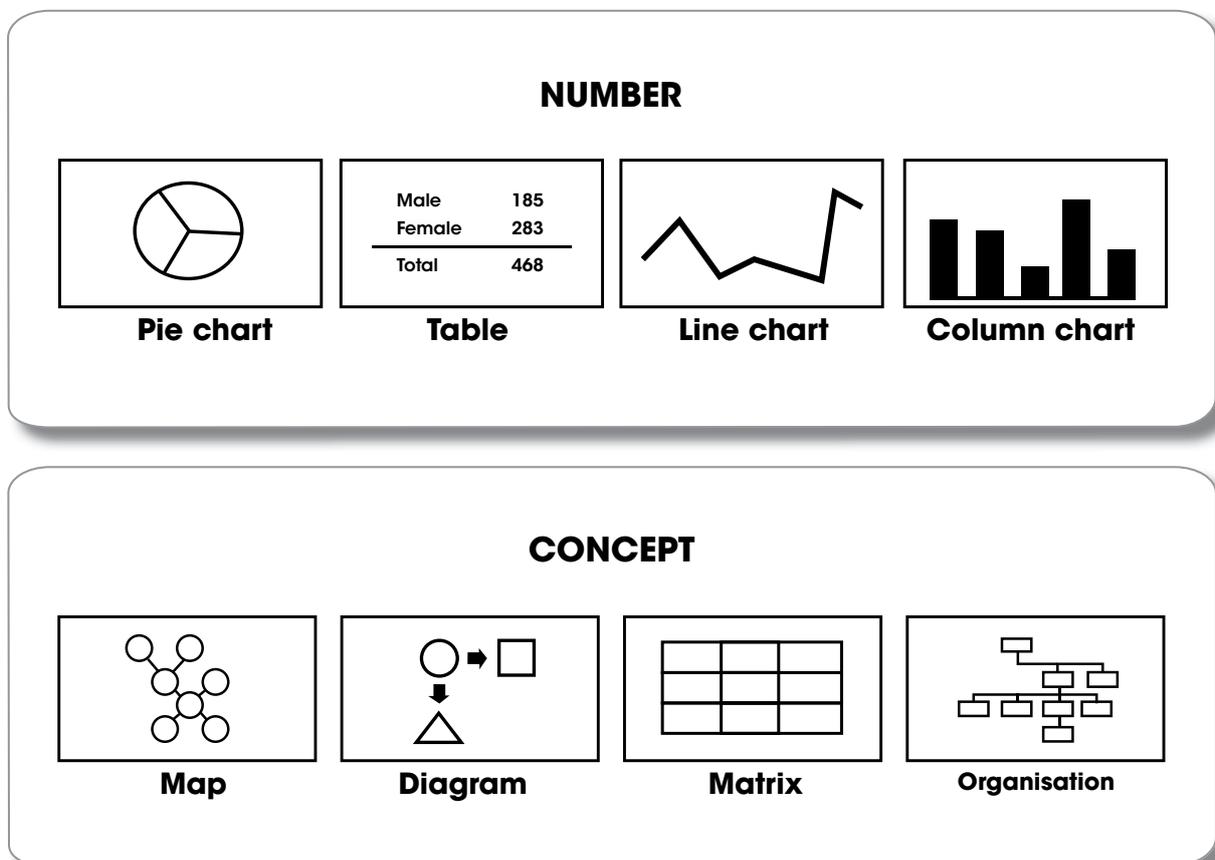
Technique 5: Arrange the Slides

<p style="text-align: center;">Principles</p> <ol style="list-style-type: none"> 1. Guide 2. Simplify & Summarise 3. Separate 4. Compare / Contrast 5. Arrange 6. Schematisation 	<p style="text-align: center;">Principles</p> <ol style="list-style-type: none"> 1. Guide 2. Simplify & Summarise 3. Separate 4. Compare / Contrast 5. Arrange 6. Schematisation
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“Easy to look at” is the key feature of slides. You must pay attention to style, layout, sorting, unity, font, background, and animation. A unified style with sorted layout is fundamental. Not only the style of “a slide” but also “set of slides” are important.

Can you compare the two slides on the top? There is one simple difference between these two slides, i.e. alignment of the text is either left or centre. However, the left one may be much better to “look at” compared to the one at the right. Apply general knowledge. People read from left to right and from top to bottom. A traditional but useful suggestion to arrange a slide is “4X4”, i.e., set only four lines of text and four words in each line in one slide.

Technique 6: Schematise (Graphic Form: 1)

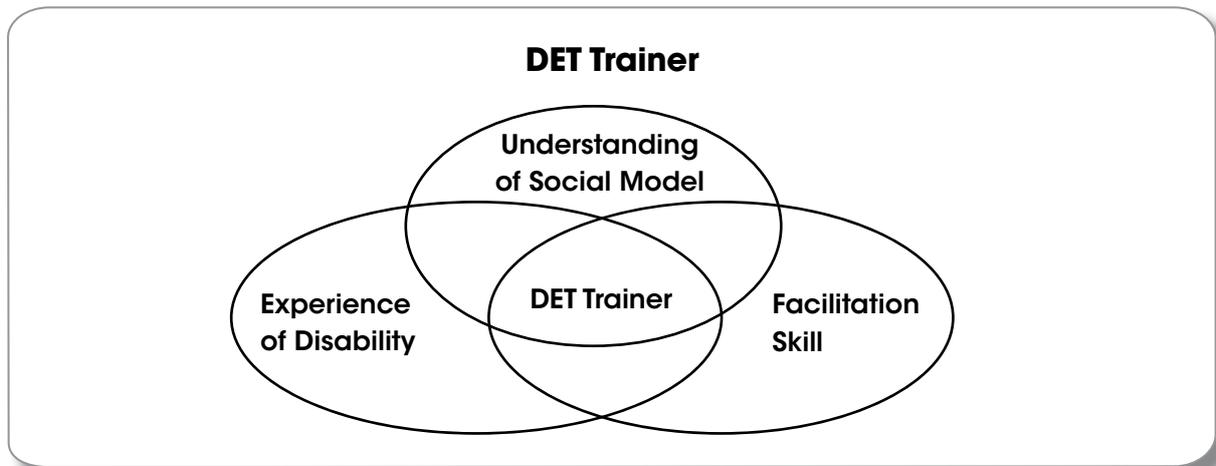


There are two types of schema: concept and data. Using simple schema or graphic forms is more effective than using text. Do not try to put everything in one schema. A too-complicated schema is worse than explaining with text. You can explain details orally. Simplicity is vital for making schema.

There are various styles of schema. Some well-known schemas for numbers/data are tables, pie charts, column charts, and line charts, and for concepts: organisation charts, and maps⁷. Among the useful formats for DET are matrices, Venn diagrams, class diagrams, and causal linkage diagrams which are used to explain facts and concepts.

⁷ Zelazny, G. (2006) *Say It With Presentations*, McGraw-Hill, New York.

