Disability Equality Training

Trainers Guide

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DIGNITY

We learn, when we respect the dignity of the people, that they cannot be denied the elementary right to participate fully in the solutions to their own problems. Self respect arises only out of people who play an active role in solving their own crises and who are not helpless, passive, puppet-like recipients of private or public services. To give people help, while denying them a significant part in the action, contributes nothing to the development of the individual. In the deepest sense, it is not giving but taking - taking their dignity. Denial of the opportunity for participation is the denial of human dignity and democracy. It will not work.

From "Rules for Radicals" by Saul D. Alinsky, 1971.

FOREWORD

The Central Council for Education and Training in Social Work (CCETSW) has statutory authority throughout the United Kingdom to promote education and training for work in the personal social services. The Council has facilitated the development of this guide as a result of a commitment to promote anti- discriminatory practice.

This book arises out of work relating to the provisions of services required by recent Community Care legislation (NHS and Community Care Act 1989) for local authorities to consult with representative groups of disabled people and to train staff to be responsive to the requirements of users of services.

The purpose of the book is to assist those responsible for, training to consider the factors they might bear in mind when choosing trainers. course materials and venues that would be acceptable to disabled people.

The guide has been produced by joint heads of training working for the London Boroughs Disability Resource Team (DRT) to assist social policy educators in the theory and practice of setting up Disability Equality Training (DET). DRT serves 10 London boroughs and other customers with a range of services. including training and policy advice. of benefit to disabled people.

This form of training has recognised support from people within the disability rights movement and DRT has considerable experience in operating this form of anti-discriminatory training.

As with all subject matter and forms of learning there exists examples of both good and bad practice. This guide should inform the reader of the importance of being selective about the content of courses and the expertise of the trainers they employ in order to ensure that appropriate and correct information about disability is imparted.

INTRODUCTION

Disability Equality Training (DET) courses have been developed by disabled people to address the need for information about reality of disability.

Our awareness of the reality of disability is limited because we live in a society geared towards people whose bodies and minds are fully functioning. This may seem strange when one considers that disability or illness can happen to anyone at any moment of their lives - it is an inevitable part of the human experience. Nevertheless, society is organised in such a way as to treat disability as an exceptional circumstance that requires special and, in the main, separate provision which is often inadequate and serves only to maintain the divisions and lack of understanding between able-bodied and disabled people.

In recent years, however, many public and private sector bodies have gradually realised that their work practices and policies fall far short of fulfilling the needs, rights and aspirations of disabled people who are their clients, customers and co-workers and that, in order to change this situation, they need to turn to disabled people for education and guidance. From this realisation has grown the demand for DET run by disabled people, which aims to help people understand the meaning of disability, identify changes in work practice, and plan strategies to implement change.

This book has three major purposes. Firstly it attempts to explain what DET is and how it has developed, secondly it provides a guide to what constitutes high quality courses, and thirdly demonstrates bad practice in both course structure and content.

The book will assist social policy educators in the theory and practice of setting up DET.

The demand for DET has consistently grown and the number of available courses has proliferated underlying the need for a guide to ensure the acquisition of good courses.

Chapter 1

The Development of Disability Equality Training

Forms of DET have been organised and run by disabled people for over ten years, but it has developed a formalised structure only since 1985. Around that time emphasis began to be placed on equal opportunities policies and practices towards women, black and minority ethnic people and lesbians and gays. It seemed a natural extension to include disabled people under the same equal opportunities umbrella. In order for people to understand why policies were necessary and why their work behaviour needed to change to accommodate good equal opportunities working practices, a range of training and education programmes was established. The area of disability was left until last so work around disability awareness (as it was then known) did not get off the ground until after racism and under awareness training. This worked in its favour, however, as disability awareness trainers learnt from the successes and mistakes of their colleagues working around the other issues. For instance, great heed was paid to the feelings created by the amount of guilt that early participants experienced on racism awareness courses. Disability trainers learnt that the best way to part information and get people to look at their own part in perpetuating discrimination was through facilitated discovery. Neither lecturing nor straight information-giving was anywhere near as effective.

