



Part One

Introduction to Disability Equality Training (DET)

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This section provides a basic introduction into DET.

1. What is DET?

DET	=	Gain Social Model Perspective	+	Develop Personal Proactive Action
DET	=	Contents (Social Model)	+	Process (Facilitated Learning)
DET	≠	Propaganda		

The ultimate goal of DET is to contribute to change society to one that is just, equal and inclusive, where full participation and equality of disabled people are assured.

To realise this aim, DET has two core objectives or components. The first one is to stimulate participants to have an alternative view of disability which examines it as social issue, i.e. Social Model of Disability. Although this is the main part of DET, it is not enough to complete DET. An



equally important component is to facilitate participants to develop their own concrete action plan to break and prevent the building of barriers which hinder participation of disabled people in relation to their own work and lives. Often so-called disability awareness seminars end up only containing the first one. However, such seminars do not facilitate the development of participants' action. DET is neither merely a lecture to add participants' knowledge of disability nor a critique of the government. DET aims to challenge one's sense of values of disability, and to facilitate the development of each participant's proactive activity to break social barriers.

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

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

Disability equality training (DET):

- Take disability as a social issue on rights, discrimination and equality rather than individuals' functional issues.
- Is based on the Social Model of Disability, not the Medical Model.
- Aims to support participants to learn about causes and mechanisms which create disability; and to act to change society to be more just and inclusive, rather than simply raise awareness and change superficial behaviours.
- Avoid using simulation exercise which merely leads to the understanding and emphasis of 'inability' and functional limitations of disabled individuals.

Difference between DET and DAT

DAT = What disabled people cannot do → how to help

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

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

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

Another key difference is the position of participants in each training course. In DAT, participants are considered as having a neutral position, with no direct relationship to the disability issues; “bona fide third person.” This individual would wish to learn how to help disabled people because disability is perceived as an issue of functional limitation or inabilities in the framework of the Medical Model, which is the theoretical basis of DAT. On the other hand, participants of DET are expected to identify themselves as the oppressor or discriminator, contributing to create a disabling society with or without intention although this is mainly due to ignorance and indifference of the issues and needs of disabled people.

However, DET also emphasises the transformation from such a ‘victimiser’ position to one of a ‘change agent’ to reform society to be more inclusive by supporting the development of their own action plan through their own will and power.

	DAT	DET
Purpose	Understand functional limitation and physical barriers (what cannot) Change behaviour	Understand causes of inequality and discrimination Take proactive action to change society
Understanding of disability	Functional limitations	Discrimination, inequality, social exclusion, participation restriction
Model of disability	Medical Model	Social Model
Issues take similar approach	Aging	Gender, racial minority, HIV/AIDS
Methods (Approach)	Simulation exercise (experience inability)	Facilitated learning, role play/discussion on inequality and discrimination, root cause analysis
Participants	Neutral	Discriminator and change agent
Facilitator/trainer	Medical/welfare professionals	Disabled people

DET pays more attention to the question of why such disabling barriers are made rather than simply identify and make a list of such barriers; “why” you need to do rather than “what” you need to do. A slogan ‘Let’s help disabled people’, does not contribute to the breakdown of disabling barriers. It may rather contribute to the maintenance of such institutional barriers by encouraging paternalistic attitudes and by putting attention to the real cause of disability aside.

Teach ‘Etiquette’ (Reaction) or Facilitate Proactive Action for Social Change

Reaction = maintain barriers

Proactive Action = prevent and break barriers → social change

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

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

“If you see a baby drowning, you jump in to save it: and if you see a second and a third you do the same. Soon you are so busy saving drowning babies you never look up to see there is someone there throwing these babies in the river.” (Wayne Eltwood, cited in Korten, D. (1990), *Four Generations of NGOs*. Search News Oct/Dec 1990, p. 11)

Limitation of Simulation Exercises

Simulation exercises emphasise:

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

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

Furthermore, simulation exercises provide only an experience of instant, sudden impairment which usually leads to inability and disorientation. These emphasise what people cannot do if they suddenly have these impairments. This may create negative connotations around disabled people, as being un-able or less-able, although this is certainly not the case for the many who lead 'capable', independent lives.

It is true that simulation exercises can be used to experience physical barriers in society, such as steps and stairs. However, simulation exercises are often used only to identify what a 'barrier' is; and end up by simply teaching participants how to help others climb up the steps, or how to guide a blind person. DET emphasises the importance of examining the causes why such barriers are made, and facilitates action to break them and prevent their creation. Limitations of simulation exercises are also discussed in articles in footnotes.¹

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

Why the Social Model?

