

DISABILITY EQUALITY TRAINING (DET): POTENTIALS AND CHALLENGES IN PRACTICE IN DEVELOPING COUNTRIES

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ABSTRACT

This paper reviews the analysis of the potentials and challenges of the implementation of the Disability Equality Training (DET) in the Asia and the Pacific Region.

As a potential of DET, seven elements were identified in two categories; as a disability education for non-disabled people and as an empowerment process for disabled people. These potentials are developed by two key features of DET, i.e. a firm and logical framework on disability which is based on the Social Model of Disability, and the methods used in DET, i.e. a facilitated participatory learning approach.

In contrast, eight elements were identified as challenges in the aspects of implementation of DET and training of DET trainers. These challenges are mainly due to the persistent influence of the Medical Model of Disability which is rooted to meritocracy and capitalism, and due to lack of awareness and legislative and administrative support of rights in general.

INTRODUCTION

The true nature of “disability” is neither an individual’s mere functional limitations nor the difficulties of performance which arise directly from such limitations. “Disability” is oppression, discrimination, social exclusion and the restriction of participation. This view of disability as a social construct is called the Social Model of Disability, and removes the focus from the individual disabled person as being “the problem” and shifts the onus on to society to remove the barriers which prevent full inclusion and participation of disabled people.

This Social Model of Disability made a significant impact on the development of new disability agendas, such as the United Nations Convention on Rights of Persons with

Disabilities, the International Classification of Functionings, Disability and Health (ICF) of the World Health Organisation, and the rights-based approach of the Biwako Millennium Framework of Action.

Disability Equality Training (DET) was originally developed by disabled people in the United Kingdom and has been implemented since the late 1970s as a means to promote an understanding of disability from this Social Model perspective (1).

This DET has been gradually taken as a practical tool of disability education to promote equal rights of disabled people in developing countries by several development agencies (2). The Japan International Cooperation Agency (JICA) and the Department of Welfare Malaysia have together developed a wide range of human and material resources. These have been used in the practical implementation of DET, to develop a comprehensive programme. This paper critically examines its development and implementation experience to discover the potentials and challenges of DET implementation in developing countries, as a development intervention on disability issues.

DISABILITY EQUALITY TRAINING (DET)

The ultimate goal of DET is to change societal attitudes to become just, equal and inclusive, where full participation and equality for disabled people are assured.

To realise this aim, DET has two core objectives and components. The first one is to facilitate participants to have an alternative view of disability, so as to examine it as a social issue, i.e. the 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 plans to break down barriers which hinder participation of disabled people in relation to their own work and daily lives. Often so-called disability awareness seminars end up only containing the first one, and do not facilitate the development of participants' actions. DET is neither a simple lecture to add knowledge of disability nor a critique of discriminative attitudes. DET aims to challenge one's sense of values of disability, and to facilitate the development of each participant's proactive action to break social barriers, i.e. assisting participants to be agents for social change.

DET values equally, both its contents and process of learning. People do not change their actions and sense of values under force. These can be changed only if and when participants themselves become aware of their mistakes and the importance of alternative views and actions. Therefore, both contents; the provision of a logical explanation of disability, and the discovering process as methods in the learning experience, are equally important.

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

Disability equality training (DET)

- Takes disability as social issue of 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 discover causes and mechanisms which create disability (social oppressions); and to act to change society to be more just and inclusive, rather than simply change superficial behaviours.
- Avoids using simulation exercise which merely leads to the understanding and emphasis of 'inability' and functional limitations of disabled individuals.

Difference between DET and DAT

DET is different from the traditionally practised disability awareness approach, so-called Disability Awareness Training (DAT), which usually utilises impairments simulation exercises as its main tool. A fundamental difference between 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 the issues 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 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. DET recognises that this is often a result of ignorance and indifference of the issues and needs of disabled people, rather than the intentional wish to act as such an ‘oppressor’ or ‘discriminator.’

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

DET pays more attention to the questions of why such disabling barriers are made, rather than simply identify and make a list of such barriers; i.e., “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 diverting attention from the real cause of disability.

Limitations of Simulation Exercises

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 (3,4).

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 incapable or less-able, although this is certainly not the case for the many who lead 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.

Implementation of DET: Project by JICA and the DSW

JICA and the Department of Social Welfare Malaysia (DSW) commenced a project for Capacity Building on Social Welfare Services for disabled people in 2005. This project has been designed based on the Social Model of Disability, and DET is taken as one of the key components of the project in addition to the promotion of the Independent Living movement, Supported Employment (Job Coach system), and Self-Advocacy of persons with learning difficulties. In this project, a five-day training course for DET trainers was held three times over three years, and 41 people, all of them disabled people, from ten countries, (namely, Malaysia, Thailand, Singapore, Indonesia, Nepal, Bangladesh, Pakistan, Kyrgyzstan, Maldives, and Afghanistan), were trained as DET Trainers. Manuals on DET were also published in this project as "DET Manual Series" (DET Manual Series: all are published by Utsusan Publications (Kuala Lumpur) No. 1. Liz Carr, Paul Darke and Kenji Kuno (2008) *Training Them and Us: A Guide to Social Equality for Society*. No.2. Kevin McLaughlin and Kenji Kuno (2008) *Promoting Disability Equality: From Theory into Practice*. No. 3. Sue Rickell, Yuko Yokotobi and Kenji Kuno (2008) *Disability Equality and Inclusion: Making a Difference – DET Resource Book*).

