



EQuality
TRAINING

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[Disability Equality Training](#)

Outline:

At the heart new legislation, with a focus on disability issues, is a chance to tackle the inequality of opportunity in our services and aim for more respectful language, behaviour and practice. It is important to recognise that policy and practice are both highly dynamic and that they are only part of a moving process, which incorporates both evaluation and review.

Aim:

Our enjoyable programme shows you simple steps to ensure disabled colleagues and clients are fully respected and accommodated as equal members of the community. Participants will discover that rather than being a legal nightmare, acting on change is an exciting challenge and a positive and beneficial tool.

Objectives:

- Provide an understanding of the impact of equality issues of provision and participation.
- Learn to see equality as an exciting challenge and welcome tool for change.
- Understanding stereotypes and prejudice facing marginalised groups
- Explain the Medical Model and Social Model of disability
- Explain that equal practice means removing barriers to participation.
- Gain a personal understanding of equality, not just limited to disability, and from this develop a shared perspective.
- Produce action plans which identify barriers that need to be removed

Welcome and listening



- We need to expect diversity to come through door, and have a multitude of strategies on offer to suit all types of individuals.
- Get the welcome right and then really listen!
- Safety and belonging are everything!
- What do we need to feel both confident and competent in delivering our service.
- We can all participate when we get what we need, in order to be catered for, we need to be listened to.
- It is more important for us to feel heard than it is to actually get what we say we want; compromise is fine as long as the decision is shared.

What makes a good welcome?

1.
2.
3.
4.
5.
6.
7.
8.



Acknowledging difference and celebrating diversity

- It is about being valued for who we are, and not been treated the same.
- Being equal is being treated as individuals, this individuality needs to be respected and celebrated.
- As humans, our basic needs are similar, but the way we get them satisfied will be different.
- If we feel safe, secure and included, we can be ourselves, and be honest about what our needs are, so that these can be met.
- All individuals need to feel in control about what happens to them, both physically and emotionally.
- It is about recognising choice (or its lack as an abuse of power), and also recognising that there are some demands on our lives where we cannot always make a choice, but being aware, particularly as providers, of the difference between the two.

Ground Rules for Working Together

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Compared with non-disabled people, disabled people are:

- More likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people;
- More likely to experience problems with hate crime or harassment – a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions;



People, not categories

- If we feel the need to compromise ourselves we stop contributing fully.
- We invest energy in hiding or accentuating different aspects of ourselves.
- We begin to feel useless, lose motivation and effectiveness and fail to contribute to the team effort.

- And more crucially, it restricts the expression of invaluable qualities such as empathy, creativity, motivation, self-reliance and sociability.
- Stereotypes of disabled people:
 - Pitiabile and pathetic; sweet and innocent; a miracle cure
 - Victim or an object of violence
 - Sinister or evil
 - Curious or exotica in comics, horror movies and science fiction
 - 'Super-crip'/ triumph over tragedy/noble warrior
 - Laughable or the butt of jokes
 - Having a chip on their shoulder/ aggressive avenger
 - A burden/ outcast
 - Non-sexual or incapable of a worthwhile relationship
 - Incapable of fully participating in everyday life

(Based on Biklen and Bogdana, 1977. Amended by R. Rieser and M. Mason: Disability Equality in the Classroom, 1992).

Think of a time when you did not belong
How did you feel?
1.
2.
3.
4.
5.
How did you act?
1.
2.
3.
4.

5.



Historical perspectives of impairment and disability

- centuries of mistrust and fear of those seen as significantly 'different' from others - impairments thought to be punishment for an individual's sins
- during/after the Industrial Revolution, asylums built to keep disabled people away from society
- 1920s eugenics theory from USA - sought active destruction of 'imperfect' individuals.

The medical model of disability

- recognition of physiological basis of impairments meant that disability issues became the territory of the clinicians
- medical model sees impairments as problematic deficits that deserve care and treatment
- the disabled person becomes a permanent medical 'case' ^ their life is seen as best managed by (non-disabled) clinicians
- may result in long-term institutionalisation, or isolation at home/in 'special' centres
- care is the priority, rather than freedom, rights or dignity.



