



Changing **minds**



Changing Practices

Training Manual for Trainers

Resource Material CD

The printable PDF work sheets and Powerpoint slideshows on this disc are intended to be used to support the Changing Minds, Changing Practices awareness training programme.

The facilitator can choose to use any of all the materials on the disc, but this is not essential. The programme is based on an adult education model that puts the emphasis on the interaction within the group.



A list of the contents of the Resource Material Disc can be found on the inside cover at the back of this booklet.

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Preface to the Programme

Dear Reader,

It is in befriending our fear of disability and understanding its origins that we can become empowered to create equality of access for people with disability. This empowerment of service providers can be created in organisation where staff are given an opportunity to undergo reflective learning based on Adult Education principles.

Ultimately the responsibility for creating this type of learning environment rests with organisational managers. This resource pack is designed to enable organisation to embed positive change and therefore to make services accessible.

I owe a debt of gratitude to Kildare County Council for adopting this kind of learning and for supporting me through my masters' thesis. My gratitude also to Marian Browne and her team who successfully turned an academic thesis into a practical training resource.

Breda Gleeson
Author

Changing Minds, Changing Practices is a learning intervention programme focusing on the provision and delivery of services by organisations and institutions in Irish society to people with impairment. The programme moves away from traditional learning approaches which focus on compliance training. The process is actively participative, providing an opportunity for participants to employ creativity, imagination and agency in the creation of new equality agendas and commitments in the workplace.

The manual and training programme comes directly from the seminal research work carried out by the Kildare County Council Librarian Breda Gleeson, and is centered on how an organisation might address its thinking, attitudes and practices in order to enhance access to services for people with disability.

The ultimate goal of the Changing Minds, Changing Practices programme is the promotion of a better understanding of the diverse needs of individuals in society and the entitlement of equality of access for all.

To the Organisation Management

Individual attitudes and lack of awareness within your organisation could be preventing you from delivering an efficient service to people with disabilities. Many organisations and their staff have not had the opportunity to interact with people with disabilities on a personal level, and are therefore inadequately skilled to meet their specific needs. Sensitivity and awareness training can assist management and staff in understanding their biases and in developing methods to manage them.

Statistics show that the purchasing power of people with disability is considerable and continues to increase. Your organisation can enjoy a significant competitive advantage over its rivals by positioning itself to provide a better, more efficient and more inclusive service to all of your customers.

Changing Minds, Changing Practices provides a training programme designed to educate the workforce on disability issues. It has been developed to assist service providers in meeting the requirements of the Disability Act of 2005 and the Equal Status Act of 2000. These form part of a legislative framework designed to advance and underpin the participation of people with disabilities in society by supporting the provision of disability specific services and improving access to mainstream public services.

The commitment and engagement of management and staff are essential to the success of this process. The programme should be mainstreamed into the organisation's management evaluation system. When all staff members are involved, they will be in the best position to adapt the skills gained during the training to the organisation's existing policies and practices, with a view to updating and improving them. The suggested changes made from the grassroots level of an organisation allow practical improvements that are in touch with the needs of the customer and other staff members. This process will lead to an improved communication channel between staff and management, which can be easily transferred to other aspects of the business.

There are significant benefits to many key areas of your organisation in adopting this training programme:

Staff Development

By making your staff the active agents of change within your organisation, you will be promoting staff loyalty, morale and confidence - and this will enable you to capitalise on the skills and enthusiasm of your own staff. The results of this staff autonomy will become apparent in the improved service they provide to your customers. In the longer term, the information and skills gained during the Changing Minds, Changing Practices training programme will continue to develop within the organisation.

Innovation

By implementing the Changing Minds, Changing Practices training programme, your organisation will become a pioneer of equal access in the delivery of services in Ireland. This can have huge benefits to your company in terms of Public Relations and Marketing, and will generate positive word-of-mouth feedback and goodwill among customers.

Monetary Value

Providing a better and more inclusive service will not only consolidate your existing customer base but also lead to a greater market share with attending increase in revenues.

Legislative demands

The programme helps your organisation address its legal requirements under the Disability Act 2005 and Equal Status Act 2000.

Planning for the future

The concept of Universal Design is coming to the forefront in the built environment. Universal design promotes an inclusive society, providing one solution in relation to the design and composition of an environment so that it can accommodate people with disabilities as well as the rest of the population. Universal design acknowledges disability, aging and other differences as part of everyday life. Today, there are many areas of commerce worldwide where universal design is having strong market penetration; for example tourism, retail and leisure industries.

Changing Minds, Changing Practices enjoys flexibility of approach because the programme can be easily adapted to meet the specific training needs of any organization.

To the Programme Facilitator

Changing Minds: Changing Practices is an education programme based on participation and partnership. The key principle is the equal role of the participants in the learning process. The facilitator leads the participants through a process of self-reflection, discussion, participative exercises and group workshops in the investigation of equality of access issues and delivery of service for people with disabilities.

The facilitator must approach the programme with an open mind. S/he does not focus on delivering content. The facilitator's role is to create a safe environment for all participants and encourage people in the room to be that safe environment for each other where every individual's contribution is respected and valued.

The ethos of each work place and organisation must be respected. The programme must be meaningfully related to the participants' work context. The facilitator should take time to adapt the programme where necessary to better accommodate the needs of a particular organisation. For example, the two parts can be delivered back-to-back or separately, depending on the time available for carrying out the programme.

The facilitator needs to consider the most appropriate venue for the programme. Thought should be given as to whether the participants would be more responsive in their own local work environment or if a neutral venue away from the work place would be more appropriate.

The facilitator must prepare thoroughly for delivering the programme. This involves becoming familiar with the content and materials to be used. Most importantly, the facilitator must embrace the core philosophy of the programme: a change in practice must be preceded by a change in attitude.

Throughout the Changing Minds, Changing Practices programme data is collected, reviewed and analysed. The facilitator coordinates the collection of the data generated by the participants themselves during the programme. The data generated and collected throughout the course can then be distributed to all the participants.

The trainer's manual is supported by additional materials available on the Resource Material CD, which is included in the pack. The CD includes a Powerpoint slideshow with

the training structure, as well as some printable handouts for relevant exercises. A list of all the materials can be found at the back of the manual.

Exercise Types

FLIPCHART DISCUSSION Throughout Part 1: Changing Minds, participants will be asked to respond to a range of questions, and their answers and feedback will be recorded on flipcharts. Sample responses are given only for illustrative purposes, and the group should be encouraged to arrive to their own conclusions.