Technique 6: Schematise (Graphic Form: 2)

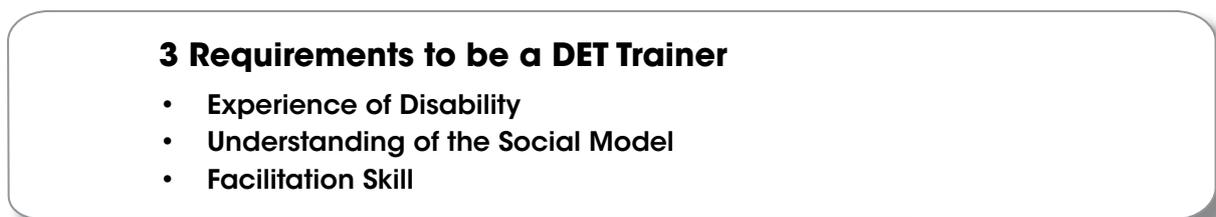


The following is an explanation of the three criteria to be a DET Trainer. How do you present this content in a slide?

Text: "Trainer must be a person with disabilities, i.e., trainer must experience disability in terms of social exclusion and discrimination. Trainer must also have sufficient logical understanding of the Social Model of Disability to develop an appropriate DET module. And, a trainer must have facilitation skills, such as assertive listening, to conduct a DET session."

Although the following two examples are good, the example of Venn diagram on the top may provide a better visual image of the three necessary factors to be a DET Trainer. However, this could be confusing for someone who is not familiar with the concept of sets in mathematics and Venn diagrams. Develop and use an appropriate schema format for the participants.

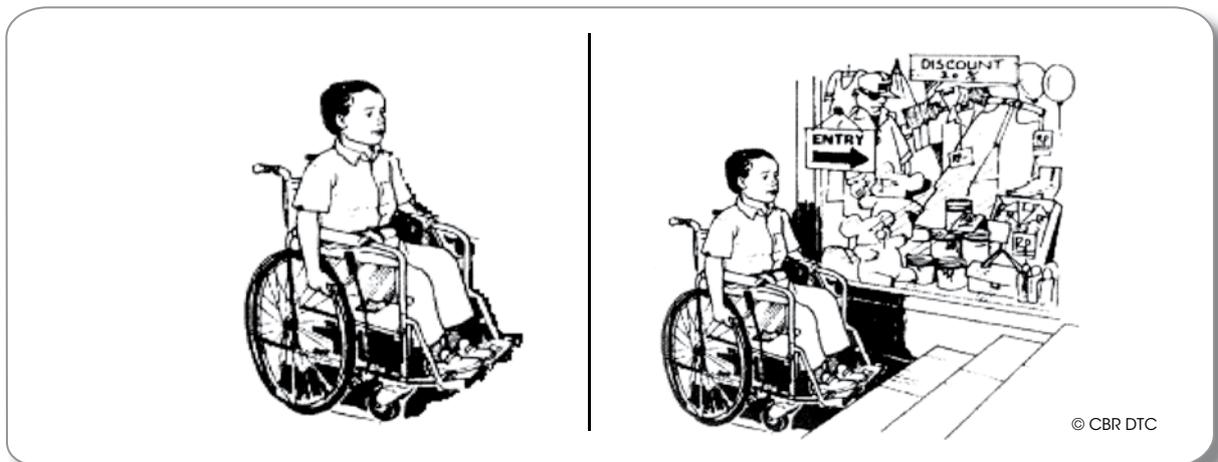
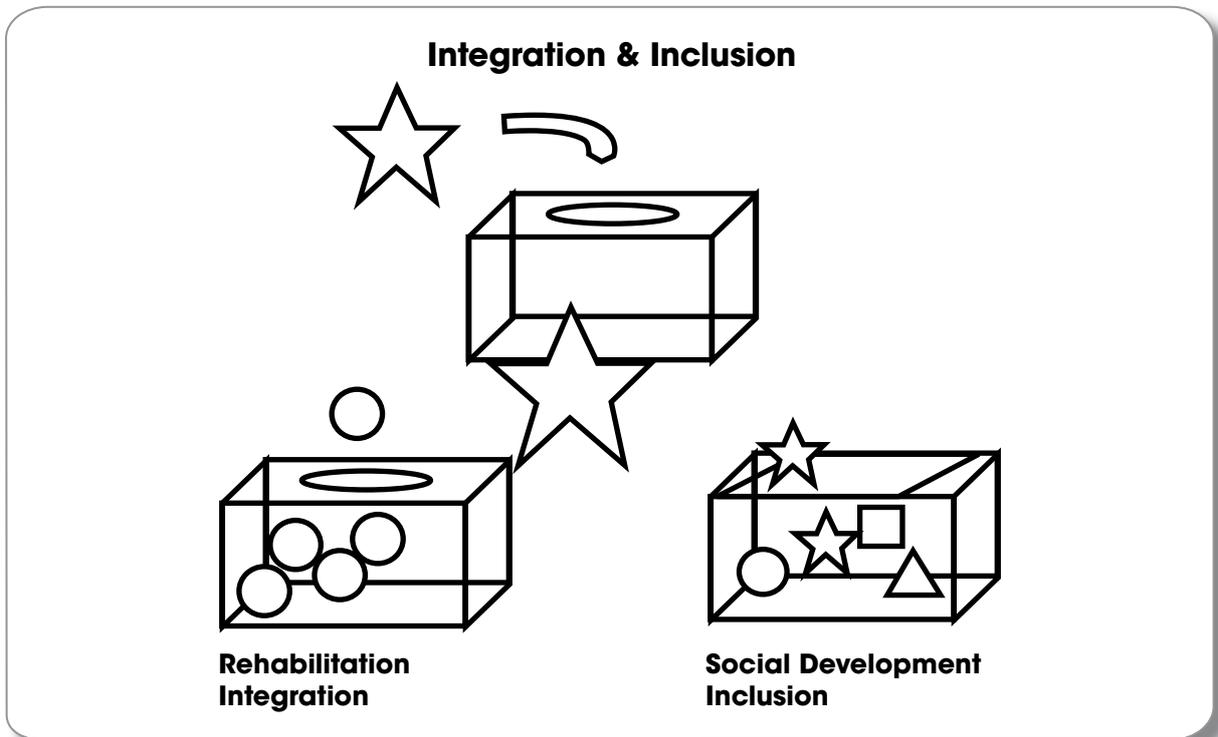
(Example 1: Bullet-point Style)



(Example 2: Equation Style)



Technique 6: Schematise (Graphic Forms: 3)



You can use graphic forms (e.g. drawings and photographs) to explain the core notion of concepts. It helps participants to grasp the key ideas of the concept, although such forms cannot explain the concept thoroughly. Two forms on the top are often used in our DET. The top one is used to explain conceptual differences between integration and inclusion. The bottom one is used to explain the differences between the Individual and the Social Model of Disability.

Photographs can be used, too. Pay attention to the resolution and focus of the photographs when you use them. Often, low-resolution and out-of-focus photographs give blurred images. Animations can also be used to explain points in sequence. But do not use it too much.

Font: Type, Size and Colour

Arial: DET, Disability

Gothic: DET, Disability

Times: DET, Disability

Century: DET, Disability

Corsiva: DET, Disability

In addition to the six techniques, a final point you should pay attention to is the font.

Type:

Everyone has his own style and preference. However, Arial or Gothic is clearer than Times or Century on the screen. What is important is to systematically use a unified style of font (type, size, colour) for the title, text, and emphasis throughout all slides. Bold (and in some cases, italic) text is a recommended method for emphasis together with highlights of different colours. Avoid mixing different fonts in one slide.

