

Race and Disability  
A Dialogue for Action

Conference Report

Report of a two day event for services users and providers developing issues and initiatives relevant to the needs of Black people with disabilities held in May 1991

**THIS REPORT IS AVAILABLE IN LARGE PRINT OR ON TAPE**

## Contents

### Preface

### Introduction

1 Conference Address by Millee Hill

2 The Voluntary Sector

3 Consumer Choice

4 Education and Training

5 Independent Living and Housing

6 Advocacy

7 Specialised Needs of Asian Visually Impaired People

Needs of Visually Impaired Asians

African Caribbean Eye Survey Project – Interim Report

Broadwater Farm Estate Study

8 Workshops – Day 1 Service Users:

Organisation and Control; Access; Participation and Consultation; Self-Advocacy; Social Services; Housing and Independent Living; Setting Priorities; Education and Training; Employment; The Voluntary Sector

9 Workshops – Day 2 Services Providers:

Consultation and Participation; Consumer Choice; Sharing Good Practice; Achieving Quality; Housing; Community Care; Interpreters; Education and Training; Employment

10 Resource List and References

11 Conference Participants

## Preface

GLAD is a London wide organisation representing over 70 groups concerned with disability. The organisation is democratically controlled by disabled people. Our work is threefold. Firstly, to co-ordinate a network of borough based disability associations. Secondly, to provide a specialist information service to disabled people and their associates. Thirdly, to undertake research and development work on areas of need. Underpinning all the work is a philosophy of empowering disabled people.

GLAD's work on race and disability started in 1986 with a small research project looking at service provision for disabled people in African-Caribbean and Asian communities in London. This was followed by development work, looking at race equality strategies in our member groups and setting up self-help groups of Black disabled people in two London boroughs, Brent and Wandsworth. (Reports on this work are available from GLAD: see Resource list for details.)

When we came to look at the next stage of development in our race and disability work, we consulted as many organisations working in this field as we could. These included groups serving ethnic minority elders (as a high proportion of elderly people are disabled) and specific groups of Black or Asian disabled people. The consensus from our consultation was that we should look for ways of establishing a dialogue between Black service users and service providers and this led to the formation of the steering group which organised this conference.

We hope that the report will be useful to conference participants and non-participants alike. It does not cover every aspect of race or disability so we hope that people using the report will treat it as a starting point, not the definitive word on a subject which needs much, much more attention.

Frances Hasler  
Director, GLAD

## I n t r o d u c t i o n

This conference was organised by individuals from various organisations in the race and or disability field. This steering group, now known as "Forum for Race & Disability Action" will continue to meet and take further initiatives in this area.

Participants of the conference will already have received many of the items in this report. However, several new papers have also been included in recognition of the fact that very little material is currently available on this subject.

The various background papers in this report express the personal opinions of their writers and should not necessarily be taken as the policy of the organisations with which they are involved. The various individuals have used different terminology in relation to ethnic minorities and to disability, and we have consciously decided not to standardise this but to let it remain as it was written.

Many of the facts, figures and examples used in the report reflect a concentration on the London area. This is because GLAD, as there from London, although several people from other areas around the country did attend. We would like to thank those participants who completed and returned the evaluation forms that were sent out after the conference. The feedback we received from these forms has been very useful and we would welcome further comments, particularly if developments have occurred because of the conference - whether successful or not. One thing that many people have raised is the idea of a follow-up conference - this again, is a reflection of how little work being done on this issue.

Due to the huge demand for a follow-up conference, we have booked this event for 21 September 1992 to be held at RNIB in London.

Finally, I would like to thank the various organisations represented on the forum for their contribution in organising the conference (some also gave financial assistance) and producing this report

Greater London Association of Disabled People,  
Royal National Institute for the Blind,  
Hammersmith and Fulham Action for Disability,  
Black Disabled Peoples Group,  
Action for Disability Kensington and Chelsea,  
Association of Blind Asians,  
Asian People With Disabilities Alliance,

Ethnic and All Peoples Disabled Group,  
Confederation of Indian Organisations.

Also various members of GLAD staff who gave time and effort before and on the day of the conference, particularly, Orla Fox for working many late hours with me in the weeks leading up to the conference. Particular thanks are also due to GLAD for production of this report and to RN IB for taping it.

Neelam Sharma, Ethnic Minorities Officer, GLAD

## 1 Conference Address by Millee Hill

Historically, disabled people in general, and black disabled people<sup>1</sup> in particular, have been subjected to systematic and purposeful unequal treatment, victimisation and discrimination, and been relegated to a position of political powerlessness and disenfranchisement within society<sup>2</sup>. Thus, despite the fact that there are approximately 6.2 million disabled people in Britain, they have not, by and large, been a very vociferous or homogeneous group (though there are signs that this has begun to change). Society's oppression of disabled people has consequently created an insular and discreet minority, seemingly powerless to bring about the changes which will empower them. Black disabled people are a minority within that minority, to the point where they are virtually invisible and occupy an inferior status to that of even their white disabled counterparts, who are themselves second-class citizens.

Such grinding oppression of black people has given rise to the situation wherein they have collectively internalised all of the negative images and stereotypes of race and disability that others hold. In turn, they have come to blame themselves for the bad experiences they suffer because of their race and their disabilities. There is little appreciation of the fact that the problems faced by black disabled people do not stem from any intrinsic or inherent physical or mental limitations on their part. The fact of the matter is that, to a very great extent, it is the attitudes of able-bodied people from within their own ethnic communities, from the wider community and even from within the predominantly white disabled community, which restricts and dis-enables them.

The history of this multi-faceted segregation and exclusion of black disabled people makes it all the more difficult for them to even begin the process of integration into the wider community than, say, a white disabled person or a non-disabled black person. Whereas black people are usually able to move easily within their own ethnic communities, for black disabled people this is not possible as the added factor of their disability engenders ignorance, fear and in some cases abhorrence. By the same token, black disabled people are not readily accepted within the ranks of the predominantly white disabled community as here they are victimised and hindered because of the lack of understanding of issues around race and racism. So too, within the wider community, it is both their race and their disability which restricts and excludes them.

Quite simply, black disabled people face isolation, rejection and oppression on just about every front. As one such person said, "whenever the subject of race

---

<sup>1</sup> The term black disabled people is used in its generic sense

<sup>2</sup> The Americans with Disabilities Act 1988

came up ... someone would remind me that as a black person who was also disabled, my chances of achieving anything in life were probably less than zero. Furthermore, it was my 'destiny' to suffer twice as much discrimination and to miss as many opportunities as the person who is 'only' black or 'only disabled'<sup>3</sup>

## Multiple Discrimination

Of the numerous reasons why black disabled people are so very oppressed, the one which is most frequently emphasised and highlighted is precisely this factor of double or multiple discrimination. Most disabled people experience some form of discrimination almost every day of their lives usually as a result of attitudinal, architectural and communication barriers. However, the problems common to all disabled people, are for black disabled people, compounded by the general problem of direct racial discrimination in crucial areas such as employment, housing and education.

The cumulative effect of this double or multiple discrimination has such a profoundly negative and all-encompassing impact on the black disabled person's life that, as a group, they are the most socially, economically and educationally deprived and oppressed members of society. And the effect of the triple discrimination suffered by black disabled women is well nigh incalculable.

For sometime now, organisations representing and including disabled people have been campaigning to ensure that society is made aware of the needs of disabled people and that they be consulted at every stage on issues which affect their lives. In response to such pressure, steps are at last being taken to meet the needs of disabled people in some areas and to promote equality of opportunity for such people. However, in the equalisation of opportunity for black disabled people, progress has been especially slow to the extent that improvement, if there be any, is almost imperceptible.

## Eurocentric Service Provision

Yet another reason often cited by black disabled people for their oppression is that of the eurocentricity of service provision. However, managed and defused, race and racism is still at the core of British society. Consequently, service provision for disabled people, is usually carried out by eurocentric criteria with an anti-racist perspective as opposed to a multi-cultural perspective. Further, services for black disabled people are mainly planned and provided by white able-bodied people for white disabled people. These mostly, white service providers have singularly failed to meet any of their obligations to the ethnic

---

<sup>3</sup> Mr Peter McDonald is a research associate at The Spastics Society

disabled communities and tend to have little or no understanding of the cultural differences of black disabled people.

It is generally easier for an enabler or service provider to ignore the race, cultural background and specific needs of black disabled people. However, this only has the effect of depriving and disabling further. As far as disability is concerned, race or racism is rarely discussed. All too often, providers feel that they do not need to think any more specifically than in terms of disability alone.

Yet cultural differences are a crucial factor in assessing the nature of the service provided. The cultural assumptions which underline the provision of services are only made apparent when a member of a group with a different culture seeks to avail him/herself of that service. For example, the meat-based British diet is made evident when a vegetarian Hindu disabled child tries to take lunch at special schools. Such arrangements and assumptions have been described by many black disabled people as institutional racism. The failure of society to meet the needs of black disabled people is also perceived by many to be no mere oversight or ignorance, but a deliberate exclusion with malice. As one black disabled colleague stated "the lack of publication of services in other languages suggests that 'they' do not want us to take up and use 'their' services"<sup>4</sup>

As a result of the hostility and frustration that black disabled people encounter when they do try to take up public services, many are reluctant to do so. Consequently, far too many remain as unwilling residents within family homes and their own small communities at the mercy of the ever-decreasing caring extended family of African-Caribbean and Asian cultures. They have been left to be 'cared' for by someone or something from which cannot care because it does not exist.

Black disabled people are not encouraged or allowed access to further and higher education or the right to seek and be given gainful employment. There is no expectation that they share the same urges as other people such as companionship, achievement, the prospect of their own future home and family, and they rarely have the chance to satisfy them. There is no recognition of the fact that black disabled people need and deserve to have the same opportunities, advantages, dis-advantages, frustrations, rights and responsibilities as others do.

### Images, Myths, Stereotypes

There are very few positive and public images of white disabled people and even less of black disabled people. Everywhere, the image is given and the

---

<sup>4</sup> Ms Joanne McCollin is a voluntary worker at Hammersmith and Fulham Action for Disability and a member of The Black and Ethnic Disabled Peoples Group (London)

myth perpetuated that disabled people are poor, pathetic, helpless victims of charity handouts; of subnormal intellect and substandard education who need to be treated in 'special' ways. Add to this the often feared and complex issue of race and racism then what we have in the black disabled person is a virtual non-entity. An individual stripped of any real identity; an individual unable to find total acceptance within the black community because of their disability; isolated from the white disabled community because of their race; and rejected and oppressed by a wider community because of a combination of the two.