For the purpose of the concluding chapter in Part 1: Changing Minds, it is suggested that the flipcharts be numbered or otherwise labelled. In section 4, participants are asked to return to the data recorded on flipcharts to review and consider what has been dealt with in the programme to date and what can be concluded from the data.

DISCUSSION POINT exercises are similar in structure to flipchart discussions, but the information does not necessarily have to be recorded. They focus on generating new, eye-opening ideas through analysis and group discussion.

In **PAIR/SMALL GROUP EXERCISES** participants are asked to form pairs or small groups and are presented with a discussion topic or an assessment task. The purpose of dividing the group into smaller units is to ensure that each participant's views and ideas are heard.

CASE STUDIES are stories that give example of real-life situations, which the group are asked to consider and analyse. Examining these socially and ethically complex situations from an outsider's point of view will prepare the participants to manage similar situations in their own life and within the organisation.

IMAGE ANALYSIS is a powerful method for analysing the social environment in which we live. The method is used in the Disabling Environments exercise. Image deconstruction can also be used in the Celebrities with a Disability exercise in the warm-up section, and in the Sensational Headlines exercise in Section 3.

part 1: changing minds

Introduction to Programme

The programme is called Changing Minds, Changing Practices and deals with equality of access issues for people with impairment. We will be exploring a number of topics and themes throughout the training course, including:

- Normalcy
- Disability
- Medical and Social Models of Disability
- Definitions of Disability
- Fear and Power
- Dealing with Change
- Planning and Implementing New Practices
- Universal Design

It is very important that the facilitator makes it clear at the commencement of the programme that all discussion will take place in a safe and respectful environment. Every participant has a right to express their opinion on any issue that might arise.

Everybody's point of view will be welcomed and respected.



” Appropriate facilitation involves using examples that come from peoples' own lives, never ever making people feel guilty, allowing people to feel compassion for their own prejudices.

- Maureen Gilbert, facilitator

0. Warm-up Exercises

The intervention course should start with some warm-up or welcoming exercises to release tension and to create an atmosphere in the group that encourages involvement. The following warm-up exercises have been designed to allow the participants to connect with the subject of the programme, through laughter and engagement and through physical movement.



Discussion Point: Normal/Different

The facilitator chooses two opposite ends of the room to demonstrate “Normal” and “Different”. Each participant is asked to position themselves on an imaginary line between “normal” and “different” to indicate where they view themselves. The facilitator then invites a random selection of people to explain briefly their reason for choosing their particular position and what it represents to them.



Flipchart Discussion 1: Symbols of Disability

There are images of common disability symbols available on the resource CD supplied with the training pack, for example in the Powerpoint slideshow presentation or as printable PDF files.

The facilitator presents the group with common disability signs and asks the participants for their observations in relation to the symbols:

- **What do these symbols signify?**
- **What kind of images do they evoke in peoples' minds in relation to disability?**
- **Do these symbols truly reflect what disability is?**
- **Are our views of disability insightful or ignorant?**
- **Is it good or bad that we think all these things?**

The responses from the participants are recorded on a flipchart and analysed briefly at the end of the exercise.



Discussion Point: Celebrities with a Disability

The facilitator presents the group with a list of names of famous people and asks the participants to name their impairment /disability.

The use of images is also highly recommended in this exercise. Instead of naming the celebrities, the facilitator can present the group with images of the celebrities and ask the participants to name their disability.

Examples:

- Albert Einstein, Agatha Christie, Tom Cruise, Walt Disney (learning disability/dyslexia)
- Robin Williams, Tommy Hilfiger, Richard Branson, Jamie Oliver, Whoopi Goldberg, Orlando Bloom, Keira Knightley, Cher, Michael Phelps, Daniel Bedingfield (learning disorder and/or ADHD)
- Stevie Wonder, Andrea Bocelli, David Blunkett (sight impairment)
- Ronald Reagan, Bill Clinton, Steve Martin, Sylvester Stallone, Eric Clapton, Sting, Pete Townshend, Luis Buñuel (hearing impairment)
- Britney Spears, Ben Stiller, Jean-Claude Van Damme, Abraham Lincoln, Buzz Aldrin (mental illness, depression)
- Heather Mills, Ronan Tynan (amputated limb)
- Tiger Woods, Bruce Willis (stammer)

Instead of the examples given here, the facilitator can use celebrities with disabilities that are more topical at the time of running the course, or those that are more relevant or better-known to the specific group of participants

This exercise illustrates that having a disability is not the end of the world. These people have managed to create outstanding careers despite their disability. They also show the world that a person with a disability is not defined through their impairment – they are primarily seen as extremely talented, competent and accomplished individuals.

1. Deconstructing Normalcy

1.1. What is Normal?

From an early age, we unconsciously learn and absorb general values that our society holds in high esteem. These norms become a part of our instinctive assumptions about appropriate social custom and behaviour.

According to the norms of our society, we divide people, places and things into categories of “normal” and “not normal” without thinking about it. We often associate normality with what we are familiar with.



Flipchart Discussion 2:

Where does our concept of “normal” come from?

The facilitator asks the group to give their views and these are recorded on a flipchart.

Sample Responses:

- Culture and community
- Society
- Social settings (e.g. restaurant)
- Media and arts (books, films, plays)
- Environment
- Family
- Laws and government
- People in charge (authority)
- Life experience
- Peers
- Teachers
- Idols
- Church

The norms differ for each individual and group, and therefore we all have different ideas of normality. This means that the concept of “normality” does not exist as a standard, but that there are many and diverse understandings of normal.



Flipchart Discussion 3: **What do we understand as a “normal person”?**

The group is invited to respond to the above question and the answers are recorded on a flipchart.

Sample Responses:

- Independent, self-sufficient
- Educated
- Trustworthy, reliable
- Friendly
- Sociable
- Employed
- Happy
- Competent
- Predictable
- Healthy
- Balanced
- Washes, wears clothes
- Looks after Him/Herself
- White heterosexual man/woman
- Individuals
- Conforming
- Boring
- 2.4 children
- Well-mannered

Once the participants have produced a range of answers, the facilitator presents the group with the following key questions:

- **Does anyone meet all the above criteria for “normal” in real life?**
- **If there are no people who are totally and absolutely normal, does the term have any real meaning?**
- **If there are no people that are fully normal or fully “not normal”, why do we still use the category of normal? Is it convenience, habit or the safety of “fitting in”?**
- **What is the danger in using the terms normal / not normal?**

Normality as a concept is paradoxical. The concept of “normal” implies a standard or average state, which does not naturally occur in society. Strictly speaking none of us would fit into the category of “normal”.

Dominant notions of ‘normality’ do not allow for the natural range of difference in people. Yet we often use the word ‘normal’ to describe an ideal, desirable state.

