

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 participation and inclusion of disabled people.

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 a facilitated participatory learning approach as the framework for all its training.

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DISABILITY EQUALITY TRAINING (DET) MANUAL SERIES NO. 3



Disability Equality and Inclusion Making a Difference

Disability Equality Training (DET) Resource Book

Sue Rickell • Yuko Yokotobi • Kenji Kuno

Disability Equality and Inclusion: Making a Difference - Disability Equality Training (DET) Resource Book

Sue Rickell • Yuko Yokotobi • Kenji Kuno

Preface

This is the third 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 Malaysia. This project, Capacity Building on Social Welfare Services for Disabled People, is implemented to promote the participation and inclusion of disabled people and the mainstreaming of disability issues in development interventions. This project is designed based on the concept of the Social Model of Disability, and DET is taken as one of the key components of the project in addition to the promotion of the Independent Living movement, Supported Employment, and Self-Advocacy of persons with learning difficulties. In this project, 41 disabled people, from ten countries, namely, Malaysia, Thailand, Singapore, Indonesia, Nepal, Bangladesh, Pakistan, Kyrgyzstan, Maldives, and Afghanistan, have been trained as DET Trainers over the last three years.

Part One of this DET resource book provides a concise and clear explanation about the key concepts and notions which develop DET. Part Two is a picture booklet which was originally developed and used as a tool for disability education in Myanmar. This booklet has two aims; to raise awareness on disability from the Social Model perspective; and to

encourage and empower disabled people. Part Three compiles an example of PowerPoint presentation of an actual DET session for a private company and useful information on DET.

I truly hope that this resource book will provide useful information and ideas on DET. I also welcome comments and suggestions. The above-mentioned project has developed an internet website on DET (www.detforum.com) to provide and exchange information and ideas, so please do visit.

I believe the essential element in working on disability is “SPICE” (just as spices are essential to cook a delicious curry!). So, what is SPICE? It is the promotion of Social Participation, Inclusion in the Community, and Empowerment of all disabled people. So, let’s “SPICE up” our work on disability together!

Kenji Kuno

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Part One

Introduction to Disability Equality Training (DET)

Sue Rickell

Disability Equality Training (DET) is the name we give to the process which encourages individuals, organisations and Governments across the world to promote change in policy, practice and procedures which will ensure that Disabled People have the same choices and opportunities as Non-Disabled people.

It is not a new invention. It has been developed and promoted by Disabled People for more than 30 years and has had significant influence on the development of the Disability Rights Agenda across the world. However, the adoption of the Comprehensive and Integral International Convention on Rights of Persons with Disabilities by the United Nations in 2007 provides us with increased momentum to develop and deliver training which is not only based on the Social Model of Disability but is culturally appropriate and meets the needs of Disabled and Non-Disabled People who are seeking to develop Societies which promote equality for all.

The concept of Disability Rights may well be a fairly new one in some cultures and some societies, however the development of the Human

Rights Agenda across the world has meant that Disabled People have taken their place along with other minority Groups in the general progression of Human Rights for all. It must be pointed out however, that in many communities and countries of the world, Disabled People are often the most disadvantaged and experience high levels of poverty and exclusion.

The purpose therefore of a book such as this is to give Disabled People and their allies a framework from which they can develop their own understanding of Disability and Impairment and begin to empower themselves if they are People with Disabilities, or empower those to whom they provide a service if they are Non-Disabled People. (Funders, Service Providers, Non-Government Organisations, Politicians, Educationalists etc.)

Empowerment, leading to Self-help and the empowerment of others, lies at the heart of Disability Equality and Rights training. This is coupled with an expectation that Disabled People will lead the change process and by doing so change the attitudes and expectations of Disabled and Non-Disabled people alike.

1. Introductory Thoughts on Disability Equality and Inclusion

The content of this Disability Equality Training (DET) Resource Book is written from the point of view of a Disabled Person, working as a Disability Equality Consultant and Trainer. The information is based on the experience of many Disabled People from Britain and other countries in Africa and the Asia-Pacific Region who are of the opinion that we (Disabled People) should no longer accept being excluded or prevented from participation in the mainstream of our communities because of a physical, intellectual, psychological or other impairment.

2. Definitions

This DET Resource Book which also introduces you to the concept of

Inclusion may well introduce you to words and phrases which are new and unfamiliar to you. Therefore I shall begin with a brief explanation and definition of the terms I have used and what they mean as they are written here, and as they are now understood by Disabled People around the world. They reflect and recognise the changing status of Disabled People and their Allies who are challenging discrimination.

DISABILITY (AS DEFINED BY DISABLED PEOPLE AND THE SOCIAL MODEL OF DISABILITY)

“The loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers” (*Disabled Peoples’ International, 1981*).

IMPAIRMENT

A medical condition or description of a functional limitation within the individual caused by loss or damage to physical, intellectual, psychological or emotional make-up (*Disabled Peoples’ International 1981*).

DISABILITY

Recognizing that disability is an evolving concept and that 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. (Preamble; Comprehensive and Integral International Convention on Rights of Persons with Disabilities)

NON-DISABLED

The Social Model description used to describe someone who is not Disabled by the barriers which prevent the full Inclusion and Equality of people who have Impairments.

EXCLUSION

Keeping out or prohibiting the participation of children and adults who have Impairments from the mainstream of Society.

Being left out of ordinary life experiences due to physical, intellectual, emotional, psychological or other Impairments.

Being invisible, isolated or hidden away from the community.

SEGREGATION

Being separated from the mainstream provision of Education, Health Care, Training, Employment etc. due to having a physical, intellectual, emotional or psychological Impairment.

INCLUSION

Inclusion creates the opportunities and support systems which enable Disabled People to be part of their community as a right not as a favour.

The intentional building of relationships where difference is welcomed and all benefit.

“Being There, Being Part of it, On my Terms” (*Sue Rickell, Allies in Change UK Ltd*)

SOCIAL MODEL OF DISABILITY

The Social Model of Disability redefines Disability as the Systematic, Attitudinal and Environmental barriers which prevent people who have Impairments participating as equal members of Society. The Social Model seeks to create a Barrier Free Society which promotes Equality and Inclusion for all and sees Disability as a form of oppression.

DISABILITY EQUALITY

Defines Disability as an Equal Opportunities issue in the same way as Race, Sex, Age, Religion and Gender are included in the Equality Agenda. Disability Equality transforms Disability from being primarily a Welfare and Health concern into a Rights and Equality issue.

MEDICAL MODEL OF DISABILITY

Sees the person with the Impairment or Disabling condition as the “problem”. Therefore, Disabled People are to adapt or adjust to fit into the world as it is. If this is not possible, then Disabled People are shut away in some special places or institutions or kept isolated at home, where only their basic needs are met.

OPPRESSION IN RELATION TO PREJUDICE AND DISCRIMINATION

Prejudice = pre- judgement

Discrimination = Prejudice + Action

Oppression = Discrimination backed by the power of the System

Therefore oppression is the one way, systematic mistreatment of a group of people by another as agents of Society.

ALLIES

A friend, supporter or collaborator.

Someone who gets along-side in the battle for Equality and Inclusion.

Someone who works WITH you, not FOR you, in the pursuit of your Dreams and Aspirations.

Allies can be Parents, Families, Teachers, Professionals from all walks of life and Friends who are to be recruited by all means and on every possible occasion.

3. Disability Equality and Inclusion

BEING THERE - BEING PART OF IT

For many people the language and ideas around Inclusion and Disability Equality are either ‘new and threatening’ or ‘sensible and exciting’. For some these ideas are a mixture of both. For many Disabled People Inclusion and Equality are the only logical way forward, having experienced many years being excluded, segregated and denied access to opportunities which not only improve quality of life but promote real equality.

The challenge facing Disabled and Non-Disabled People who would profess to be their allies, is to embrace the concept and reality of Inclusion as one of the most important elements of the process which brings the principle of Disability Equality (the Social Model of Disability), into the realm of everyday life - houses, jobs, transport, education and relationships for and with Disabled People.

Inclusion is not a service, neither is it one of those things which one set of people (professionals) ‘do’ to another (Disabled People). Inclusion cannot and will not happen unless it is led by and in partnership with Disabled People, taking leadership roles and underpinned by Disability Equality.

It would be awful to think that 10 years from now we would find people saying “Oh yes.... Inclusion, we did that, great idea - now what’s the next thing we can do to people!”

Inclusion is **not** a therapy, a time restricted treatment or Service.
Inclusion **is a way of life**.