This enforced isolation one from another, and from all others, serves only to reinforce the repression of black disabled people. Moreover, most are fully occupied with the weighty task of just trying to overcome the many obstacles which make basic everyday living so difficult. Is it any wonder then, that they have so little time or energy for the laudable ideals of mobilisation and politicisation of disabled people on disability issues? Little wonder too, as there is such scant regard paid to issues and matters of particular concern to black disabled people.

## Conclusion

As a consequence of so many negative factors Black disabled people remain an isolated and oppressed minority, under-represented in all areas of society - even those where one would assume that they would find natural allies, such as in the disability movement. However, as the wider disability movement becomes more progressive, black disabled people have not yet become an integral and important part of that movement.

So where do black disabled people fit in? Issues around race and racism quickly engender support and understanding of within black communities but there is no understanding of disability issues. Within the disabled community, there is solidarity and common ground on the disability front, but little comprehension of the impact on one's life of the effects of racial discrimination.

Finding little or no support from any quarter, the realisation is slowly dawning for black disabled people that they must create positive images for themselves and write their own agendas. They cannot rely on black people to do it for them. They cannot rely on disabled people to do it for them. Until such time as others stop 'crippling' the lives of black disabled people with judgements and characteristics which are well beyond the control of the individual, society will continue to squander and waste a valuable and unique resource.

Millee Hill

Black Disabled Peoples Group

## 2 The Voluntary Sector

Disability organisations (within the voluntary sector) have a particular development history which needs to be examined in order to understand why, until very recently, not only black disabled people but disabled people in general, have had no voice within these organisations.

The majority of voluntary sector bodies in this field did not develop as a result of struggles by disabled people. They were, in fact, established due to concern amongst rich intellectuals at the plight of the "poor handicapped". Non-disabled, well-to-do white people ran these organisations and disabled people themselves had no say whatsoever in the services provided or the policies. The reason for underlining these points is not to merely rubbish this early work, for at the time it was a step forward in terms of provision of much-needed services it is an attempt to illustrate that the establishment of these bodies had nothing to do with the hopes or desires of disabled people since it was not the result of a disability movement.

These new organisations were so entrenched within the establishment that Lords and Ladies were typical patrons. Some even had the royal seal of approval, reflected in names such as Royal National Institute for the Deaf, Royal Association in aid of Deaf People.

This is distinctly different from the way that most other voluntary sector services have originated. For example, women's organisations or the black voluntary sector have to, some degree, been the result of a series of campaigns or struggles by the community in question. Regardless of how they may subsequently have developed, organisations within the black voluntary sector were largely set up and run by black people.

It is this development history which has ensured the continued dominance of nondisabled, middle-class white people within disability organisations. It is only very recently that some have started to change their constitutions to incorporate control of the organisation by disabled people. This has been the result of the development of a radical disability movement which has campaigned long and hard to ensure that disabled people gain a voice within the very organisations that supposedly exist to promote their interests and serve their needs.

However, disability is not something that is detached and separate from the rest of society. Even organisations that have gone through changes continue to reflect the power structures which exist within society as a whole. Where disabled people have begun to be taken on in management or middle-management posts they are white, middle-class and usually have the more

socially acceptable or hidden disabilities. In short, a great deal more needs to change before the hopes and aspirations of disabled people are fully reflected within these organisations.

As explained, in the past, black disabled people have been isolated from voluntary sector bodies, partly, for the same reasons as disabled people. However, this does not explain the continued isolation of black disabled people from these organisations or their isolation from the disability movement.

Contrary to popular stereotypes disabled people are not one homogeneous group within society but are as diverse in attitudes and ideas as people generally. Unfortunately, disabled people are as susceptible as any of us to the backward prejudices which are peddled within this society to cower the mass of the population and thus maintain the established order. Thus, racism ensures the continued isolation of black disabled people from the disability movement.

This is compounded by their isolation from the black voluntary sector which generally speaking, has a very low awareness of disability. Against this background it is hardly surprising that the uptake of services by black disabled people is very low. This is particularly disturbing as several research reports have indicated that the prevalence of disability amongst black people is proportionately higher than the rest of the population. In fact, it would seem that amongst Asians it is as much as three times higher. Yet the needs of black disabled people have been largely ignored by both disability and black voluntary sector organisations. This has meant extreme poverty and hardship for many thousands of people, accompanied by loneliness and despair.

The argument that is always put forward by policy makers in defence of this situation is that of lack of resources. This can seem to be very convincing especially at a time when cuts are rife. However, this is not good enough to explain the virtual non-existence of any real initiatives in the race and disability field on the part of these organisations, many of which are long-standing institutions for whom a good proportion of their budget is assured.

Very recently changes have taken place, though they have been minimal and largely tokenistic. Some organisations have appointed one race equality or ethnic minorities officer, who has usually been the first black development worker within the organisation. They have also often been non-disabled people which is something that many of the policy makers would not have considered appropriate for other development posts. It is a reflection of the shortage of experienced black disabled workers, as black disabled people have been given so few employment or training opportunities in the first place.

Whilst the creation of these new posts has been a step forward, too often it has been seen by those in charge as final proof of commitment to equal opportunities and not as the beginning of a process of change. Too often these 'key workers' have been left isolated within the organisation and without the financial muscle to actually carry out the tasks for which they were appointed.

Race and disability are the latest buzz-words in a long list of equal opportunities issues; women, ethnic minorities, gay and lesbian issues have all seen their heyday. It remains to be seen whether the focus on race and disability will actually better the lot of black disabled people. The creation over the last decade of a sizable "race relations industry" has not affected the lives of the vast majority of black people within Britain. In fact, for most of us conditions have actually got worse; homelessness, the running down of the health services, the performance of our children in the education system, unemployment, poll tax etc. All this is compounded by the racism we face every day of our lives. Black disabled people face the additional burden of living within a society that is totally inhospitable if you happen to be disabled.

The most promising new development has been the setting up of black disabled people's groups by black disabled people. Disabled as well as non-disabled black people are beginning to appreciate the need for groups such as these to articulate their needs. Also support from sections of the wider disability movement is very encouraging, and as we continue to forge and maintain these links, it is hoped that more and more black as well as white disabled people will enjoy parity with their counterparts.

Neelam Sharma, Ethnic Minorities Officer, GLAD  
Donna Jackman Wilson, Development Officer, GLAD

### 3 C o n s u m e r C h o i c e

## HOW TO PROVIDE A REAL CHOICE OF SERVICES FOR MEMBERS OF THE ETHNIC COMMUNITIES

### INTRODUCTION

At present it is questionable whether members of the ethnic communities have or can have choice in the use of statutory services. In order to be able to exercise choice, all services have to be of equal quality, they need to be appropriate to ethnic communities, sufficiently flexible and sensitive to their needs. Service planning and design should be based on effective consultation with the relevant communities, Service delivery has to be non-discriminatory and it must be provided by people who are well equipped with necessary skills, sensitivity and knowledge. At the same time service users need to be aware of the different services offered, and need to be in a position to ask for what they want and what they have every right to.

Current legislation advocates the need to ensure that services are based on equality of opportunity. Local Authorities have a duty under the Race Relations Act to consider the needs of all sections of the community. Under the Department of Health's Policy Guidance on community care social services departments are required to ensure quality and consumer choice when purchasing and contracting services. However, these statutory obligations are not evident in practice.

Many service providers hide behind their rhetoric, using fashionable language to give the impression that services are responsive to users' needs. Yet it is clear that service delivery to the ethnic communities is of poor quality, "patchy, piecemeal and lacking in strategy" (Multiracial Britain ADSS CRE 1978).

### RESOURCES

The common "excuse" for not providing adequate and appropriate services to the ethnic communities is lack of resources. Although resources may be scarce, members of ethnic communities have equal rights to these resources as they are also citizens and pay taxes. Allocation of funds reflects the status of the ethnic communities and funds for the services to this community are minor and marginalised. Typically, services to the ethnic communities are funded through additional or temporary grants such as Section Local Government Act 1986. It is important that as equal contributors to local and national taxation used to fund public services, they should be entitled to equal services by right and not as a favour.

## LACK OF SERVICE UPTAKE

Although by statute Local Authorities are under obligation to ensure that all sections of the community receive a certain level and quality of services, lack of ethnic monitoring makes it difficult to assess the level of uptake of services by some ethnic groups. However, where statistics are available it is clear that there is an under-representation of ethnic groups with regard to services such as psychotherapy, and those for people with learning difficulties or with a physical handicap. Conversely, there is over-representation in other areas, such as compulsory admission to psychiatric hospitals and children in care.

Lack of uptake of services is not an indication of lack of need and should not be used to justify lack of adequate provision. It may be an indication that Local Authorities are failing to offer relevant services or certain barriers prevent access. A study which examined social services to ethnic communities, the Social Services Inspectorate (SSI) in the North West (1986) found that: "Few social services departments have made progress in developing their services to minority communities and those that have are little advanced. Policies are virtually non-existent and service delivery is at a very low level".

## INAPPROPRIATE MODELS OF CARE

When delivering services to members of the ethnic communities some service providers use a colour blind approach and formulate their policies on misguided assumptions. For example, it is still widely assumed that Asian people with disabilities are cared for by the extended family and therefore will not need the same level of support from the statutory sector. Those who are providing services have failed to move away from the Eurocentric model of care and accept the diversity of need in a pluralistic society. As a result services are generally culturally inappropriate and do not reach out and secure the confidence of ethnic communities. In addition, a system of institutionalised and covert racism has created a degree of distrust and unwillingness to use available networks of help. Surveys have shown that social services departments are perceived by the ethnic communities as white organisations catering for white people (Ahmad A 1990).

## CONSULTATION

In the government White paper (1989) on Community Care, the one paragraph relevant to ethnic communities states, "Good community care work should take account of the different circumstances of ethnic communities and should be planned in consultation with them." This new legislation gives fresh opportunity to correct past mistakes. Service providers at the planning stage are now in a

position to make effective use of consultation and it is vital that members of the ethnic communities play an active role in the management, planning and delivery of services. At present consultation is tokenistic and involves presentation of a fait accompli. Consultation has the effect of raising expectations, so service providers need to be able to translate collected information into active policy or the consultation process will lack credibility and will deter members of the community from taking part in future consultation.

## ACCESS TO APPROPRIATE INFORMATION

Lack of knowledge of available services is another reason for low uptake. A quote from one of the respondents to a survey by the Confederation of Indian Organisations (Beliappa J. 1991) on the mental health needs of the Asian community illustrates this point; "We receive no information at all ..... English people know all the information." It is important that members of the ethnic communities receive adequate information and understand the system in order to gain control over their own lives.