Although training and education was welcomed by organisations creating their equal opportunity policies and working practices, there was initial resistance to the new group of disabled people (called the Disabled Trainers' Forum) working in the field. Traditionally when a public, private or health sector body required any information or training concerning disabled people, they would contact either the medical profession, a disability charity (run by non-disabled people) or a social services professional who "looked after" disabled individuals.

Disabled people were eager to break this paternalistic pattern, with self-advocacy becoming as big an issue amongst the disabled community as it had amongst black people and women. It was obvious that a man would not be suitable for raising awareness around womens' issues and the same principle also applied to disability. Only those who experience disability as a form of social oppression really understand thoroughly enough to teach about its reality. As a result of this thinking it was decided by the Trainers Forum that training around disability should only be carried out by disabled people, equipped with professional training techniques and a thorough understanding of all disabled people's lifestyles within the context of a social model theory of disability. (This is further discussed in later chapters).

Once it had been decided that only disabled people would be involved in the project, a whole structure of training was developed under the auspices of DRT for those wanting to undertake the work. DRT was set up in 1986 following the abolition of the Greater London Council and was funded by a number of London boroughs to provide

a range of services, including training and policy advice to funding councils and other organisations. It took approximately two years to establish a process whereby disabled people (with the necessary potential) could be adequately trained to deliver training courses.

To date there are thirty registered DET trainers and twelve apprentices. The trainers are largely London-based, but work is now beginning on establishing local training consortia around the UK all of which will follow the same training structure and feed into what is fast becoming a national trainers register.

Chapter 2

COURSE DESIGN AND CONTENT

Course Alms

The fundamental aims of DET courses are the basis for their success. Although courses have been modified and improved over time the aims underpinning them have remained the same. Disabled people face discrimination in many areas of their lives; this is largely unintentional but damaging and restraining just the same. DET courses are designed by disabled people to enable those who come in contact with disabled people, in whatever capacity, to understand the nature these discriminatory practices take and what can be done to eliminate them.

The training undergone by disabled people to enable them to run training courses empowers them and enables them to be seen as positive role models for many course participants who may have encountered disabled people only as users of their services. The use of disabled trainers is a fundamental part of the working towards a positive change in attitude by non-disabled course participants. Disability Equality Trainers agree to accept and abide by the following statement of intent on every DET course:

STATEMENT OF INTENT

AIMS

A DET course will enable participants to identify and address discriminatory forms of practice towards disabled people. Through training they will find ways to challenge the organisational behaviour which reinforces negative myths and values and which prevents disabled people from gaining equality and achieving full participation in society.

OBJECTIVES

1. To reach a social, as opposed to an individual, (medical), model of disability through all training exercises and teachings.

2. To challenge some of the common myths and false distinctions that relegate disabled people to the status of a discriminated-against minority .

3. To demonstrate the practical application of equal opportunities policies for disabled people within the immediate area of work of course participants.

4. To recognise that black disabled people, disabled women, disabled lesbians and gays experience multiple oppression and that specific strategies need to be developed to challenge this form of multiple discrimination.

5. To formulate an Action Plan of constructive changes which participants can make to their work situations and personal lives, and that will contribute to the gathering momentum for change in the social, economic, and political position of disabled people.

6. To equip participants with a working knowledge of disability which will enable them to recognise the discriminatory language and the visual images that help to perpetuate the inequality of disabled people.

Course Programming

A suggested minimum of two days is recommended to run an effective DET course. During the first day time should be allowed for trainees to grasp the social model philosophy which, to those whose professional training has centred around the medical model, can be a difficult and slow process. The first morning is devoted to re-defining disability and to identifying where the restrictions and oppression stem from.

In the afternoon detailed examples are given as to how disablism is maintained in everyday society; for instance negative literature and media portrayals are examined and positive alternatives presented. Every negative demonstration of discrimination should be countered by a positive real life solution.

At the end of the first afternoon the trainees should be able to apply some of the knowledge gained to a short exercise concerning their jobs. It is quite likely that at this stage of the course trainees may feel overwhelmed by the enormity of the issues. Some may find the discovery process painful, which is an experience common to all forms of equalities training. This is to be expected when exposing societal oppression and the part an individual participant would have unconsciously played in it. It is therefore, necessary to have a consecutive second day to channel and to deal sensitively with the new awareness.