Size:

Size 36 - 44 for the title and 28 - 32 for the text are recommended, although it depends on the size of the screen and the training room. Smaller-sized letters can be used for the title, if it cannot be put in one line, but it must not be smaller than the main text.

Colour:

Contrast between the background and the letters is important. The followings are some typical colour contrast combinations:

Background	Letters	Emphasis (highlight)
White	Black	Red
Black	White	Yellow
Blue	White	Yellow/Red

Conclusion: Simplicity and Unity

Simple: Less is More

Unity: Same format

Visualise: Schema

Make your slides as simple as possible. Pare unnecessary information which you can explain orally, or provide in a different format, e.g. hand-outs. Use emphasising techniques, e.g. highlights and animation, but not too much.

As the format of a slide is important, unity of style of all the slides is also equally essential. Please pay attention to the use of the same format throughout all slides, i.e. layout, style, font (colour, size, and type), animation, etc.

Try to schematise the contents, rather than writing them in a slide. You need to exclude some components when you make a schema. Don't put everything in one schema: it becomes too complicated.

Bear in mind the four principles of making slides and utilise the six techniques to make it. Remember, "Less is More!"

Summary Sheet: Making Slides and Visuals

1. What are the four principles of making slides?

Simple
For "look", not to read
NOT sentences
Visualise

2. What are the six techniques of making slides?

Guide (Title and Highlight)
Simplify and Summarise
Separate (Prepare "drawer" first, then give information)
Compare and Contrast
Arrange (Style and format)
Schematise (Graphic Image)

3. Explain briefly each of these techniques.

Guide: Highlighting the points, Title (Headings), Eye Catcher.

Slides are the signposts of a presentation. Titles (headings) of slides are one of the most important parts in the slide to guide participants to understand what you are saying. If the slide contains text, it is effective by highlighting the keywords with different colours.

Simplify and Summarise: Less is more - not sentences, but chunk of words.

Slides are not for reading, but to look at. Bullet-point form is a good example. You can explain details orally. Otherwise, participants will read the slides rather than listen to you. Simplify and summarise by cutting and deleting unimportant points. Find and use only keywords for the contents. Don't "bury" keywords within sentences.

Separate: Grouping, Prepare a "drawer" to sort information.

You give information with "ready-made drawer" (a box to put in the information). A matrix is one of the most effective examples.

Compare and Contrast: Emphasise the differences.

It is easy to understand what "B" is, if you explain "B" as "non-A" by comparing and contrasting the differences between "A" and "B" using key criteria.

Arrange: Style, Layout, Sort, Unity, Font, Animation.

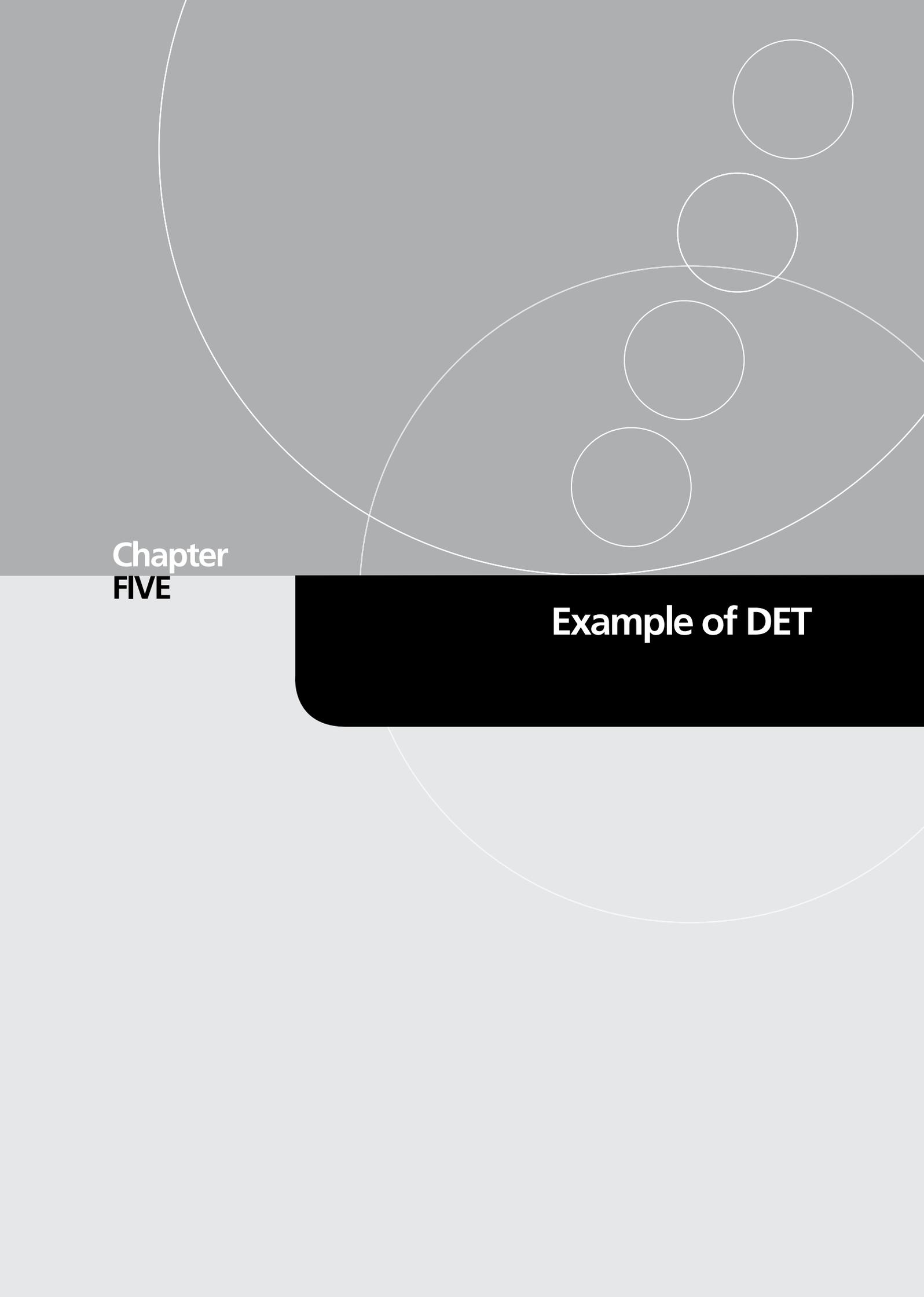
"Easy to look at" is the key of a slide. Unified style with sorted layout is fundamental. Not only a style of "a slide" but also "set of slides" are important. Don't use too much animation. A unified and consistent style is essential.

Schematise (Graphic Form): Be simple - not all, but only key points.

There are two types of schema: concept and data. Using simple schema or graphic forms is very effective. Don't try to put everything in one schema. Simplicity is vital for schematisation.

* You must explain schemas and graphic forms, if there are participants with visual impairments.





Chapter
FIVE

Example of DET

Learning Questions of This Module

1. What are the aims of DET?
2. What are the two key components of DET?
3. What are the differences between DET and other disability-related training?
4. How is DET structured?
5. How should DET be conducted?
(Methods of DET)

(see answers at Summary Sheet, page 113)



Introduction: Example of DET

Purpose: Participants become agents of change
Components: Social Model Perspective + Action Plan Making
Contents: Specific to the participants
Methods: Discovery Learning (Facilitated Participatory Learning)

This chapter shows an example of DET. The cited slides are an example of a real four-hour DET course conducted for government officers in Malaysia with minor changes to suit to the purpose of the book.