INCLUSION IS A PROCESS AND A WAY OF LIFE

In order to engage in the process by which inclusion becomes part of everyday life for ALL people, we must first clarify:

- What inclusion is

- What it is not. For example, it is not integration
- Why it is essential for EVERYONE in society
- Why it’s different from all of the other processes and treatments which non-disabled people have tried and tested on people with disabilities for many decades

FOR DISABLED PEOPLE:

Inclusion is: Being there, being part of it on my terms

That is: On The terms of Disabled People, not the Non-Disabled majority.

It is “Being there on my terms” which is important here and which makes inclusion so different from integration - integration meaning that the System does not have to change and the people in it offer a guarded welcome for example;

‘Yes you can come to our school, be part of our community, as long as we don’t have to change anything and YOU adapt to suit our attitudes, environment, system and timetables’.

Inclusion, and those who live it, offers a welcome to everyone with the question;

“What can WE do to CHANGE attitudes, the environment, system and timetables in order that you can join in?”

Disabled and Non-disabled people working and living to promote Inclusion, recognise that to exclude certain groups of people, on the basis of Impairment or Disability, results in a wealth of contribution, experience and difference being missed from the life of that school or community.

How many of us as Disabled children and adults are labelled as a **failure** because **we can not keep up** with the systems and structures, environment and pace of the community which was established and is now managed or governed by Non-disabled people? How many, Non-disabled professionals

(Teachers, Medics, Therapists etc.) stand by saying “I told you she/he cannot or will not manage”, when **in fact it is the inflexible, all powerful system which has failed us** because in “being there” we (Disabled People) **do not have adequate support**. Support that will enable us to participate, “be there and be part of it”, be successful and achieve, on equal terms with our Non-Disabled friends and colleagues.

Support, by the way, comes in all shapes and sizes – appropriate and functional wheelchairs, accessible environments, transport, word processors, speech synthesisers, Sign Language Interpreters, documents in Large Font, Learning Support (or classroom) assistants, physiotherapy, Speech and Occupational Therapy, flexible working hours etc.

EQUALITY AND INCLUSION - MAKING A DIFFERENCE

So let us examine (look closely) at the systems and structures in which we live and work and analyse what they do or not do to for people who have Impairments. How do they prevent Disabled People from having equal access to choice, control, skills and empowerment in their lives – the prerequisites to becoming equal partners across all areas of our lives.

4. Disability Models

What is a Model and why is it useful?

Within the context of this Disability Equality Resource Book I am using the idea of a Model as a representation of the relationships which exists between Disabled People and the Societies in which they live.

A Model helps us to work out what is going on in any situation or Society – it gives us a framework in which to explore relationships between groups or members of that Society – in this instance, the historical, social, cultural and power relationships between Disabled and Non-Disabled people throughout history and across the world.

THE MEDICAL MODEL

In looking at the current Systems (political, social and cultural organisations) and how they relate to People with Disabilities we can get a more realistic view of their power and limitations through identifying the characteristics of the people they, the system, produce.

If you are part of a local or national Organisation, funded by the Government, an NGO or some other source; providing Education, Social Care or Services, Health Care or Employment or Vocational Training to Disabled People; ask yourself what sort of People with Disabilities are you really turning out or producing in relation to the resources (money) you spend and service (care) you provide?

Are these recipients of your care the people you would choose as your friends or lifelong partner? As these children and young people develop into adults, would you or your non-impaired children want to have long term relationships with those you expect to provide social work and care services to? Would you want to have partnerships with the people you assess, train and ‘place’ in employment knowing they will never earn an equal wage?

Be honest and think of those who have passed through your school, hospital, rehab centre or residential home - are they seen as:

- A Problem - something (or someone) that needs sorting out, looking after or dealing with?
- In need of constant medical help - even though they are not constantly ill, yet justify the presence of medically qualified people to look after them, “just in case”
- Having their lives dominated by medical, social work and education professionals
- Incapable of making choice, the professionals have an extraordinary amount of control over where the person lives, goes to school, has holidays or respite care.

- In need of professional guidance and control over who the impaired person lives with, has relationships with, sets up home with.
- In need of guidance regarding training, employment and whether they work for money or attend a Special Day or Rehab. Centre for the rest of their life.

How do the people with Impairments you work with spend their lives? Are they:

- surrounded by experts who know exactly what's best for them?;
- as individuals perceived to have no expertise of their own, even when it's related to their own bodies, pain, feelings, frustrations, ambitions?

When they:

- disagree with the expert are they and their family told that they have not adjusted to their condition, and are therefore being awkward, unrealistic and expecting too much?

When being referred to:

- are the people with Cerebral Palsy “The CPs”?
- is the little boy who has Down's Syndrome a “Downs”?

and

- Do you put wheelchairs or people who use wheelchairs into minibuses?

Many people who have impairments are overwhelmed by the negative attitudes of others – often they give up the struggle of trying to be a real child or adult and then, to add insult to injury they are blamed for this and labelled ‘apathetic’.

Finally are the people for whom you provide a service cared for and controlled by people (usually non-disabled) who make policies about their lives and for whom ‘care’ has become a profitable means of control, status and an end in itself?

If the picture painted above is one that you recognise as being the service you deliver or school you run or work in, **then you are** (not surprisingly) **living and working in the Medical Model of Disability** where **Disabled People are a problem**, Disability and Impairment are a tragedy for which the response is:

“We'll cure it, make it better, and if we can't we'll look after you, make sure you are kept warm and dry, fed and entertained, and ensure that you do not spoil the lives of those who are not impaired by keeping you well out of the way.”

Sadly this method of accommodating Disabled People has been made even more disempowering by the addition of the ‘Charity Model’, which says Disabled children are ‘pitiable’, ‘brave’, ‘courageous’, dependent and in need of constant help, care and of course, money.

THE SOCIAL MODEL

Enough however of this gloomy depressing picture of some of the Systems and Structures we have inherited and which perpetuate negative images and practice.

Let us now explore how you could be making a positive contribution to the lives of Disabled children, young people and adults through delivering a service, a school or a supportive setting or home which ensures that Disabled children, young people and adults are supported by people and services which see:

- Society as the problem
- It is Attitudes, Environments, Systems and Structures which need to be changed, in order that people who have impairments can have equality of opportunity.
- Individuals who have impairments as people who are able to initiate self help.

- Disabled People as having individual and collective responsibility - who come together with other Disabled People, learn together and take the consequences of their actions.
- Disabled People's exclusion from Society as a form of social oppression and discrimination

Are you therefore ensuring the people you support:-

- Have a positive self image and are proud to be Disabled People who have recognised their differences and value themselves?
- Do what they think is right for them - listen to advice, gather information, then do what they want to do? Yes, get into messes, make mistakes, get hurt, join in or opt out, do the things which make us all fully human.
- Have experiences and take risks? Gain Self Confidence by having and building on experience – getting it right – having successes – getting it wrong – but growing as people, not staying a protected child in an adult body.

Are you providing the atmosphere, support, training and resources which will enable the people you live, work with and support to:-

- Recognise and fight discrimination in all its forms.
- Become people who know they have Rights and Choices, control their own lives and in doing so become engaged in the political struggle for equality.
- Recognise Disabled children and adults are not apathetic they are *oppressed*.

If **you** as a Disabled Person, Parent or Professional can **identify with** the picture and **positive outcomes** illustrated above, then you are **living and working with a Disability Equality perspective** (Social Model of Disability in practice) are **creating opportunities** on a day-to-day basis and **breaking down the barriers to Equality and Inclusion**.

DIFFERENT PEOPLE – DIFFERENT RELATIONSHIP!

Those Disabled People who emerge as confident, engaged children and adults who have choices and take control of their lives are the product of the Social Model, Included, empowered and without doubt will be the individual you *would* choose to have a relationship with and would find it hard to exclude from your Community, School, Church, Temple, Restaurant, Leisure or Sports Centre: in fact your community.

Not only would you want to have relationships with these people but you'd want your children, family and friends to get to know them too. You might know someone who would get them a place to live or an interview for a Training Course, move them into a job and pay a living wage for a job well done.

Then, of course, things might develop - you might get close, learn something new or different, slow down, see the gifts on offer, or the way people smile. You or your son/daughter might even fall in love with one of these different, positive, clever, gifted people, then well.....!

Yes that would be a truly inclusive world, where everyone was valued for their gifts and contributions, not assessed by their deficits. No, I am not going off on some impossible dream. Inclusion is the way ahead – it is the future, but we have got to start by looking at the barriers which systematically prevent inclusion and equality now.

We need to look carefully at our own professional practice, our position and attitude as Parents and as Disabled People, and then carefully examine our Organisations and communities and be honest about the:

- People with Attitudes who think they know best and can't understand why Disabled People don't agree.
- Places and Environments which do not accommodate people with physical, mental health or other difference.
- Systems and Structures which ensure Disabled People are treated differently and separately in Education, Social Care and Services,

Housing, Transport, Benefits System and a Legislative System which ensures that “the System” does not have to change.

