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IYDP

Centre lunch talks

April 1984

King's Fund Centre
126 Albert Street
London NW1 7NF

King Edward's Hospital Fund for London is an independent charity founded in 1897 and incorporated by Act of Parliament. It seeks to encourage good practice and innovation in health care through research, experiment education and direct grants.

The King's Fund Centre was established in 1963 to provide an information service and a forum for discussion of hospital problems and for the advancement of inquiry, experiment and the formation of new ideas. The Centre now has a broader interest in problems of health and related social care and its permanent accommodation in Camden Town has excellent facilities for conferences and meetings. Allied to the Centre's work is the Fund's Project Committee which sponsors work of an experimental nature.

PREFACE

During 1981, a slogan was painted onto a large hoarding in north London, 'It may be your year of the disabled. For me it's every year'. Looking back, it is difficult not to share some of the author's scepticism about some of the fine words associated with IYDP. Certainly we should remind ourselves of the many enduring issues associated with achieving the full participation and integration of people with disabilities in society. We should also review subsequent achievements against the aspirations set in 1981.

Among the activities supported by the King's Fund Centre for IYDP were a series of lunch-time talks on key questions which needed to be addressed if the aims of the year were to be realised. Some of these were about the enduring issues; others made explicit the aspirations. Both kinds of talk still seem highly relevant to people for whom disability is 'every year' and all of us concerned with the services and opportunities which must be provided if the handicapping effects of disability are to be minimised.

This collection reproduces the text of our lunch-time talks as a stimulus to fresh attention to the important themes they raise. We are grateful to the contributors for permission to reproduce their papers in this form.

King's Fund Centre
April 1984

David Towell
Andrea Whittaker

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PROFESSIONAL HANDICAPS AND CONSUMER STRENGTHS

Ann Shearer

An administrator in the health service was organising a series of visits to residential units for people with severe physical disabilities. "At one home", she says, "we were taken to see the assessment centre kitchen and left there to await the arrival of the occupational therapist. When she arrived, she completely ignored the others, took no notice at all of my attempts at introductions, but simply fell on me, literally pawing at my clothes as if I were a doll, telling me how lucky I was to have a day out and what a pretty dress I had on".

The occupational therapist's behaviour was little short of extraordinary. But we can safely assume that it was brought on by the simple fact that the hospital administrator happens to do her job from a wheelchair. She clearly does it competently. The handicap was the occupational therapist's: she could not imagine that to be in a wheelchair was compatible with professional skill; she assumed that the administrator was a candidate for her own services.

The administrator was not, in this context at least, a consumer of those services. But if that was the reaction that she could get from a professional worker while simply going about her business, what does it say about the way those workers react to those who are consumers?

The themes of this International Year of Disabled People are participation, equality and integration. They are themes that are born of and accord with the aspirations of very many people with disabilities. But we don't have to look very far to see how far we are from offering them the chance to realise those aspirations.

People with disabilities are offered very little say in planning the shape of many of the services they must use; they are often physically - and, if mentally handicapped, because of the failure of professionals to teach them the relevant skills - denied the chance to participate in ordinary social opportunities. They are often far from finding equality of opportunity: it has been a consistent theme of our social policies for them that those who need the most help to use opportunity get the least - and not just in the back wards of mental handicap hospitals. We know that people with disabilities are twice as unemployed, as a group, as those without them - if not more so. We know that those with the most severe disabilities - and so the highest costs - are in fact the poorest (1). And though the rhetoric of integration has been at the base of social policies for people with disabilities for the past decade and longer, we also know that the phenomenal growth of specialist services to them, particularly since the last war, can militate against this aim: we have only to look at our special education system, which must now rank as the most segregated and highly differentiated in the West, to see how.

So we seem to be in a position where our rhetoric and our actions can lead in two very different directions, and if this IYDP is to do anything towards bringing the two closer together, it seems important to start by understanding why. Vic Finkelstein of the Open University has identified a paradox at the heart of current approaches to and treatment of people with disabilities. In phase I of the history of that treatment, he says in Attitudes and Disabled People, those people were seen simply as part of the general masses of their society; they had a place in it, albeit a harsh one. In the second phase - in which we now live - they were separated out from that place. This phase has been characterised by the huge growth of specialist services and professional workers to staff them.