Trained DET trainers have implemented DET in their own countries, and conduct further local trainers' training courses too. As a result, for instance in Malaysia, a low fare airline company takes DET as a compulsory module for the training for cabin crews and ground staff. DET is used as part of a leadership training course in Thailand and Pakistan. Asia Pacific Development Centre on Disability (APCD) in Thailand, implements further trainer's

training together with those who were trained in this project. As a regional effort, the Asia Pacific DET Forum was also formed in 2006 (www.detforum.com). Experiences of the implementation of DET in these countries have been accumulated; and potentials, challenges and steps for further development of DET are discussed in the network of the forum. The following sections are the analytical summary of these discussions.

Potential of DET

Two key categories and seven elements were identified as potentials and advantages of DET implementation in developing countries. One category is the methodological advantage of disability education for equality to non-disabled people. Another is the potential as an empowerment practice for disabled people.

DET as Disability Education for Non-disabled People

Four potentials and advantages of disability education were identified. The first potential is the methodological advantage of DET. Often, people show hesitation and repulsion to disability awareness and disability education programmes by feeling that they are being imposed upon to do something which they think “is not my business” especially in private sectors. However, such negative attitudes occur less in DET because of its methodological advantage, i.e. the facilitated participatory learning approach which facilitates a self-discovering process in contrast to the other approaches which often fall into the trap of propaganda or self-righteousness.

Second, is the advantage of DET to create a logical understanding on the Social Model of Disability. Often, the Social Model is misunderstood as it ignores issues of impairments and the importance of medical interventions. In fact, the Social Model does not deny these, but contrasts issues on impairments and issues on disability, with a clarification of the limitations of a recovery oriented rehabilitative approach, and so shows the importance of a social change oriented approach to the issues on disability. Logical explanations on disability and self-discovering methods reduce such misunderstanding in the process of DET.

The third potential is to make participants aware of disability as one of their issues. Proactive action plan making, facilitate participants to become aware of their own potential and power to change their organisations or community better through feasible efforts.

A fourth and important advantage of DET is that, it helps each participant to deal with their own negative attitude on disability and disabled people constructively: It supports each to create a practical and concrete path to rebuild an alternative sense of value by a facilitated participatory learning process. Action plan making plays an important role in this aim, by giving each participant the opportunity to create their own solution to break their own barriers in their work and everyday lives.

DET as Empowerment Process of Disabled People

DET gives three elements for empowerment of disabled people. The first is that DET gives disabled people a logical explanation on disability as discrimination and social exclusion, which they always faced as problems, but which many of them could not explain logically before. It also gives a logical explanation of the Medical Model of Disability's failure and limitation to understand and fight against the entity of issues on disability.

The second is that DET gives them a method through which to logically and simply explain the Social Model perspective to non-disabled people. This empowerment was apparent among participants of the DET trainers' training. Contents (theory of the Social Model) and methods (facilitated participatory learning approach) are inseparable elements of DET.

The third is that DET builds a new positive and affirmative identity of disabled people, by redefining their identity from the Social Model perspective. This contrasts with the inferior status which is usually accorded under the Medical Model perspective.

Examples of empowerment were often seen among the participants of DET trainers' training courses, since they gained a more comprehensive understanding on disability from the Social Model perspective, and trained as trainers to become able to "explain" the Social Model by using facilitated participatory learning approaches. Some young disabled people who did not have much experience taking leadership roles before the DET trainers' training course, have started to play an active leading role not only in their organisation, but also as regional leaders. One such example is the young male participant with learning difficulties. He gained the confidence in trainers' training to start work as one of 5 trainers of a regular disability training course for a private company, and become a resource person for a UN ESCAP meeting on self-advocacy in 2007.

The Social Model itself has the power to empower disabled people. DET adds more by providing methods to use the theory of the Social Model practically. It becomes a tool to explain disability as a social issue which can empower disabled people as educators and agents for change on disability issues.

Challenges of DET

Eight issues in two categories of concern, were identified as key challenges to the implementation of DET in developing countries. The first category is the challenge for the implementation of DET; and the second one is the development of DET trainers. These challenges were thrown up by two fundamental reasons. Firstly is that the lack of awareness of human rights in general, even the most basic human rights and security such as freedom from poverty are not secured in many of these developing countries. Hence political, legislative, and administrative supports for activities and programmes such as DET (which are based on rights-based approaches) are not given a priority in practice. The second reason is that the Charity Model and Medical Model of disability still dominate people's sense of values, which are bound up with meritocracy and capitalism.