1.2. Discrimination and Ableism

In our society, the world is designed for “normal people” in standard situations. The way we organise and deliver services often excludes people in even slightly atypical positions. Houses and public places are built for “normal” people, and services are created for people in conventional circumstances.

This means that many public spaces and services are inaccessible for a large percentage of the population – most notably, to people with various physical disabilities, but also to people whose circumstances deviate from the norm. For example, people can be discriminated against on the basis of their physical ability, age, weight, gender or ethnic background.



Flipchart Discussion 4: Disabling Conditions

Ask the participants to list other conditions and characteristics that might prevent people from using or taking full advantage of public spaces and services, or simply might make a person’s life more difficult. Responses are recorded on a flipchart.

Encourage participants to stretch their imagination: All disabilities related to the body should be listed under “physical disability” in order to expand the concept of disability and provoke broader views on the subject.

Sample Responses:

- Emotional disability
- Learning disability
- Shyness
- Old age
- Being overweight
- Being left-handed
- Fear of public speaking

- Lack of time
- Lack of concentration
- Anger management issues
- Having children/dependants (mobility issues, time management, getting babysitters)
- Snoring
- Dyslexia or Non-Literacy

: Above listed are everyday conditions that we can all relate to as making our life more difficult. Most of us have experienced the inconvenience of trying to use a service that didn't cater for our needs. For example, requiring services of a company that are only open for business during office hours, when most people are at work.



Pair Exercise: Experiencing Discrimination

Ask participants to work in pairs to address the following questions:

- **Was there ever a time that you wanted to use a service that didn't cater for your needs?**
- **What did you do?**
- **How did you feel?**

Once the participants have completed the task in pairs, the findings will be discussed by the wider group. The purpose of this exercise is to encourage the participants to empathise with people who experience discrimination in everyday situations.

1.3. Summary of the Section

: Whether our identity is accepted within any particular society will largely depend on what that society has constructed as "normal". It would be highly improbable that any one person would meet all the characteristics of normal set out on our flipchart. People are complex characters and classifying them into two simple categories prevents us from seeing the richness of our diverse society. There are several disabling factors in all of our lives and we have all experienced discrimination in some form.

2. Redefining Disability

2.1. The Medical Model of Disability

Traditionally, disability is seen as a medical problem within a person's body that can be solved by medical or rehabilitative action. Medical science is preoccupied with trying to "cure" a disability or trying to make a person "more normal". As a result, medical experts carry a high level of authority in society. Today, this perspective on disability is still largely accepted at all levels of society.

Case Study: Access to College

Michael was involved in a road traffic accident a few years ago and as a result suffered very serious spinal injuries. The medical diagnosis was paraplegia and Michael is now a wheelchair user.

In his Leaving Certificate exam Michael attained sufficient points to pursue an engineering course in his local third level college. After he submitted his enrolment form the college informed Michael that they do not have the facilities to accommodate a wheelchair user and therefore will not be in a position to offer him a place on their course.

Ask the group to consider the following statements and their implications:

a) Michael is unable to attend college because he is disabled and is confined to a wheelchair.

b) As a wheelchair user Michael is disabled by the fact that the college he wishes to attend does not have wheelchair access.

Statement a) implies that the disability is in Michael's body and as a consequence he cannot attend college.

Statement b) suggests that because the college does not provide for wheelchair access Michael is denied the opportunity to study there.

Because the problem is seen to be in the individual's body, the medical model of disability often affects the way people with disabilities see themselves – they experience

- alienation, feel like a burden to the people close to them, and feel that it's their own fault
- they do not have equal opportunities in life.

2.2. Two Perspectives on Disability



Flipchart Discussion 5-6: Definitions of Disability

The group is divided in two and each is given one definition of disability to discuss.

Definition 1

“A substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”

The Disability Act (2005)

Definition 2

“The disadvantage or restriction of activity caused by contemporary social and cultural organisations which take little account of people who have impairments, and thus exclude them from mainstream social and cultural activities.”

The National Disability Authority

Each group is asked to analyse the definition they have been given, and also to consider the following:

- **Do you agree with the definition?**
- **Are there negative/positive implications around disability inherent in the definition?**

After about 5-10 minutes of discussion, both groups are invited to present their responses to the definition they were given, and to share their thoughts about it with the entire group. The responses to the second question are recorded on two separate flipcharts numbered 5 and 6 (each definition on their own sheet), positive implications in one column and negative in the other.

Thoughts for the discussion:

- In the medical model, disability is understood to be within a person's body and therefore, seen as their personal problem. People with disabilities have to live in the world of the healthy. The physical environment, everyday work practices, educational,

social and cultural systems in society are designed and delivered in ways that marginalise and exclude people with impairments.

The social definition of disability recognises that the disabling barriers are created by our society, in the way it restricts access for anyone “not normal”. Rather than looking for a medical cure for physical impairments, services should be designed to suit the complex needs of the diverse individuals that make up society.

2.3. Fear of Disability

The traditional medical view of disability has had a profound effect on how people with disabilities are seen in our society. Living in an environment built only with the able-bodied in mind, people with disability face endless barriers in their everyday life. The dependence caused by their perceived physical inability generates notions of pity, fear and patronising attitudes.



Flipchart Discussion 7: How would it feel to suddenly become disabled?

Responses are recorded on a flipchart.

Sample responses:

- Frightened
- Angry
- Vulnerable
- Loss of self esteem/ personal worth
- Dependent
- Damaged
- Different

Looking at the responses on the flipchart various aspects of the underlying fear of disability can be acknowledged by the participants.

Unconscious feelings of the fear of bodily vulnerability, illness and death are deeply human – everyone has them. There are countless negative associations with physical impairment, which all suggest that a person with any kind of physical defect is inferior to “normal” people.

2.4. Responding to our own Fears

- Often the unconscious underlying fear of our own vulnerability makes us feel uncomfortable when engaging directly with people with disability.



Flipchart Discussion 8: Responding to your Unconscious Fears

The following is a list of examples of how people may react when encountering someone with a disability.

- Avoid contact with people with disability
- Act in a condescending or patronising manner (intentionally or unintentionally)
- Be overly helpful and fussing over
- Acting in nervous manner
- Staring or avoiding eye contact

Once the participants have been given time to consider the above examples, the facilitator presents the group with some follow-on questions:

- **Can you add any other examples to the list?**
- **Why do you think people react in this way?**
- **Do you recognise these kinds of feelings and behaviour in yourself?**
- **How could we overcome our unconscious fears and change our behaviour?**

Main points and thoughts from the discussion should be recorded on a flipchart.