All DET have a common purpose, i.e. to facilitate participants become agents of change. A mere lecture on the Social Model cannot be called a DET, since it is not an action-oriented training. Hence, the key components and fundamental methodology of any DET are the same: acquisition of the Social Model perspective and development of action plan as content, and discovery learning as its process.

However, the contents, structure, tools and exercises used vary, depending on participants and their needs. For instance, detailed explanations on disability models may be required in DET if the participants are government welfare officers and medical professionals, whereas awareness on inclusion by games, role-play, and activities may be appropriate contents and exercise tools of DET for schoolchildren. Therefore, please do not take this example as the standard contents of DET. Be creative by focusing on the needs of participants with firm foundation of the Social Model perspective.

Although this is a set of slides, this DET is not a presentation. I use these slides, which are mainly illustrations and drawings, to pose questions for discovering exercises. This problem posing is a key method of facilitated participatory learning approach.

Structure of DET

Introduction
What is Disability?
Action Plan Making
Conclusion

Most DET programmes contain four components: i.e. an introduction, understanding disability from the Social Model perspective, Action Plan Making, and a conclusion. A minimum of three hours is required; ideally, at least four hours or more is needed to conduct various exercises thoroughly.

Introduction

Having a clear introduction is essential in DET in order to make sure all participants follow the learning process together. Participants may feel lost and uneasy if they are not sure what they are learning and which stage they are in the entire process of DET, because DET challenges participants to examine their mindset and build alternative perspectives on disability. At the same time, you are able to know participants' understanding on disability by having a good interaction with them at this point.

The introduction part usually contains the following: introduction of the facilitator and participants, rapport making, icebreaking, and an explanation of the course (purpose, schedule, contents, and methods).

What is Disability?

The purpose of this section is to make participants discover an alternative perspective on disability, i.e. the Social Model of Disability by themselves. Various exercises can be used. Three preparatory exercises and a main exercise (video analysis) are used in this example.

Action Plan Making

The aim of this section is to support participants to be agents of change by developing practical and feasible proactive action plans to prevent and break barriers in relation to their real work and daily lives. Eight preparatory exercises and a final exercise of Action Plan Making session are used in this example.

Conclusion

It is crucial to review what participants have discovered and learnt at the end of the DET. Make sure participants leave the room as agents of change!

Following is an example of DET.

Component 1: Introduction to the Training

1. Opening DET



It is always better to make a new and specific opening slide for the course. Do not use an opening slide which was made for another training course (which can include another company's or organisation's name!). You must introduce yourself at the very beginning of the session. Rapport can be made when participants feel you are on their side, i.e. you are not there to criticise them but to work together with them to make

their community or organisation better (in terms of inclusion and enablement). Remember, DET is neither agitation nor lecture, but an educational process.

2. Icebreaking and Opening Question

Before Start...

1. How many disabled friends do you have?

2. Do you agree?: Make all disabled people "normal".

Having a frank and free atmosphere among participants and between participants and the facilitator is important to conduct facilitated participatory learning. You should start the session with icebreaking. At the end of this part, I give two questions, "Do you have any disabled friends, not a member of your family or a colleague, but a friend?" Usually very few have disabled friends. I give statistical information of disabled people (UN statistics say about 15% are

disabled), and ask why participants do not have disabled friends. The second question is that goal on disability is to make all disabled so-called "normal", or not? Then I ask them to keep thinking about this second question throughout the session. These kinds of "awakening" opening questions make the issues and direction of this course clear amongst participants.

3. Purpose and the Programme of the DET Session

DET Session

What is Disability? (2.5 hour)

Think! 3 exercise

Video analysis

What can I Do? (1.5 hour)

My action

Explain the main purpose and two objectives of DET. It is important to make sure that participants clearly understand the aims and target of the course from the very beginning. It is also crucial to explain the schedule and contents at the beginning. Participants can feel relaxed and comfortable when they know what is going to happen. You also have to explain that DET does not conduct simulation exercise at the beginning. Often, people

assume that any disability-related awareness training includes simulation exercise.

4. Method of DET (Exercise)

Facilitated Participatory Learning

If I (HEAR) it, I (FORGET) it.

↓

If I () it, I () it.

↓

If I () it, I () it.

↓

If I () it, I () it.

(Exercise)

Explain how this training will be conducted, i.e. an explanation of the facilitated participatory learning approach, to ensure their active participation during the session, because some participants expect a lecture style. You do not have to explain what Facilitated Participatory Learning is but the process is discovery learning not lecture. I usually use an illustration made by David Werner⁸, and ask them to put words

in blanks as an exercise. Then let them “discover” that seeking their own solution is a better learning process than passively listening to a presentation.

Component 2: What is Disability?

5. Preparatory Exercise 1: Images and Perceptions on Disability and Disabled People

Photographs/Images of Disabled People

(Exercise)

Three preparatory exercises are implemented before the main analysis exercise. These are: (i) images and perceptions on disability; (ii) cause, location, meaning of disability; and (iii) different solutions. In the first preparatory exercise, you challenge the participants’ image and perception toward disability and disabled people. The first preparatory exercise puts participants at the starting point to

think of disability not just as an individual’s functional issue but also related to your own value standards which create your life and society. You show the sets of both positive and negative images of disabled people and ask participants to analyse (i) what are the differences between these images, and (ii) analyse their own image and perception on disability and

8 Werner, D and Bower, B. (1982) Helping Health Workers Learn, The Hesperian Foundation. You can download the book at: www.healthwrights.org

disabled people. This must be done as a small group exercise. Spend five to 10 minutes on this. The key question for this exercise is, "How can we realise their equal participation in our society, if the peoples' perception on disability and disabled people are negative?"

6. Preparatory Exercise 2: Cause, Location, and Meaning of Disability

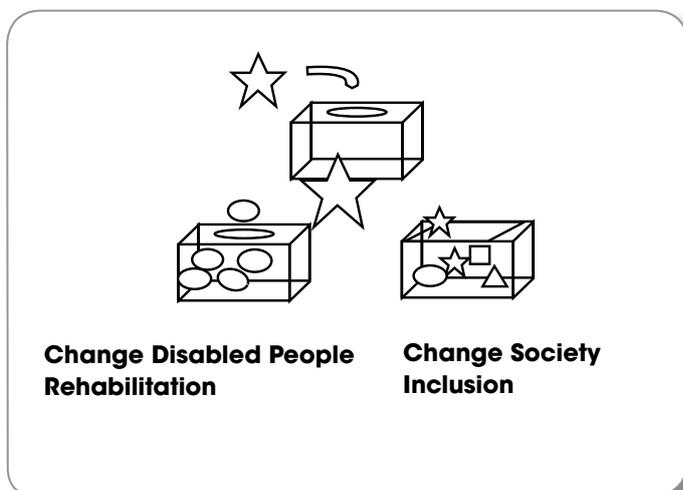


(Exercise)

The purpose of the second preparatory exercise is to make participants discover the cause, location and meaning of disability and, as a result, acquire the perception of the Social Model of Disability. First of all, you show the left illustration only with a question "What is disability?" and discuss this in pairs or small groups. Usually, impairments are raised as "disability". Then you show the right illustration and ask same question

and discuss again in pairs or small groups. After that, you give the second question, "Where is disability?" and ask pairs or groups to locate only one spot of the location of disability, and put a piece of paper on the screen which shows this illustration. This is a critical point to discover the meaning of disability from the Social Model perspective. At last, you ask them to write a sentence to explain meaning of disability. You should start the sentence with, "Disability is.....". Often, participants describe disabled people by starting with, "Disabled people are....". By doing this exercise, participants start to critically analyse their own perceptions of disability – which are strongly influenced by the Individual Model of Disability, and discover a new perspective on disability, i.e., the Social Model of Disability. Participants must have an analytical view to see disability as socially constructed barriers which exclude disabled people before they do video analysis exercises.