5. CREATING BARRIER FREE INCLUSIVE IN COMMUNITIES

What would a Barrier free society look like?

In order to achieve a truly Barrier free society we must first identify what exactly are the Barriers to Inclusion and participation.

Having worked with and trained people, parents and professionals from all types of organisations and backgrounds in many countries of the world, I can safely say that barriers (rather like support) come in all shapes and sizes but can be collectively described as:

- People With Attitudes,
- Environments and Cultures
- Institutions and Systems - The way things work
- Organisational Policies, Practices and Procedures

So let us be clear Who and What we are talking about here; to put it simply:

- People - anyone with a negative or “can’t do” Attitude who thinks they know best and can’t understand why Disabled People don’t agree.
- Places, anywhere which does not accommodate people with physical, mental health or other difference, or provides inaccessible information, no Sign Language, no lift, no ramp or accessible toilet.
- Systems and Structures which ensure Disabled People are “taken care of” differently and separately in Education, Social Services, Housing, Transport, the Benefit or Welfare System and a Legislative System which ensures that *they* (the System) does not have to change.

6. MAKING CHANGE HAPPEN

Before we go on to look at HOW we make change happen we must first look at WHO experiences barriers to Inclusion and participation?

There are many People with Disabilities who on a day-to-day basis suffer exclusion and Discrimination just because they have an Impairment. Doing things differently should not mean you are overlooked or not offered the chance to have a go – whether this be at school, at work, at home or in and around your community. Being excluded because of Disability or Impairment is a form of Discrimination.

Many countries already have Laws which prohibit such action. Others are working hard to bring anti-discrimination Legislation into their statute books. It is hoped that the Comprehensive and Integral International Convention on Rights of Persons with Disabilities will support and encourage this process especially in helping to transform thoughts and intentions into activities and actions. We can all support our Governments and Policy Makers to make change but often this takes a very long time – too long perhaps for those who want equal lives now.

It is my view however that in all of our Countries, Organisations, Communities, homes and hearts, there is plenty of room for change. Gandhi said: “You must be the change you want to see in the world”

So let’s get on and make a start today – Make a difference in the life of a Disabled child, colleague, friend or partner – empower and enable – you’ll be more than surprised at the outcomes...

IN SYSTEMS

Change can begin where you are. Look for change you can influence or bring about in your county, province, town, community, organisation or school and **engage with the people who run the systems and make the policy decisions.** Some of these people will be:

- Education Officers and Committees of local County Council
- School Governors
- School teachers and pupils
- Youth club or community centre Leaders
- Fire and Health and Safety regulators or officers
- Employers
- Doctors, Nurses, Health Visitors, CBR Workers
- Local Press and TV reporters
- Policy makers
- Politicians – Councillors, Village Chiefs, Governors
- Families
- Friends
- Paid staff or volunteers who run Toddler groups, playgroups. Brownies, Cubs, Scouts, Guides
- etc.

Systems can change. It is possible, without too much expense but with a little or a lot of thought and imagination: Disabled People **MUST BE THERE!!** - They could and should be managing the Systems of the future!

IN PLACES

Being there - Being part of it means participating in activities and events **in the places where everyone else is.**

We need to look at our communities and ask **what needs to change about the buildings, places and getting to the places** where everyone meets?

This would include for example:

- Other peoples houses
- Churches, Temples, Mosques

- Youth and Community Centres
- Pre-Schools, Schools, Colleges, Universities
- Playgrounds
- Bowling alleys
- “Internet Cafe”
- Cinema, Arts Centre, Theatre, Leisure Centre
- Fashion Stores, Supermarkets, Morning Markets, Electrical Super-stores, etc
- Taxi service, Tuk-Tuks
- Bus service
- Trains and Stations

AND remember, access is not only about wheelchairs, ramps and toilets. It's about Signage, Clear information, lighting, lay-out etc.

ATTITUDES

Often said to be the most difficult thing to change.

Attitudes can and will change **when and where people are just being people together, Disabled People must be part of it.** Which means of course that we must all **take a long hard look at our own and others' attitudes** and be honest in asking: What attitudes need to change?

Do I need to **change my thinking** and **my approach** and in what way?

If you are a Disabled Person or the Parent of a Disabled child, teenager or adult:

Do not accept:

- Patronage
- Pity

- Care with Control
- Lack of expectation
- Statements which begin “People like you don’t...”
- Being educated away from home, away from your family and friends
- Being educated not to work

Change your attitude and you will change others!

Do practice and remember to:

- Be assertive
- Be positive
- Be expectant - expect a lot and you’ll get a lot / expect a little and you’ll get a little.
- Be aware of your Rights and the Rights of those who you support, work and live with.
- Join the local organisation of Disabled People or Advocacy Group (if there is not one in your Town/State/Province get some folk together and form one!)
- Be Trendy
- Be Smart
- Be You
- Do what’s right for YOU now not for ever.

7. MAKING A DIFFERENCE TO US ALL

Non-disabled people change most when they are challenged, on a day-to-day basis:

- to live with,
- work with,
- socialise with,
- have a drink with,

- eat with,
- argue with,
- agree with,
- love and respect Disabled People.

The great challenge for us ALL in the opening years of the 21st century is **how we can bring about change** which will result in the Inclusion of Disabled People **in every aspect of community life**.

Everyone needs to be there. Everyone needs to be part of it.

Everyone can make Equality & Inclusion a reality in their life.

DISABLED PEOPLE MAKE CHANGE HAPPEN

There are Disabled people around the world who are willing to engage with the change process on the “front line”, that is, in the training room. This book is intended to support those who have begun their journey to becoming a Trainer and encourage others to think about taking steps to become a Trainer, (if you are a Disabled Person) or an Ally. (if you’re a Non-Disabled person)

In any case, what follows will contribute to the development of individuals or Groups who want to become Disability Equality Trainers or support others to do so.

8. DET TRAINER

ROLE OF DET TRAINER

Inform

Change Attitudes

Establish what are Rights and Responsibilities

Identify the Problem (i.e. Society not People with Disabilities)

Raise awareness
Identify need
Empower participants
Question and make participants think of their attitudes and expectations
Establish what topics you are going to cover
Give full information on topics
Develop and change attitudes
Collect and note recommendations
Be a positive role model

SKILLS OF DET TRAINER

Be flexible
Speak clearly
Be able to make clear presentation/s
Be friendly
Be professional
Have a good plan before you begin
Be well prepared
Good management of time and people
Develop a good technique in explaining topic
To make sure that all participants understand
Be confident even when you are nervous
Good communication
Keep eye contact with the whole group
Be well informed about the topic
Meet the aims and objectives of the course
Do not let confident participants take control

Part Two

Society for All Disability Education Booklet

Yuko Yokotobi





Hello! My name is Thaint Thu Thu Han. I am a year 3 primary school student in Dagon, North of Yangon. I have two close friends. I also have many other friends I like, and who like me. My teacher also likes me a lot. My favourite subjects are English and Mathematics. They are easy to learn but this might be because I like to study them. I think I can work anywhere in the world if I am good at English and Mathematics, which is why I must study them hard. I am doing my best in my studies and I received five awards last year. I was a top scorer in total, second in English and science, and third in Mathematics and Myanmar language. I enjoy studying at school. I think we should all enjoy ourselves and do our best!



Do you know what it is that makes us “disabled” people unable? It is not that I cannot see or walk. Barriers in our society make us unable to participate fully and equally. That’s why it is important to break such barriers by removing physical obstacles, such as steps, changing the system to be more inclusive and eradicating discriminative attitudes, so changing our society for all! It is essential to consider these aspects in all Myanmar’s development processes.



One in ten people in the world is disabled people. There are also many disabled people in Myanmar, but everyone has the same rights, regardless of our differences.



Everyone has strengths

If you look first at my strengths, not at my weaknesses

Strength well up from deep within me

I'll be happy

and I can do more

Inside I have lots to say

Let's not grumble

But together build up strength



FAMILY

Love, respect and support from family members encourages disabled people to confidently overcome challenges. One more essential thing is to encourage and support your child to try and to “do”, rather than to protect him or her from challenges because of your anxiety.



My mom and dad love me just the same as they love my brother.

My family and I all go to wedding ceremonies and dedications together.



My parents always respect my opinion and my decisions.

COMMUNITY

Disabled people can participate in various activities in your community, if you consider how to make them inclusive.



I take part in the sports festival in my village.

We can play together, if you sit down and play.



I participate in the meetings in my village.

EDUCATION

Education is very important. All children must go to school and study to benefit from the possibilities and opportunities it provides. Like many other countries, Myanmar too implements inclusive education, to enable everyone to study together regardless of any differences.