- Seeing disability reminds us that the body is impermanent and that we have no control over our destiny. We project those fears onto the bodies of people with impairments. Voicing our fears helps us to deal with them in a positive manner and to view people with disabilities as people and not as disabilities.

2.5. Power Linked with Fear

The facilitator should lead the participants in a discussion about which actions could be viewed as discriminating against people with disabilities.

- The examples provided, and the answers the group propose, illustrate the negative use of power arising from the unconscious fear of disability. That power is exercised in all structures of society, organizations and also on a personal level.

- The examples listed in the above exercise are relatively mild examples of the negative use of power brought on by fear of disability. Unfortunately, it can take more drastic forms as the following case studies illustrate.

Case Study: Bus driver refuses entry for a man with disability

On the radio show Liveline, 9th of Aug 2007, a Monaghan man told listeners how a bus driver had refused to allow his brother, who has a developmental disability, to board his bus to take a trip to Belfast. The driver cited security concerns as his reason for refusing access.

The man was acting as his brother's carer on the day and had planned to accompany him on the journey.

The man further related that he had also raised the matter with management in the bus depot but the driver's decision was upheld.

After the group has been presented with the story, they are asked to consider the following questions:

- **Why do you think the bus driver choose not to let the two men on board?**
- **What factors may have influenced his decision?**
- **Have you encountered or witnessed similar situations?**
- **How did you feel?**
- **How could you avoid similar scenarios in your work?**

Case Study: Job Interview

Stephen is a young man who has a mental impairment. He was employed in a temporary capacity as an assistant administrator with a large distribution company for nine months. Stephen progressed very well in the role and was highly regarded by work colleagues and management in the department.

The position became permanent and a list of suitable candidates was drawn up for interview as per company procedure. The interview panel comprised three department managers who are not known to any of the candidates.

Because of the nature of his impairment Stephen was not competent in the interview situation and had difficulty understanding and responding effectively to the interviewers' questions.

Because he rated poorly at interview Stephen failed to secure the permanent position and subsequently left the company.

After the group has been presented with the story, they are asked to consider the following questions:

- **Should the company have dealt differently with Stephen's application?**
- **How might the situation have been better handled?**
- **Could anybody else have helped e.g. parent, his supervisor?**
- **Do fear and power play a role and how?**

2.6. Summary of the Section

Traditionally, disability was viewed as an imperfection of the body based on the medical diagnosis. The physical environment was designed for and by the able-bodied and no provision was made for people with impairment.

The more enlightened view of disability is that society creates the barriers that restrict access for people with disability.

Discrimination is often caused by a negative use of power brought on by the fear of disability. Encountering disability makes us contemplate our own vulnerability.

Confronting and admitting our fears helps us to control them. If we have a realisation and understanding that it is our own fears that make us feel uncomfortable when engaging with people with disability then we find it easier to embrace and accommodate difference.



” Why have people with disabilities been ignored for so long? Why has there been such a lack of equality, a lack of acknowledgement of their specific needs? Why were they put in homes hidden away?

During the awareness training we came to the conclusion that disabled people were somehow seen as flawed, not normal. There was a fear of the unknown.”

- Awareness training participant

3. Exploring Disability as a Social Phenomenon

3.1. Social Perspective on Disability

The medical model of disability has been dominant in the past, but recently society has started to understand disability better, and the paradigm has slowly started to shift towards the social model of disability.

The society around us has been built to favour the normal-bodied, which enforces the old-fashioned thinking that people with physical disabilities are less able to survive independently. In addition to physical barriers, there are many stereotypes and prejudices that encourage negative attitudes towards disability.

Earlier in the training we established that people's unconscious fears influence their view of people with disabilities, and this may lead to discrimination. These fears are enforced by the depiction of disability in arts and media.

3.2 Building Physical Barriers

People in our society have diverse needs which architects often fail to consider when designing dwellings, work accommodation, public offices and leisure facilities. Society also sets certain expectations for its members; people are expected to be able to read signs, hear warning signals, operate and have a conversation on the phone and complete many other tasks considered simple and commonplace by the majority.



Image Study: Disabling Environments

The Powerpoint presentation available on the resource CD contains a number of images of urban landscapes and other human-built constructions and everyday situations. The images illustrate the various aspects of society that produce physical barriers, which prevent people with physical impairments from living their life with the same independence and opportunities as everyone else.

The facilitator presents the slides to the group for analysis and discussion. From each image the participants should point out the physical barriers that so often go unnoticed.

The facilitator should also encourage the participants to look for similarities between the images displayed and their own working environment. The points raised should be recorded for later use in the action plan compiled in Part 2: Changing Practices.

3.3. Exploring Disability in Language

Language plays a central role in how society constructs itself and influences human perception. Negative language in relation to disability becomes a social barrier and leads to marginalisation of people with impairments.

The facilitator leads the participants into a discussion about what terms are acceptable when talking about disability, physical or mental.



Flipchart Discussion 9: The Language of Disability

The participants are asked to make two lists, one for preferred terms and one for unacceptable terms when referring to people with disability.

Responses are recorded on a flipchart.

Sample responses:

Mary has a cognitive disability	Mary is mentally retarded
John has autism	John is autistic
Joan has Down syndrome	Joan is a Down's / a mongoloid
Rita has a learning disability	Rita is a slow learner
Tom has a physical disability	Tom is a cripple
Susan is short in stature	Susan is a dwarf
Sarah has a mental health condition	Sarah is mentally ill/emotionally disturbed
Sean uses a wheelchair	Sean is wheelchair-bound
Jack receives learning support	Jack is a special education needs student
Judy has a developmental delay	Judy is developmentally delayed
Bill has a brain injury	Bill is brain damaged
Karen has a congenital disability	Karen has a birth defect
People without disabilities	Normal people

Questions for group discussion:

- **Why is it important to choose the right words?**
- **Why have some terms become inappropriate and even offensive?**
- **What benefits are there to personally abandoning old terms and using the new, more accurate expressions?**

Responses are recorded on a flipchart.

Sample responses:

Positive terms promote:

- Equality
- Positive perception
- Respect
- Justice
- Enlightenment

Negative expressions can lead to:

- Inequality
- Hurt / offence
- Marginalisation
- Negative perception

The purpose of this exercise is to open the participant's eyes and minds to how the language we use affects our perception of the world. If we continue to talk about a "disabled person", we will unconsciously think of disability as a problem within the person instead of being caused by social factors.

3.4. The Representation of Disability in Media and Arts

⋮ The media and arts often induce negative images of disability. The heroes of our fairytales, books and films are always able-bodied and unblemished, while the villains are often portrayed as deformed or disabled. There are many other stereotypes of disabled people prevalent in the media and arts, reinforcing the negative image of disability.



