

## Part Three

### **Example of DET Course and DET Related Resources**

**Kenji Kuno**

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

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

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

Although this is a PowerPoint slide, this is not a “presentation”. I use these slides, which are mainly illustrations and drawings, to pose questions for discovering exercises. This problem posing is a key method of facilitated participatory learning approach.

## **SECTION 1: EXAMPLE OF DET COURSE**

### **STRUCTURE OF DET COURSE FOR AIR XYZ**

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

#### **1. Introduction**

Having a clear introduction is essential in DET in order to make sure all participants follow the process of learning together. Participants may feel lost and uneasy if they are not sure what they are learning and which stage they are in the entire process of DET, because DET challenges participants to examine their mindset and build alternative perspective on disability. At the same time, you are able to know participants’ understanding on disability by having a good interaction with them at this point. The introduction part usually contains the following sessions: introduction of facilitator, rapport making, icebreaking, explanation of the course (i.e. purpose, timetable, contents, and methods).

#### **2. What is Disability?**

The purpose of this section is to make participants discover an alternative perspective on disability, i.e. the Social Model of Disability by themselves. Various exercises can be used. Two preparatory exercises and one main exercise (video analysis) are used in DET for Air XYZ.

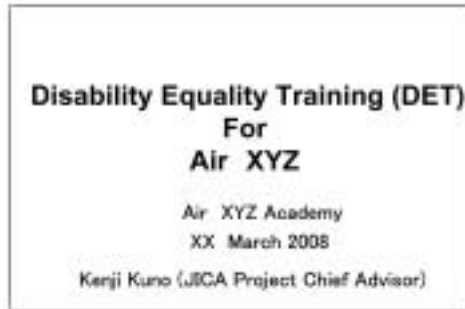
### **3. Proactive Action for Change**

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

### **4. Conclusion**

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

## 5. Slides



[Slide 1]

### Opening and introduction.

It is always better to make a new and specific opening slide for the course. Do not use an opening slide which was made for another training (which includes another company's or organisation's name!). I introduce myself here. I often show my family photograph and share some personal stories to introduce myself. Such a personal touch or non-formalisation at the beginning of the session eases tension among participants and myself, too.

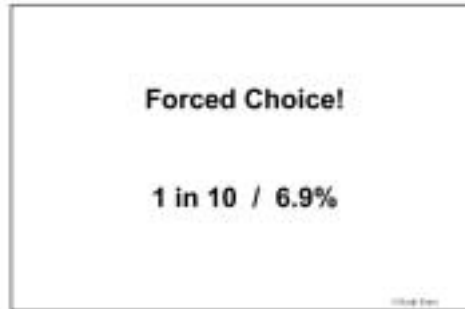


[Slide 2]

**Rapport making.** Rapport can be made when participants feel you are on their side, i.e. you are not there to criticise them but to work together with them to make their organisation better. Remember, DET is

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

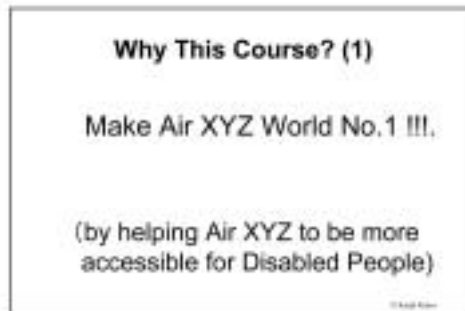
Having a frank and free atmosphere among participants, and between participants and facilitator is important to conduct facilitated participatory learning.



[Slide 3]

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

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



[Slide 4]

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

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

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

**Why This Course?  
Expenditure for Travel**

Age:	Expenditure (Yen)
- 29 :	19,484
30 - 39 :	26,819
40 - 49 :	36,694
50 - 59 :	41,796
60 - 69 :	60,777
70 - :	54,043

(ABC Travel)

[Slide 5]

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

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



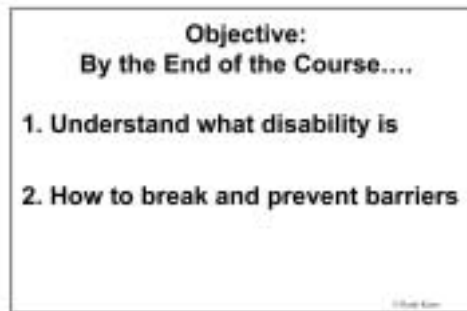
[Slide 6]

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

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



[Slide 7]  
**Why is this course for you?**  
(2: continues). Picture of gathering of disabled people to celebrate the winning of access of LRT. (Photograph: © The Sun)