I received the top score award for 4 subjects, and various awards when I was in year 10 because I studied hard.

My mom and dad know that education is important. I can go to school because it accommodates me. Teachers are supportive and there are all necessary facilities and equipment I need.



I can read by fingers.



I can write by foot.



I can speak by hands.

EMPLOYMENT

Disabled people also work. Employment opportunities for disabled people would increase if employers understood their potentials and needs, and provided the necessary support and facilities.



I use a hand wheel on my sewing machine.



I use photos, drawings and gestures to know what design my customers want.



I use a round seat to cut peoples' hair.



I run my own company.



I do my clerical work by using a screen reader.



I teach at university as a lecturer.

ARTS



I use holes and changing textures to draw.



I can dance Myanmar's traditional dances by seeing signs, without listening to music.



SPORTS

Disabled people can also enjoy participating in sports festivals.



I received prizes in an international match.



ACTION IN SOCIETY

Disabled People can contribute to society by using their knowledge and skills.

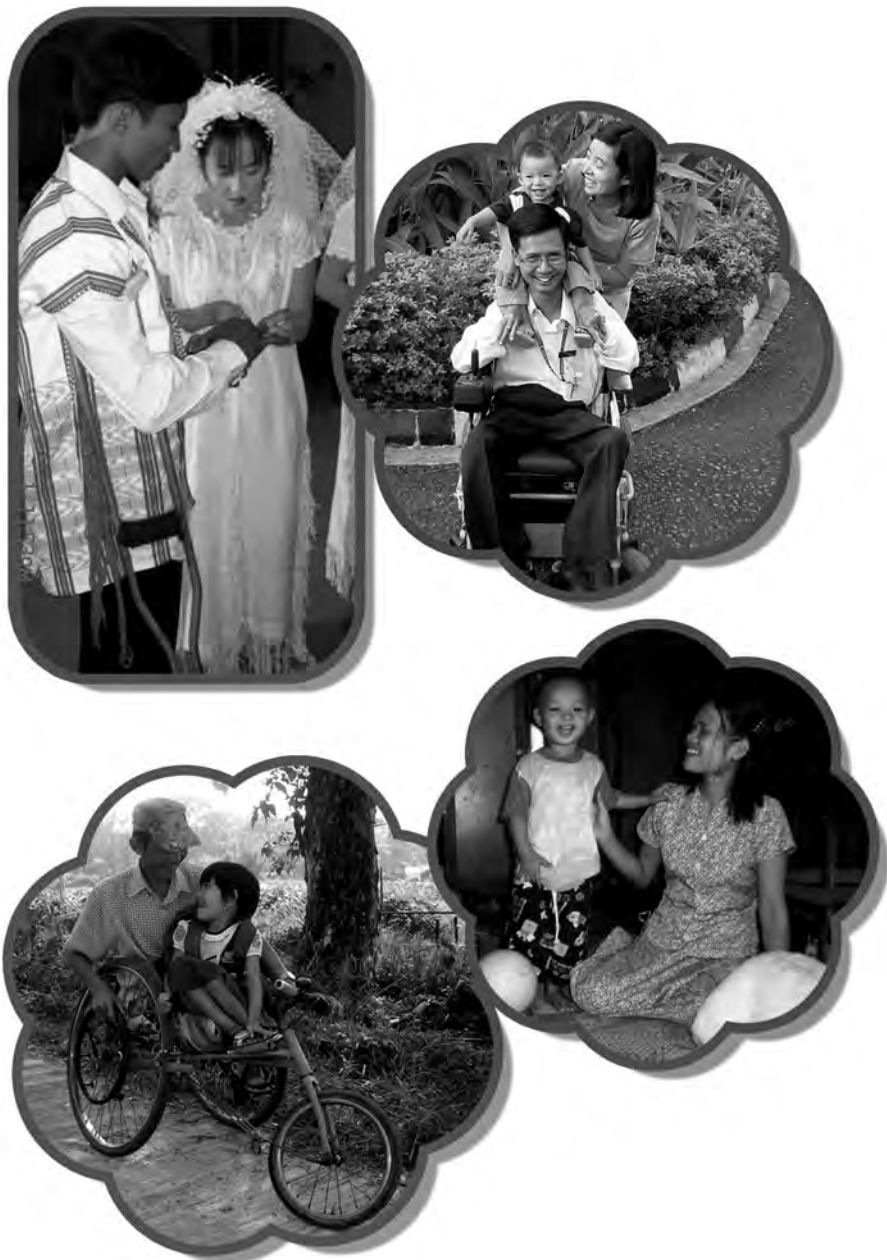


I cut hair at an orphanage for free.



I and other members of my disabled peoples' organisation give nutritional guidance to local people.

FAMILY



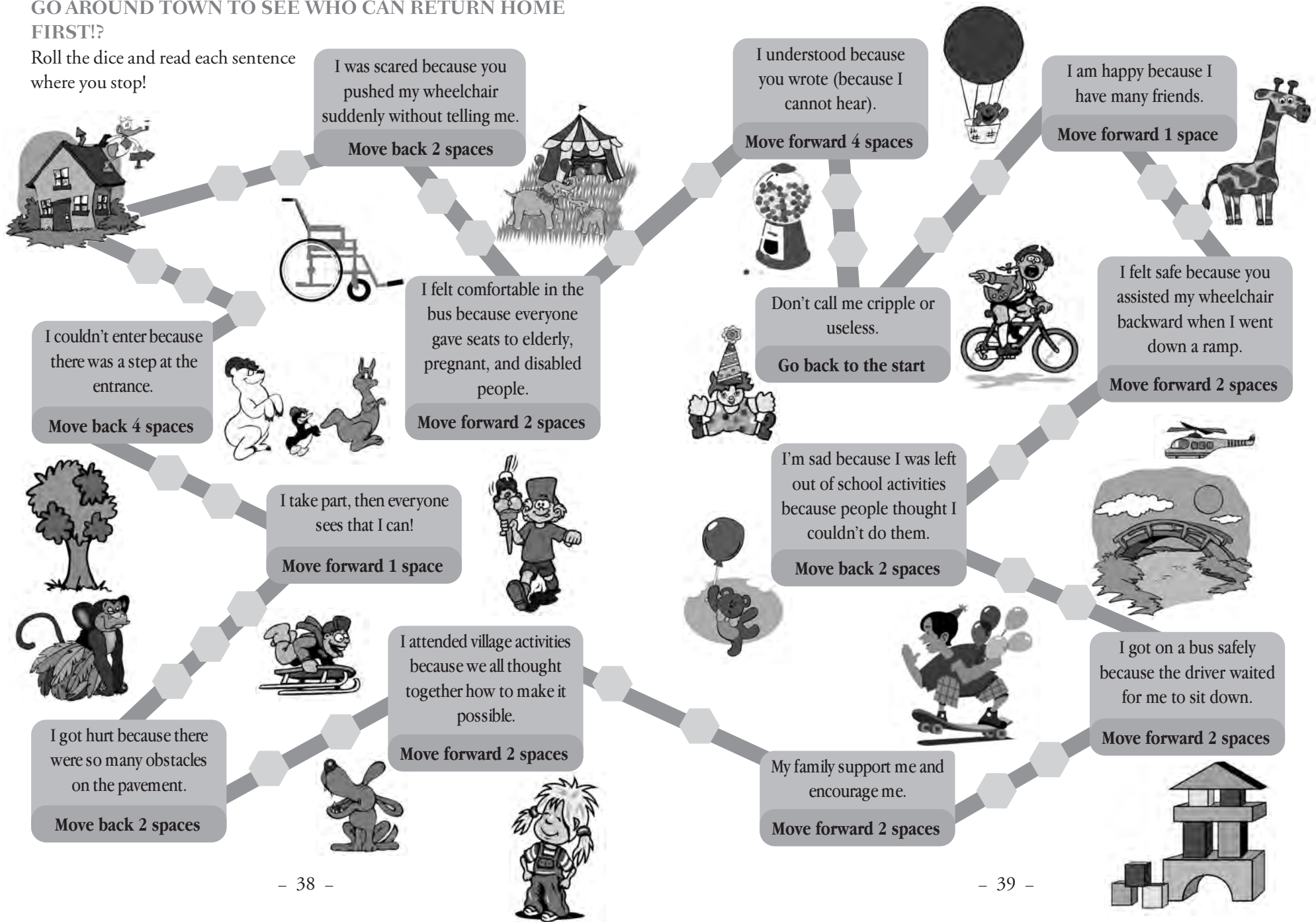
SOCIETY FOR ALL

Let's realise a just society which ensures full participation and equal opportunities of all, and respect each other regardless of any difference. We can achieve this together!