On day two sessions look at the trainees' area of work in detail provide them with tools to identify the areas of discrimination and to challenge them. Time is spent drawing parallels and links with other oppressed groups where they may have already worked on effective challenges and solutions (see Chapter 2 - Disability As An Equal Opportunities Issue). Relevant legislation organisational policies and codes of practice also have a significant slot. Thus the Disabled Persons Act 1986 and the Disabled Persons (Northern Ireland) Act 1989 or community care legislation can be addressed in the light of knowledge gained on the course.

Here is an example of a two day model programme:

DISABILITY EQUALITY TRAINING MODEL PROGRAMME FOR SOCIAL SERVICES PRACTITIONERS

Day One

10.00 Introduction to the course [warm-up session]

10.15 Course guidelines

10.30 Where does disability come from?
Exploring the real problem! [small group exercise]

11.15 COFFEE BREAK

11 .30 Re-defining disability -"The Disabling Council"
[Local Government Training Board video]

11.45 Models of Disability - analysing conflicting views of disability [presentation]

12.15 Feedback

12.45 Disabled people self-defined [examination of material]

1.00 LUNCH BREAK

2.00 Images of disability [workshops exploring the portrayal of disabled people in literature and other media]

3.15 TEA BREAK

3.30 Terminology and labels -why so important?
A different approach [group exercise]

4.15 Community care and the social model/medical model [re-write group exercise -looking at assessment within a social model context. Does it work?]

Day Two

10.00 Cartoon time [group exercise]

10.30 Consultation and empowerment

understanding the links and parallels with other oppressed groups [exercise];

looking at disability across the spectrum [case study].

11.30 Care in the community defined

1. Independent living and "Care"

Critical analysis exercise [case study]

12.00 2. Examples of good practice

[video presentation and discussion]

12.45 LUNCH BREAK

1.45 Legislation: looking at the Disabled Persons Act 1986,
the Disabled Persons (Northern Ireland) Act 1989 and the Community Care Act 1990

2.45 Advocacy at its best [role play]

3.15 TEA BREAK

3.30 Action plans

4.30 CLOSE OF PROGRAMME

Content Analysis of Course Programme

Course components have been constructed and ordered in a manner that result in incremental learning. This building block approach means that participants' understanding of the current topic is facilitated by their comprehension of previous sections of the course. By the end of the course all participants are equipped with the knowledge of not only WHAT they can do but also WHY they should do it.

Imagery and Stereotypes

We acquire and develop our ideas about disability from many sources. As small children we are influenced by the attitudes and behaviour of our parents and guardians, eg if every time we approach a disabled person we are dragged away with a severe reprimand we will associate disabled people with unpleasant experiences. Apart from family, friends and peers the main source of our information about disabled people comes from the mass media. Unfortunately the vast majority of this information is extremely negative. Sensational headlines or so- called human interest articles are written to sell magazines or newspapers not to give a correct and unbiased representation of disability issues. All too often these out-of-context disability articles are the total sum of people's knowledge about the issues.

A difficult issue for participants to overcome is the tragedy model as portrayed by the media and charities advertising. Disability equality trainers can facilitate this by a more accurate picture of disability as illustrated in the writing, verse, photography and music of disabled people.

Language

Like all other movements and organised groups of people there is discussion of appropriate terminology and accusations have been levelled of fashionable language. However, for some time the preferred terminology has been "disabled people" or "people with disabilities". It is important for course members to explore their understanding of language and the images and ideas it holds for them. It is difficult to separate language from ideas and images; for example the term "MS sufferer" weaves an image of constant pain and anguish, which may be far from the truth. Participants need to have more accurate information to enable them to participate in the debate.

Models of Disability

In order to understand the processes that result in either inequality or discrimination disabled people have developed models of disability. These describe the most commonly held views about the nature of disability and how the actions of individuals and organisations are perceived as either desirable or discriminatory.

Disability equality trainers work from the following social model definition:

"The disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from mainstream activities."

Thus a disabled person is someone who experiences restrictions due to the way that society is organised and not because of an individually experienced impairment.