It is said that "knowledge is power" and both are more difficult to gain if the terminology, language and systems are not familiar. This means that many people from the ethnic communities with disabilities and their carers are in a vulnerable situation - isolated from support and information networks, ignorant of many available benefits and unable to share their problems with others and unable to obtain counselling or advice.

The Chronically Sick and Disabled Persons Act 1970, places a duty on Local Authorities to ensure that the general public and individual disabled people are aware of the services relevant to their needs. One implication of this Act is that information should be provided in a form which is accessible and understandable to people from ethnic communities.

## POWER

Service users are in a powerless position and service providers need to recognise that users face great difficulties in challenging the system. One member of the ethnic community using a mental health service expressed his experience as follows: "The system has power over you. They strip you of your rights."

Power is of greater relevance to members of the ethnic communities with a mental or physical disability as their problems are compounded by attitudes and expectations which society as a whole holds about people from the ethnic

communities. Members of the ethnic communities who have been subjected to racism may feel even more powerless and the experience low self-esteem. If they cannot speak the English language they may have little control over decisions made for them. It is well known that psychiatric services are more likely to recommend drug therapy rather than psychotherapy to members of the ethnic communities who are often mis-diagnosed and seen to be in need of control. Such treatment is imposed rather than offered as a choice, and the serious side effects of the drugs are rarely explained to the user.

Given this imbalance of power, some service providers can be seen to be patronising. They assume they know how the users feel and what is best without asking the user. This is particularly true for users from the ethnic communities who have communication difficulties. The following quote from a user of a mental health service highlights this: "We are said to be apathetic, lack initiative, lack insight and be submissive. We are vulnerable people and have become like this by using the very services supposed to help us. We have to conform before we can be seen to be getting better."

Similarly an individual with speech impairment and mobility difficulties found that as a user of services, she was forced to co-ordinate her life around the services that were provided rather than being able to use services to facilitate a truly independent life in the community. In such circumstances the user has very little control; they are rarely asked what 'they' want. User-led services and consumer choice seem far removed from reality and there needs to be a change in the balance of power before this can be achieved.

## WHAT NEEDS TO BE DONE

Services should be about providing the setting in which people can get help. At present, choice of service is extremely limited and constantly denied to members of the ethnic communities. In order for the individual to have a choice of services, it is important that their wishes are respected.

Service providers should not assume that they know what is best for the users. Users should be able to demand a service which they see as appropriate even if this is not part of the traditional service provision, such as the use of religious healers and homeopathic medicines. Service providers should not see this service as inferior and should be able to direct the individual to the required service. Choice of service need not be between one form or another but individuals can choose a hybrid means of support. The powerless position of many members of the ethnic communities impinges on their ability to choose and demand a service which they see as appropriate. Where users find the service to be inappropriate they should be able to express their dissatisfaction

and request a different form of treatment. Choice of treatment should also extend to gender and ethnic background of the service provider.

## CONCLUSION

Service providers need to adopt a new model of care based on a holistic rather than a parochial approach. The status of equal opportunities needs to be raised in policy decisions and effective ethnic monitoring needs to be formulated in all Local Authorities. Disabled members of the ethnic community, their carers, their advocates and representative organisations should be involved in consultation, assessments and negotiations in the planning of services. This will ensure that appropriate and effective services can be provided which are respectful and sensitive to the cultural and religious customs and practices of the communities they serve. Only then we can begin to talk of consumer choice.

Tanzeem Ahmed  
Director  
Confederation of Indian Organisations

## 4 Education and Training

This section examines some of the legislation relating to disabled people and looks at the specific needs of Black and Ethnic Minority people who have an added disadvantage in education and training as a result of disability.

It is important to state at the outset that the issues and concerns that are faced by Black and ethnic minority people because of the racist nature of British society apply across class, gender, age, sexual orientation and disability so that all Black people regardless of background have a common experience of racism in all its manifestations. However, there are certain groups within the Black population who face double or triple disadvantage because of their class, gender or disability as well as the colour of their skin.

For convenience, I propose to examine the schooling and training issues as separate items though it must be recognised that the two are inter-related and cannot be considered separately as the schooling one receives will have a direct impact on the quality of training received later in life.

A brief resume of the reception Black and ethnic minority children have received by the education system gives a flavour of how they have been disadvantaged because of the colour of their skin. [This is necessarily a sketchy piece; interested readers will find further data in the bibliography].

The question of how to educate 'immigrant' children became an issue in the 1960s and the notion of assimilation was mooted: treat all children as if they were white and the 'problem' will go away. For instance, Asian children were given specialist English as a Second Language lessons in separate units which were designed to give them the boost to 'catch up' with their white peers. Parliament went so far as to assert that if there were more than 30 per cent Asian children in a class, the white children would suffer and be held back in their education. Unfortunately, many in the teaching profession still believe this to be true.

African-Caribbean children were placed in special units because they were seen as being disruptive. No account was taken of the linguistic needs of African-Caribbean children who spoke a variety of French Patios and English Creole, which haven grammatical structures that are distinct from Standard English. No differentiation was made between children originating from the different islands of the Caribbean - all African-Caribbean children were seen as a homogenous group with the result that their specific needs were not identified nor met. The root cause of African-Caribbean children's 'disruptive' behaviour was the racism

they faced in and out of school and was compounded by the fact that they were not being given meaningful work to do at school.

In the 1970s the moves were made to accept that Britain is a multi-racial society and that the various cultural and linguistic groups of people enriched British society. Education Authorities encouraged and celebrated the differences found in their schools. Although this gave Asian children in particular a much needed self-esteem and gave them the confidence to be proud of themselves, it did little to counter the racism they faced on a daily basis, in and out of school. It took black researchers such as Bernard Coard to highlight the specific needs of the African-Caribbean children and point out that they were over-represented in special schools and special units within schools. Coard's seminal publication 'How the West Indian Child is made educationally subnormal by the British Educational system' [re-published by Karia Press, 1991] was instrumental in the setting up of the Rampton Committee to look into the needs of 'West Indian' children in British schools. Even the title of the committee, 'West Indian children in our schools', seemed to suggest that African-Caribbean children were not an integral part of 'British' society! The later Swann Report went some way in addressing this racist attitude by entitling its concluding study 'Education for All'.

The 1980s saw a move towards an anti-racist perspective which went some way towards examining the racist nature of British society. This movement was supplemented by race awareness courses which did much to boost the pride of Black youngsters (though when handled insensitively, caused all sorts of problems for white participants).

Very few schools, however, have attempted to really examine the racist structure of their institution and thereby move towards a more just society. The 1990s have seen a step backwards in the anti-racist field. This is largely due to the introduction of the National Curriculum and the effects of bad publicity for anti-racist education, which culminated in the scandalous coverage by the local and national press of the Burnage School in Manchester after a black pupil was murdered in the school playground.

## SPECIAL EDUCATION

The 1981 Education Act (which came into force on April 1st 1983) is the major piece of legislation specifically relating to children with the special educational needs (in the USA the Disabilities Act of 1990 is of note). It was the Warnock Report (1978) which laid the foundations for this legislation.

As we have moved towards integrating disabled children into mainstream schools, the issue of attitudes has come to the fore. For the majority of able-bodied children, the presence of disabled children in their classroom is their first encounter with disability. Children, and adults, have very little personal experience of seeing disabled people in their daily life or in the media and literature.

Thus we have a situation where able-bodied children are confronted with their preconceived notions of what a disabled person can or cannot do. The parallel that can be drawn here is of the all-white school (the majority of schools in this country are all-white) when a Black child (or teacher) enters the school for the first time. Inevitably, no matter how much time has been put into preparing the children (and staff) of a school, the Black child (or teacher) will come up against racist attitudes.

Given that all Black people are likely to meet racist attitudes in a school situation, what then is the hope for, say, a Black deaf child in a wheelchair. If the child does not get called names to do with her disability, she will undoubtedly be called racist names.

#### WHAT ARE THE SPECIFIC NEEDS OF BLACK DISABLED CHILDREN AT SCHOOL?

I have suggested above that all Black children will face discrimination because of the colour of their skin. Teachers in special schools are no different from their colleagues who work in mainstream schools. Twenty years after Coard's (1971) report Black children are still faced with the racist attitudes of teachers. For instance, teachers expect less work from Black children or they may believe that Black children are less capable of coping with school work. There are still attitudes which discriminate against working class children, Black children and girls in schools. How much more difficult will it be for Black disabled children? In special schools they may experience the negative attitudes of teachers, but more so in mainstream schools where they will come in contact with a wider range of people who will have negative attitudes to their race and their disability.

What needs to be stressed is that no matter where Black children are educated, they will experience racism. If they are disabled, they will have the double discrimination of disability and race and, in some instances, the child may be a Black working class girl facing the inequalities of race, class and gender, as well as disability.

The specific needs of Black and ethnic minority children in schools are not merely to do with different cultural, linguistic, religious and dietary needs, although it is a positive step when such issues are addressed. The one factor that schools are not tackling is institutional racism but space prohibits any lengthy discussion here. It seems that we are constantly looking at the effects of racism - disadvantage because of language, diet, religion and culture - and not really getting to the heart of the matter, which is racism. If we could begin by examining the causes of racism then the needs of Black and ethnic minority children, be they disabled or able bodied, would begin to be met. However, teachers and carers need to be in tune with the linguistic, cultural and religious needs of Black and ethnic minority children in schools.

Space limits me to cite just one example: Teaching English as a second language to a child with speech difficulties may cause problems for the speech therapist. Mono-lingual English speaking teachers may misinterpret children's speech. For example, an Asian child may begin to babble the word "ABBA" (DAD) at home, encouraged by her parents. In the school, the teacher, ignorant of Asian languages, may try to develop the child's babbling sound as "ba ba" or "bye bye".

Not all issues about communication are around language. African-Caribbean disabled children too face difficulties with communication when there is a lack of understanding on the part of white carers. For instance, in most African-Caribbean families, there is the unwritten law that children show respect to their elders by looking down at their feet when they are being reprimanded. Yet there are countless instances when the white carer when reprimanding a black youngster will demand that they look them in their eye when being spoken to! The black youngster continues to look down as is consistent with her cultural upbringing and this behaviour is usually seen as one of open rudeness and defiance by the white carer. There is also the myth that cultural issues are not important when the black child is disabled.