GO AROUND TOWN TO SEE WHO CAN RETURN HOME FIRST!?

Roll the dice and read each sentence where you stop!



NOTE FROM AUTHOR

“I was very sad when my parents only took my sister to the wedding ceremony and left me at home.”

“My parents told me that I don’t need to work because they can afford to look after me, even though I acquired tailoring skills.”

“I was so sad when a teacher did not even ask me whether I could join a school trip and left me behind.”

I heard these stories from many disabled people over the last four years, whilst I was working on disability in Myanmar. They helped me to realize that the problems of segregation, social exclusion and participation restrictions are being faced by many disabled people everyday. I believe that these are caused by ignorance and misunderstandings about disability and disabled people. Therefore, I decided to change such situation by working together with disabled friends and developing this booklet as a tool for change.

I tried to capture disabled people in positive images, drawing contrast with disabling barriers hindering their full and equal participation in various scenes in our life. I truly wish this booklet can be used by all - even in communities where no one knows about “Rights of Disabled People” or has heard of the “Social Model of Disability”, and to be a tool for people to start thinking and acting together to improve their society for all.

My gratitude goes to the JICA for giving me an opportunity to share this booklet and to people working on disability in different parts of this world. I also wish to acknowledge constructive comments and inputs by Dr. Kenji Kuno. To all my friends in Myanmar, colleagues of the AAR JAPAN (Association for Aid and Relief, Japan) and others who supported in one way or another in the development of this booklet, I wish to extend my deepest appreciation.

Yuko Yokotobi

Part Three

Example of DET Course and DET Related Resources

Kenji Kuno

This section consists of two components: an example of a PowerPoint of a DET course, and some DET related resources.

The cited PowerPoint is an example of a real DET course (2 hours) for cabin crews of a local airline company which is regularly conducted, twice a month. Only a few changes are made on PowerPoint to anonymise the airline.

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

Although this is a PowerPoint slide, this 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.

SECTION 1: EXAMPLE OF DET COURSE

STRUCTURE OF DET COURSE FOR AIR XYZ

Most of DET contains four components: i.e. introduction, understanding disability from the Social Model perspective, action plan making, and conclusion. A minimum of two hours is required, ideally at least three hours or more is needed to conduct various exercises thoroughly.

1. Introduction

Having a clear introduction is essential in DET in order to make sure all participants follow the process of learning 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 perspective 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 sessions: introduction of facilitator, rapport making, icebreaking, explanation of the course (i.e. purpose, timetable, contents, and methods).

2. 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. Two preparatory exercises and one main exercise (video analysis) are used in DET for Air XYZ.

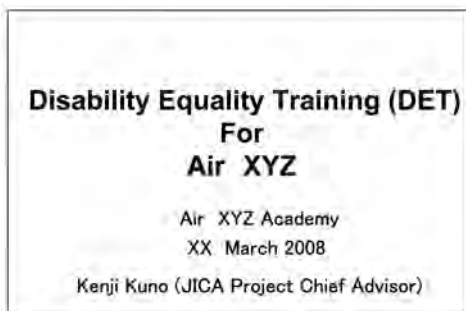
3. Proactive Action for Change

This section has two aims: the first aim is to ensure understanding of disability from the Social Model perspective. The second aim is to support participants to be agents for change by developing practical and feasible proactive action plans to prevent and break barriers in relation to their real work and daily lives. Three preparatory exercises and an action plan making session are used in this course.

4. Conclusion

It is crucial to review what participants have discovered and learnt at the end of the course. The facilitator should provide clear answers to all questions raised by participants at this point. The facilitator can provide some additional information, but not too much.

5. Slides



[Slide 1]

Opening and introduction.

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 (which includes another company's or

organisation's name!). I introduce myself here. I often show my family photograph and share some personal stories to introduce myself. Such a personal touch or non-formalisation at the beginning of the session eases tension among participants and myself, too.

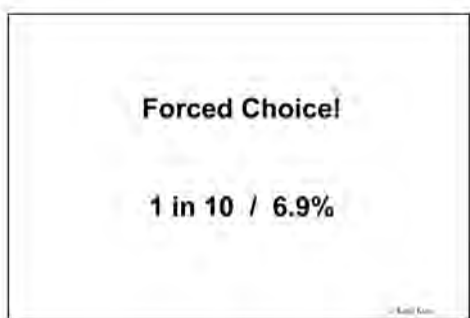


[Slide 2]

Rapport making. 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 organisation better. Remember, DET is

not propaganda, but an educational process. In this particular course, I took the company's well-known catchphrase "Now everyone can fly", to connect corporate aim with the purpose of the DET, i.e. to break barriers to make "everyone fly".

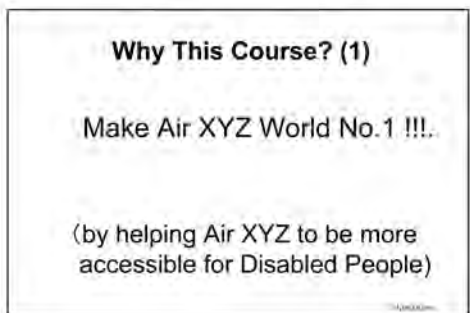
Having a frank and free atmosphere among participants, and between participants and facilitator is important to conduct facilitated participatory learning.



[Slide 3]

Icebreaking and opening question. I usually start the session by asking if there is anyone whose birthday is today or that week; and sing a happy birthday song with everyone to make a happy

and active atmosphere. I then conduct some icebreaking games. At the end of this part, I give a question, “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 statistic information of disabled people (UN statistic: 10%, Malaysian statistic: 6.9%), and ask why participants do not have disabled friends; and ask them keep thinking this question throughout the session. This kind of “awakening” opening question makes the issues and direction of this course clear amongst participants.



[Slide 4]

Why is this course for you? (1: What’s the benefit?). Make participants discover the “benefit” and “usefulness” of DET (and further effort to change Air XYZ). DET and further actions cannot be imposed if there are no

legislative obligations (most developing countries do not have these legislative obligations). Furthermore, real changes would not occur and not be sustained if outsiders impose such changes. Therefore it is important to facilitate participants to develop their own voluntary initiative to learn and make changes, without developing a feeling of “being imposed upon or forced” to learn or change. This can be achieved by making participants

identify actual benefits of DET and further changes by themselves, e.g. profit, name value, up grading services, being good company and as an activity of cooperate social responsibility (CSR).

Why This Course?	
Expenditure for Travel	
Age:	Expenditure (Yen)
- 29 :	19,484
30 – 39 :	26,819
40 – 49 :	36,694
50 – 59 :	41,796
60 – 69 :	60,777
70 - :	54,043 (ABC Travel)

[Slide 5]

Why is this course for you?
(1: **continue**). Provide the facts and data which stimulate participants to think and realise the appropriateness of the DET. In this course, I used data on expenditure for travel by age group

to explain that the aged population, who are more likely have impairments, spend more for travelling. I.e. Air XYZ can make more profit if Air XYZ was more accessible for people with impairments.



[Slide 6]

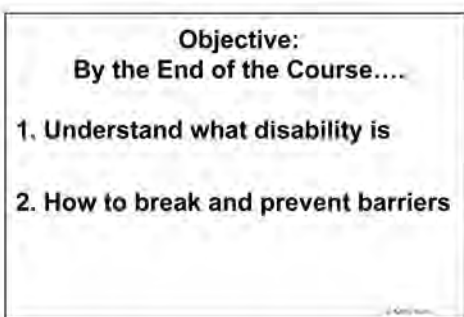
Why is this course for you?
(2: **To ensure the rights of disabled people**). Pose the problem which disabled people face to make participants discover disability as issues of rights and equality. In this session, I

provide a historical review of the disability movement on accessibility in Malaysia; how their rights were ignored and they were excluded from society and public transportation system in particular; but, they won access in the Light Rail Transit (LRT) system by their own social movements. (Newspaper article: Title “Forgotten again” with photograph of public demonstration of disabled people in 1994. © The Star)



[Slide 7]

Why is this course for you? (2: continues). Picture of gathering of disabled people to celebrate the winning of access of LRT. (Photograph: © The Sun)



[Slide 8]

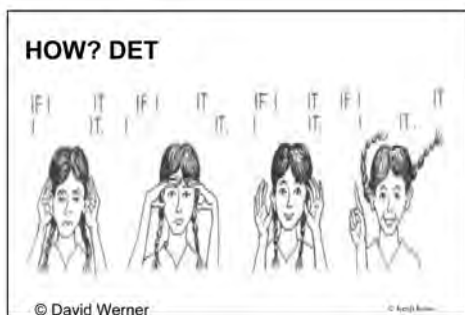
Aims of the course. Explain the two main aims of DET. It is important to make sure that participants clearly understand the aims of the course from the very beginning *1.