Traditionally disability has always been viewed through the medical model. The terms of reference for this model are expounded in numerous textbooks, articles and medical journals. The model determines what disabled people can and, more importantly,

cannot do by referring to their medical diagnoses. These also detail what disabled people will need in their lives in order to be able to function adequately with a particular medical condition. An assumption is made that disabled people function at a lower rate than an able-bodied person and that, in fact, a disabled person is inadequate. The medical model says that disabled people cannot operate or participate in mainstream society because of their disability.

For example:

"I cannot go to the museum or the cinema because my disability prevents me from climbing the stairs."

"I could not go to a mainstream school because my disability required special assistance with the toilet and I was considered too frail to be in the rough and tumble of a school environment."

To understand disability as something experienced from day to day, we need to look much further than the medical facts and the individual person's disability. Medical facts give us, at best, a small percentage of the picture of what really disables people in society.

Many disabled people believe that it is the organisation of society at large that constitutes the most disabling part of being disabled and not the physical effects of whatever condition they may have.

Disabled people are restricted from taking part in society because of the way it has been organised and constructed by able-bodied people.

To return to the example:

"I cannot go to the museum or the cinema because the lack of a ramp prevents me entering the building."

"I could not go to a mainstream school because the authority was not prepared to organise my personal assistance and teachers were not qualified to teach or supervise children with disabilities."

One of the first tasks of an equality trainer is to move people away from the traditional medical model of disability to the social model as defined above. The social model has been developed and endorsed by disabled people and is part of an integrated approach to equal opportunities. It originated in awareness-raising around the race and gender issues of social restriction and was identified as an appropriate model to adopt DET.

Disability as an Equal Opportunities Issue

Using the social model of disability it is clear where discrimination takes place and what measures need to be taken to eradicate it. Hence we must talk about disabled people having equal status and opportunities within society: equal opportunities and access to transport, housing, employment, leisure -in fact everything that makes up the world in which we live. It is not just a case of changing the physical environment but of challenging the myths and stereotypes held about disabled people. Those disabled people who do not require any costly alterations to buildings or any special equipment are still' in danger of not getting jobs if they declare their disability .It is at this stage

that the links can be made with other groups in society who experience discrimination as a result of being seen as different. Discrimination will be compounded if a person is black or lesbian and disabled.

Disability is an equal opportunities issue with direct consequences for employers and service providers. The expertise and involvement of disabled people is essential if equal opportunity policies are to include disability issues and result in good practices which engender equality for disabled people.

Chapter 3

TRAINERS

Disabled peoples organisations have been concerned about the presentation of equal opportunity training related to disability issues and that their position has often been represented insensitively. It has consequently been found that for DET to be effective, that training should be presented by disabled people, wherever this is possible. The advantages are that the trainers are able to demonstrate a positive image of disabled people which assists participants in their learning experience. Trainers may be able to offer an understanding of disability issues that may arise within the context of the organisation in which the course is taking place.

Registered Trainers

Disabled trainers have felt a definite need to standardise and professionalise the training on offer. This stems in part from the fact that many disabled people were providing excellent equality training but were being paid little or nothing for their work. They have consequently been involved in developing trainer training programmes and established collective groups registration of DET trainers and regular review of the types of DET that they provide. DRT, for example, is involved with providing one of the largest registers operating with the United Kingdom, and it is worth examining this model in some detail.

Training the Trainer: A Model

There are a number of advantages to this approach.

1. Residential courses have been developed to equip potential trainers with the necessary training skills, some exposure to the complexity of disability issues, a grounding in equal opportunities, a knowledge of the functioning and structure of local authorities and information on the client/trainer relationship within the voluntary and private sectors. These have helped create a professional level of training for DET trainers.

2. The standardisation of monitoring of progress and performance so that programme providers are assured that the training addresses all relevant issues.

3. The setting of standard rates of pay for training with an inbuilt reviewing mechanism.

4. A trainers' network which is supportive and offers counselling or debriefing to individual trainers as required.

5. A useful forum for sounding out ideas and offering new materials or acquiring specific assistance with projects under development.

6. Organisers of DET trainers can actively seek a range of trainers to join the register in order to broaden it's base and ensure fair representation of disabled people who experience multiple discrimination. Race, sexuality and gender issues should be a consideration.