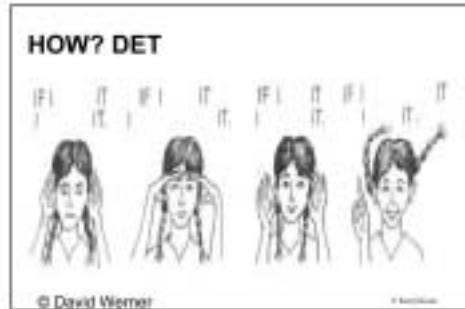


[Slide 8]  
**Aims of the course.** Explain the two main aims of DET. It is important to make sure that participants clearly understand the aims of the course from the very beginning\*<sup>1</sup>.



[Slide 9]  
**Schedule and contents of the course.** It is better to explain the schedule and contents at the beginning. Participants can feel relaxed and comfortable when they know what is going to happen. (It is same as preferring to have a

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

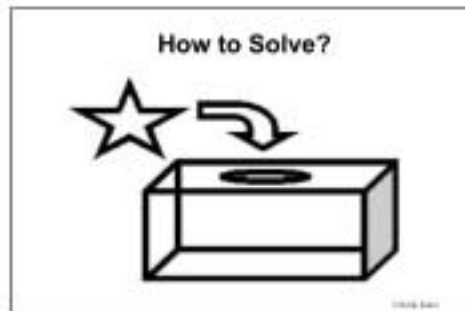


[Slide 10]

**Course method. (Exercise)**

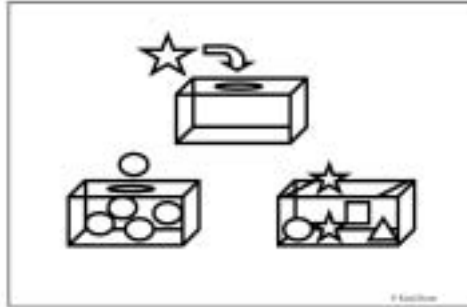
Explain how this course will be conducted, i.e. an explanation of the facilitated participatory learning approach, to ensure their active participation during the session, because some

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



[Slide 11]

**Exercise 1: Discovering an open box solution.** This is one of two preparatory exercises for video analysis. Give participants a question “how to put star shape object into a box which has a hole that is smaller than the object?” (discuss in pairs/small groups) \*2.



[Slide 12]

**Exercise 1: (continued).** Usually participants can identify two ways to solve the exercise. Discuss advantages and limitations of both solutions in a big group. Let them find key limitations of the “cutting star solution”:

e.g., only objects that can be cut smaller than a hole can go in (i.e., objects which are bigger than the hole still cannot be put into a box). Let them rethink these solutions by assuming a star is a disabled person, and the box is Air XYZ (or a society in general) \*3.



[Slide 13]

**Exercise 2: Finding a meaning of disability.** This is the second preparatory exercise for video analysis. Give participants a question “What is disability?” (discuss in pair or small group). Usually impairments are raised as “disability”.

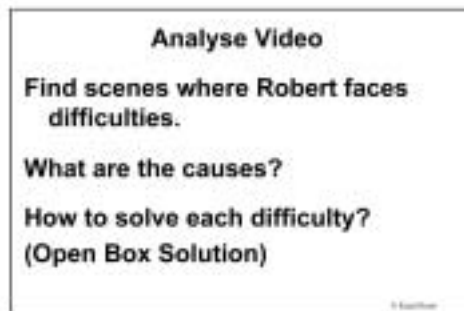


[Slide 14]

**Exercise 2: (continued).** Show this after slide 13, and give same question (discuss in pair or small group). Purpose of this exercise is to make participants discover by themselves: (i) what disability really means (what

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

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



[Slide 15]

**Exercise 3: Video analysis.** Explain how to analyse the video “TALK”. Provide a sheet “TALK Analysis” (see page 60). I usually give an example of a scene before showing a video to make sure participants understand clearly what to do in this exercise and how.



[Slide 16]

**Exercise 3 (continued).** Watch video. Ask them to write down on a sheet all the scenes where Robert faces difficulties (individual work).