[Slide 9]

Schedule and contents of the course. It is better to explain the schedule and contents at the beginning. Participants can feel relaxed and comfortable when they know what is going to happen. (It is same as preferring to have a

look at the table of contents first of all when you read a new book.)

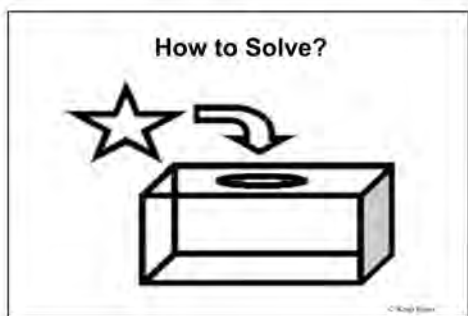


[Slide 10]

Course method. (Exercise)

Explain how this course will be conducted, i.e. an explanation of the facilitated participatory learning approach, to ensure their active participation during the session, because some

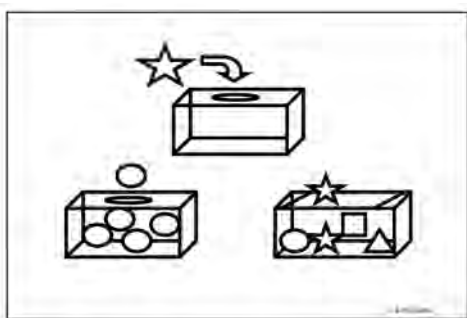
often expect a lecture style. I usually use an illustration made by David Werner, and ask them to put words in blanks as an exercise. Then let them “discover” that seeking their own solution is a better learning process than passively listening to a presentation (see “Introduction of DET” of the DET Manual Series No. 2). Explain that DET will not do “simulation exercises” (e.g., blindfolding, wheelchair rides), to avoid confusion among participants. (Illustration: cited from: Werner, D and Bower, B. (1982) Helping Health Workers Learn, The Hesperian Foundation.)



[Slide 11]

Exercise 1: Discovering an open box solution.

This is one of two preparatory exercises for video analysis. Give participants a question “how to put star shape object into a box which has a hole that is smaller than the object?” (discuss in pairs/small groups) *2.



[Slide 12]

Exercise 1: (continued).

Usually participants can identify two ways to solve the exercise. 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 a hole can go in (i.e., objects which are bigger than the hole still cannot be put into a box). Let them rethink these solutions by assuming a star is a disabled person, and the box is Air XYZ (or a society in general) *³.



[Slide 13]

Exercise 2: Finding a meaning of disability.

This is the second preparatory exercise for video analysis. Give participants a question “What is disability?” (discuss in pair or small group). Usually impairments are raised as “disability”.



[Slide 14]

Exercise 2: (continued).

Show this after slide 13, and give same question (discuss in pair or small group). Purpose of this exercise is to make participants discover by themselves: (i) what disability really means (what

is the real difficulty faced by disabled people: i.e. exclusion, inequality, restrictions of participation); and, (ii) what are the causes of such disability (or difficulties): i.e., barriers in a society.

Participants will have a critical view to analyse a video from the Social Model perspective through doing these two exercises, i.e., see disability as social barriers and think of solutions to change society rather than impose efforts of change to disabled people.

Analyse Video

Find scenes where Robert faces difficulties.

What are the causes?

How to solve each difficulty?
(Open Box Solution)

[Slide 15]

Exercise 3: Video analysis.

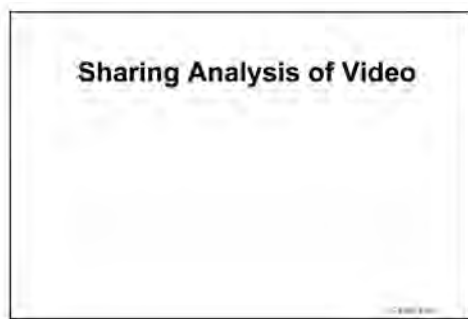
Explain how to analyse the video “TALK”. Provide a sheet “TALK Analysis” (see page 60). I usually give an example of a scene before showing a video to make sure participants understand clearly what to do in this exercise and how.



[Slide 16]

Exercise 3 (continued).

Watch video. Ask them to write down on a sheet all the scenes where Robert faces difficulties (individual work).



[Slide 17]

Exercise 3 (continued). Two

exercises (small group): (i)

Complete the list of “scenes”,

and present in a big group.

Make sure all scenes are

listed, (ii) Let each group

pick up only one scene, and

discuss how to solve that

particular problem. Then present it in a big group.

Explain to them to think of an “open box solution”. After discussion on “how to solve”, facilitate further discussion on “What did he experience” (inequality, discrimination, inaccessibility, etc) and “Why did he face these difficulties” (negative attitudes, various barriers, etc.) in a big group. Picking up only one scene is due time limitations. Several scenes can be analysed if time permits.

Disability & Disabled People

disability results from the interaction between persons with disabilities and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with persons without disabilities

"persons with disabilities" include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society

PERSONS WITH DISABILITIES BILL 2007

© 2007 Kluwer

2007) which reflects the Social Model of Disability. Take questions on the meaning of disability at this point.

[Slide 18]

Summary: Meaning of disability. Revise a meaning of disability from the Social Model perspective. I usually show the definition of disability and disabled people of the Malaysian Legislation (Person with Disabilities Act

OK, I understand what disability is.

But, what I can/should do?

[Slide 19]

Introduction to "my action plan making" exercise.

2 Kinds of People



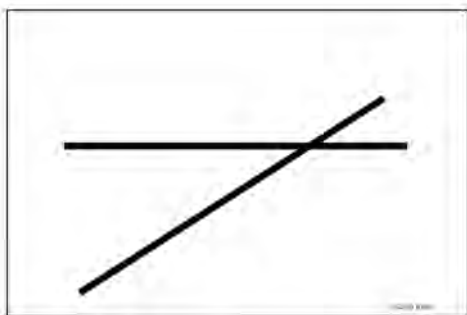
I am so sorry, but you cannot fly.
If you can do A, B & C, then you can fly. (for your safety, sir)

© 2007 Kluwer

[Slide 20]

Exercise 4: Two kinds of people. Show only illustrations first (no wordings). Ask the question, "There is a person on a wheelchair. But there is neither a passenger boarding bridge nor ambulift. What should you do?" (discuss in a

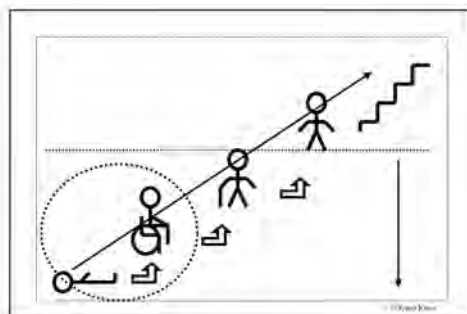
small group or pair). Show two kinds of “reactions”, after group discussion. Refer to accessibility movements and make participants discover differences between excluding attitude/ thinking (Medical Model, recovery oriented approach, prerequisite thinking ^{*4)} and inclusive attitude/thinking (Social Model, inclusion oriented approach, breakthrough thinking); and how “prerequisite thinking” excludes disabled people and restricts their equal participation; and how “inclusive thinking” makes Air XYZ better airline.



[Slide 21]

Exercise 5: Medical Model and Social Model (Recovery oriented approach & Inclusion oriented approach). This exercise is used to discover two different disability models (i.e., Medical Model and Social

Model); and find logical limitations of the Medical Model to realise “equal society” for all ^{*5}. First, show only this slide, i.e. 2 crossing lines, and make participants think what this means by referring to exercises 1, 2 & 4 (individual exercise).



[Slide 22]

Exercise 5 (continued). Then show this slide. Make participants discuss what this illustration means by giving attention to the differences between two arrows (discuss in a small group). Then discuss different ways of

thinking and the different approaches between the Medical Model and the Social Model (including the discriminative nature of normalcy thinking and logical limitations of rehabilitative interventions).