7. It is a mechanism to prevent isolation and the ensuing problem of lack of confidence for trainers working in different geographical locations who can become at times demoralised by the stressful nature of training work.

Monitoring Trainers' Performance

Organisations of DET trainers collected around a register can arrange that each course run by a trainer is evaluated by oral and written reports. At the closure of the course participants complete anonymous and confidential evaluation forms with specific questions relating to course design, content, materials trainers' performance, skills etc. This is good training practice.

Monitoring enables swift action to be taken to explore individual problems and agree a plan of action with the trainer if their performance deteriorates or if negative comments are repeatedly made about one area of their work.

Trainer Forums

Although DET courses follow a general pattern each course is specifically designed around client groups needs. Courses are influenced by partcipants' requirements but are also informed the Disability Movements views on such issues as, terminology, models of disability and current campaigns. However, the issues that affect disabled peoples' lives are far-reaching and trainers must be kept informed of current debates, new legislation and any government plans which will have implications for trainers in specific areas. The days of the generic DET trainer are numbered - specialists are gaining ground. Trainers also have their preferred areas of work e.g. education, planning or social services and their information must be both current and correct. DRT holds regular trainers' forums where a trainer will be invited to prepare a seminar providing in-depth analysis of the training implications of current thinking.

It is therefore advisable when organisations are wishing to employ DET trainers that they ask whether trainers have been involved with training, registration and trainer forums that have been discussed in this chapter.

Chapter 4

Teaching Methodology

Introduction

The success of DET courses flows from the method of delivery . Participants are given tools throughout the course to enable them to explore and analyse the issues raised. Disability equality trainers apply a set of ground rules which they ask participants to observe during the course.

Simulation or Experiential?

DET can be distinguished from traditional disability awareness training by trainers teaching code where there are certain methods that are encouraged and others that are positively rejected -simulation .exercises fall into the latter category .These have been used to illustrate "what it is like to have a disability". Individuals are placed in wheelchairs or blindfolded and then asked to express how they feel. Comparisons are then drawn. This only illustrates the feelings of a particular individual who experiences an instant sudden impairment. Disorientation and awkwardness on such an occasion are inevitable. This process forms part of the medical model approach to disability and serves to reinforce the negative view that disability is only some terrible personal tragedy and cannot encompass the view of disability as part of a fulfilling or unfulfilling life experience.

Another problem with simulation, is that it has been known to induce people to "have a go" outside the training environment. This often results in great hilarity and joke-making, however , disabled colleagues or clients can find this most offensive and feel that they have become the butt of the humour. Experiential exercises, as opposed to simulations can, however, be accept- able, as they use real life examples of discriminatory events as part of the training. An example would be a case study of a person with epilepsy being denied a job on the second floor of an office block because they may have a fit and fall down the stairs. Participants may then be asked their feelings on the subject and asked how they would react to such a situation. The answer can then be given in a thoughtful and considered way which seeks an alternative solution to the discrimination inherent in the oppressive environment or attitude.

Case Study

Here a fuller example of a discriminatory situation can be analysed and a positive solution drawn. No one is asked what it is like to be James, only to realise the problem and propose a solution. It is important to stress throughout courses that no participant should assume what it is like to have a particular impairment as it is a totally different experience for every individual.

DISABILTY EQUALITY TRAINING

CASE STUDY JAMES

James is a 29-year-old British born man of Afro-Caribbean descent. He has sickle cell anaemia, a painful intermittently recurring condition. He has been in your organisation for four years and during the last eighteen months he has twice been in hospital because of his condition. Recently he has lost quite a bit of weight and feels very easily tired. He does not wish his colleagues to know of his illness, but his manager knows because James has told him the reasons for his absences.
He works in the housing department, specialising in helping homeless people. His team is currently snowed under with clients, many of them desperate, and piles of paper work - partly because of recent policy decisions, such as the eviction of all squatters. Tension is building between the people dealing with these pressures.

Last time James was in hospital there had been a vicious fight between two clients, and one of his colleagues had been injured - she is still off work. He had come back to work to a lot of cold-shouldering which at first he did not understand, and then he had accidentally overheard two colleagues saying he was "always skiving off when things got tough - anyway, he probably had AIDS because everyone knew he was gay' .