## LEGISLATION RELATING TO EQUALITY ISSUES

There are laws in Britain which provide a limited legal framework for implementing equality of opportunity for all sectors of society. Some of these are:

The Disabled Persons (Employment) Acts 1944 and 1958

The Disabled Persons (Services, Consultation and Representation) Act 1986

The Chronically Sick and Disabled Persons Act 1970

The Companies (Directors' Report) (Employment of Disabled Persons) regulations 191

The Race Relations Act 1976

The Sex Discrimination Acts 1975 and 1986  
The Equal Pay Act 1970  
The Rehabilitation of Offenders Act 1974  
The Employment Protection Consolidation Act 1978  
The Employment Acts 1980 and 1982  
The European Economic Community Laws - Equal Treatment Directive  
- Equal Pay Directive  
Race and Disability: A Dialogue for Action 15

The Disabled Persons (Employment) Acts 1944 (Amended 1958)

This Act provides that an employer of more than twenty workers has a duty to employ a quota of disabled workers who are registered disabled under the Acts. The present quota is three per cent. It is not an offence to be below the quota but where an employer does not achieve the basic requirement, an application must be made to the Training Agency for a permit to recruit employees without disabilities.

The 1944 Act also provides two occupations, car attendant and electric lift attendant, as jobs which are designated as reserved occupations for people registered with disabilities. Space limits me to mention just the above two Acts at any length. It is important to stress that all legislation applies to all people, whether disabled or not. However, as regards the 3 per cent quota, there is no mention of how many of the disabled employees must be Black. Thus we have a situation where on the one hand there is positive discrimination (I do not intend to go into the complex pros and cons of this issue here) in favour of disabled people but no mention of gender or race issues.

On the note of training opportunities, the BBC have recently made a move to increase the number of disabled people in their workforce. They have also tried to increase the number of Black and ethnic minority people: they have set up a training scheme aimed specifically at the Black community. However, they had hundreds of applicants for twelve places on this particular scheme. And this was for able-bodied prospective employees! The BBC claim that they are including race and gender issues when recruiting disabled people: this will raise the same issues as those pertaining to Black women when employers implement gender equality policies. It has been found that Black women have not been considered when employers have been recruiting women for jobs: employers tend to lump all women together so that their gender policies seem very impressive. However, on closer examination it transpires that the employers are failing abysmally on their race policy and that they are not actively recruiting Black and ethnic minority women.

My contention is that the same scenario will repeat itself when policies to recruit disabled people are implemented. Experience will bear out the fact that very few Black ethnic minority disabled people will obtain employment.

KISHOR PATEL  
ETHNIC MINORITIES DEVELOPMENT OFFICER  
ROYAL NATIONAL INSTITUTE FOR BLIND PEOPLE.

## 5 Independent Living and Housing

Independent living is about living in a place that suits you in a manner that suits you. The two basic elements of independent living are housing and personal assistance.

### HOUSING

Housing provision across London is failing disabled people. It is failing black and ethnic disabled people even more so.

Local authorities have a key role to play in the provision of housing for disabled people:

- 45% of disabled adults are council or housing association tenants compared to 31% of the general population.
- in London up to 48% of disabled adults live in council property.
- 80% of 'wheelchair' standard housing and two-thirds of other accommodation for disabled people is provided by local authorities.

Many people with disabilities have low incomes, with an estimated 40% having incomes below the poverty line. Disabled people have been particularly affected by the decline in local authority new build programmes as housing associations and the private sector have not built wheelchair and mobility accommodation at the same rate as local authorities. The result of this is that homelessness amongst physically disabled people increased by 92% between 1980 and 1986, compared to an overall increase of 57% for all households.

A survey of accommodation and related services for people with disabilities in London by the Spastic Society showed that some local authorities had virtually no wheelchair standard housing: Bexley had only four such dwellings in the borough and Enfield only 12; Islington had the highest proportion of wheelchair standard dwellings, followed by Camden and Newham.

There is a vast unmet and unrecognised need. Over 20,000 households with disabled people are on London council waiting lists for specially designed or adapted accommodation. However, the London Housing Survey 1986/87 found that 210,000 households want to move into specially designed housing or have their homes adapted. 12% of all households in London include a person with a disability who has special housing needs, two thirds of whom are elderly people.

These enormous obstacles which face disabled people trying to get suitable housing are compounded for black and ethnic minority disabled people, as the following general statistics for people from ethnic minorities demonstrate:

- The 1985 Greater London Housing Condition Survey showed that London's black and ethnic minority population lived in worse conditions than the white population. Asian households were particularly likely to live in unsatisfactory accommodation, and 14% living in property regarded as unfit for habitation, as against 5% of white UK households.
- The report 'Black and White Britain' (1984) found overcrowded conditions greatest in the black communities with sixteen per cent of West Indian households and thirty-five per cent of Asian households living with more than one person to a room, compared with three per cent of white households.

These surveys also showed that only 13% of black households in council property in London live in houses rather than flats, compared to 35% of white households. 11 % of West Indian households lived in blocks of flats with four or more floors as against only 2% of white households.

In summary, the public housing available to black people is generally worse than that available to the white population. Things are just as bad in the private sector. The GLC survey of private tenants in London 1983/4 concluded "the survey results show that ethnic minority households are generally worse off than tenants in the private rented sector on almost all the indicators used". In addition, black households are three to four times as likely to become homeless as white people.

A major reason for the high levels of homelessness and worse housing conditions is the racism in all of housing sectors. In the private sector there is discrimination in letting and in mortgage allocation. The public sector fails to provide large housing units to house the larger families in many black communities. The normal size of the indigenous population is two to three children but for the Bangladeshi's it is four or more. The housing policy is building mainly two bedroom accommodation to meet the requirements of the indigenous population has not taken into account the requirements for larger accommodation by the ethnic minority population. There is an acute shortage of housing to accommodate the larger families.

The CRE has conducted a number of enquiries into the issue of discrimination faced by black and ethnic minority people in relation to housing. Reports such as Racial Discrimination in a London Estate Agency (1988) and Collingwood Housing Association Ltd (1983) clearly indicate the high levels of discrimination faced by black people when housing is allocated by white

personnel and the prevalence institutionalised racism in the private and public sector.

A CRE report into Mortgage lending, Race and Mortgage Lending (1985) recommended that "the building societies and the local authority make arrangements to draw up and formally adopt an Equal Opportunities Policy setting out the measures taken to ensure that the organisation does not discriminate directly or indirectly in the provision of mortgages." (p42)

There is a long record of bad treatment and severe under-representation of black people in housing associations and their waiting lists. They are not publicly accountable and have proved very difficult to influence. Unlike local authorities, housing associations do not have a legal obligation under the Race Relations Act that have to oppose racial discrimination and apply equality of opportunity.

All of these factors taken together show clearly that obtaining suitable housing for black and ethnic disabled people is a major struggle. Yet without suitable housing independent living and care in the community are not possible.

There have been some initiatives by housing associations such as ASRA, UJIMA, and the newly formed Apna Ghar. These are small in scope and it is clear that other providers of social housing must take up this issue if any real progress is to be made.

The other issue in housing provision is that of adaptations to premises to make them suitable for a disabled occupant. Department of the Environment guidance on adaptations does include reference to cultural preferences, such as in bathroom layout, but it can be difficult to get individual preferences taken seriously when dealing with mainly white service providers.

Lack of aids, adaptations and equipment makes even a well designed home a prison. Many disabled people have little idea of what is now available that might help them live more independently. Delays in obtaining equipment and aids, or even advice, can be as long as two years in some authorities. Such information as is available is usually in English, and often delivered through traditional channels such as white-run voluntary groups. This excludes many black and ethnic disabled people who are therefore deprived of even the opportunity to apply for suitable aids and equipment.

## PERSONAL ASSISTANCE

For a person who is not physically able to carry out the ordinary activities of daily living, quality care support, delivered in suitable accommodation, provides the foundation from which to lead a full and autonomous life. Sufficient, flexible and dependable services can offer people with severe disabilities the maximum opportunity to take responsibility for their lives and to make a contribution to society, in the same way as able-bodied people.

Disabled people (as well as service providers) have different views about who should provide the support they need and how it should be delivered. Arbitrary rules and idiosyncrasies often unnecessarily limit flexible service delivery: home helps are not allowed to cook so clients must take meals-on-wheels; care attendants cannot do domestic work, and so on.

There are many ways of arranging and funding personal assistance. Across London several alternatives are in use. These include the following:

Community Service Volunteers Independent Living Schemes - these are funded by local authorities and recruit young volunteers to live with and assist disabled people. Volunteers stay for three to six months. They perform all the necessary tasks to assist the user at home, at work or at play. They are directed by the user (although there is a 'supervisor' in the local authority to oversee the scheme and deal with any problems).

Independent Living Alternatives - this is a scheme operating on similar lines to the CSV one, and is used in a number of London authorities.

Independent Living Fund - this is a charitable fund, set up by the government, which enables individuals to employ their own assistants. This may be for a few hours a day or round the clock depending on need. It is a means tested allowance and does not cover social activities.

Home Carers - many local authorities have extended the role of their home helps, so that they can give help in getting up, washing, eating and so on. In practice this means that there is less home help time available for their traditional tasks of cleaning and shopping.

Self Operated Schemes - this is a system where the local authority or health authority gives the user a sum of money (usually equivalent to what it would have cost to keep them in residential care) with which to employ personal assistance. There are only a very small number of London boroughs that have made this available to a very limited number of individuals.

Crossroads Type Care Attendants Scheme - most Crossroads Schemes were set up to provide relief help for carers; however, some provide direct services to disabled people, employing workers for a specific individual. Like the volunteer schemes mentioned above, day-to-day direction is in the hands of the user, but supervision is carried out by the employer.

All of these options are available in some part of London. Some boroughs offer more than one option. However, in all cases the numbers of disabled people using one of these options is very small compared to the numbers who may wish to live independently. Part of the problem is funding - resources are tied up in residential care and traditional home help services, and there are all sorts of demands on social services budgets.

The other barrier to getting these services is attitudinal - only three social services departments of twenty-one surveyed (1990) had a strategy for helping disabled people to achieve independent living. It is hard for disabled people to get information on the options available to them. Even when they do, professionals can put barriers in front of them, making value judgements about who is 'able' to live independently.

Another factor regarding care of black and ethnic minority disabled people is the whole nature of personal care and the providers. Research conducted by Nasa Begum (1990) overwhelmingly indicates that black and ethnic minority disabled people requiring personal care are at present not catered for adequately. There is misunderstanding due to cultural unawareness on the part of mainly white carers, as well as placing a heavy burden on family members. Nasa Begum writes from her own personal experience as a black wheelchair user and the issues raised in her report 'Burden of gratitude: women with disabilities receiving personal care' need to be addressed by local authorities.