7. Preparatory Exercise 3: Open Box Solution



(Exercise)

The purpose of this third preparatory exercise is to make participants discover social change as a solution on disability by critically analysing the limitations of prerequisite thinking, which require functional recovery as a prerequisite condition for social participation.

First of all, you show only the above illustration and give participants a question: "How to put a star-shaped object into a box which has a hole that is smaller than the object?", and discuss in pairs/small groups to find two solutions. Usually participants can identify two ways to solve the situation. Discuss advantages and limitations of both solutions in a big group. Let them find key limitations of the "cutting star solution": e.g., only objects that can be cut smaller than the hole can go in (i.e., only who can adjust them into a situation can be accepted). Let them rethink these solutions by assuming a star is a disabled person, and the box is their organisation or community. Then you name this open-the-hole solution as an "open box solution", which will be used in video analysis.

By doing all three preparatory exercises, participants become ready to do a comprehensive analysis of disability through video analysis.

8. Main Exercise: Video Analysis

Analyse Video

1. What is happening?
2. Why it happens?
3. How can be solved?
(Open Box Solution)

(Exercise)

The purpose of this exercise is to ensure participants acquire the Social Model perspective as an analytical view. You can use either a video made by the DET Forum or Disability Rights Commission UK (DRC: restructured into Equality and Human Rights Commission). Both videos can be watched on YouTube. Search for "DET Forum" or "DRC,TALK". Below is an example of how to use the DRC's video.

First of all, explain how to analyse the video by providing an analysis sheet (see annex 4). Then watch the video. Ask them to write on the sheet all the scenes which show Robert in trouble (individual work). I usually give one or two examples of a scene while showing a video to make sure participants understand clearly what to do in this exercise and how. After each participant completes the list, two exercises will be done by a small group: (i) complete the list of "scenes", and check the list together in a big group to make sure all scenes are listed, and (ii) let each group pick only one scene, and discuss how to solve that particular problem. Provide an explanation on how to develop solutions by using the "open box solution".

After the discussion on "how to solve "the problem, facilitate further discussion on "What did Robert experience" (inequality, discrimination, inaccessibility, etc) and "Why did he face these difficulties" (negative attitudes, various barriers, etc.) in a big group. If time is limited, only one scene can be discussed. However, if you have more time, several scenes can be analysed.

9. Concluding Exercise: Rewrite Own Explanation of Disability

What is Disability?
Write your own explanation.

(Exercise)

This is the final exercise to ensure acquisition of the Social Model perspective by participants. You ask participants to rewrite the explanation on disability which they have written in a preparatory exercise within a small group. You revise all preparatory exercises and video analysis in advance to the process of rewriting. You collect these papers and paste them on the whiteboard. Then read them together with participants and

discuss what they have written as explanation of disability as final discussion. This is the final opportunity for you and participants to discover the meaning of disability from the Social Model perspective.

10. What is Disability: Conclusion – Definition of Disability

Disability: UN CRPD

results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others

Revise a meaning of disability from the Social Model perspective. Use the legislation of your county, if its definition of disability reflects the Social Model. If not, use the UN CRPD which reflects the perspective of the Social Model of Disability.

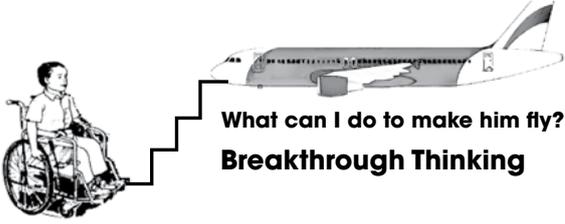
Component 3: Action Plan Making

11. Change Participants' Mode: From Analysis to Creation

Action Making

You must have a break at the end of the module on disability to change participants' mode from an analytical mode where participants were pessimistic and realistic, to a creative mode where participants must be optimistic and creative. Icebreaking also works to change participants' mode from being analytic to creative. This shift of mode is very important and should not be taken lightly.

12. Preparatory Exercise 1: Breakthrough Thinking



**What can I do to make him fly?
Breakthrough Thinking**

**I am so sorry, but you cannot.
If you can do A, B & C, then you
can fly. (for your safety, sir)**

Prerequisite Thinking

(Exercise)

Eight preparatory exercises and a main exercise are conducted as contents of the module of Action Plan Making. You can learn contents of these exercises at the Chapter 2 of Action Plan Making. At the very beginning of this section, you must challenge participants' attitudes if they are really willing to make changes as agents of change. Show the illustrations first (no wordings). Ask next question, "There is a person on a wheelchair. But there is neither a

passenger boarding bridge nor passenger boarding lift. What will you do as a manager in charge on this situation?" Discuss in a small group or in pairs. Show two kinds of "reactions", after group discussion. Refer to accessibility movements and make participants discover differences between disabling/excluding attitudes and enabling/inclusive attitudes; and how "prerequisite thinking" can exclude disabled people and restricts their equal participation. Examples used must be appropriate to the participants.

13. Preparatory Exercise 2: Proactive Action

Proactive Action

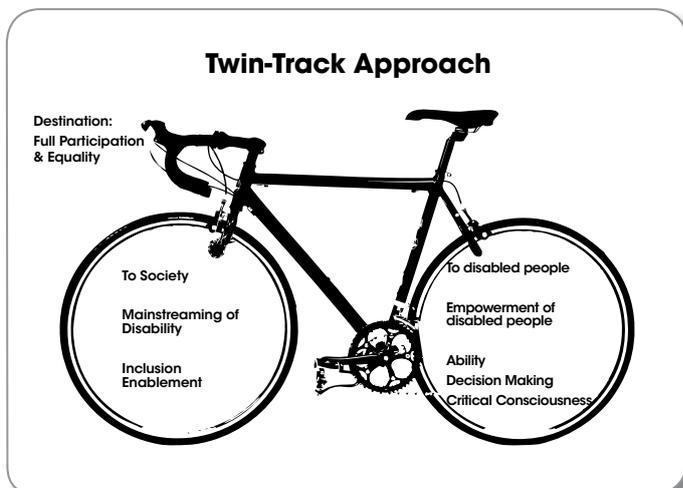
**"If you see a baby drowning you
jump in to save it: and if you see
a second and a third you do the
same. Soon you are so busy saving
drowning babies you never look
up to see there is someone there
throwing these babies in the river."
(Wayne Eltwood)**

(Exercise)

Share the first half of the story on the left and ask what they would do if they were the ones on the bank of the river. Let them discuss in pairs or small groups. Then you finish the whole story, and ask them to discuss what actions are required. After the discussion, you name two different actions as reaction and proactive action. Then make them discuss again what the differences

between these two actions are. Reactions to help disabled people when they are in trouble are important. However, you must facilitate them to discover the difference between these actions.