The next day James found a note on his desk asking him to "bring his own cup to work" as the team were no longer sharing at coffee time." He later saw his manager, and told him that since he had come back to work, there had been incidents of hostility - he was just about to go on to ask if the manager thought it was time to explain the

nature of his disability, when the manager, himself in a rush, cut in with "Under this sort of pressure, James. we are all going to have to cut down on our time off".

James, knew that further cuts in staffing were going to be made, and that there was also some possibility of transfer to other departments - his only experience, though is in housing.

> Warning to Trainers
>
> Within this case study there is evidence of heterosexism, racism, prejudice and ignorance about HIV and AIDS, in addition to disablism and should only be used in the context of tackling all of these issues.

Questions:

(1) Discuss the factors leading to stress; both for the team and for James.

(2) How should management deal with this situation?

(3) What remedies are there for James?

Role Play

For a more participatory session role play is effective. A scenario is developed by the trainers and course participants are then given roles in order to explore the social effects of disability, not the impairment. For example:

Working with Disabled Colleagues: Advocacy at Its Best

Background

Your social service department is well below its three per cent quota of disabled workers. A group of social service officers have identified a need to undertake some positive initiatives to attract disabled people into the work force.

Some officers want to make radical changes to the recruitment and selection process in order to achieve this task. Other officers are quite resistant to any changes because, firstly, they do not appreciate the level of discrimination faced by disabled people attempting to enter the job market and, secondly, they feel somewhat reluctant to work along side those whom they have traditionally viewed as clients.

A working party has been set up to look at the whole issue and put forward a positive action plan. A small group has been asked to prepare a short presentation in positive employment initiatives. There is opposition from some senior managers to undertake anything more that targeting stereotypical posts such as secretarial, post room and low grade administrative jobs.

It is the working party's task to sell in fifteen minutes a Positive Action Programme for the department, giving reasons why such a course of action is necessary and preparing to advocate on behalf of disabled people to work in all grades.

Participants draw upon the information and awareness they gained on the course. Role play observers are nominated. They assess advocacy skills. Participants taking this role are advised to use the Disability Equality Tutors for any information and advice

they may need in their preparation, using legislation, statistics and any other relevant information to bolster their case.

Video Presentations

Video is a valuable medium for DET because of its ability to show strong visual images of disabled people.

There are a number of videos available for use in training, but they tend to be patronising or simplistic and miss the real issues of discrimination against disabled people, women and black people and lesbians and gays. Particular care should therefore be taken to choose training videos which show that disabled people can be positive and assertive. This will maximise the effect when the video is used in training sessions that are being run by disabled people.

The above training methods and techniques provide the trainer with a wide range of useful tools with which to inform and involve participants in the learning process.

Chapter 5

THE LEARNING ENVIRONMENT

Dealing with Disablism and Breaking Down Barriers

Tension and/or discomfort of participants may be apparent to trainers at the outset of training courses. This may result from a variety of factors but the most common causes are role confusion or role stereotyping. This can be particularly acute in courses for social services personnel who can perceive disabled people as clients and users of services not as trainers, consultants or service providers. If a social worker has only met disabled people as clients whose position is usually one of passivity and vulnerability a large conceptual leap has to be made to view a such a person as the expert and provider of knowledge.

One of the first tasks of the trainer is to guide the participants through a re-learning process regarding the varied abilities and productive roles of disabled people.

A second major issue confronting medical and social work professionals is their behaviour toward disabled trainers. If a non-disabled trainer has difficulty using a flip-chart, common-sense notions of what is helpful and what assistance should be offered comes into play and no embarrassing situations are likely to occur. However, with disabled trainers there may be a hidden agenda that needs to be exposed and discussed at the outset of the course.

Barriers to effective learning may be overcome if a climate of honesty, confidentiality and trust is established with a statement regarding facilitated learning which is both enabling and non-threatening. Like other awareness or equality courses, disability equality can be charged with provoking guilt and allotting blame. The ground rules for the course are laid out and issues such as challenging colleagues or trainers is dealt with in an environment ensuring everyone's self-esteem is left intact.