Flipchart Discussion 10: Disability in Books and Films

The purpose of this exercise is to show how disability and difference is often portrayed in

a negative light in arts and media. The facilitator asks the participants to think of fairytales, books, films and TV programmes that portray disability. The negative stereotypes arising from the depictions should be identified, recorded on a flipchart and analysed.

Sample responses:

Fairytales:

- In Hansel and Gretel the witch is depicted as deformed, blind and ugly
- In The Ugly Duckling the little cygnet is not accepted until it grows into a beautiful swan

Books:

- The characters of Captain Hook in Peter Pan and Long John Silver in Treasure Island are portrayed as disabled and evil with eye patches, wooden legs and hooks

Films:

- The villains in James Bond films often have disfigurements to denote their “evilness”
- There are several films made that portray a person with disability who also has an amazing talent, such as Raymond (Dustin Hoffman) in Rain Man, John Forbes Nash (Russell Crowe) in A Beautiful Mind or Christy Brown (Daniel Day-Lewis) in My Left Foot. This creates the impression that a person with a disability should have a freak gift to be accepted or to compensate for his or her “lacking”.

Television:

- Television programmes most often take a stereotypical line on the lives of people with disability and do not show realistic portrayals of people running homes, bringing up families, having loving relations etc.



Discussion Point: Sensational Headlines

The facilitator should highlight the power of deconstructing sensational headlines in newspaper reports which reflect negatively on people with disability.

The example stories are available online from the newspaper’s website, but if they are no longer available please source similar articles to be used as material for the group discussion. The facilitator should recognise the power of deconstructing and interpreting especially the visual images associated with the stories.

If the facilitator considers it necessary, negative stereotypes emerging in this exercise can be added to the previous flipchart number 10.

Example stories:

“Karate kid gets green belt despite having no legs” (Daily Mail 28.05.2007) > <http://tinyurl.com/nesw75>

Starting point for analysis: Films and stories about disability often focus on the individual's strive to “overcome” their disability and become “normal”.

“The girl who went to bed normal... and woke up paralysed by a rare condition” (Daily Mail 12.11.2007) > <http://tinyurl.com/ko4o6v>

Starting point for analysis: Acquiring a physical impairment is shown as something that transforms your life in overwhelmingly negative ways.

“Preacher of hate Abu Hamza will be extradicted to face life in an American prison” (Daily Mail 07.02.2008) > <http://tinyurl.com/mzr2rd>

Starting point for analysis: Physical impairment is used in fearful contexts to enforce the horror factor. Images of disability are presented as the visual manifestation of evil.

⋮ Rather than describing disability itself, visual, written and aural images often actually describe the feelings of able-bodied people and their reactions to impairments (disability). Many stories suggest that it is normal to feel horrified, relieved, and inspired about disability - all from a safe distance.

3.5. Summary of the Section

⋮ Our society is saturated with discrimination against people with disabilities, to the point where we take discrimination for granted. Examining the physical and social barriers in the world is an eye-opening experience that will help us to participate in making our society a more inclusive one.

⋮ We all must pay attention to the language we use around disability. Usually people speak what they think, but if we keep using oppressive language, it can easily lead us into thinking in a discriminatory way. The media and arts often portray disability in a negative way as something that is horrifying, alien and tragic. However, we can make the conscious decision to disregard the negative implications and to look beyond the stereotypes.

4. Moving Towards a New Understanding of Disability

4.1. Review and Conclude

The facilitator leads the group through a review of key data collected during the programme to date.

Flipchart Discussion 1:

Symbols of disability

This is simply a warm up exercise and participants were not asked to draw conclusions

Flipchart Discussion 2:

Where does our concept of normal come from?

Conclusion: Personal and social experiences influence our concept of normal and therefore everybody's understanding and perception of normal is different.

Flipchart Discussion 3:

What do people understand as a normal person?

Conclusion: There is no such thing as a normal person. We share common characteristics but we are all unique individuals and so we are all different. Therefore, the category normal/not normal has no meaning in reality.

Flipchart Discussion 4:

List of disabling factors

Conclusion: We tend to think of disability in terms of obvious physical and mental impairment. However we have established that we all possess disabling factors that can affect the quality of our lives.

Flipchart Discussion 5:

The Medical Model

Disability as a disadvantage or deficiency; especially a physical or mental impairment that prevents or restricts normal achievement.

Conclusion: The medical model is discriminatory because it focuses on the impairment as the sole reason for limited achievement.

Flipchart Discussion 6

The Social Model

Disability as the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.

Conclusion: Disability is the result of negative interactions that take place between a person with impairment and her or his social environment. The social barriers cause the disability.

Flipchart Discussion 7:

How would we feel if we suddenly became disabled?

Conclusion: We would feel frightened and vulnerable, because we are used to seeing disability as a failure of the body.

Flipchart Discussion 8:

How do people respond to their unconscious fears around disability?

Conclusion: We subconsciously transfer our own personal fear of disability onto the bodies of people with impairment. We do this through avoidance, not acknowledging or accommodating diversity and by accepting the narrow medical viewpoint of disability.

Flipchart Discussion 9:

Terms to describe disability

Conclusion: It is important that we are aware of what is acceptable /unacceptable when using terms to describe people with disability. Use of inappropriate or insensitive language can lead to a person with disability feeling further isolated.

Flipchart Discussion 10:

Disability represented in the media and arts

Conclusion: Media and the arts can often portray disability in a negative light. By recognising the existence of the negative stereotypes we can consciously avoid being influenced by them.

4.2 Closing Discussion

The facilitator leads the participants to a closing discussion to give the group an opportunity to share the thoughts and feelings the course has evoked.

Sample questions for the group to consider:

- What have we learned?
- How did we feel about the course and its contents?
- Did you feel that there was a safe environment? Did you get yourself heard?
- What seem to be the biggest eye-openers?
- What has been the most touching/shocking realisation?
- Did you gain new knowledge on the issue of disability?
- How can this new knowledge be adapted in your everyday life?
- How do we feel about disability now?
- What negative feelings did you experience and what was the cause of it?
- What positive feelings did you experience and what was the cause?
- Are we more likely to consider and engage with people with disability after this course?

The facilitator records all or some of the answers on a flipchart.

” Working in small groups gave our thoughts a bit more privacy; we could just discuss among ourselves and write down our thoughts. When these were discussed with the rest of the group, it was interesting to see the different things we had all come up with.”