Social Model: Downward arrow: Reduce and break social barriers or lower down social norm/requisite regarding individual's functions to participate in a society (Broken line: Social norm/requisite on individual's functions to participation in a society)

Medical Model: Diagonal arrow: improve individual functional abilities (Broken line: Standard to distinguish “normal” and “abnormal”)



[Slide23]

Exercise 6: Analysis of an “ordinary” scene. First, show only the picture without wording, and ask participants to analyse if there is anything not right (individuals or pairs). Sometimes steps can be identified as a barrier for

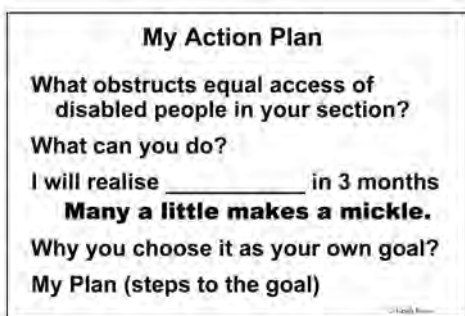
disabled people at this stage of the course, but not dustbins and benches in the middle of pavement. Make participants discover that there are so many barriers in the “ordinary” scenes; and that, these are made not because of lack of fund or technology but ignorance and indifference about (needs of) disabled people.



[Slide 24]

Exercise 7: My action plan making. This is the exercise to make one's own action plan to make Air XYZ's services more accessible to disabled people by breaking barriers in relation to their real work. Provide Sheet "My

Action Plan" (page 61). Discuss a feasible and practical goal that can be reached in three months (individuals and small groups).



[Slide 25]

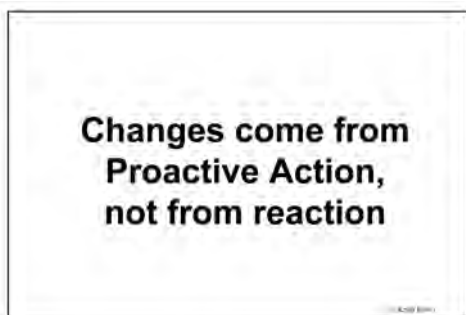
Exercise 7 (continued). Explain how to do this exercise. Remind participants what they have learnt in previous exercises (e.g. open box solution). You must show an example first, because this is a quite complicated

exercise. This is a very important exercise to recapture what they have discovered and learnt in this course; and, to apply what they have learnt to their real work. 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 be realistic. Then share all or some of the "action plans" in a big group (depending on the time you have) *⁶. This exercise usually takes at least 20 minutes or more. Exercise 4, 5 & 6 are the preparatory exercise for this "My Action Plan Making".



[Slide 26]

Reminder. Lending a hand is important. But removing and preventing barriers is more important.



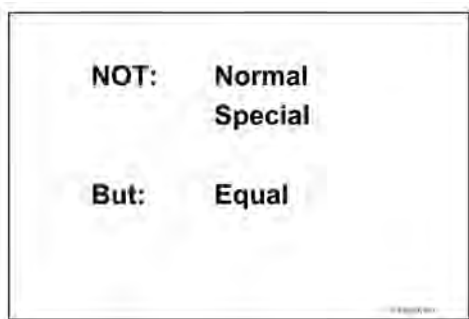
[Slide 27]

Reminder. I usually share a few stories, e.g. “drowning baby” (see page 5, DET Manual series No. 2).



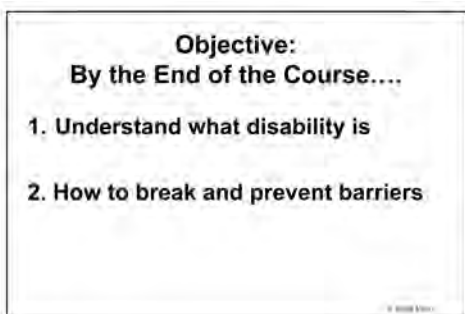
[Slide 28]

Reminder. Regarding attitudes. (Illustration: cited from Audrey King (1987) *There's Lint in Your Bellybutton!* Canadian Rehabilitation Council for the Disabled)



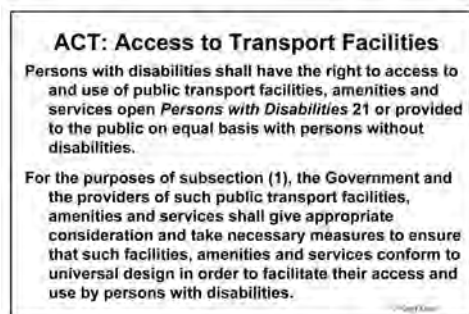
[Slide 29]

Reminder. Appropriate ways of thinking and terms.



[Slide 30]

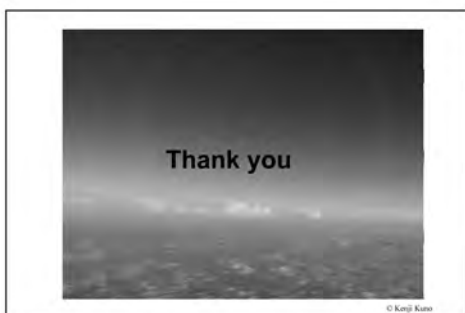
Conclusion. Revise what they have learnt by referring to the two key aims of the course.



[Slide 31]

Additional Information. In this course, I share what Malaysian Legislation requires public transportation service providers to do. This is additional information to make them aware of their role and

responsibility again and act for change. I do not show this at the beginning of the course to avoid participants feeling they are “being imposed upon or forced” to do something.



[Slide 32]

Finish. Take questions. Remind them to keep thinking about disability and what they can do to change Air XYZ for the better.

Note:

*1: Slide 8 can be done before slide 4. However, I have experiences that show that doing “Why” exercises first makes for better understanding of its purpose among participants.

*2: Exercise 1 & 2 are the preparatory exercises to obtain the Social Model view for video analysis. Video analysis can be done without doing these two exercises, if participants have an appropriate Social Model perspective. In that case, use these two exercises (illustration analysis) as revising exercise after the video analysis. However, it is usually better to do illustration analysis exercises first. Participants tend to analyse video from a Medical Model perspective if they are not aware the Social Model view. You can check the level of participants’ understanding on the Social Model by putting some questions during the icebreaking games and exercises.

*3: I do not use “special terms” in this exercise for the course of Air XYZ. However, I use and explain the meaning of terms such as, inclusion, integration, recovery oriented approach, inclusion oriented approach, and social exclusion, when I do this exercise for welfare officers or medical professionals who need to know and use these terms in relation to their work.

*4: “Prerequisite thinking” refers the attitude that there are certain requirements which individuals must fulfil in a specific manner. However,

in reality, one can be more inclusive by seeking alternative ways to fulfil these requirements (breakthrough thinking), such as providing ambulifts for those unable to climb stairs.

*5: I do not use the terms 'Medical Model' and 'Social Model of Disability' in the training for Air XYZ (e.g. exercise 4 & 5), although I use and explain these terms as important knowledge in DET for welfare officers or medical professionals. It is because these officers need to know the meaning of terms and should be able to use these terms to conceptualise their services and to explain their service users, whereas using these new terms (or jargons!) makes general participants confused.

*6: Do not hurry participants in this exercise. Although this is the main exercise for the second DET aim, it is better to skip whole exercise rather than doing this in a very short time, if you do not have enough time for it. Instead, you can give some examples which they can apply to their work, and discuss these example of action plans in a big group.

Sheet 1: “TALK” Analysis

Scenes where Robert faces difficulties	What makes difficulties for him?	How to solve them?
What did he experience?		
Why did he face these “difficulties”?		

Sheet 2: My Action Plan to make Air XYZ World No. 1!

Name:

Section:

What creates difficulties for disabled people in your section?

What can be done?

My Goal

I will realise _____ in 3 months.

(Think what you can REALLY do!)

Why? (Reason)

--

My Plan

Steps	Time
1	
2	
3	
4	
5	
6	
7	

SECTION 2: RESOURCES FOR DET

DET MANUALS

In addition to this DET Manual series, there are other useful DET Manuals.

Campbell, J. and K. Gillespie-Sells (1991). Disability Equality Training: Trainers Guide. London. Central Council for Education & Training in Social Work (CCETSW).

(Can be downloaded from: www.disability-archive.leeds.ac.uk/ ; search by author name or book title)

Harris, A. and S. Enfield (2003). Disability, Equality and Human Rights: A Training Manual for Development and Humanitarian Organisations. Oxford, Oxfam.

(Includes a chapter on disability and development and various activity examples)

McLaughlin, K. (2003). Towards Inclusion: Arts & Disability Information Booklet. Belfast, Arts Council of Northern Ireland.

(Can be downloaded from: www.artscouncil-ni.org/departs/strategy/artdis/TowardsInclusion.pdf)

Followings can be purchased from Disability Equality in Education (www.diseed.org.uk)

Disability Equality in Education (2001). Course Book: Training for Inclusion & Disability Equality

Rieser, R., M. Chapman, et al. (2002). Inclusion in Early Years: Disability Equality in Education Course Book

Rieser, R. and H. Peasley (2002). Inclusion in Schools Course Book

DET RELATED RESOURCES

Daniel Wood Associates (CD-ROM) Disability Equality Training

Interactive learning resource on disability.