The DET Trainer Survival Mechanism

Trainers are exposed to a great deal of negativity about disability and often very direct comments about the perceived "tragedy" of their lives. They have come to expect these assumptions and usually have no problem in supplying information, however, if

trainers are repeatedly being told how awful their lives are they do need to debrief with another trainer who will know exactly what has gone on and what support to offer. (Registered trainers are always available to offer this counselling when required.) Knowing you are part of a training network of disabled people who experience the highs and lows of training, on a subject which is emotive and close to home, and having access to the strength and consistency of a supportive peer group is part of the survival mechanism of a DET trainer.

Group Composition and Feedback

Wherever possible it is advisable to have course participants who are employed in similar or complementary jobs. It is also helpful if participants are at a similar point in the hierarchy.

Much can be achieved when course participants feel they can speak freely about their views on disability without fear of feeling either ignorant or compromised by the presence of a senior member of staff on the same course. Trainers go to great lengths to explain that all course participants are treated equally and that what is said by anyone remains within the confines of the course. However, there are participants who do not contribute fully for fear of reprisal or embarrassment.

Another factor that may affect the participation of course participants is the use of sign language interpreters or personal facilitators. Whether there for the trainer or a group member 1 their presence needs to be fully explained at the commencement of the course. Facilitators are literally the arms or legs of the person and are carefully selected for their ability to be effective at what they do and their ability to merge into the background. They do not contribute to the course, but facilitators are bound to a code of ethics which encompasses confidentiality.

The use of a speech facilitator or sign language interpreter (SLI) is again an essential part of the communication process between trainer and participant. They only interact with others in the group in order to communicate what is being said, not to comment on it or to be included in any way. This may appear harsh but professional SLIs or facilitators know that the less conspicuous they are to the group the more effective they will be.

Venues and Meeting Everyone's Requirements

Venue

We are all influenced by the ergonomics of our environment. A comfortable, suitably heated pleasant venue with appropriate furniture is as important as the course programme. Both concentration span and mood is affected by the environment in which learning takes place.

Another important feature of the venue as far as disability courses are concerned is how the status of the course is reflected by the choice of venue. If trainers and participants are provided with a venue which is not a purpose-built training suite but a vacated day-centre with the lingering odour of bleach, everyone's morale is affected and the course may be doomed to a low status, good-will affair. Accessibility is not just wide doors and an accessible loo, important though these may be. An environment that is depressing is not accessible to learning.

Access is about ensuring that the needs of both trainers and participants are fully accommodated. Examples would be: the provision of an induction loop system for

people who have partial hearing loss; adequate lighting; the availability of refreshments as required with particular dietary needs catered for and parking spaces which are wide enough to ensure space for a wheelchair alongside the car.

Once the physical environment and practicalities are sorted out access continues in relation to the training media in use. It is not helpful to use visual aids if there are blind and partially sighted people in the group. If the course requires a consider- able amount of pre-reading and various supportive papers to accompany sessions these should be provided on tape or in braille prior to the course for participants who require it.

Access, for some participants, may include the length of the day or how it is organised. With this in mind the programme may require modification to include adequate breaks or the means for someone to rest for short periods without being penalised .

Overleaf is a guide to access developed by the Manchester Disability Forum - Design for Everyone.

Choosing the right person for the course

Course should be adequately publicised with a description of the general aims.

For those reared on the medical model of disability and still using it in current work practice, a course with lots of assimilated learning in the form of sitting in wheelchairs or blind-folding your partner may be what is expected. Information about the course content should be readily available.

Course co-ordinators may not know how many disabled people have been nominated for the course. They may not be readily identifiable as disabled people and may not yet use the term "disabled person" to describe themselves. However, the experience is that on almost all courses there is a minimum of one disabled person - usually more. If the course aims are unclear, disabled participants may believe that this is a forum for them to talk about their particular medical condition. Being prevented from doing so may lead to open hostility between trainers and course participants.

There are forums for just this type of experience which offer a safe space and the necessary counselling skill and ongoing support. DET trainers will attempt to rectify this misunderstanding promptly and sensitively, welcoming personal anecdotes where relevant and helpful to everyone's experience.

Positive Outcomes of DET Training: Awareness into Action

One of the major criticisms of awareness courses is that participants often complete the course not only more enlightened but also more frustrated than before. The other major charge is that already overworked employees now have more to do.