Paradoxically, this has brought both the chance of independence to people who might otherwise not have had it and a general perception of disability as an individual tragedy which must mean dependence - thus confirming the role and the importance of the professional workers. Finkelstein looks forward to phase 3, in which the focus will shift from the 'tragedy' of the individual disabled person to the society which disables people by throwing up barriers and obstacles to their participation. It is when those obstacles are removed, he says, that disability will be eliminated (2).

Not everyone will agree with Finkelstein's analysis. It's perhaps simplistic to see phase I in quite the terms of mass solidarity that he does, and naive to think that the technology on which he posits his future will ever be concentrated on eliminating the barriers faced by people with physical disabilities, even if it were to have that potential. But his identification of the paradox in which professional workers and people with disabilities are currently caught is a valuable starting point for examining the ways in which people with disabilities have their strengths sapped by the handicaps of the professional workers they meet.

Those handicaps may be elusive: few professional workers, after all, would say that they deliberately emphasise the 'tragedy' and dependence of their customers to keep themselves in a job - indeed, the conscious emphasis of their work is the very opposite to that. But the notion that disability is inevitably 'tragic' for the individual concerned is deep-rooted, and the damage it brings in its wake is widespread. If an individual life is fundamentally tragic, after all, there isn't too much point in fighting to open opportunities. The low expectations which professional workers have of their disabled customers create their own vicious circle: both sides are caught and the handicap becomes a mutual one.

The process can start early. One eminent medical consultant, for instance, recently explained to a television interviewer his approach to counselling parents on their decision about whether their severely handicapped newborn infant should be enabled to die or to survive. "You know the future will be appalling and that the family will very likely break up", he says. But from where does this certainty come? Certainly the presence of a severely handicapped child can put serious strains on a family; certainly too, those strains may lead to that family's break up. But what about the normal quota of joys that any child brings to its family? What about the countless families who don't break up under the strain, and who, indeed, would consider their lives enriched by their handicapped child? Is the fact of that strain a reason to eliminate the child, or to increase family support services?

This professional perception is perhaps the starkest example of the 'inevitability' of tragedy that disability brings with it that you could find. But its echoes can be found in the lives of countless disabled children and their families, and the damage to their opportunities that follows it as well. "The paediatrician just says: 'The poor old girl won't come on much - see you in six months'. The GP said: 'Put her in residential care and forget about her' - it was horrifying." Or again: "Doctors treat you like illiterates. The specialist just sits there, reads a report on his desk and that's it for six months." Parents of severely handicapped children have been reporting the lack of practical help available to them from professional workers for years (3). The rhetoric says - and rightly - that even the most severely handicapped child can be enabled to develop, and should be offered that chance. But the mothers quoted above were speaking in 1978, and they know how far rhetoric can be from action (4). They have their strengths; their children have their small potentials. But it is the handicap of the professional workers that largely dictates what happens.

And it goes on doing so. "We are careful in our leavers' preparation", says the headmaster of a special school, "not to promise opportunities, and we encourage the pupils to think of lower options". A common aim of special schools is, simply, to make their pupils "happy", rather than to develop their potential as far as they possibly can. The pupils have their strengths: there are studies enough to show the way they develop once they get the chance to move to the more normal expectations of regular classrooms, and how they do as well if not better in ordinary school settings than their peers in special schools (5). But what of the many children who don't get that opportunity to break out of the expectations of the special school? They too have their strengths, but the handicap of the professional workers they meet becomes their own - not just in Britain either.

"I like most of my teachers except for the mentally retarded one", says a young American. "I hate her class because she ain't a regular teacher. She doesn't really teach - I don't think she expects us to learn nothing. In high school it'll be better because there ain't any retarded teacher there."

Special "helping" systems go on throwing up their special barriers to opportunity. After three years in her first job, the hospital administrator went to the Specialist Disablement Resettlement Officer in her search for promotion. "What a mistake that was. I was told in no uncertain terms that I should consider myself fortunate to be employed and cast all thoughts of progress from my mind." She went on to get three jobs on her own - each of them, in turn, better than the one before. Others are not so lucky. A young man with a psychology degree and a moderate degree of physical disability as well, is still dealing with his DRO: "And mark my words, he's 'in the know' about what disabled people can do. The trouble with being seen as disabled first and a person second is that one somehow internalises it and begins to see oneself in the same way."

Workers with disabilities - as every study shows - have their strengths (6). In some countries - like West Germany, which has a disabled employment quota of 6% - those strengths are recognised (7). But here, a quota of 3% looks like too much for us. The handicap is the professional "helpers".