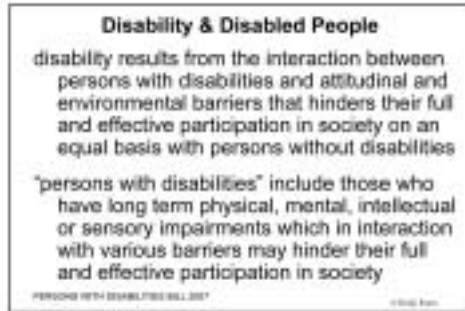


[Slide 17]

**Exercise 3 (continued).** Two exercises (small group): (i) Complete the list of “scenes”, and present in a big group. Make sure all scenes are listed, (ii) Let each group pick up only one scene, and discuss how to solve that

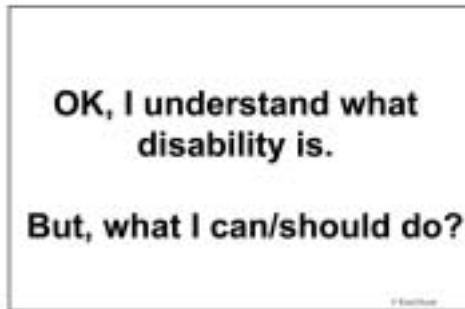
particular problem. Then present it in a big group.

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



[Slide 18]  
**Summary: Meaning of disability.** Revise a meaning of disability from the Social Model perspective. I usually show the definition of disability and disabled people of the Malaysian Legislation (Person with Disabilities Act

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

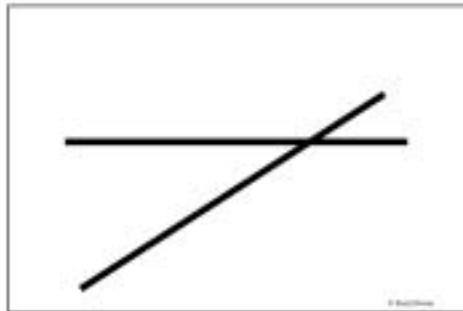


[Slide 19]  
**Introduction to “my action plan making” exercise.**



[Slide 20]  
**Exercise 4: Two kinds of people.** Show only illustrations first (no wordings). Ask the question, “There is a person on a wheelchair. But there is neither a passenger boarding bridge nor ambulift. What should you do?” (discuss in a

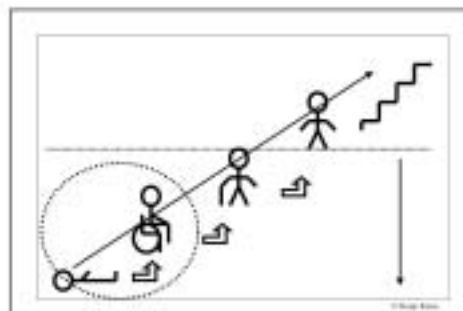
small group or pair). Show two kinds of “reactions”, after group discussion. Refer to accessibility movements and make participants discover differences between excluding attitude/ thinking (Medical Model, recovery oriented approach, prerequisite thinking \*<sup>4</sup>) and inclusive attitude/thinking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



[Slide 21]

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

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



[Slide 22]

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

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

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

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



[Slide23]

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

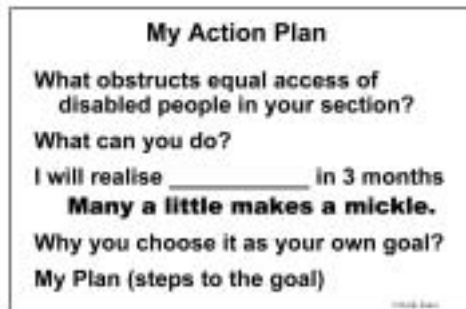
disabled people at this stage of the course, but not dustbins and benches in the middle of pavement. Make participants discover that there are so many barriers in the "ordinary" scenes; and that, these are made not because of lack of fund or technology but ignorance and indifference about (needs of)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



[Slide 24]

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

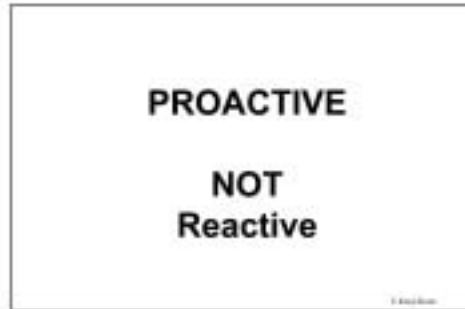
Action Plan" (page 61). Discuss a feasible and practical goal that can be reached in three months (individuals and small groups).