These accusations are justified if:

(a) There is no tangible product as a result of the course and

(b) If the participants are left to struggle alone with well-intentional ideas without guidance or support.

A well designed DET course will have experienced trainers who have the expertise to identify realistic goals and to make appropriate referrals for further information or consultation so as to ensure successful completion of the participants' action plans.

Positive Action Plans

Public organisations should be as accessible to disabled people, and their services as relevant to their needs, as they are to able-bodied members of the community. DET courses can demonstrate the barriers and discrimination that exist for disabled people in the trainers' particular area of work, but cannot effect any fundamental change unless those involved in the training process commit themselves to a programme of action.

For this change to happen, it is desirable to have a structure within which it can take place. Every DET course devotes a period of time to developing a Disability Action Plan that is relevant and achievable at both the personal and organisational level.

Without such a plan, the effects of training are soon dissipated. There follows an example of a Disability Action Plan which sets out the steps to be taken, including employment practice and individual behaviour, to improve a service.

ACTION PLAN

Subject

What is the broad area that you have picked out for improvement?

Independent Living Schemes

Goals

What specific targets do you wish to achieve?

1. Find out different local schemes where disabled people are centrally involved.
2. Set up joint working group of social services representatives, local disabled people and councillors.
3. Research funding options
4. Seek advice and guidance from up and running I.L. schemes around the country.

PROBLEMS What barriers are you going to enounter?	SOLUTIONS How do you plan to deal with barriers?
Time Finance Personal Knowledge	Seek discussion with Senior Managers Awareness raising Re-prioritise Research options for funding

ACTIVITIES	TIME
1.Make contact with local organisation of disabled people	2 weeks
2. Write off to national/local organisations requesting I.L. information compiled by disabled people.	1 month
3.Draw up with local disabled people a group of terms of reference.	

Some examples of short-tem and long-term changes as a result of DET are:

Changing an organisation's terminology so that it is more acceptable to disabled people, with consequential changes in advertising and report writing.

Devising a visual disability logo that is intended to attract disabled people to particular jobs or information.

Reserving jobs for disabled people to increase the organisation's quota of disabled people as required by the three per cent quota. Many companies have devised a system of reserving posts across departments and across grades to ensure that disabled people have first access to senior posts in non-traditional areas of work.

One authority, following consultation with its disabled employees, decided that it would request a series of courses specifically for their benefit. Many of these employees had been used as sources of expertise on disability issues and felt that if this was to continue they wanted more formal methods to be established. The outcome was the establishment of a Disabled Employees Group whose members could exchange ideas and opinions, discuss ideology and obtain support and information when responding to requests for disability-related expertise within the organisation.

Another innovative idea was the provision of driving lessons for disabled people who would benefit either in terms of their access to employment or availability for alternative forms of employment.

Within large organisations there are many examples of single initiatives carried out as a direct consequence of attendance on a DET course. One such example is of a senior member of staff who decided that he would inform himself of the new technology aids available to disabled people and how they could be obtained. He then targetted all subsequent vacancies for disabled people, resulting in a significant increase in the number of disabled people in his department.

There are many more successful outcomes which cannot be included here but those mentioned should provide some idea of the part played by DET and support the notion of standardised, monitored training as part of an organisation's corporate training programme.

CONCLUSION

This booklet has been produced by disabled people working for DRT and has aimed to address the training needs of both individuals and organisations around disability-related issues.

We hope this guide dispels some of the confusion about what DET is and has provided the reader with information and practical examples of good practice.

For further information about DET and DRT register trainers please contact the Joint Heads of Training, JANE CAMPBELL or KATH GILLESPIE-SELLS at DRT on 071 482 4896.

Relevant CCETSW Publications

Good Practice Guidelines on Disability (1991)

(A guidance document for providers of professional social work training programmes on issues related to curriculum and equal opportunties for disabled people).

Access for Disabled Students to Social Work Training (1991)

(Information on access arrangements for each of the social work professional training programmes at colleges, placement etc. for intending disabled social work students)

Community Care Database Quarterly Bulletin

(A resource directory for providers of social work training programmes, course tutors and others involved in training in the personal social services and the voluntary sector)