As with access to housing, access to personal assistance services is further restricted for black and ethnic minority disabled people. The Living Options project examining good practice in housing and personal support services found 'only a handful' of black and ethnic minority people in the schemes they surveyed. This probably indicates that the majority of black and ethnic minority disabled people are living with their families, depending on unpaid care. They are not getting the chance to try other modes of living.

The Living Options project findings indicate that people with physical disabilities who also have an additional disadvantage, such as a sensory handicap, difficult behaviour or a mental health problem, frequently do not obtain a fair share of housing and support service. Disabled people most able to articulate their needs and demand help, and to present the 'socially acceptable

face of disability' (without disfigurement or speech problems) are receiving the bulk of the limited provision available to severely disabled people. Although the project did not specifically investigate how these factors affect black and ethnic minority disabled people, it is clear that many of them face additional disadvantage and are unlikely to be receiving anything like a fair share of provision.

## CONCLUSIONS

As this paper indicates, there are formidable barriers facing black and ethnic minority disabled people in gaining access to independent living. Although some of them - such as the lack of new build in council housing provision - can only be solved at government level, others can be tackled immediately and locally. Allocation policies and adaptations policies can be examined and reviewed to remove in-built bias. Specific outreach to potential black service users can be undertaken. Black service users can be given a proper voice in community planning. Services can take specific steps to recruit black and ethnic minority workers. Voluntary organisations and statutory agencies can develop specific programmes in their area to meet the personal assistance needs of black and ethnic minority service users. Disability equality training can incorporate sessions on race equality, to challenge inappropriate assumptions about how black and ethnic minority disabled people want to live.

FRANCES HASLER  
DIRECTOR  
GLAD

## 6 Advocacy - What is it?

### THE FOUR MAIN TYPES OF ADVOCACY

1. Legal advocacy occurs when a person is represented by a solicitor or lawyer in a court of law.
2. Collective advocacy occurs when disabled people join together and struggle collectively to fight the oppression and discrimination imposed on them by society. This is the most important and effective form of advocacy.
3. Self-advocacy occurs when a disabled person feels able to represent him/herself and say what they actually want. Self-advocates have a right of access to all information and records relating to them and their circumstances.
4. Citizen advocacy occurs when a person represents the disabled person as if they were that person.

Hence, advocacy may be seen as a three stage process:

- (a) facilitating the disabled person to make choice according to his/her wants and needs and the way s/he sees them;
- (b) enabling the articulation of these needs either by the person themselves or by an independent advocate or a combination of both;

and

- (c) creating structures within which these wants and needs can be presented.

Advocacy schemes may be run by the statutory authority or independently by the voluntary sector. The advocate may be paid or unpaid. Experience shows that schemes are more effective if they are run as independently as possible by unpaid advocates, although the status of the advocate (paid or unpaid) is still a matter for debate.

There are several arguments which support the view that advocates should be paid. Reliability is considered an essential qualification for an advocate, some people believe that paying an advocate is one way of ensuring reliability. It may also ensure that advocates are not expected to do the work of other professionals "on the cheap". Disabled people may find it easier to make demands knowing it

was the advocates job to carry them out and be in control, rather than feeling we are impinging on the goodwill and free time of volunteer advocates. We have a history of having to be 'grateful' and relying on charity!

Against this it is argued that the commitment of a volunteer will give the necessary reliability. Some people have raised questions about the loyalty of a paid advocate. Is their loyalty with the client or with their employer? Loyalty to the disabled person and independence from any agency is crucial and must be maintained whether or not advocates are paid.

## IMPLICATIONS FOR BLACK DISABLED PEOPLE

- (a) advocacy schemes should be used to encourage mutual support between black disabled people and as a way of raising awareness around black disability issues;
- (b) advocacy schemes should be used to enable black disabled people to be involved in evaluating services provided and deciding what services are needed by the black disabled community;
- (c) advocacy schemes should enable black disabled people to redefine their service needs to introduce culturally sensitive services and to participate in the delivery of these services;
- (d) advocacy schemes should enable black disabled people to participate in planning services by enabling social services departments to listen and respond to black disabled users of services;
- (e) advocacy schemes should enable black disabled people to identify their own training needs in assertion or committee work etc;
- (f) advocacy schemes should enable black disabled people to make informed choices about their own circumstances. They will be able to choose their own levels of autonomy, independence and support;
- (g) advocacy schemes should enable black disabled people to join collectives to campaign on issues directly affecting them;

All advocacy work must be underpinned by a commitment to equal opportunities.

J.A.Christy  
Director  
Hammersmith and Fulham Action for Disability

## 7 Specialised needs of Asian Visually Impaired People

The concept of a specific body dealing with the clientele of disabled people with a particular ethnic background is perceived by some as going against the principle of integration. However, this is a view which does not bear up to close scrutiny. There are certain ethnocentric problems which need special attention by a dedicated body. A caring society has to care about all of its citizens. If it realises that certain special groups cannot have their needs met in the mainstream institutions, it can only accomplish its mission of care by considering the creation and support of specialised groups.

In this context, this section explores the special needs of Asian people with visual impairment. These needs can broadly be discussed under the headings of:

1. Rehabilitation Needs
2. Employment Opportunities
3. Cultural Needs

### 1. Rehabilitation Needs

Time and again it has surfaced that many Asian visually impaired people are not able to communicate with the relevant authorities to know what assistance is available. In many cases a foreign sounding name is not even properly learnt by the relevant officer for future reference. Unsmooth or broken English deters the officer from pursuing the case.

Consequently, many visually impaired Asians fail to receive a basic level of services. Recently, the Association of Blind Asians (ABA) was approached by an Asian gentleman from northern England for rehabilitation training. We were astonished to learn that despite his enthusiasm for such training, the local authority could not help him. The ABA offered to meet about half of the cost (which would have met the cost of language training) but the local authority would not meet the balance.

It must be stressed that without rehabilitation a visually impaired person may not be able to go out and socialise; has less chance of marriage; cannot educate him/herself; and is deprived of many other opportunities including employment.

### 2. Employment Opportunities

Society's discrimination against disabled people is compounded by its inability to provide people of ethnic minority backgrounds with an unprejudiced assessments of their ability to occupy some offices or perform certain tasks.

During my rehabilitation course, for example, I was told that I would not be able to work as a telephonist, because of my "low communication power" (another name for an ethnic accent) but that I had excellent manipulative skills as I could put nuts of various shapes onto the right kind of bolt. I was advised to become a light engineer (a euphemism for a factory line worker). However, when I was found to be able to spell 119 words out of 121, I was reluctantly allowed to proceed with audio-typing which I wanted to use in my plans for a career in law (I am now a Doctor of Law and a Barrister).

This attitude prevails amongst some of the officers in the mainstream blind welfare bodies. It is wasteful since it prevents true assessment of the employment potential of visually impaired individuals with ethnic minority background. It has also come to our notice that, probably due to this prejudice, ethnic minority individuals have to work harder to obtain ordinary support services (like personal reader service) or special aids to employment to realise their full potential in their vocation and move up the career ladder.

### 3. Cultural Needs

Those concerned with ethnic minority issues are fully aware of the special dietary need of Asians. Mainstream institutions do not always cater for Asian people's diets. Social gatherings can be alienating to Asian people when food, drink and music do not take account of their cultural needs (e.g. many Asians are teetotal) so they tend to shun such gatherings. Visually impaired Asian people have different family set-ups and often encounter more restrictive attitudes to their disability from their families than people in similar situations from the host community. The RNIB Survey, released in October 1991, indicates that 72% of visually impaired people are female, but, due to family constraints, the ABA female membership has not yet reached the 25% mark. (ABA is paying special attention to this problem). Accordingly these cultural aspects need special counselling and family support services. Sometimes they can only be provided by officers of Asian origin who know the cultural specifics.

### What Can Be Done

One thing which should be done at all costs is to sensitise staff in mainstream and specialist bodies to the particular needs and problems of people from ethnic minority groups who have a disability. Where possible, support services should be provided by ethnic minority specialists. Needless to say, one does not expect that every ethnic minority individual (with his/her specific cultural baggage) to be able to offer full language and cultural support. However, where the numbers justify, vigorous efforts should be made to give appropriate services.

While a proliferation of ethnic organisations is undesirable, groups with a worthwhile welfare mission should be properly funded and, where necessary, new groups should be encouraged. It should also be noted that many Asian visually impaired people are fully integrated into the mainstream and they will not need the specialised services envisaged.

Dr Amir A Majid  
Secretary  
Association of Blind Asians

## Needs of visually impaired Asians research by Association of Blind Asians

The Association of Blind Asians (ABA) commissioned research in July 1991 to identify the needs of visually disabled Asians and discover the numbers of blind/partially sighted Asians registered with the 33 London Boroughs. We began by designing a questionnaire that enabled visually impaired Asians to express their views and set out to forge a working relationship with all the Social Service Departments in London.

Our intention was to start by reviewing the structures and services which exist in each borough which deal with blind Asians. We asked them to supply the numbers of visually impaired Asians on their register. Information was requested about ethnic monitoring policy; provisions made for blind Asians (eg social workers, translators able to communicate in an Asian language); and their knowledge of support groups providing services for visually disabled Asians in their area.

In the first two months of the survey the response was mixed: regrettably, we only received 12 replies in that time. Of these only seven furnished us with numerical data. The councils' reactions to our survey make it important to consider their conduct. A handful have been enthusiastic and co-operated willingly but to accuse several of being 'obstructive' would not be an overstatement. There is generally an over-use of 'confidentiality' to cover up their current position, which appears to be one of inactivity. One could also point to a lack of organisation, a lack of staff and, crucially, a lack of will.

On the positive side there is a growing awareness that ethnic monitoring is necessary if the needs of Asians are to be recognised and ultimately fulfilled. Consequently, some authorities have promised to institute detailed monitoring as their records are transferred onto computers.

The other strand of ABA's research focuses on the visually impaired themselves. A 13 page questionnaire entitled 'SURVEY INTO THE NEEDS OF VISUALLY IMPAIRED ASIANS' has been sent to 200 people. It is divided into sections dealing with issues which might affect these people, ie mobility, social services, ABA etc. The questionnaire informs and draws out the views of that individual. Blind Asians are encouraged to state views on the services already provided; put forward ideas for services they would like to be made available; and to reveal the problems they face and how they would like to see them solved.

Completed questionnaires have been arriving at a reasonable rate - we hope to get another 100 replies. The information collected will be published by ABA and forwarded to local authorities and bodies like RNIB where it should assist in the formation of policy.