(can be purchased from: www.danielwoodassociates.co.uk)

Disabling Imagery: A teaching guide to disability and moving image media, British Film Institute (BFI)

www.bfi.org.uk/education/teaching/disability/

(Compilation of moving images of disability and disabled people for disability education)

TALK: A short film which made based on social model of disability

(Can be obtained from Equality and Human Rights Commission [Disability Rights Commission]: www.equalityhumanrights.com)

Audrey J. King (1987) "There's Lint in Your Bellybutton!", Toronto, Canadian Rehabilitation Council for the Disabled (CRCDD)

(Illustrated book for children on disability developed based on the Social Model)

RESOURCES ON THE SOCIAL MODEL OF DISABILITY

Barnes, C. and G. Mercer Exploring the Divide: Illness and Disability. Leeds, The Disability Press.

(Can be downloaded without charge from: www.leeds.ac.uk/disability-studies/book1.htm)

Barton, L. and M. Oliver (1997). Disability Studies: Past, Present and Future. Leeds The Disability Press.

(Can be downloaded without charge from: www.leeds.ac.uk/disability-studies/book2.htm)

Colin Barnes & Geof Mercer (1997) *Doing Disability Research*, Leeds, The Disability Press

(Can be downloaded without charge from: www.leeds.ac.uk/disability-studies/books/book3.htm)

Mike Oliver (1990) *The Politics of Disablement*, London, Macmillan Press

(Can be downloaded without charge from: www.leeds.ac.uk/disability-studies/archiveuk: search by either author name or title of the book)

Various important articles on disability and the Social Model of Disability can be downloaded from the Disability Archive UK (www.leeds.ac.uk/disability-studies/archiveuk)

DET RELATED LINKS

Centre for disability studies, University of Leeds
www.leeds.ac.uk/disability-studies/

The Disability Archive UK
www.leeds.ac.uk/disability-studies/archiveuk/index.html
(This is the most resourceful site on disability. Many books and articles on disability can be downloaded without charge)

Centre on Disability Studies, University of Hawaii,
www.cds.hawaii.edu/

Society for Disability Studies
www.uic.edu/orgs/sds/index.html

Disability Equality in Education
www.diseed.org.uk/
(One of the leading organisation on DET)

Equality and Human Rights Commission (Disability Rights Commission), UK

www.equalityhumanrights.com

Date base of DET Trainer, Disability Resource Centre, University of Cambridge

www.cam.ac.uk/cambuniv/disability/university/trainingdb/

Disability World

www.disabilityworld.org/

Disability History Museum

www.disabilitymuseum.org

Disability Social History Project

www.disabilityhistory.org

United Nations' site on disability

www.un.org/esa/socdev/enable/

World Bank's site on disability

www.worldbank.org/disability

The disability-research discussion list, University of Leeds

www.leeds.ac.uk/disability-studies/discuss.htm

UN Convention on the Rights of Persons with Disabilities

www.un.org/disabilities/

Asia Pacific DET Forum

www.detforum.com

JOURNALS ON DISABILITY STUDIES

The Review of Disability Studies

(www.rds.hawaii.edu/ : articles can be downloaded without charge)

Disability and Society

www.tandf.co.uk/journals/titles/09687599.asp

Disability Studies Quarterly

www.dsq-sds.org/index.html

Alter: European Journal of Disability Research

www.masson.fr

Asia Pacific Disability Rehabilitation Journal

www.aifo.it/english/resources/online/apdrj/journal.htm

(Articles can be downloaded without charge. Research and reports on disability issues in developing countries)

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

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

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

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

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

Werner, David (1994) *Helping Health Workers Learn*, Healthwrights, Palo Alto.

(Can be downloaded: www.healthwrights.org/books/HHWLOnline.htm)

Journal: International Institute for Environment and Development (IIED): Participatory Learning and Action (Back issues can be downloaded: http://www.iied.org/NR/agbioliv/pla_notes/index.html)

Web: Institute of Development Studies (IDS): Facilitating Learning for Social Change (FLASC) (www.ids.ac.uk/ids/particip)

Also refer books on “Presentation” and “Coaching”:

Zelazny, Gene (2006) *Say it with Presentations: How to Design and Deliver Successful Business Presentations*, McGraw-Hill, New York.

Robert Dilts (2003) *From Coach to Awakener*, Meta Publications, New York.

FIFTY EXCUSES FOR A CLOSED MIND

DET is a process for participants to change their own mindsets. However, it is not so easy. Commonly, people's first reaction to any change is to be worried, not wanting it to happen. Here are 50 statements that show peoples' unwillingness to change, and their mindset of "it's better the way we are now." Being willing to change requires an OPEN MIND!!!

1. Our place is different	18. You're two years ahead of your time.
2. We tried that before.	19. Now's not the right time.
3. It costs too much.	20. It isn't in the budget.
4. That's not my job.	21. Can't teach an old dog new tricks.
5. They're too busy to do that.	22. Good thought, but impractical.
6. We don't have the time.	23. Let's give it more thought.
7. Not enough help.	24. We'll be the laughingstock of the industry.
8. It's too radical a change.	25. Not that again.
9. The staff will never buy it.	26. Where'd you dig that one up?
10. It's against company policy.	27. We did alright without it before.
11. The union will scream.	28. It's never been tried.
12. That will run up our overhead.	29. Let's put that one on the back burner for now.
13. We don't have the authority.	30. Let's form a committee.
14. Let's get back to reality	31. It won't work in our place.
15. That's not our problem.	
16. I don't like the idea.	
17. I'm not saying you're wrong but...	

32. The executive committee will never go for it.	42. Don't rock the boat.
33. I don't see the connection.	43. That's what we can expect from the staff.
34. Let's all sleep on it.	44. Has anyone else ever tried it?
35. It can't be done.	45. Let's look into it further.
36. It's too much trouble to change.	46. We'll have to answer to the stockholders.
37. It won't pay for itself.	47. Quit dreaming.
38. It's impossible.	48. If it ain't broke, don't fix it.
39. I know a person who tried it and got fired.	49. That's too much ivory tower.
40. We've always done it this way.	50. It's too much work.
41. We'd lose money in the long run.	

Developed by Dave Dufour

ASIA PACIFIC DISABILITY EQUALITY TRAINING (DET) FORUM: AP DET FORUM

This forum is developed by the participants and visiting experts who took part in the Training of DET Trainers, held 3 times by the Japan International Cooperation Agency (JICA) and the Department of Social Welfare Malaysia between 2005 and 2007. AP DET Forum aims to encourage the exchange of information and experiences of DET in the Asia Pacific region. AP DET Forum has internet web site (www.detforum.com) and discussion group.

Contact: Kenji Kuno (Coordinator): apdetforum@gmail.com

Postscript

The pursuit of Equal Opportunities and the Inclusion of all Disabled People into the mainstream of everyday life can and will be achieved when we, Disabled and Non-Disabled People really work together. However, even this can be filled with difficulty as individuals and organisations wishing to survive and thrive, seek funding for projects which are far removed from the values of Equality and Inclusion.

I do believe however that as individuals and organisations recognise the intrinsic value of individual and organisational development, built on Equality and Inclusion, so the reality of Barrier Free Development leading to a Barrier Free Society will be achieved.

“All Means All” is not just a clever, catchy phrase designed to engage those who are sceptical about the reality of Inclusion. For me, All must mean All, otherwise who will decide who will NOT be included? The very thought of choosing WHO TO EXCLUDE takes me to a place where I, for one, do not want to be, with people I wouldn't want to live with.

On the other hand, All Means All offers endless opportunities for personal, Organisational and Societal development. Including everyone regardless of their Impairments, labels or difference, opens up

opportunities to develop Barrier Free Societies built on personal experience and reinforced with personal commitment to make change happen. As Gandhi said, "You must be the change you want to see in the world."

Allies, working together for change can make an enormous difference in the life of one Disabled Person. Disabled People working together will make a difference in their own lives and the lives of those around them. However, real change, real jobs, real relationships will happen when Disabled People across different continents and cultures have the opportunity to become empowered and engaged in the process and struggle for Equality.

Disability Equality Training is the "empowerment" of the process – Training the Trainers provides "engagement" for the Individual and moves the process into a personal and professional journey to equality.

Sue Rickell

DET Manual Series:

- No. 1. *Training Them and Us: A Guide to Social Equality for Society*
Liz Carr, Paul Darke and Kenji Kuno
- No.2. *Promoting Disability Equality: From Theory into Practice*
Kevin McLaughlin and Kenji Kuno
- No. 3. *Disability Equality and Inclusion: Making a Difference*
DET Resource Book
Sue Rickell, Yuko Yokotobi and Kenji Kuno