Challenges in the Implementation of DET

The promotion of the Social Model of Disability faces challenges even in western societies despite there being a general awareness of rights, and well prepared legislative and administrative measures. Many more difficulties and challenges are surely to be expected in implementing DET in developing countries, where awareness of human and civil rights, and the necessity of legislative and administrative measures for these are limited. Also, poverty and other social issues are accumulated; involvement in a capital market economy is forced, with competition faced in a disadvantaged status; and there are many differences in terms of culture, religion and society in western societies, eg. civil and human rights and the concept of entitlements. These issues have caused further difficulties and challenges in the implementation of DET.

The first challenge is to shift the paradigm of welfare interventions from the first generation (Charity Model: Care-oriented approach) and the second generation (Medical Model: Recovery-oriented approach) to the third Generation (Social Model: Inclusion and

Participation-oriented approach). This is the hardest challenge in most developing countries, where care and rehabilitation are still the central interventions on disability. Promoting rights or a rights-based approach, i.e. denying charity-based approaches was controversial in practice in the societies where legislative and administrative measures to protect the life and rights of the vulnerable, including disabled people, are not regulated, and charity and donation are the main sources of inflow (It is quite difficult to distinguish charity itself and the Charity Model perspective on welfare and disability).

Secondly, influences of religious dogma which often promote a charitable outlook also cannot be ignored in developing countries. Religious leaders often exert a strong influence in communities and expressing contrary thought to parts of religious doctrine is regarded as a challenge to the religion itself; and triggers various problems in the community.

Thirdly, in contrast to the care and rehabilitation oriented programmes, funding is quite limited to the educational programme on disability for the public. Often, such educational programmes are taken as a “free of charge” programme and DET trainers are not paid as professional trainers as compared to other professionals.

How to deal with “charity”, religious thoughts and funding issues, are ongoing topics of discussion among DET trainers in the project.

Challenges in Human Resource Development

The first challenge is that there are not many disabled people who are fully aware of, and have strong sense of, human rights. Even some disabled leaders and activists promote charity interventions, although they themselves choose the language of “rights”. Many Disabled Peoples’ Organisations (DPOs) still play a role as mere self-help groups and have not yet transformed into agents for social change for inclusive society.

The second challenge is that many disabled people cannot work as fulltime trainers, because DET trainers are not paid well as professionals. Disabled people who have their own jobs can spare their time for DET only on weekends, and even those who are working as staff of DPOs also have duties in their own organisations. It is important for the implementation of DET that it be funded or paid sufficiently to guarantee disabled people security and the ability to work as professional DET trainers.

The third challenge is that the 5-day training is the minimum to train a DET trainer, and there is a need for further training on both the Social Model and methodologies of facilitated participatory learning (FPL) approaches. A three-day follow up training as an additional course was conducted on FPL for Malaysian participants; and it covered several aspects on methodologies. Although the earlier mentioned internet discussion group of AP DET Forum is an alternative method of follow up by exchange of experiences and information, actual follow up training courses or extension of the length of the training course are required to ensure the quality of trainers.

The fourth challenge relates to the third one. Most disabled activists and leaders are likely to be good propagators and agitators to fight for their rights. Although a better understanding on their rights is an advantage to be a DET trainer, being familiar with a rather “impeaching” style can be a challenge to overcome, to be a good DET trainer in a methodological sense. DET is a facilitated educational process and the trainers’ role is neither as an accuser nor crammer, but a facilitator for the participants’ discovering and learning process. An accusing, oppressive situation by impeachments of the one in charge may be essential in disability movements, and DET is also born from such disability movements and shares the same philosophical foundation through the Social Model. However, DET takes different approaches for the same aim. Both are important but should be implemented appropriately. One such example is the case of a low-fare airline company in Malaysia. Public demonstrations to accuse inaccessibility of its services at the airport broke the barrier of the company. DET was then used as an educational tool for them to rebuild new and better foundations through which they could make their services accessible. Therefore, sufficient training and lots of practice to acquire methodologies and skills of FPL approach are vital to be a good DET trainer.

Lastly, inaccessibility of transportation and training venues also restrict disabled trainers in conducting DET courses, although this can be a good opportunity to raise awareness of organisers on the importance of accessibility.

CONCLUSION

Most peoples’ perception on disabled people is influenced by the Medical Model. This model is strongly rooted to capitalism and meritocracy, which are the dominant sense of

values in current world society. Such perception seems much stronger in developing countries which are now swamped by the wave of globalisation and competition. Therefore, the Medical Model is not merely a 'model' of disability, but an intrinsic part of peoples' 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 thinking critically of disability and to view their own sense of values from an alternative perspective. DET can facilitate them to continue thinking, by posing problems and providing tools and a theory to examine disability.

DET is not panacea. However, it is a concrete strategy and activity to promote the Social Model of Disability and rights-based interventions on disability. Experiences of implementation of DET in the earlier mentioned countries show explicitly its potential to empower disabled people and raise awareness on disability from the perspective of human rights. There are lots of challenges to overcome in implementation, and therefore it is worthwhile to continue developing DET to be more appropriate to developing countries. It also has the potential to examine the larger dominant values such as meritocracy, capitalism and ablism (discrimination in favour of the able-bodied) from the values developed by disabled people themselves.

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