- Awareness training participant



part 2: changing prac

Barriers of disability can be found everywhere, and they are not just restricted to our physical environment. Just as important as ensuring physical access to buildings, is to ensure that the policies and practices, communications and the attitudes of the organisation are consistent with the principles of accessibility.

All organisations have customs and practices with which their members are expected to comply. These practices become common place over time, are accepted as truth, and rarely questioned or challenged.

Part 2: Changing Practices will encourage the participants to take an active role as the agents of change within the organisation. The group will examine the organisation and its practices, and evaluate them in the light of the social definition of disability. The facilitator should encourage the participants to look beyond the status quo, and to suggest changes on a micro and on a macro level that could make their services, opportunities and facilities more inclusive. The participants will also look at the challenges and benefits they may face within the organisation during the implementation of their action plan.

The ultimate goal of the second part of the training course is to create a framework for an ongoing action plan to increase accessibility in the organisation. The plan will be implemented, reviewed and improved by the participating staff, with the help and support of the management of the company or organisation.

If there is a time delay between the completion of Part 1 Changing Minds and the beginning of Part 2 Changing Practices the facilitator will need to recap on the key issues and conclusions dealt with in the first part of the programme.

At the commencement of Part 2 of the programme the facilitator may deem it appropriate to again remind the participants that all discussion will take place in a safe environment where each individual's right to express their opinion is fully respected.

5. Organisational Policies versus Agency

The progress of positive change might be restrained by inflexible organisational practices. For change to be successfully implemented the management of the organisation must support the review and evaluation of its current rules and policies by staff members.

Rather than thinking of the organisation's rules and regulations as infallible and inflexible, they should be viewed as a guiding set of principles which are open to adaptation and improvement. In this way, participants on the programme are encouraged to become active agents in the process of change.



Discussion Point: Some rules are made to be broken

The group are presented with examples of real life incidents where strict adherence to procedure resulted in serious inconvenience to the customer.

Case Study: Early Bus Pass

A 94-year old Battle of Britain veteran was ejected from a bus after a driver noticed his OAP travel pass was not valid - for another 40 minutes. The former RAF engineer had wanted to get on the bus at 8.50am so he could get into town for a day trip, but the pensioner's bus pass only offers elderly people discounted bus travel in Lancashire, UK after 9.30am.

The driver told the old man he was too early but when the elderly man said there was nothing on his own bus pass about restriction times the driver ejected him from the bus.

Case Study: Disco Ban

A 20-year-old woman, who suffers from a bone disease, was denied access to a nightclub on the grounds that her crutches could be potential offensive weapons. The woman, who cannot walk unaided, was told by the security staff she could go in if she handed in the crutches, to be returned when she left.

The manager of the nightclub said the ban was imposed on legal advice after two violent incidents, and that their lawyers had assured them that they

would not be infringing any discrimination legislation.

Case Study: Hospital Treatment

A Cork woman, who had to have her leg amputated for vascular reasons, was forced to travel to Dublin for a 6-week-long treatment, even though the same treatment was available in Cork. She was told that if she had lost her leg in a car crash, she could have availed of the treatment in Cork.

The woman had three young children and spending 6 weeks away from her family would cause very significant family upheaval. In the opinion of the senior surgeon the woman would have received the same level of care in Cork as in Dun Laoghaire. The only reasons preventing the woman from being treated near home were administrative.

After the group are familiar with one or all of the stories, they are asked to consider the following questions:

- **What motivated the employees to act as they did?**
- **What rules were they following?**
- **What consequences might he/she have faced for not complying?**
- **How might the employer in each example assess and respond to the outcome?**
- **How might each situation have been handled more sympathetically?**
- **Have you ever been in a similar situation as an employee / service provider?**
- **Have you ever been in a similar situation as a customer?**

⋮ Policies and practices within an organisation are often followed dutifully and without questioning. However, these policies and practices can be one of the many barriers that prevent the organisation from providing inclusive services. There might be rules or practices in force that either directly exclude people with disabilities, or ones that allow discrimination to occur.



Pair Assessment: Practices and Procedures

The participants are given the opportunity in this group work to review and assess general rules in their own organisation as to their practicality, flexibility and accommodation in meeting the diverse needs of all service users.

Working in pairs, the group are asked to address the following questions in relation to their own work environment:

- Is there a particular rule or practice that is a constant cause of complaint from customers?
- Are there any rules you disagree with? Why?
- What rules in your current position could be adapted or improved in order to be more inclusive?
- Who has the authority currently to change rules and policies?
- Could the authorisation process be more flexible?
- Is there anything that you could do to effect change?
- Can you think of any examples when you have/have not been flexible about a policy when you had the opportunity to help a customer?

At the end of the exercise each pair presents its proposal to the whole group who review and assess the proposal. The facilitator records the various proposals on a flipchart. Group discussion and debate may follow.



” Things need not appear to us to be fixed or unchangeable. The awareness training allowed us to begin to reconstruct our policies, practices and procedures and our thinking in ways which incorporated access.”

- Awareness training participant

” We all have to unlearn things that we have learned. [---] Institutional custom and practice lock us in to behaviours and approaches that can be very difficult to get out of.

For years we have done things the same way and it has worked, and now someone is coming in and saying we have to change it. That’s very difficult but far from impossible”

- Niall Crowley, Equality Authority

6. Planning for Change

In this section the participants will consider the factors in preparing a blueprint for change in their own organisation. This will include reviewing and evaluating current services, carrying out an initial accessibility audit and creating a framework for the planning and delivery of future projects.

This framework must reflect the overall corporate plan of the organisation and will be monitored and evaluated under the performance management development scheme (PMDS).



Pair Assessment: Evaluating Current Services

Working in pairs, the participants are asked to review the current provision of services in the organisation in relation to people with disability.

Questions:

- What kind of services are we already providing?
- Have they been successful? Do any of them require revising?
- Identify gaps in the provision of current services
- What gaps are we already aware of?
- What new gaps have we discovered during the training?
- Have there already been requests from the public for certain services/access?
- What gaps could I personally address?

At the end of the exercise each pair presents its proposal to the group who review and assess the feasibility of each proposal. The facilitator records the various proposals on a flipchart. Group discussion and debate may follow.

6.1 Universal Design – the way forward

- Improving accessibility within the organisation does not necessarily mean the addition of expensive structural improvements. Of course these structural changes might be necessary but there are other ways to promote inclusion within the organisation which are relatively inexpensive. Improving accessibility and usability on all levels of your

- organisation will benefit everybody, not just people with disabilities. Universal Design encourages the creation of products, environments and communications that are accessible and usable by everybody – including people with disabilities.