[Slide 25]

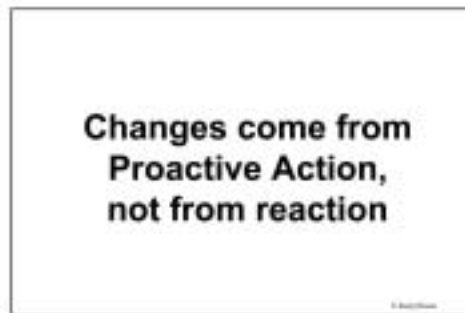
**Exercise 7 (continued).** Explain how to do this exercise. Remind participants what they have learnt in previous exercises (e.g. open box solution). You must show an example first, because this is a quite complicated

exercise. This is a very important exercise to recapture what they have discovered and learnt in this course; and, to apply what they have learnt to their real work. Remind them that this is not merely an exercise but actual plan making to be implemented within a specific time span, i.e. they must be realistic. Then share all or some of the "action plans" in a big group (depending on the time you have) \*<sup>6</sup>. This exercise usually takes at least 20 minutes or more. Exercise 4, 5 & 6 are the preparatory exercise for this "My Action Plan Making".



[Slide 26]

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



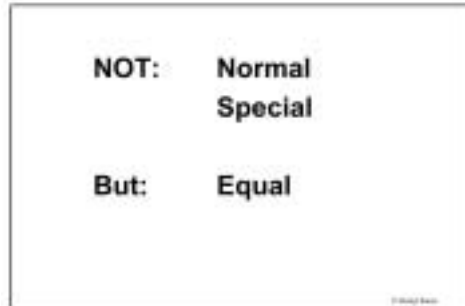
[Slide 27]

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

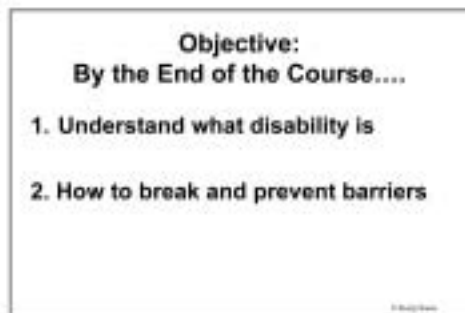


[Slide 28]

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



[Slide 29]  
**Reminder.** Appropriate ways of thinking and terms.



[Slide 30]  
**Conclusion.** Revise what they have learnt by referring to the two key aims of the course.



[Slide 31]  
**Additional Information.** In this course, I share what Malaysian Legislation requires public transportation service providers to do. This is additional information to make them aware of their role and

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



[Slide 32]

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

**Note:**

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

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

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

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

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

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

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

Sheet 1: “TALK” Analysis

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

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

Name:  
Section:

What creates difficulties for disabled people in your section?	What can be done?
--	-------------------

My Goal  
I will realise \_\_\_\_\_ in 3 months.  
(Think what you can REALLY do!)

Why? (Reason)

My Plan

Steps	Time
1	
2	
3	
4	
5	
6	
7	

## **SECTION 2: RESOURCES FOR DET**

### **DET MANUALS**

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

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

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

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

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

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

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

Followings can be purchased from Disability Equality in Education ([www.diseed.org.uk](http://www.diseed.org.uk))

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

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

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

### **DET RELATED RESOURCES**

Daniel Wood Associates (CD-ROM) Disability Equality Training  
Interactive learning resource on disability.  
(can be purchased from: [www.danielwoodassociates.co.uk](http://www.danielwoodassociates.co.uk))

Disabling Imagery: A teaching guide to disability and moving image  
media, British Film Institute (BFI)  
[www.bfi.org.uk/education/teaching/disability/](http://www.bfi.org.uk/education/teaching/disability/)  
(Compilation of moving images of disability and disabled people for  
disability education)

TALK: A short film which made based on social model of disability  
(Can be obtained from Equality and Human Rights Commission  
[Disability Rights Commission]: [www.equalityhumanrights.com](http://www.equalityhumanrights.com))

Audrey J. King (1987) "There's Lint in Your Bellybutton!", Toronto,  
Canadian Rehabilitation Council for the Disabled (CRCDD)  
(Illustrated book for children on disability developed based on the Social  
Model)

### **RESOURCES ON THE SOCIAL MODEL OF DISABILITY**

Barnes, C. and G. Mercer Exploring the Divide: Illness and Disability.  
Leeds, The Disability Press.  
(Can be downloaded without charge from: [www.leeds.ac.uk/disability-studies/book1.htm](http://www.leeds.ac.uk/disability-studies/book1.htm))

Barton, L. and M. Oliver (1997). Disability Studies: Past, Present and  
Future. Leeds The Disability Press.  
(Can be downloaded without charge from: [www.leeds.ac.uk/disability-studies/book2.htm](http://www.leeds.ac.uk/disability-studies/book2.htm))