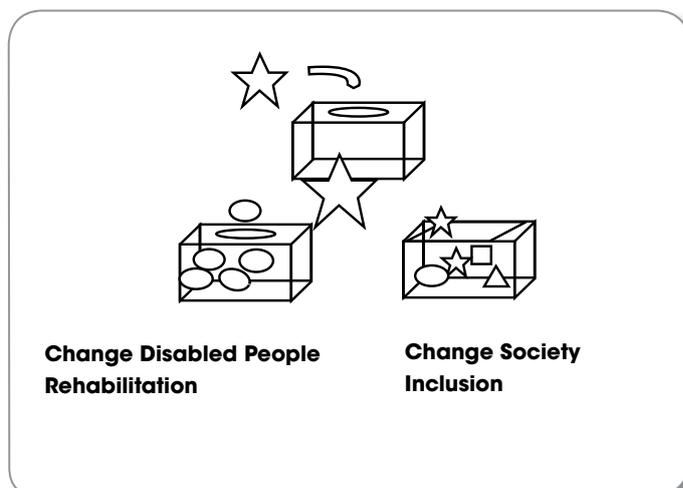
14. Preparatory Exercise 3: Twin-Track Approach



(Exercise)

First of all, you show the drawing only. Then you ask participants to discuss what the goal of working on disability is. After finding the goal, you ask them to fulfil the two components to realise that goal in a small-group discussion. At the end of this exercise, you need to explain two components of the Twin-Track Approach.

15. Preparatory Exercise 4: Inclusive Approach



(Exercise)

You show the same illustration which is used in the previous module to discover an “open box solution”. Then discuss again what can be concrete examples of enabling and inclusive actions, which participants can do in relation to their own work and living. This is a preparatory exercise to motivate their creativity to develop enabling and inclusive actions without too much attention on feasibility.

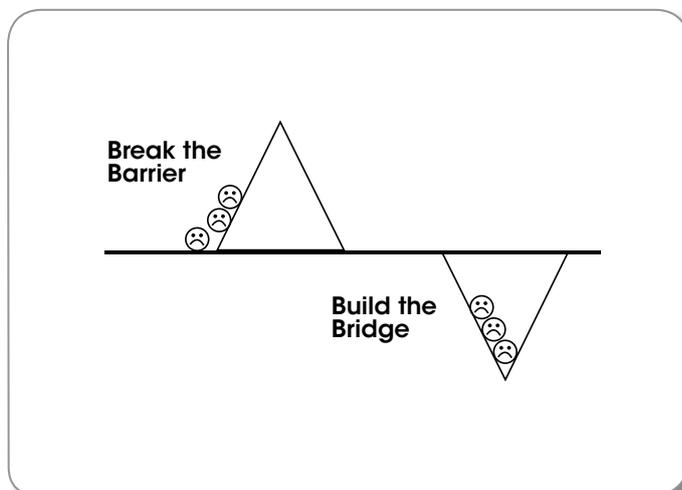
16. Preparatory Exercise 5: 2E Approach (Enablement and Empowerment)



(Exercise)

Show them the Japanese Kanji on the left and ask them to guess its meaning. After you tell the meaning of the letter, ask them how to solve this situation to make them discover two different ways to solve the situation. Often, empowerment cannot be identified as a solution. In that case, you must facilitate by sharing some other examples where empowerment can be a solution.

17. Preparatory Exercise 6: 2B Approach (Break and Build)



(Exercise)

First, you show only the drawing. Then you ask them to discuss in small groups what are the two types of barriers that restrict participation of disabled people in society. Often, "lack of services" is not identified as a barrier. Then you must facilitate them to discover it by themselves.

18. Preparatory Exercise 7: Reasonable Accommodation



(Exercise)

You show the left box which has a blank middle section, and ask what the process to realise the participation of disabled people in society is. Make them discuss in small groups and share it with a

big group later. Based on their reports, discuss the differences of the process which based on the Individual Model and the Social Model. You can also ask them to discuss what can be concrete examples of reasonable accommodation at the end of the exercise.

19. Preparatory Exercise 8: Participation of Disabled People (Nothing About Us Without Us)



(Exercise)

This is the last but important preparatory exercise. Show the picture on the left (wheelchair-like object) and give some explanation why this cannot be used as a wheelchair due to the lack of needed features. Then ask them to discuss, in a group, why it happens. This question will help them discover the importance of participation of disabled people as a user and consumer of services in the development of services or products.

20. Examples of Inclusive and Enabling Actions



This depends on the participants' knowledge and creativity to provide examples. If you think that it is necessary to give some examples of enabling and inclusive actions, you can give them before the main exercise of Action Plan Making. However, if participants have acquired the Social Model perspective and understand all preparatory exercises in this module, you do not have to give examples which might restrict their creativity.

21. Main Exercise: Action Plan Making

Action Plan to Realise "Full Participation & Equality for ALL": What can we REALLY DO in 6 Months

Name of Group

NOW

Ideal/ Vision

Goal in 6 Months

Mon	What?	How?	Input	Note
5				
3				
1				

(Risk, Engagement & Empowerment)

Current Situation

What are the causes?

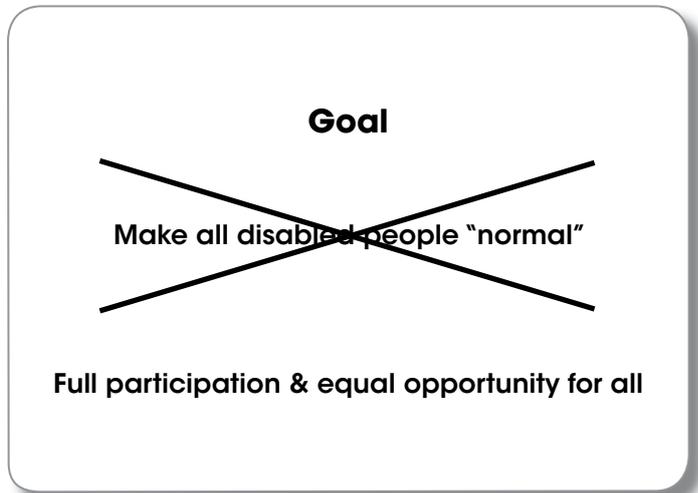
(Exercise)

Explain how to do this exercise. Remind participants what they have learnt in the previous eight preparatory exercises. You can show an example first on how to use this format, because this is quite a complicated exercise. This is a very important exercise to recapture what they have discovered and learnt in this training and to apply what they have learnt to their real work and life. Remind them that this is not merely an exercise but

actual plan making to be implemented within a specific time span, i.e. they must implement this plan after DET. Then share all or some of the "action plans" in a big group (depending on the time you have). This exercise usually takes at least 30 minutes or more. At the end of the exercise, discuss how to follow up on their action plans.

Component 4: Conclusion

22. Conclusion



Wrap up what participants have discovered and learnt by referring to the two key questions raised at the very beginning of the DET session: "Do you have any disabled friends" and "Is the goal of working on disability to make all disabled so-called 'normal'?" Remind them to keep thinking about these questions. Then allow some final questions and comments from participants. Motivate and facilitate participants to implement what they have planned.