A provisional assessment of some of the trends, suggests that most of the respondents speak English plus at least one other Asian language, but would like to receive talking books and cassette magazines recorded in their mother tongues, a cultural requirement that is not widely acknowledged. While a great majority are registered as visually impaired, very few are satisfied with the service and training they receive. Around 40% do not receive state benefits relating to their disability. Some have access to free public transport and none get help with telephone costs. A small number describe the treatment they get from doctors as "not helpful at all", but few seek assistance to help them talk to their doctor.

Almost all live with their families but 30% say their disability has affected family life indicating a need for support and counselling for the family. It is also interesting to note that 24% feel discriminated against because they are blind, and 8% feel discriminated against because they are Asian.

A much fuller analysis will be made in ABA's final research report will be ready soon.

**KHALID JAVED  
RESEARCHER**

## African Caribbean Eye Survey Project Interim Report

Details of this survey have been included to give some indication of the level of need for services for people with visual disabilities in African Caribbean communities.

In general, the survey is proceeding well, although somewhat behind schedule. This is due to a later start to the project than originally intended. We are confident that we shall meet our main objectives on schedule. The single greatest difficulty is achieving an epidemiological or population based sample and this will be discussed in more detail below.

### SURVEY CLINICS

A total of 18 survey clinics have been performed so far: 7 at Broadwater Farm Estate Community Centre on a pilot basis and subsequently, 11 at the Welbourne Centre Afro Caribbean Senior Citizens Association. A total of 429 patients' details have been entered onto the micro-computer database. At the most recent analysis, with 352 records entered, the mean age was 56 and the range was from 35 to 84 years. There was a female sex bias in attendance, with 202 women attending compared with 152 men.

Clinics are usually four hours long. The number of people attending each clinic has varied considerably from a minimum of 4 people to a maximum of 82. Out of the 352 records, 72 have been referred (20%); 48 (13.6%) of these were with a prognosis of glaucoma, 10 with other ocular conditions and 14 due to non-ocular medical problems (mainly systemic hypertension).

### SAMPLING RESPONSE

The pilot study on Broadwater Farm gave some indication of the sort of response rate we might expect. Answers were obtained from 66% of all households on the estate. Of these, 34% had eligible persons living there and 43% of these participated in the survey.

During our time at the Welbourne Centre, active support from volunteers became scarce and most of this part of the sample were members of the Afro-Caribbean Senior Citizens Association. A little under half the members of the club attended. Towards the end of our time at the Welbourne Centre a new team of volunteers were recruited who were highly motivated in support of the project. They are currently working to increase the sample in the Bruce Grove area for the Lordship Lane clinic which has just started.

This is our last attempt to use the post-code sampling technique and if this fails we will create a sampling frame from a list of members of Afro-Caribbean organisations, churches, societies or clubs and invite selected individuals from this list to participate in the survey. The question will remain as to how representative such a sample can be, although it is unlikely to be seriously biased either way by eye health. Of course, the problem of achieving an adequate response will still occur but hopefully, with access through the organisation's membership, greater encouragement for individuals to participate can be brought to bear. If this also proves inadequate we will have to accept a non-epidemiological sample, which preferable to none, but we will only resort to this when all possible alternatives have been exhausted.

## Broadwater Farm Estate Report on the Pilot Study

Every one of the 1,036 households on the estate was called on. Non-respondents were approached on at least three occasions.

### RESPONSE

688 (66.4%) households on Broadwater Farm responded to doorstep enquiries. 238 (34.6%) were eligible for the survey.

The remaining 450 households were not eligible, due to the fact that they were either young black people (below 35 years), or white or other ethnic groups.

### ELIGIBLE

104 (43.7%) of the 238 eligible households participated at the clinic.

From 81 houses one person participated.

From 18 houses two people participated.

From 5 houses three people participated.

134 (56.3%) households identified as eligible did not participate in the study.

12 of these declined at the doorstep interview.

### CLINICS

The clinic site was at the Community Centre on Broadwater Farm which allowed easy access to all residents on the estate. A pilot clinic with volunteers was held first in order to establish the efficient organisation of the clinics.

Six survey clinics were held during the month of April.

## PATIENTS EXAMINED

229 people were examined at the clinics at Broadwater Farm.  
132 (58%) of these were eligible, 97 (42%) were not.

## REFERRALS

Out of the 132 eligibles, 21 (15.8%) people were referred for eye conditions. 13 (9.8% )patients were referred with the prognosis of glaucoma and 8 (6%) due to other eye conditions.

DR.E.BASAURI - PROJECT RESEARCHER

GLADWELL MSIMANG - COMMUNITY BASED CO-ORDINATOR

HUGH LUGG - SECRETARY

## 8 Workshops - Day 1 Service Users

This section comprises notes taken on flipcharts during Workshops. They may appear incomplete or ambiguous to people who were not at the conference.

### ORGANISATION AND CONTROL

Do we need new groups?

What form should they take?

How do we keep control?

How do we get funding?

- Support black disability groups locally
- Make sure that the constitution guarantees that control remains with black disabled people to avoid getting hijacked by carers or white groups
- Race groups should support black disability groups
- The disability movement should support black disability groups
- Local Authorities and grant making trusts should allocate funds to black disability groups -they need to develop equal opportunities
- We must insist on getting a fair share of resources
- We must expose and challenge white voluntary organisations who use black people to gain credibility and funding, but do nothing to improve services for blacks
- We should look for independent sources of money
- We should get together to lobby effectively, both regionally and nationally

### ACCESS

- Ensure equal opportunities policies are adhered to
- Representation on planning committees
- Agitation to make sure our needs are taken seriously e.g. consultation with black housing associations.
- To have the relevant information available to all in all languages, on tape and in braille
- Need for interpreter in all organisations - Black organisations to take this seriously
- Get rid of racist stereotypes in housing - through provision of anti-racism and disability equality training
- Poll Tax etc. - as a percentage of payers we should get services -housing etc.

- Make sure cultural needs are taken into account in all housing and independent living schemes
- Make people aware of what is available and what their rights are

POWER SHARING - To have the power to get what we need as black disabled people

CHOICE - To be where you want to be with good resources.

## PARTICIPATION AND CONSULTATION

- Need to increase take-up of services by black disabled people
- Consultation needs to be with actual service users (not just professionals and service providers)
- Need to improve transport service for disabled people
- Information needs to be made accessible/appropriate
- Barriers to consultation are:
  - lack of credibility - no evident change after consultation in the past
  - mobility difficulties
  - white professionalism
  - lack of information
  - professional jargon
  - language barriers
  - the pressure in our communities not to be seen to be unco-operative
- No evidence of good practice came to light within this group

## SELF-ADVOCACY

- Self-advocacy needed for disabled people
- Need for disabled people to be in positions of power within "Disabled" organisations
- Need for specific support for black disabled people (in addition to that already existing)
- It should be recognised that black disabled people are not a minority, out of 6 million disabled people 50% are black
- Need for resources to set up black disability organisations

- It should be acknowledged that institutional racism will be discriminating towards black disabled people
- Advocacy should include;
  - a) going to council to ask for service
  - b) empowerment of black disabled people
- Rights identified as important;
  - a) to be an individual
  - b) to equality of service
  - c) to an ethnically sensitive service (which avoids stereotypes)
  - d) right to information
  - e) to fight approaches which fail to take account of the importance of race
  - f) to ACTIVE equal opportunities
  - g) to acceptance of positive self
- Need for race and disability training

#### ACTION PLAN TO SERVICE PROVIDERS

1. To value black disabled peoples experience and contribution
2. To recognise/respect individual needs and preferences and not stereotype
3. Access to information. Information = power
4. Active/dynamic equal opportunities in practice
5. Equality training

#### SOCIAL SERVICES

- Racism awareness training for receptionists, home helps, cleaners etc
- Training should be PRACTICAL
- Advocacy needed for empowerment of black disabled people
- Need to make disability a high priority.
- Need to know our rights
- Need to challenge racism through solidarity and support networks • Need to identify key people and use them effectively
- Need to challenge myth that black people are self-sufficient

#### HOUSING AND INDEPENDENT LIVING

- The need to live in comfortable housing with back-up services
- Issues identified as affecting black disabled people
  - a) insensitive allocations policies
  - b) lack of consultation
  - c) insufficient choice over sheltered options

- d) equal opportunities policies not affective
- e) referrals difficult to obtain
- f) lack of information

## ACTION POINTS

- Authorities to review their allocations policies to remove institutionalised racism
- Housing associations to develop easier referral mechanisms
- Authorities to consult black disabled people before starting developments of accessible housing
- Authorities to plan housing and support services together so that back-up services such as Mobility Officers or Home Carers are available to disabled residents
- Voluntary and statutory agencies to increase provision of relevant and appropriate information re: independent living and community care options.  
Specifically target information at black and ethnic people

## SETTING PRIORITIES

- Set-up own individual self-maintained groups
- Need for more resources
- Need for information in relevant languages, in print and on tape
- Communication with social services an issue for people whose first language is not English
- Need for more black disabled spokespeople
- Danger of stereotyping black disabled people leading to inappropriate services
- Education and training are important considerations
- Specific training for blind people

- Institutionalised racism an important factor

## EDUCATION AND TRAINING

1. Training - disability equality. Must start early - when children are young. (Positive Images)
2. Training - for professionals should be compulsory. Must address minority ethnic issues.
3. Political & decision making bases - have to be targeted. Black and ethnic minority disability groups must get representation.
4. More black and ethnic minority professionals - but not used as tokens.
5. Decision-making should be with parents, together with appropriate information to assist them to make effective decisions. Choice as to what school, statementing etc.
6. Self -empowerment - black and ethnic minority peoples groups and then society through challenging assumptions and practice.
7. Power bases should not change personal high expectations to low ones.

## EMPLOYMENT

Encouragement of recruitment, training and development of black disabled people.

1. Awareness/Equality
2. Legislation on employment of disabled people.
3. Information to help/assist implementation.
4. Effective use of statistics e.g. to demonstrate black disabled people's employment and unemployment.
5. Unions and black disabled people.
6. Consultation
7. Review of sheltered employment/placements.
8. Recognition of black disabled self-help within employment i.e. status
9. Public relations on the value of black disabled people in social, economic and political terms.