The Resource Material CD contains a printable Universal Design information sheet with basic information on the subject. The facilitator should familiarise himself/herself with this information ahead of the training session, so that he/she is equipped to introduce the subject to the group. The information sheet can also be passed on to the group as handouts.

Question to the group:

What benefits are there to Universal Design, in comparison to Accessible Design?

Sample responses:

- Financial savings – one facility for all equals less expenditure for the organisation
- Inclusive – people with disabilities are not segregated into using a special facility
- Many improvements made for people with disabilities benefit everyone



Pair Assessment: Universal Design in my Workplace

Working in pairs, the group are asked to address the following questions:

- **Is there already evidence of Universal Design in your workplace or other public places you have visited (or services you have used)?**
- **Consider your own working environment. What areas could be improved upon by applying the concept of Universal Design? Consider all areas, e.g. the customer spaces, offices, canteen, toilets, car park etc.**
- **Does our communication system cater for all needs? Consider this from the point of view of the non-literate, non-native speakers of the language, visual impairment, hearing impairment, speech impairment/non-verbal etc.**
- **Do we have adequate facilities for children that may accompany adults while using our services?**
- **Are staff adequately trained to deal with the diverse needs of people?**
- **Do we as an organisation convey a positive attitude in relation to disability?**

At the end of the exercise each pair presents its proposals to the group. The facilitator records the proposals on a flipchart. Group discussion and debate may follow.

Observation Assignment: The Universal Design Detective

The purpose of the Universal Design detective exercise is to get the participants in the habit of observing their environment through the eyes of “not normal”. It should be pointed out that people should be on the lookout for other features of Universal Design other than the obvious.

The facilitator gives all the participants the following individual task:

When you are out and about, pay attention to spaces and services that:

- **are accessible and reflect the principles of Universal Design. How did you find using them?**
- **would benefit from Universal Design. These can be spaces that restrict access for some potential users, or require separate facilities.**

Now that the participants are aware of the principals of Universal Design, they are better equipped to start creating the Accessibility Action Plan for their own organisation.



Initial Accessibility Audit

In this exercise the participants will consider the factors involved in conducting an initial accessibility audit. An accessibility audit should identify and address the barriers that exist for people with disabilities within the organisation.

The participants are asked to form pairs or small groups for this task. Each pair/group will be given one or more types of barriers for consideration.

To help the group with their task, a generic accessibility proofing checklist can be found on the Resource CD in printable PDF-format. The participants are also encouraged to consult the suggested online resources that can be found at the end of this exercise.

If the time allocated for the task does not allow for the participants to familiarise themselves with any of the suggested literature, it is highly recommended that they will review the material in the future in order to improve the accessibility auditing programme for the organisation.

Barrier Types:

Architectural Barriers: Building design, area adjacent to the building, parking areas, shape of room, size of doorways, hallways, etc.

Physical Barriers: Objects added to the environment: doors, windows, lifts and lifting equipment, furniture, workstations, social facilities, bathroom hardware, etc.

Technological Barriers: Computers, photocopiers, fax machines, telephones and switches; inadequate or inappropriate assistive technologies.

Information Barriers: Inadequate or incomprehensible signage; difficulties reading brochures, forms, manuals, web sites, fax transmissions, equipment labels, computer screens, etc.

Communication Barriers: Difficulties receiving information in person or by telephone; difficulties interacting with receptionists or other staff; difficulties receiving training.

Attitudinal Barriers: Staff who do not know how to communicate with people with disabilities; staff who refuse to provide service; discriminatory behaviours.

In section 5, the group already considered policies and practices that restrict public participation or might prevent staff from equally serving the public. The conclusions from this exercise should also be included in the audit.

Suggestions for Additional Resources:

- The National Disability Authority has a number of very useful publications related to accessibility auditing available online: <http://tinyurl.com/m2rndm>
- The assistireland.ie website hosted the Citizens Information board contains a list of useful publications available online: <http://www.assistireland.ie/publication.asp>
- The Citizens Information Board has a collection of Advocacy and Accessibility publications online. From the list, especially the booklet “Access to Information for All (2005)” might be useful for the group looking into the organisation’s communications: <http://tinyurl.com/l726ak>

Once the task has been completed, each pair/group will present their findings and possible proposals to the whole group. The information is compiled into a comprehensive accessibility auditing document to be included in the accessibility action plan framework.

6.2. Framework for Inclusion

In this section, the participants will create a framework for an ongoing accessibility project for the organisation. The action plan proposal will outline strategies to identify, remove and prevent barriers to people with disabilities. The group will also create a blueprint for an evaluation plan, which could be used to assess the progress and efficiency of the accessibility project.



Creating an Action Plan Blueprint

The participants are asked to form pairs or small groups for this task. Each pair/group will create their own proposal for the action plan, which will then be discussed by the wider group and the various proposals are merged into one suggested action plan for the entire organisation.

The participants are asked to consider the following points in drawing up the action plan:

- **Identify long-term and short-term projects by going through the accessibility auditing document created in the previous exercise**
- **Identify changes that can be made with little effort/funding**
- **Identify changes that require longer timescale/budgeting**
- **Suggest how to include and liaise with the management**
- **Consider whether contact or consultation with disability groups or other specialists is required**
- **Suggest a communication plan for informing the organisation staff (and if relevant, the public) about the accessibility project**
- **Identify roles & areas of responsibility that are to be allocated to staff**

Once the group have had some time to compile their own suggestions for the action plan framework, the proposals will be discussed together and documented for possible future use.

Sample points to be covered:

Immediate Projects

- Identify projects that can be undertaken immediately, with no extra funding or management involvement to improve access
- Allocate timescale for the completion of each project
- Delegate tasks between staff members to start immediate action

Projects that require Budgeting or Authorisation

- Identify projects that require funding and prepare budget
- Identify and record additional resources that are needed
- Identify on-going training needs

- Consider additional services that may be needed

Liaising with Management

- Set up forum for engagement with senior management
- Present the Action Plan to the management and confirm that it is in line with the organisation's vision
- Discuss the importance of the support of the management for the project
- Together with the management, establish the feasibility of projects which require budgeting/authorisation
- Discuss the level of flexibility of problematic rules and procedures and determine who is authorised to interpret the policies on case by case basis

Consultation

- Devise strategy for consultation with people with disability
- Establish contact with local access group
- Determine the possible need for other specialist consultation
- Identify opportunities to influence peer groups

Communication

- Decide how information of the Accessibility/Inclusion Project will be communicated to the organisation's staff
- Determine whether it would be necessary or beneficial to make the wider public aware of the organisation's Accessibility/Inclusion Project

Allocating Responsibilities

- Create work teams
- Allocate roles or areas of responsibility for each staff member

A printable Sample Action Plan Table is available as a PDF file on the Resource CD.