Summary Sheet: Example of DET Session

1. What are the aims of DET?

Support participants to be agents of change to create inclusive and enabling society.
To facilitate participants to find new understanding and perspective on disability.

2. What are the two key components of DET?

Discover the meaning of disability from Social Model perspective.
Making an action to change our society better (i.e. be more inclusive and enabling).

3. What are the differences between DET and other disability related training?

Methods used (Facilitated Participatory Learning / Discovery Learning: not a lecture)
Based on Social Model
Action-oriented
Not an etiquette, but enabling and inclusive action

4. How is DET structured?

Step-by-step discovery: Cumulative Learning
Collective process of discovery through group discussion
Discover the meaning of disability, then, think new actions based on this new understanding

5. How should DET be conducted? (Methods of DET)

Facilitation, Guide by questions, Cumulative learning: Step-by-step process (preparatory exercise then major exercise), make participants think and discuss in groups (collective learning), design discovery process.

NOT: delivery of lecture, force/impose ideas



Conclusion

Most people's perceptions on disability and disabled people are influenced by the Individual Model of Disability. This model is strongly rooted in capitalism and meritocracy, which are the dominant sense of values in today's society. Such perceptions seem much stronger in developing countries or the Global South which are newly swallowed by the wave of globalisation and competition. Therefore, the Individual Model is not merely a 'model' of disability, but an intrinsic part of people's fundamental standard values, impossible to change with a mere half-day or one-day DET. What DET can do is to provide an opportunity for participants to start thinking critically of disability and to view their own sense of values from an alternative perspective. DET can facilitate them to continue thinking, by its method of Facilitated Participatory Learning which applies problem posing to examine disability.

DET is not a panacea. However, it is a concrete strategy and activity to promote the Social Model of Disability and rights-based interventions on disability. Because there are lots of challenges to overcome in implementation, and therefore it is worthwhile to continue developing DET to be more appropriate to the situation of the Global South. It also has the potential to examine the larger dominant values such as meritocracy, capitalism and ableism⁹ from the values developed by disabled people themselves.

DET is not the contents but the facilitated process of examination and creation provided by DET trainers. The quality of the outcome of DET depends on the quality of the trainer. DET trainers must be equipped with comprehensive knowledge on the Social Model of Disability, and methodologies and methods of Facilitated Participatory Learning which provide appropriate discovery process for the participants. DET trainers are responsible for the result, i.e., if the participants became agents of change to create inclusive and enabling society by participating in the DET.

9 Ableism is discrimination in favour of the able-bodied.

Annex

Annex 1: Two-Week Training programme of DET Trainers by DET Forum

Module	Time	Theme
Day 1		
1	8.30-10.30	Introduction to the course
	10.30-11.00	Tea Break
2	11.00-13.00	DET (Demonstration 1)
	13.00-14.00	Lunch
3	14.00-16.00	DET (Demonstration 2)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 2		
4	8.30-10.30	What is DET (1)
	10.30-11.00	Tea Break
5	11.00-13.00	What is DET (2)
	13.00-14.00	Lunch
6	14.00-16.00	"Methodology of DET Methods of DET (1): Presentation (1)"
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 3		
7	8.30-10.30	Social Model of Disability (1)
	10.30-11.00	Tea Break
8	11.00-13.00	Social Model of Disability (2)
	13.00-14.00	Lunch
9	14.00-16.00	Methods of DET (2): Presentation (2)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 4		
10	8.30-10.30	Social Model of Disability (3)
	10.30-11.00	Tea Break
11	11.00-13.00	Social Model of Disability (4)
	13.00-14.00	Lunch
12	14.00-16.00	"Methods of DET (3): Presentation (3)"
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 5		
13	8.30-10.30	Social Model of Disability (5)
	10.30-11.00	Tea Break
14	11.00-13.00	Action Plan Making (1)
	13.00-14.00	Lunch
15	14.00-16.00	Conclusion of 1st Half
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 6		
		Break

Module	Time	Theme
Day 7		
16	8.30-10.30	Action Plan Making (2)
	10.30-11.00	Tea Break
17	11.00-13.00	"Method of DET (4): Design & Structure of DET"
	13.00-14.00	Lunch
18	14.00-16.00	Methods of DET (5): Facilitation (1)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 8		
19	8.30-10.30	Method of DET (6): How to Make Slides
	10.30-11.00	Tea Break
20	11.00-13.00	DET Tools (1): DET Video (1)
	13.00-14.00	Lunch
21	14.00-16.00	Methods of DET (7): Facilitation (2)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 9		
22	8.30-10.30	DET Tools (2): DET Video (2)
	10.30-11.00	Tea Break
23	11.00-13.00	DET Tools (3): Other Tools
	13.00-14.00	Lunch
24	14.00-16.00	Preparation for DET Practice (1)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 10		
25	8.30-10.30	Preparation for DET Practice (2)
	10.30-11.00	Tea Break
26	11.00-13.00	DET Practice (1)
	13.00-14.00	Lunch
27	14.00-16.00	DET Practice (2)
	16.00-16.30	Revision
	16.30-17.00	Tea Break

Module	Time	Theme
Day 11		
28	8.30-10.30	Conclusion of DET TOT (1)
	10.30-11.00	Tea Break
29	11.00-13.00	Conclusion of DET TOT (2)
	13.00-14.00	Lunch
	14.00-16.00	Closing Ceremony

Annex 2: Keywords in DET

The following keywords are used in DET. These words must be translated correctly, if you conduct DET in other languages. If you conduct DET with an interpreter, you must make sure your interpreter uses the translated words correctly.

- Impairments
- Disability
- Handicap
- Participation
- Participation Restriction
- Activity Limitation
- Disabled People (in social model meaning: a person who is disabled by the society)
- Disabled People (in individual model meaning: incapable person)
- Person with Disabilities (PWDs: in contrast to person with impairments)
- Person with Impairment (in contrast to person with disabilities)
- Inclusion
- Integration
- Exclusion (Social exclusion)
- Empowerment
- Enablement
- Prerequisite thinking
- Breakthrough thinking
- Rehabilitation
- Inclusive development
- Reaction (in contrast to proactive action)
- Proactive action (in contrast to reaction)
- Normal (in individual model meaning)
- Perspective
- Approach (ways of intervention: in contrast to "model")
- Model (perception or perspective, logical and structural reasoning or explanation on event: in contrast to approach)
- Facilitation
- Facilitated Participatory Learning
- Equality
- Inequality
- Discrimination
- Barrier (Social, Physical, Legislative, attitudinal)
- Propaganda
- Agitation
- Simulation (exercise)
- Disability Awareness (Training)
- Prevent
- Social Change
- Capability
- Capacity
- Ableism (may not be translatable to one word)
- Disablism
- Reasonable Accommodation
- Normality/Normalcy
- Meritocracy
- Twin-Track Approach
- Critical Consciousness/Conscientisation

Annex 3: Preparation for DET

1. Equipment for DET

- Personal Computer (which can play a DVD)
- Speakers to connect to the personal computer
- Projector
- Screen
- Working desks (a desk per 4-6 people): * DET will be done in a workshop style
- Flipchart paper
- Flipchart stand
- Paper (A3 & A4 size: white and other colours)
- Marker pen (whiteboard marker pen) (three colours x number of group)
- Whiteboard marker (three colours)
- Whiteboard
- Masking tape
- Microphones (if necessary)
- DVD (DET Forum/Disability Rights Commission)
- DVD Analysis Sheet
- Action Plan Making Sheet

2. Setting

Workshop style (4-6 people in a group with a working desk) NOT a lecture style, i.e., 4-5 groups with working desks if there are 20-30 participants.