10. Education and Liaison.

## THE VOLUNTARY SECTOR

1. Insecurity of Projects set up for the Black Communities.
2. Essential that Black and disabled people are on management committees.
3. Access to information/Awareness of Services
4. Avoid tokenism
5. Development of self-advocacy
6. Publicity
7. Need for education and training on Black/Black disability issues
8. Networking between black disability groups and individuals to develop unity.
9. Campaign for effective change
10. Use media fully to encourage individuals and groups to share information
11. Use existing disability movement while developing our own
12. Services inappropriate
13. Funding difficult

## ACTION PLAN:

1. Scrutinize Equal Opportunities Policy for Disabled Black people. (Employment and Service Delivery)
2. Proportional allocation of resources to Voluntary Sector for Black Disabled People.
3. Black Disability Equality Training for Providers
4. Voluntary Sector promoting Advocacy and Self-Help

## NB: FOR OURSELVES

1. Unity within the Black Community
2. Appreciate/value small changes achieved within Voluntary Sector

### 9 Workshops Day 2 -- Service Providers

This section comprises notes taken on flipcharts during Workshops. They may appear incomplete or ambiguous to people who were not at the conference.

## CONSULTATION AND PARTICIPATION

1. Consultation with groups should be in their own familiar environment.
2. "Frontline" work
3. Give economic power to black disabled people
4. Empowerment and not disempowerment must come out of participation
5. Consent, acknowledgement (that black disabled people exist and have needs)
6. Challenge the structures of discriminatory practices.
7. Give economic power to black disabled people to facilitate their own resources.
8. No more tokenism but proper representation.

## CONSUMER CHOICE

- 1) Awareness of what is available and people's rights - make information available
  - leaflets in different languages, tapes in centres, public places etc.
  - outreach workers and advocates
  - liaison/working together with other departments
  - increased training eg disability equality/cultural awareness
  - ongoing consultation at every stage
  - realization of obligations following consultation
  - publication/feedback of outcome

## 2) Formulate ways to implement policies

- making managers/directors aware of legal obligations
- raising profiles and maintaining
- use of petitions from the community
- using complaints procedures
- working group to monitor implementation
- guidelines to workers/code of practice
- how to deal with specific cases
- targets and accountability for different departments
- funding for black community groups and organisations
- increase training re committee skills/self-advocacy/empowerment
- positive action on employment and take into account double discrimination
- representation of users and members of the community

## SHARING GOOD PRACTICE

1. Sensitivity
2. Accessibility
3. Identifying users and targetting services appropriately
4. Legitimacy (whose definitions - provider's or user's)
5. Constraints - shrinking resources (how are priorities defined)

Services for black people seen as 'optional extras' - usually first to go when money gets tight! e.g. Newham College - 100% courses for black and minority ethnic ... were cut - no consultation took place. Services should be part of mainstream provision - not reliant on sources of funding such as Section 11 (must be fully integrated). Good practice can be interpreted differently by different providers and users (need to be clear where we are focussing). Policies are not the sole means of achieving/implementing change - there must be **POLITICAL WILL** and backing of the law

Example of policies supporting services for black and minority ethnic users. Holiday Scheme - funding for holidays -Ealing Council - Southall.

Policies not always supported by practice - Officers often unaware that policies exist.

Sharing good practice means raising awareness, training, checklists, guideline, collate/disseminate examples

(useful publication: "Double Discrimination", Kings Fund)

Identifying Good Practice - Be clear what we mean, ask who defines it.

Share good practice

Accountability - to who? - for what? - how?

Ensure that black and minority disabled people are involved:

- Participation ) Partnership at policy making and service provision -
- Consultation ) levels.
- Collaboration )

e.g.s: Newham training SS - opened up to voluntary agencies. Hillingdon training - include families as well.

Specific allocations from budget limits amount of work that can be done

## ACHIEVING QUALITY

- 1) Active listening
- 2) DET specifically with a race and disability dimension
- 3) Provide info in a range of language and media
- 4) Service providers inform themselves of rights and legal regulations
- 5) Need to facilitate and support self- help groups for black people and individual workers need to challenge attitudes of other workers. Empowerment.
- 6) Employment policies, appropriate staff for appropriate services and management.
- 7) Resources. Follow policy priorities.
- 8) Consultation needs to be action based.

## HOUSING

White dominated voluntary groups do not look at race issues (disability groups and housing associations).

Lack of experience and knowledge leads to insensitivity to cultural issues.

Rigid provision/institutionalised racism.

Two-way communication between ethnic minority groups and service providers.

Recognising that discrimination exists -taking positive action.

Awareness training on disability and cultural issues for housing issues ...

User involvement - Living Options Model.

User need for information on options - people do not ask for what they do not know exists.

ASK people what problems they face.

## INTERPRETERS

Bringing service providers together with users.

Avoid generalisations - be aware that there are different cultural responses to disability.

Implement action points from Day 1.

## COMMUNITY CARE

Case Manager(CM) implies power - implication for contracts particularly with CM contracting with local groups. Will be harder for black people to argue with CM who may be responsible for the contract.

Changing culture between Health Authority and Social Services Department? Is this changing - no evidence to suggest it is. Assessment of individual needs has to be defined. Timescale for consultation on guidance for contract specification (SSI) implication for black groups. Contracts may go to white organisations at the expense of black groups. Exploitation of staff/volunteers. Poor infrastructure of black voluntary groups; need staff training, support mechanisms, finance, advocacy and empowerment.

## EDUCATION AND TRAINING

1. Implications of integration ie effects on disabled/black children
2. Negative images - stereotypes  
No positive role models  
Restrictions on aspirations
3. Insensitivity to cultural factors:  
labelling  
special English classes
4. Emphasis on sport - effects on black and disabled children
5. Religious schooling/cultural needs are an issue

6. Policy - need to change
  - a) integration with financial backup and support
  - b) should not be finance-led
7. Social Work v Education labels ie special need/learning difficulty
8. Funding misdirected from special needs education. Need participation of black/disabled people in distribution of funds.
9. Training for disabled/black people
10. Anti-discriminatory training should be included in all aspects of training
11. Management and frontline staff training
13. Assessment of black/ethnic minority children/children with disabilities
  - a) enforcement of use of English as a first language
  - b) class/cultural/background of assessment of assessors

## EMPLOYMENT

1. EQUALITY TRAINING - Target powerful people Issues about independence, rights and discrimination not awareness
2. CHALLENGE Local Authorities to use their powers more effectively or creatively
3. SUPPORT Campaign for anti-discriminatory legislation
4. CHALLENGE Campaign to encompass ALL disability groups
5. CHALLENGE our unions to take DISABILITY priorities and to pressurise Local Authorities to get their staff trained in EQUALITIES
6. DEMAND statistics and use them
7. PUSH Local Authorities to use money which is already allocated to incorporate Black Disability Projects
8. BE ALERT to the possibility of European funding
9. DISABILITY EMPLOYMENT PROJECTS could be MATCHED in funding but incorporating Black/Disabled people

10. CHALLENGE Local Authorities Voluntary Organisations to adopt positive action approach

11. DEMAND CORPORATE ACTION  
targetting representative groups carefully and sensitively

## Race and Disability - Resource List

### PUBLICATIONS AND MATERIALS

1. Disability and Ethnic Minority Communities - A Study in Three London Boroughs GLAD, 336 Brixton Road, SW9 7AA tel 071 274 0107.
2. Asians and Disabilities Conference Report. Confederation of Indian Organisations,  
5-5a Westminster Bridge Road, London SE1 7XW tel 071 928-9889/8108
3. Double Bind - To be Disabled and Asian.  
Confederation of Indian Organisations (CIO) address above.
4. Illness or Distress - Alternative Models of Mental Health. Confederation of Indian Organisations.
5. Residential Care for Ethnic Minority Elderly People.  
Standing Conference on Ethnic Minority Senior Citizens, 5-5a Westminster Bridge Road, London SE1 7XW.
6. Double Discrimination - Issues and Services for People with Learning Difficulties from Black and Ethnic Minority Communities. The Kings Fund Centre, 126 Albert Street, London NW1 7N F tel 071 267 6111.
7. A Change in Approach - The Experience of Deaf People from Black and Ethnic Minority Communities.  
The Royal Association in Aid of Deaf People. 27, Old Oak Rd, Acton, W3 7HN.
8. Care In the Multi-Racial Community.  
Institute of Policy Studies, 100, Park Village East, London, NW1 3SR
9. Report on the Needs of Black and Ethnic Minority People with Disabilities. Sickle Cell Anaemia Research Foundation (S.C.A.R.F), 3, Bloemfontein Avenue, London W12 7BJ.
10. Survey of Sickle Cell Disorder in the London Borough of Hammersmith and Fulham [S.C.A.R.F. address](#) above.
11. Aspects of Mental Health in a Multi-Cultural Society.  
Commission for Racial Equality, Elliot House, Allington Street, London SW1.

12. A Double Bind - Deaf People From Ethnic Minority Groups.  
Royal National Institute for Deaf People, 105, Gower Street, London WC1 E 6AH

13. Our People - HIV/AIDS and the Black Communities. Video produced by Black HIV/AIDS Network.

Available in: English, Swahili, Cantonese, Hindi, Urdu, Punjabi, Bengali and Gujarati. Picture Talk Films, 61, Cromwell Avenue, London N6 5HP.

14. Access to Womens Services

Video produced by London Deaf Video Project for all deaf women with a section for Asian women, has sign language interpretation.

L.D.V.P. South Bank House, Black Prince Rd, Lndn SE1 7SJ. Tel 071 735-8171 ext 115.

15. Awaaz: a video and booklet for Asian families with disabled children.

Available in: English, Bengali, Gujarati, Hindi, Punjabi, and Urdu. Manchester Council for Community Relations,

Elliot House, 3, Jacksons Row, Deansgate, Manchester, M2 5WD Tel 061 834-9153. JJ4

16. The Patients Charter.

Explains the seven existing rights every citizen has, including the right to health care regardless of ability to pay. It will shortly also be published in Bengali, Gujarati, Hindi, Punjabi, Urdu, Chinese, Vietnamese, Greek and Turkish.

N.H.S. Management Executive, Department of Health, Hannibal House, Elephant and Castle, London. Tel 071 972-2536.

17. The Black Community and Community Care

Local Government Information Unit, 1-5 Bath St, London, EC1V 9QQ.

18. The Educational Needs of Ethnic Minority Children Who Have Disabilities and Special Needs

Report of a conference organised in April 1989 by Contact a Family and Ealing Race Equality Unit.

Contact a Family, 16 Strutton Ground, London SW1 P 2HP.

19. A Study of Contact a Family in Lewisham and the relevance for Black families who have children with disabilities and special needs.

Contact a Family, address above.