Creating a Project Evaluation Plan

The participants are asked to form pairs or small groups for this task.

Each pair/group are asked to devise a plan to monitor and evaluate the change process on an on-going basis under PMDS criteria. This framework should be directly linked to the objectives set out in the action plan.

The proposals will then be discussed by the wider group and merged into one evaluation plan for the entire organisation.

Sample points to be covered:

Challenges

- What obstacles have we encountered?
- What is not working and why?
- Have new gaps appeared?
- Do we need to amend our plan?

Successes

- Have the changes we made been successful?
- How have they made a difference?
- How have they been received by customers and within the organisation?
- What is working well?
- Have we succeeded in implementing services that are accessible for all?

Meeting Targets

- Are projects being completed on time and within budget? (Refer to Project Evaluation Log)
- Is the action plan reflected in the organisation's policy and practise?

Responsibilities

- Who will identify areas for future development?
- Who will follow up on future development plans?
- Is the senior management team actively involved?

Impact

- What impact has the new provision made to our attitudes on disability?
- Have we had feedback from customers or staff?

Reviewing the action plan

- When and how often is the plan reviewed?
- Who carries out the review?

A printable Sample Project Evaluation Log Table is available as a PDF file on the Resource CD.

7. Managing Change

Action and evaluation plans are essential tools in implementing and managing change in the workplace. Another key factor that must be considered when implementing change is resistance to change itself.

Resistance to change has many sources, as outlined in this case study exercise. Effective and early communication will ensure that successful change can take place in the organisation.

Case Study: Action Against Change

XL Manufacturing Ltd. has been in operation for 25 years producing concrete products for supply to the construction industry. The company has enjoyed significant success in recent years and the workforce has now grown to 100 employees.

The company management is proposing to introduce a new computerised time-keeping and attendance system which requires each employee to electronically sign in and out of the building when they commence and leave work.

There is considerable resistance among the employees to the introduction of the clock-in system and they are refusing to cooperate with its implementation.

The company insists that the change is an absolute necessity to cope with the growing employee numbers and will bring significant efficiencies to the human resource and payroll functions of the company.

The employees are threatening the management with industrial action if the company persists with the new technology.

After the group has been presented with the story, they are asked to consider the following:

- **What factors might be motivating the employees to resist the introduction of the new system?**

Sample Responses:

- Lack of trust in company's motivation to introduce new system
- Employees annoyed at lack of proper prior consultation
- Perceived slight on integrity of employees necessitating clock-in system
- Perceived threat to employees' autonomy / security
- Inconvenience to employees in operating new system
- Fear of the unknown – what other changes might the company be planning?
- Fear that new system might threaten their status / promotion opportunities

- How might the company have better handled the proposed change?

Sample Responses:

- Consultation between management and employees from the outset
- Clear explanation as to reasons for the change
- Clear communications and direct employee involvement at the research and planning stage
- Adequate notice and gradual implementation of the changes
- Reassurance that the changes do not affect the employees' current status or benefits
- Outlining the benefits to employees

The facilitator records the group responses on a flipchart. Group discussion and debate may follow.

Part of managing the change process effectively is to recognise that people have different response patterns to change. Some people prefer things the way they are, and some people embrace change positively. Therefore it is vitally important that the various aspects of change as outlined in the sample responses above are addressed. If there is continued resistance by some members, they may benefit from further training or discussion forums with the project managers. Once won over, people who provided the greatest resistance can become strong advocates and supporters of change.



Discussion Point: Further Challenges of Change

The participants are asked to identify other obstacles or challenges (other than staff resistance) that they are likely to meet in the process of implementing change. Responses are recorded on a flipchart.

Sample Responses:

- Project timescales are not met
- Change process affected by unforeseen circumstances
- Project is badly coordinated
- Participating staff members are swamped with too many tasks
- Training or information given is insufficient
- Shortage of resources or funding
- Inadequate support (from management, other staff etc.)
- Goals and objectives are not clearly defined which leads to confusion
- Miscommunication between project team members
- Lack of motivation or commitment

The participants are asked to consider how these challenges can be resolved.

This is also an opportunity to remind the participants that there is no secret formula for the successful implementation of change. In reality there will be always on-going obstacles that will need to be addressed.

Conclusion of Programme

The aim of the programme Changing Minds, Changing Practices has been twofold.

Part 1: Changing Minds deals with our own and society's understanding and attitudes around disability. The aim of the first part of the programme is to lead participants to see how those attitudes impact on the delivery of services to people with disability.

Part 2: Changing Practices addresses the factors involved in changing practice so as to provide a service that guarantees equality of access for all members of society who wish to use our service. The aim of the second part of the programme is to support participants in devising a blueprint for change through the development of action plans and evaluation frameworks and a consideration of the challenges involved in implementing change in the workplace.

Essentially the success of the programme Changing Minds, Changing Practices is dependent on the understanding that real change within any organisation can only occur if change in attitude precedes any plan to implement change.

Material CD Contents

Powerpoint slideshows

> **Part 1: Changing Minds**

Slides to support content from the theory part of the programme

> **Part 2: Changing Practices**

Slides to support content from the practical part of the programme

> **Image Study: Disabling Environments**

Image Analysis exercise from Chapter 3.2. only

> **Full programme slideshow**

Contains all the above materials in one slideshow

Printable PDF worksheets

01. Symbols of disability
02. Experiencing discrimination
03. Case Study: Access to College
04. Defining Disability
05. Power and fear - Case Studies
06. Case Study: Some Rules Are Made to be Broken
07. Pair Assessment: Practices and Procedures
08. Pair Assessment: Evaluating Current Services
09. Pair Assessment: Universal Design in my Workplace
10. Observation Assignment: The Universal Design Detective
11. Initial Accessibility Audit (Barriers of Access)
12. Creating an Action Plan Blueprint
13. Creating a Project Evaluation Plan
14. Case Study: Action Against Change
15. The Basics of Universal Design
16. Initial Accessibility Audit
17. Action Plan & Project Evaluation logs
- 18. All worksheets in one PDF file**



The Changing Minds, Changing Practices awareness project provides a training programme with further online resources designed to educate the workforce on disability issues. This training manual and programme will help your organisation and staff to provide a better, more efficient and more inclusive service to all of your customers.

It has been specifically designed to assist service providers in meeting the requirements of the Disability Act of 2005 and the Equal Status Act of 2000.

Kildare County Council
Comhairle Contae Chill Dara



Project supported by the Disability Strategy Fund.