The disability movement: a force for change

- 1970s: The Union of the Physically Impaired Against

Segregation argued that disability is created not by medical conditions but by social factors highlights the social causes of discrimination and exclusion (the 'social model')

- impairment = a medical condition that can be lived with (e.g. cerebral palsy, deafness)
- disability = the physical barriers and attitudes in society that prevent an impaired person from participating in normal daily life (e.g. fear, ignorance, narrow doorways and noisy offices)

e.g. Fred Brown (the person) is a man with cerebral palsy (the impairment). When the barriers and discrimination (the disabilities) that restrict Fred have been removed from society, Fred will no longer be disabled, but he will still have cerebral palsy and be called Fred.

- seeks to spread understanding that disabled people are equally suitable to participate in society as non-disabled individuals, and to promote inclusion.
- Inclusion is an ongoing process of adjusting to diversity. It liberates and engages by creating a culture that fosters belonging and participation.



Disability is a social oppression

- historical negativity and medical bias still overwhelm our culture, although disabled people are increasingly making their voices heard
- power of contemporary communications media still does much damage, with its emphasis on striving for physical 'perfection'. However the media could be harnessed as a catalyst for change

- 'disablism' is acknowledged less clearly than racism, sexism, etc.
- language of disability: 'respectful' language more important than political correctness

Identifying barriers to participation
Physical: 1. 2. 3. 4. 5.
Attitudinal: 1. 2. 3. 4. 5.
Systemic: 1. 2.

3.

4.

5.

Locating capacity and building resilience

- It is dangerous and wasteful to view marginalised groups as essentially impoverished or deficient.
- Communities and their members own capabilities and assets that can be engaged for the benefit of all.
- Achievement and fulfilment promotes personal morale as well as a spirit of belonging, loyalty and collaboration within teams.
- The more an organisation reflects the community it serves, the more its members will feel valued, safe and wanted. A shared approach results in all community members growing in strength and confidence together.
- As belonging increases, the value of the community as a whole adds up to far more than the sum of individual skills and qualities. In addition to significant benefits for individual well-being, greater diversity in teams and communities gives better flexibility and responsiveness in products and services. Everyone wins.



Meaningful relationships

- Relationships are the lifeblood of an organisation; they turn dreams into experience and give tangible meaning to organisational communication and culture.

“Our judgements about almost all social interactions, organisations and communities depend upon our perceptions of the relationships involved.” Professor John West-Burnham

- Fulfilling relationships are essential to satisfy our need to belong and make sense of our participation: without them we have no reason to give.
- Our level of engagement within a community is directly proportional to the quality of its interpersonal interactions.
- We gauge the worth of an organisation according to the welcome, acceptance and honesty of the individuals within it.

Action planning
Next few days: 1. 2. 3. 4. 5.
Next six weeks: 1.

2.

3.

4.

5.

In the next year:

1.

2.

3.

4.

5.



The bigger picture

- Equality & Diversity must be the responsibility of the entire workforce, not simply the preserve of a separate department or policy.
- The benefits to every individual and community are to be celebrated, not feared. The outcome is a culture of fairness and mutual respect.
- To embrace diversity is not only to comply with policy development, but to seek out and celebrate difference by creating flexible systems that never disable, but enable and empower.

<p>Acknowledge :</p> <p>Oppression & discrimination</p> <p>Institutionalised and Internalised attitudes</p> <p>Negative attitudes & Prejudice</p> <p>Barriers to participation</p>	<p>Promote:</p> <p>Capacity and Difference</p> <p>Belonging & Relationships</p> <p>Information sharing</p> <p>Collaboration & Empowerment</p>
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Further reading

Mercer, G., Shakespeare, T., and Barnes, C. (1999) Exploring Disability: a Sociological Introduction

Campbell J and Oliver M, (1996) Disability Politics, London, Routledge

Miller, P., Gillinson, S., and Parker, S. (2004) Disablism: How to Tackle the Last Prejudice

J Swain, S French, C Thomas, Colin Barnes. Disabling Barriers, Enabling Environments

John Swain, Sally French, Colin Cameron, Len Barton. Controversial Issues in a Disabling Society

Michael Oliver Understanding Disability: From Theory to Practice

Hurst R (2000), Ethics and Disability, Celebrating Diversity, Paper to 5th World Congress on Bioethics

Daw R (2000), The Impact of the Human Rights Act on Disabled People, Report prepared for DRC & RNID