20. Information for Asian people with asthma -

Video to be produced in five Asian languages, will be ready for distribution soon. The National Asthma Campaign, Providence House Place, London N1 0NT.

#### 21. London Borough of Waltham Forest: Disability Unit Video

A video about disability issues with a training pack will soon be available, in English and Urdu, both versions will have sign language interpretation. Disability Unit, London Borough of Waltham Forest, Town Hall, Forest Road, London.E17 N3PU.

#### 22. Something to be Proud of :A Survey into the needs of Asian disabled people and their carers in Waltham Forest, by Nasa Begum

This publication includes recommendations on policy. Race Relations Unit, London Borough of Waltham Forest, as above.

### ORGANISATIONS

#### 1. Asian People With Disabilities Alliance.

Ground Floor, Willesden Hospital, Harlesden Road, London NW10 3RY

#### 2. Black Disabled Peoples Group

c/o Donn1 a Jackman Wilson, GLAD, 336 Brixton Road, SW9 7AA

#### 3. Association of Blind Asians, 322 Upper Street, London N1 2XQ

#### 4. African Friends of Disabled People, 74 Tubbs Road London NW10 4RE

#### 5. Afro-Caribbean Mental Health Association 35-37, Electric Avenue, London, SW9 8JP

#### 6. ASRA(Asian Sheltered Residential Accommodation Ltd) 155 Kennington Park Road, London SE11 4JJ

#### 7. Confederation of Indian Organisations

5-5a Westminster Bridge Road, London, SE1 7XW

#### 8. Henriques House Jewish Day Centre, 120 Oakleigh Road North, London N20 9EZ

#### 9. London Black Women's Health Action Project

Neighbourhood Building, Cornwall Avenue, Bethnall Green, London E2

#### 10. London Interpreting Project, 20-21 Compton Terrace, London, N1 2UN

11. Standing Conference for Ethnic Minority Senior Citizens 5-5a, Westminster Bridge Road, London SE1 7XW

12. Joint Council for the Welfare of Immigrants 115, Old Street, London EC 1 V 5J R

## REFERENCES

### Conference Address

1. The term black disabled people is used in its generic sense.
2. The Americans With Disabilities Act 1988.
3. Mr Peter McDonald is a research associate at The Spastics Society.
4. Ms Joanne McCollin is a voluntary worker at Hammersmith and Fulham Action for Disability and a member of The Black and Ethnic Disabled Peoples Group (London).

### Education and Training

Special Education and the 1988 Education Act  
Talking Sense, Volume 36, No 1, Spring 1990. Charles Byrne.

How the West Indian Child is made Educationally Subnormal in the British School System New Beacon Books, 1971. B.Coard.

Recent Legislation in Relation to Further Education, Training and Employment for people with special needs  
Educare June 1989. Deborah Cooper.

Education Reform Act 1988  
HMSO 1988

Americans with Disabilities Act 1990, Vol 1 V, No 1.

The Regeneration of Racism  
Indian Workers Association 1988

Murder in the Playground - The Burnage Report  
Longsight 1989

Maximising Human Resources  
D.Obiagio and J.Thakoordin, Local Government Training Board 1990..

Implementation of the Education Act 1981 with respect to Special Needs Provision Royal National Institute for the Blind's response to the House of Commons Select Committee inquiry, March 1987.

Parental Perceptions and the 1981 Education Act  
British Journal of Special Education, Volume 13, No 1, Research Supplement.  
S.A.Sandow and P.Stafford.

Education For All, The Swann Report  
HMSO 1985.

Minority Groups in English Conurbations  
Special Education in Minority Communities, Open University Press, 1984, P.  
Williams.

Special Educational Needs: The Warnock Report  
HMSO, 1978.

Policy and Provision under the 1981 Act  
British Journal of Special Education, Volume 14, No 2. K.Weddle, J.Welton,  
J.Evans and B.Goacher.

Consumer Choice

Code of Good Practice for Social Work Practitioners  
Race Equality Unit,  
National Institute of Social Work, A.Ahmad.

Illness or Distress - Alternative Models of Mental Health  
Confederation of Indian Organisations, J.Beliappa.

Asians and Disabilities - Conference Report  
Confederation of Indian Organisations, V.Kumari.

Caring for People: Community Care in the Next Decade and Beyond.  
London HMSO.

Double Bind, To Be Asian and Disabled.  
Confederation of Indian Organisations.

Independent Living and Housing

Speaking Out- report of the London Housing Enquiry

London Housing Forum 1988.

Our Homes Our Rights by Dr Jenny Morris, Shelter 1990.

Living Options Lottery by Barrie Fiedler  
published by the Prince of Wales Advisory Group on Disability 1988.

HCIL papers published by Hampshire Centre for Independent Living.  
<None>6

### Conference Participants

Adrian Adams	Central Council for Education & Training of Social Workers
Akinola Adepoju	Race & Housing Unit, Newham
Tanzeem Ahmed	Confederation of Indian Organisations
Liz Appleton	Information Officer, GLAD
Seleshe Araya	Disability Unit, Sandwell Social Services
Hassan Baddat	RNID, Huddersfield Council R Bhattacharyya Camden
Fitzroy Beckford	Black & Ethnic Disabled People's Group (BMDPG)
Viuyiswa Bonga	Redbridge Health Authority
Michael Brothers	Head of Equal Opportunities, GLAD
Jan Brown	Joint Planning Group, Leicester
Judy Cant	Hounslow Social Services
Paddy Carey	Harrow Community Health Council
Mary Casey	Hackney Social Services
Mr A Choudri	Asian Sheltered Residential Accommodation Ltd (ASRA)
Jacqui Christy	Head of Fieldwork & Development, GLAD
Iseult Cocking	Leicestershire Social Services
Lorraine College	Hackney Social Services
Penny Collins	Havering Social Services
Anne Copestake	Advice & Information Worker, GLAD
Colin Croves	Department of Health, Social Services Inspectorate
Nick Darling	Redbridge Health Authority
Richard Davy	Haringey Social Services
Mr Deo	Association of Blind Asians
J Depala	Association of Blind Asians (Finchley)
Harbrinder Dhillon	Freelance
Eunice Dougall	Age Concern, Hackney
Cathy Doyle	Hammersmith & Fulham, Equalities Unit
Bibi Dzieglewska	Sutton Leisure Services

Val Evans	Camden Social Services
Evaristo	Asian People with Disabilities Alliance
Nick Fellows	Sutton Leisure Services
Orla Fox	Equal Opportunities Department, GLAD
Lynne Gerlach	Richmond Education Services
Penny German	Avon Coalition of Disabled People
Linda Godliman	West Hampstead Social Services
Dennis Goldstein	Haringey Disabilities Consortium
B.Guchala	Association of Blind Asians, Burnt Oak
Dennis Hugh Grant	Newham Leisure Services
Frances Hasler	Director, GLAD
Gill Hay	Tower Hamlets Social Services
Barry Hayward	Southwark Disablement Association
Jackie Heslin	Havering Social Services
Tony Hewitt	Avon County Council
Millee Hill	Hammersmith & Fulham Action for Disability
Karen Holness	Tower Hamlets Social Services
John Horan	Hammersmith & Fulham Action for Disability
Vilma Jones	Information & Promotions Department, GLAD
Sian Johnson	Tower Hamlets Social Services
Ricky Kalliecharan	North West Thames Regional Health Authority
Nansubuga Kaweesa	Lewisham Association of People with Disabilities
Talaat Khaled	London Dial-a-Ride Users Association
Mehboob Khan	Disability Resource Centre, Waltham Forest
John Kilvington	Disabled in Camden
Niru Laduia	EMI Unit, St Bernard's Wing, Southall
Geraldine Larkin	West Hampstead Social Services
Jolanta Lis	Lambeth Social Services
Bernadette Logue	Brent Social Services
Karen Lubock	West Hampstead Social Services
Lucille LuskSouthwark	Disablement Association
Aruna Mahtani	Tower Hamlets Health Authority
Paizah Malik	Asian People with Disabilities Alliance (APDA)
Dr Majid	Association of Blind Asians
Howard Masters	Newham Social Services
Maggie McWilliams	Disabled In Camden
Colin Melville	Lambeth Social Services
Janet Miller	Tottenham Green Centre
Rehana Minhas	Equal Opportunities Inspector, Haringey Education Service
Sabino Miranda	Waltham Forest Disability Resource Centre
Shirley Moore	Brent Disability Unit
Elsbeth Morrison	Disability Arts in London, Artsline

Menghi Mulchandani	Advocacy Co-ordinator, GLAD
Denise Needleman	Hillingdon Social Services
Neil Niehorstar	Hackney Social Services
Rosie Nowlan	Bexley Social Services
Andrew Oioto	Disability Resource Centre, Waltham Forest
Kabina Opaku	Race Unit, Camden
Joanna Owen	Brent Disability Unit
Beryl Palmer	Royal Leicestershire, Rutland & Wycliffe Society for the Blind
Kishor Patel	RNIB
Ruth Pickersgill	Equal Opportunities Unit, Avon County Council
Tony Rahim	Southwark Disablement Association
Beverly Rand	Sutton Leisure Services
Mary Riddell	NSPCC, Nottingham
Derek Roachford	Islington Disablement Association
Emma Robinson	Islington Community Health Council
Tim Russell	Disability Now
Kebal Sahota	Association of Blind Asians, West Drayton
Marsha Sanders	London Interpreting Project
Esme Sargeant	Freelance
Sarah Sayer	Hammersmith & Fulham, Action for Disability
Lucy Savage	Hackney Disability Unit
Sandra Seymour	RNID
Neelam Sharma	Ethnic Minorities Officer, GLAD
Virendra Sharma	Action for Disability, Kensington & Chelsea
Caroline Sharp	Havering Social Services
Mike Silvera	Parkside District Health Authority
Juliet Simpson	Hammersmith & Fulham Equalities Unit
Dennis Spitz	Enfield Disablement Association
Val Stein	Artsline
Carol Strachan	Race Unit, Southwark Council
Andrew Stevens	Central Council for Education & Training of Social Workers
Sandra Subner	Hampstead Health Authority
Maureen Taylor	NSPCC, Nottingham
B Thakrar	ASRA Greater London Housing Association Ltd
Heather-Ann Warrell	Sutton Leisure Services
Faith Weekes	Hillingdon Social Services
Cathyann Welsh	Lambeth Social Services
D Whall-Roberts	RNID, Acton
Joanne White	Islington Disablement Association
David Williams	Chi Community Centre
Donna Jackman Wilson	Development & Fieldwork Department, GLAD

Barbara Zipser

PA to Director, GLAD