Social Model = Explain disability as discrimination

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

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

On the other hand, the Social Model of Disability has alternative core notions. It makes it explicit that the functional condition of people is diverse; and as a fact, not everyone can become so called ‘normal’ in terms of physical function even after ten or twenty years of ‘rehabilitation’ (therapy). Therefore, the only appropriate approach to realise full participation of all disabled people is the removal of the barriers which hinder participation of disabled people in our society (Figure 1).

Why an Action Plan?

“I know” → “I do”

Reaction → Proactive action

Sense of guilt → Change agent

There are three main reasons why ‘Action Plan Making’ is an indispensable component of DET. First, DET aims not only to facilitate participants to understand disability from the Social Model perspective but also to

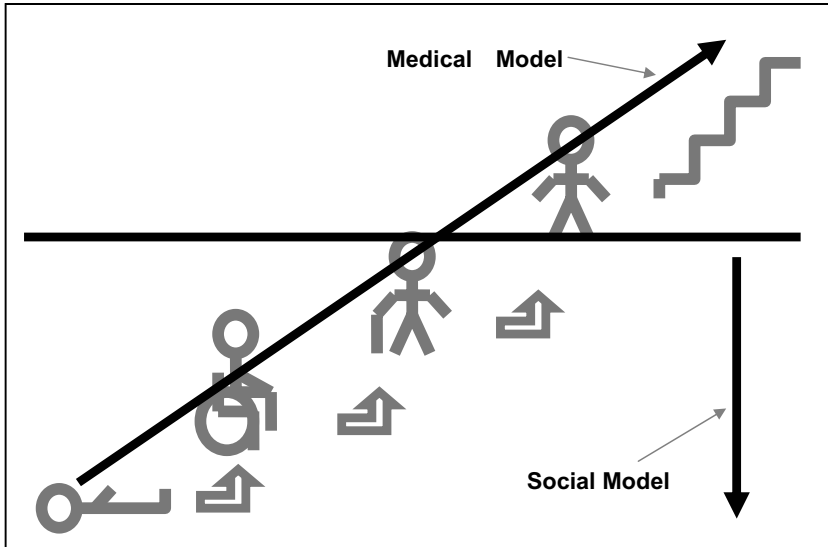


Figure 1: The Medical Model and the Social Model of Disability

facilitate them to be a change agent in the creation of a just and inclusive society. ‘I know’ is not enough. If action plan making is not properly included, many are left feeling: “Now I understand what disability is, but I do not know what to do or how,” “I think the government should take necessary action (not me, it is not my business).” The ultimate purpose of DET is to realise a just and equal society for all, not only to increase an individual’s knowledge and information on disability.

‘Knowing’ is not enough. We need to act. But what does DET expect people to do after the training? That is the second point. DET expects participants to take steps to think and take ‘proactive action’ to break various barriers found daily in their own lives, not just to react to lend disabled people a hand at steps or at a pedestrian crossing. The environment, situation and ability of each participant are different and there is not one ready made action plan to suit everyone. Each person has to make his own action plan to break disabling barriers. This process helps participants to absolve the theory and concept of the Social Model they have learnt into their real life situations.

Similar to the other types of training on discrimination, non-disabled participants of DET who correctly understand disability may feel a sense of guilt and identify themselves as oppressors to disabled people due to their discriminatory ignorance and indifference. In addition to this, they may feel frustration for not being able to resolve such feeling constructively. Making action plans helps participants to transform themselves from oppressors to active change agents by developing their own concrete and achievable action plans.

2. Who is a DET Trainer?

DET trainer = Experience + Understanding + Training and
of Disability of Social Model facilitation skill

DET trainer = Expert on disability education

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

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

There is no official qualification system of DET trainer even in the UK. Several organisations run their own training courses to train DET trainers. There are ongoing discussions about 'non-disabled DET trainers'. Some suggest that non-disabled people can be DET trainers, although the majority believe DET trainers should be disabled people.

3. Who Should Participate in DET?

DET is for everyone

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

: disabled people = empowerment

DET is for everyone. DET enables non-disabled people to gain the Social Model perspective and develop proactive actions to break various barriers, so they contribute to the creation of a better society for everyone. Through its alternative logical theory on disability, DET also provides an empowerment process for disabled people to overcome their internalisation of non-disabled peoples' discriminative sense of values.

4. DET Course Programme

Purpose: Identify disabling barriers + proactive action

Length: 1/2 – 2 days

Methods: Facilitated and participatory learning

Contents: Social Model of Disability

Purpose

DET has two essential aims. The first is to stimulate an alternative view of disability in participants which examines it as a social issue, i.e. to gain the Social Model perspective on disability. The second is to facilitate development of participants' own proactive action to break social barriers based on the Social Model of Disability.