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

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

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

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

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

#### **DET RELATED LINKS**

Centre for disability studies, University of Leeds  
[www.leeds.ac.uk/disability-studies/](http://www.leeds.ac.uk/disability-studies/)

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

Centre on Disability Studies, University of Hawaii,  
[www.cds.hawaii.edu/](http://www.cds.hawaii.edu/)

Society for Disability Studies  
[www.uic.edu/orgs/sds/index.html](http://www.uic.edu/orgs/sds/index.html)

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

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

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

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

[www.cam.ac.uk/cambuniv/disability/university/trainingdb/](http://www.cam.ac.uk/cambuniv/disability/university/trainingdb/)

Disability World

[www.disabilityworld.org/](http://www.disabilityworld.org/)

Disability History Museum

[www.disabilitymuseum.org](http://www.disabilitymuseum.org)

Disability Social History Project

[www.disabilityhistory.org](http://www.disabilityhistory.org)

United Nations' site on disability

[www.un.org/esa/socdev/enable/](http://www.un.org/esa/socdev/enable/)

World Bank's site on disability

[www.worldbank.org/disability](http://www.worldbank.org/disability)

The disability-research discussion list, University of Leeds

[www.leeds.ac.uk/disability-studies/discuss.htm](http://www.leeds.ac.uk/disability-studies/discuss.htm)

UN Convention on the Rights of Persons with Disabilities

[www.un.org/disabilities/](http://www.un.org/disabilities/)

Asia Pacific DET Forum

[www.detforum.com](http://www.detforum.com)

## **JOURNALS ON DISABILITY STUDIES**

The Review of Disability Studies

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

Disability and Society

[www.tandf.co.uk/journals/titles/09687599.asp](http://www.tandf.co.uk/journals/titles/09687599.asp)

Disability Studies Quarterly

[www.dsqsds.org/index.html](http://www.dsqsds.org/index.html)

Alter: European Journal of Disability Research

[www.masson.fr](http://www.masson.fr)

Asia Pacific Disability Rehabilitation Journal

[www.aifo.it/english/resources/online/apdrj/journal.htm](http://www.aifo.it/english/resources/online/apdrj/journal.htm)

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

## **DISABILITY AND DEVELOPMENT RELATED RESOURCES**

O'Toole, B. and R. McConkey (1995). *Innovations in Developing Countries for People with Disabilities*. Lancashire, Lisieux Hall Publications.

(Can be downloaded without charge from: [www.eenet.org.uk/key\\_issues/parents/book/bookcontents.shtml](http://www.eenet.org.uk/key_issues/parents/book/bookcontents.shtml))

Rifkin, S. B. and M. Kangere (2002). *What is Participation? CBR: A Participatory Strategy in Africa*. S. Hartley. London.

(Can be downloaded without charge from: [www.asksource.info/cbr-hartley.htm](http://www.asksource.info/cbr-hartley.htm))

Department for International Development (DFID) (2000). *Disability, Poverty and Development*. London, DFID

[www.dfid.gov.uk/Pubs/files/disability.pdf](http://www.dfid.gov.uk/Pubs/files/disability.pdf)

Knowledge & Research Project on Disability, DFID  
[www.disabilitykar.net/](http://www.disabilitykar.net/)

### ARTICLES ON DET

French, S. (1992). "Simulation Exercises in Disability Awareness Training: A Critique." *Disability & Society* 7(3): 257-266. (or in *Beyond Disability: Towards an Enabling Society*. G. Hales. London, Sage Publication.)

Kiger, G. (1992). "Disability Simulations: Logical, Methodological and Ethical Issues." *Disability & Society* 7(1): 71-78.

Reeve, D. (2000). "Oppression Within the Counselling Room." *Disability & Society* 15(4): 669-682.

Walker, S. (2004). "Disability Equality Training: Constructing a Collaborative Model." *Disability & Society* 19(7): 703-719.

Parkinson, G. (2006). "Counsellors' Attitudes Towards Disability Equality Training (DET)." *British Journal of Guidance and Counselling*, 34(1): 93-105.

### FACILITATED PARTICIPATORY LEARNING

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

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

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

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

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

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

(Can be downloaded: [www.healthwrights.org/books/HHWLonline.htm](http://www.healthwrights.org/books/HHWLonline.htm))

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

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

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

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

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

**FIFTY EXCUSES FOR A CLOSED MIND**

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

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

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

Developed by Dave Dufour

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

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

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

EXAMPLES OF DET COURSE AND DET RELATED RESOURCES

---