Annex 4: DET Video Analysis Sheet (DRC Talk)

Scenes where Robert is in trouble	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Scene: What got Robert in trouble?	How to solve it? (open box solution)
---	---

What did he experience?

Why did he face these "troubles"? (What are the causes of these "troubles"?)

Annex 5: Action Plan Making Sheet

Action Plan to Realise "Full Participation & Equality for ALL": What can we REALLY DO in 6 Months

Name of Group

Ideal/ Vision

Goal in 6 Months

Mon	What?	How?	Input	Note
5				
3				
1				

Think, Empowerment & Enablement!!!

Current Situation

What are the causes?

NOW

Further Learning Resources

DET Manual Series from the DET Forum

Carr, Liz, Paul Darke and Kenji Kuno. Training Them and Us: A Guide to Social Equality for Society. Kuala Lumpur: Utusan Publications, 2008.

McLaughlin, Kevin and Kenji Kuno. Promoting Disability Equality: From Theory into Practice. Kuala Lumpur: Utusan Publications, 2008.

Rickell, Sue, Yuko Yokotobi and Kenji Kuno. Disability Equality and Inclusion: Making a Difference. Kuala Lumpur: Utusan Publications & Distributors Sdn Bhd, 2008.

McLaughlin, Kevin and Kenji Kuno. Mempromosi 'Disability Equality': Dari Teori kepada Praktikal (Malay). Kuala Lumpur: Utusan Publications, 2011.

Carr, Liz, Paul Darke and Kenji Kuno (eds). Disability Equality Training: Action for Change. Kuala Lumpur: MPH Publishing, 2012

* These manuals can be purchased from MPH online at www.mphonline.com.my and Utusan Publications (www.mybooks.com.my).

DET Manuals

Campbell, J. and K. Gillespie-Sells. Disability Equality Training: Trainers Guide. London, Central Council for Education & Training in Social Work (CCETSW), 1991.
(Can be downloaded from: www.disability-archive.leeds.ac.uk/; search by author name or book title)

Harris, A. and Sue Enfield. Disability, Equality and Human Rights: A Training Manual for Development and Humanitarian Organisations. Oxford, Oxfam, 2003.
(Includes a chapter on disability and development and various activity examples)

McLaughlin, K. Towards Inclusion: Arts & Disability Information Booklet. Belfast, Arts Council of Northern Ireland, 2003.
(Can be downloaded from www.artscouncil-ni.org/departs/strategy/artdis/TowardsInclusion.pdf)

Articles on DET

French, S. "Simulation Exercises in Disability Awareness Training: A Critique." *Disability & Society* 7(3) 1992: 257-266

Kiger, G. "Disability Simulations: Logical, Methodological and Ethical Issues." *Disability & Society* 7(1) 1992: 71-78.

Reeve, D. "Oppression Within the Counselling Room." *Disability & Society* 15(4) 2000: 669-682.

Steven, W. "Disability Equality Training: Constructing a Collaborative Model." *Disability & Society* 19(7) 2004: 703.

Parkinson, G. "Counsellors' Attitudes Towards Disability Equality Training (DET)." *British Journal of Guidance and Counselling* 34(1) 2006: 93-105.

Kuno, K. "Disability Equality Training (DET): Potentials and Challenges in Practice in Developing Countries." *Asia Pacific Disability Rehabilitation Journal* 2009, Vol. 20, No.1: 41- 51 (www.aifo.it/english/resources/online/apdrj/apdrj0109/det_kuno.pdf)

Tools for DET

Interactive Disability Equality Training, Self-learning DET kit (CD, DVD and booklet). Scope, 2006.

(This kit can be purchased from www.scope.org.uk, or www.vassallcentre.org)

Equality and Diversity Awareness. Daniel Wood Associates. <<http://www.danielwoodassociates.co.uk/>>

Web-based Interactive e-learning resource on disability equality.

Disabling Imagery: A Teaching Guide to Disability and Moving Image Media, (DVD). British Film Institute. <[http:// www.bfi.org.uk/](http://www.bfi.org.uk/)> (DVD of Short Films and Clips from Film and TV, a compilation of moving images about disability and disabled people for disability education, and a teaching guide.)

TALK. DVD. Disability Rights Commission/Equality and Human Rights Commission. <[http:// www.equalityhumanrights.com/](http://www.equalityhumanrights.com/)> (A short film based on the Social Model of Disability. Can be obtained from Equality and Human Rights Commission or view on YouTube.com, search by "DRC" & "Talk".)

Social Model of Disability

I listed here some books which can be obtained free from the Disability Archive, the Centre for Disability Studies, University of Leeds (www.leeds.ac.uk/disability-studies). Search by author or book title. Various articles on the Social Model can also be obtained from this Archive.

Barnes, C. and Geof Mercer, eds. *Implementing the Social Model of Disability: Theory and Research*. Leeds: The Disability Press, 2004.

Barton, L. and Mike Oliver, eds. *Disability Studies: Past, Present and Future*. Leeds: The Disability Press, 1997.

Barnes, C. and Geof Mercer, eds. *Doing Disability Research*. Leeds: The Disability Press, 1997

Barnes, C. and Geof Mercer, eds. *Exploring the Divide: Illness and Disability*. Leeds: The Disability Press, 1996.

Oliver, M. *The Politics of Disablement*. London: Macmillan Press, 1990.

There are several academic journals on Disabilities Studies, including the "Disability and Society" (Taylor & Francis). Following two American journals on Disability Studies offer open access.

The Review of Disability Studies (<http://www.rds.hawaii.edu/>)

Disability Studies Quarterly (<http://www.dsqsds.org>)

Disability, CBR and Inclusive Development (Formerly Asia Pacific Disability Rehabilitation Journal) compiles various experiences on disability in global south, and offers open access. (www.dcidj.org)

Facilitated Participatory Learning and Discovery Learning

Freire, Paulo. *Education for Critical Consciousness*. London: Sheed & Ward, 1985. (see: www.paulofreireinstitute.org/)

Freire, Paulo. *Pedagogy of the Oppressed*. London: Penguin Books, 1996.

Hope, Anne and Sally Timmel. *Training for Transformation: A Handbook for Community Workers* (No. 1, 2 & 3). London: ITDG Publications, 1996.

Werner, David. *Helping Health Workers Learn*, Palo Alto: Healthwrights, 1994. (Can be downloaded at www.healthwrights.org)

Pretty, Jules, Irene Cujit, Ian Scoons and John Thompson. *Participatory Learning and Action: A Trainer's Guide*. London: IIED, 1995.

Chambers, Robert. *Participatory Workshops: A Sourcebook of 21 Sets of Ideas & Activities*. London: Earthscan, 2005.

International Institute for Environment and Development (IIED): *Journal - Participatory Learning and Action* (www.iied.org)

DET Related Links

Centre for disability studies. University of Leeds, UK

(<http://www.leeds.ac.uk/disability-studies/>)

The disability-research discussion list, University of Leeds

(<http://www.leeds.ac.uk/disability-studies/discuss.htm/>)

DET Forum

(<http://www.detforum.com/>)