Course Length

A minimum of two days is suggested to run an effective DET course. A follow-up session is also recommended after a certain period to

support and monitor the implementation of action plans by participants. However, in practice, a half-day to one-day course is common for a DET programme.

Methods

DET takes facilitated and participatory learning approaches as its framework of methods. These aim to facilitate the self-discovery process, leading to the change of one's own action. Therefore, various approaches and tools to stimulate such learning are used in DET, e.g. role-play, discussion, activities, workshops and games. The box below explains these differences of impact in the learning process. Try to put verbs in the brackets. Answers are at footnote.²

If I HEAR it,	If I (A1) it,	If I (B1) it,	If I (C1) it,
I FORGET it.	I (A2) it.	I (B2) it.	I (C2) it.

Cited from David Werner & Bill Bower (1982) Helping Health Workers Learn, Hesperian Foundation, Palo Alto (Part Two-1).

Contents

There is no standardisation in the content of DET courses. All contents of DET are made to assist participants to gain the Social Model perspective on disability and to encourage them to become change agents in the realisation of an inclusive society.

However, the concrete content of each DET course has to be redesigned each time to suit the needs, type and number of participants. Theoretical explanations of the Social Model of Disability in contrast to the Medical Model may be the main content for rehabilitation professionals such as physiotherapists, whereas activities and games to identify social barriers may be more effective for schoolchildren.

² A1 (see), A2 (remember); B1(do), B2 (know); C1 (discover), C2 (use).

Typical Contents of DET

Disabling Barriers

An opportunity for participants to explore what 'disability' means in terms of the attitudinal, environmental and institutional barriers experienced by all disabled people e.g. negative attitudes, lack of access, discrimination in transport, housing and other services.

Social vs Medical Model of Disability

In order to understand the processes that result in inequality, discrimination and 'disability', disabled people have redefined disability using their direct experience as the basis for the Social Model of Disability. One of the first and ongoing task of an equality trainer is to move people away from the traditional Medical Model of Disability to the social approach.

Self-Organisation of Disabled People

The history of the Disabled People's Movement, the difference between 'of' and 'for' organisations, and topical issues and campaigns.

Terminology

Words and phrases used to describe disabled people and what impact these have on attitudes to and the lives of disabled people. It is essential that participants explore their understanding of language and the images and ideas it holds for them – it is difficult to separate language from ideas and images.

Rights and Equal Opportunities

Using the Social Model, it is clear where discrimination takes place and what measures need to be taken to eradicate it. Disability is an equality and rights issue – the Social Model acknowledges that it is

not the individuals' problem but the failure of society to recognise the rights of disabled people which causes inequality.

Oppression

To recognise that disabled people may experience multiple oppressions and that by understanding disability from a Social Model context, disabled people can make links with other groups whose biology has been used to justify their exclusion e.g. black people, women, gay men and lesbians.

Stereotypes and Imagery of Disabled People

The image of disabled people in society, how they are viewed, and portrayed in the media, and in particular, charity representations of disability should be balanced by a more accurate picture of disability as illustrated by arts, writing, verse, photography and music of disabled people themselves.

Current Disability Issues

It is important to be able to bring current issues of importance and relevance to the awareness of participants, not least to illustrate the relevance and importance of DET to real life and the daily experiences of disabled people.

Action Planning for Change

To give an opportunity for participants to consider how their attitudes, actions and work practices can be easily altered to reduce discrimination and barriers towards disabled people.

Additional topics may include independent living, inclusive education and employment issues.

(Developed by Liz Carr and Paul Darke)

Example of DET Course: Half-Day DET Course

<i>Period:</i>	<i>Schedule:</i>	
Half-day	Time	Content
<i>Aim:</i>	09.30	Introduction and Welcome
– To examine the barriers that disabled people experience from a social as opposed to a Medical Model of Disability	09.45	Disability means ...? A chance to explore how much we really know about disability and disabled people
	10.45	Coffee
– To develop a practical understanding of disabling and empowering language surrounding disabled people.	11.00	Disabling Barriers / Enabling Solutions A workshop highlighting the barriers disabled people encounter with an opportunity to discuss solutions and explore the difference between the traditional view of disability – the Medical Model and the Social Model
	12.00	Language – Does it matter? An opportunity to discuss the importance of terminology and to explore the difference between words used to describe disabled people and their experience
– To identify opportunities and responsibility for individual and organisational change	12.30	A Change for the Better A chance for participants to put today's learning into practice
	01.00	Farewell

(Developed by Liz Carr and Paul Darke)

5. Conclusion

Most people's perception of disabled people is strongly influenced by the notion of the Medical Model which is strongly rooted and connected

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