So at many critical points in their lives, people with disabilities may find their strengths denied, may find themselves instead caught in the handicap of the professional workers they meet, a handicap that becomes mutual. They may run into the same denial of even more basic strengths at any point along the way - a denial, at the limit, that they even know what they want for themselves and what it is reasonable to seek. So a man who is confined to a wheelchair contacts his local social services department with a request for help to get his living room ceiling painted - which, given the duties of local authorities, is hardly an unreasonable request. He gets, instead, a long discourse from a visiting social worker on his need to come to terms with the fact that some ten years ago, he broke his spine. So a woman who asks a social worker if she knows of any group support for people who have to live with the particular difficulties of a severe but fluctuating disease, is treated to a cheerful chat about the latest bath aids. If people whose disabilities are physical run into such handicaps of perception among professional workers, people who have a mental handicap will find it harder yet to break down the barriers of understanding. Yet anyone who has listened to a group of mentally handicapped people discussing their aspirations can only be struck by the realism of those modest hopes for the future, and wonder why they seem so hard to fulfill (8).

They will know, better than most people with disabilities, the alternative. The numbing effects of life in large institutions, the way they sap individual strengths, the handicaps they impose on disabilities, are more than well known. Yet the mental handicap hospitals are still there, the units for the "younger physically disabled" have been created largely during the past decade, and while some residential homes bring new opportunities for growth in their recognition of their inhabitants' strengths, others continue to crush potential. Staff will still say "But they can't live anywhere else" - though we have the models of Crossroads to show that people with very severe physical disabilities can live full lives in their own homes with appropriate help, and of the Eastern Nebraska Community Office of Retardation to show that a comprehensive local service for mentally handicapped people can be a reality (9). Consumers have their strengths; the handicap is in the professional workers who plan and deliver services for them.

So the central question becomes not how we can help people with disabilities live more easily with the "tragedy" of their lives, but how we can help professional workers overcome their handicaps of perception and the damage that these inflict. The Alternative Living Movement in the United States, which now has about 60 centres in different parts of the country, has been greeted as "an idea whose time has come", and that is what it aspires to do. It is the antithesis of the handicapping services I've outlined here. It is substantially controlled by the consumers themselves - people who reject the label of "sick" or "helpless" to work through self-help and peer counselling. These consumers are building a new relationship with professional workers - a relationship in which they define their own goals and the professional workers help them achieve these. The movement picks up the themes of participation, equality and integration and aims to bring rhetoric and action into line with each other.

Some professionals see little that is different in this approach to what they have been doing all along. Others, perhaps, are more honest. "In the past", says one doctor, "professionals have had a limited view of the potentials of the severely disabled, and we have unfortunately defined limits for various disability categories. However, we have all seen exceptions to each one of these limitations. How many more exceptions would there be if we did not daily define such limitations? In fact, as professionals, we need to help our patients define their expectations upwards" (10).

The way to do that, perhaps, is to start by recognising the handicaps that are so often built into professional approaches. Then there will be the possibility of recognising the individual strengths that consumers bring to the relationship. If the theme of this IYDP is to mean anything at all, it is with these recognitions that we need to start.

NOTES

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SOME HERESIES ABOUT HANDICAP

By Colin Low

Throughout history, handicapped people have been the object of dehumanizing sterotype, stigmatisation and discrimination. As Erving Goffman, integrating these notions, has observed: "By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if not unthinkingly, reduce his life chances."[1] Civil have widely been added to physical and mental disabilities, and at the extreme, handicapped people have been locked away, banished from the community or even eliminated altogether.[2] These attitudes and practices continue to the present day. Over 20 American states still had laws permitting the involuntary sterilization of handicapped people during the 1970s.[3] One commentator cites the following examples of legalized discrimination in the USA, which if they do not still exist, have only just ceased to do so: the prohibition of marriage between handicapped persons; limitations on the right of physically handicapped people to marry; restrictions on the right of mentally handicapped people to enter into contracts; an irrebuttable presumption of legal incapacity in the case of someone who is deaf, dumb and blind (how would Helen Keller have fared under such a jurisdiction?); restrictions on the admission of handicapped aliens; and the denial to handicapped persons of the right to vote, obtain a driving or a hunting and fishing licence, enter the Courts or hold public office.[4]

Among the most bizarre provisions are what the same writer has dubbed the "ugly" laws. Until recently, the Chicago Municipal Code stated:

"No person who is diseased, maimed, mutilated, or in any way deformed so as to be an unsightly or disgusting object or improper person to be allowed in or on the public ways or other public places in this city shall therein or thereon expose himself to public view under a penalty of not less than $1 nor more than $50 for each offence."[5] In 1975, Columbus, Ohio, Omaha, Nebraska, and other cities still had similar ordinances in effect. Our source observes: "lest it be thought that these are merely dead-letter laws, an Omaha police officer recently arrested a man for violating such an ordinance."[6]

To pluck just one more example, more or less at random, from the field of air travel, that vital lubricant of American life, the same authority cites the following rule promulgated by the Air Traffic Conference, the Trade Association for Air Carriers, concerning service to handicapped passengers by its members: "persons who have malodorous conditions, gross disfigurement or other unpleasant characteristics so unusual as to offend fellow passengers should not be transported by any member."[7] Taking its cue directly from this flaming beacon of enlightened practice, one airline refused to allow an unaccompanied blind person to sit next to a person of the opposite sex!

Stigmatisation and its consequences may enjoy less in the way of legal legitimation in this country, but that does not mean that they are any less insidious for that. Despite the publicity given to it, the resolute persistence of the "does he take sugar?" syndrome bears familiar witness to the pervasiveness of the depersonalising stereotype. The perception of disability becomes all-controlling, driving out all personal and individual characteristics. The sterilizations may not be licensed with American legal formality, but they remain part of the orthodox medical practice all the same.

Segregation and discrimination are still the order of the day in fields such as access, education, employment, institutional care and many more. Sometimes this is naked and unashamed, as in the case of the publican who ejected a man in a wheelchair on the ground that, "the other customers would not like it". Sometimes it is concealed - just a little - behind a smoke-screen of "practical" objections, such as the hypothetical emergencies which are used to keep blind people or their guide dogs out of cinemas, theatres and dance halls. Sometimes it is the result of lazily unexamined prejudice, as when a college turns a handicapped student away, "because he could not cope with the work", or an employer turns a blind man down for a job, "because he would not be able to get up the stairs". Often discrimination results simply from the unthinking structuring of our environment in line with the needs of the able-bodied alone, so that the segregative approach becomes self-reinforcing. But whatever the origin of these attitudes, the manifestations of stigma and prejudice may be no less intractable for being covert and informal, and certainly they are nonetheless oppressive for often being unimpeachably benign in intention.

Indeed, by an amazing irony, the enemies of handicapped people's emancipation are sometimes even able to march under the banner of integration while carrying on their work of segregation and discrimination. Of the means by which this remarkable conjuring trick is performed, I shall have more to say presently. For the moment, suffice it to say that, by portraying integration as a matter of treating everyone alike, those who object to special treatment for handicapped people - anti-discrimination legislation, the reservation of places on the governing bodies of disablement organisations and the like - are able to oppose it on the ground that it runs counter to the principle of integration. At the same time, those who object to integration are able to resist it in the name of the special help which handicapped people obviously require.

In recent years, there has been a salutary reaction to all of this. The ideology and institutions of segregation and custodialism are increasingly under challenge. The humanity and individuality of handicapped people has been asserted anew. Some of the stereotypes have begun to be broken down: diverse handicaps are no longer universally seen from a remote uncomprehending distance as being all of a piece. Individual handicaps can no longer be so easily regarded as monoliths and their possessors as an undifferentiated mass. The variety of individual need and response, even within a single handicap group, is beginning to be appreciated. Automatic assumptions of incapacity, though still too prevalent, are no longer as automatic as they were. This revolution has probably proceeded furthest in the USA and Canada where, for example, it is illegal to select - or more frequently not select - people for jobs by reference to stereotyped judgments about the capacity of handicapped people. Rather, selection criteria must be capable of being shown to be strictly related to a person's capacity for doing the particular job in question.

Much of this is entirely healthy. If stereotyped stigmatisation, segregation, discrimination, dependency and custodialism are ever to be ended in relation to the handicapped, handicapped people must come to be regarded as essentially normal human beings just like everyone else instead of a race apart. But as not infrequently happens when an ideology of liberation is mobilized to combat one of effective oppression, there has also been a tendency to spoil a good point by over-reacting, exaggerating and distorting it to the point where it spills over into heresy. By heresy, I mean a doctrine which contains more than a grain of truth - indeed which contains important truths which it is essential should be vindicated if the progress of enlightenment is to be maintained - but which also contains important distortions, amounting to falsehood, which threatens to undermine the power and value of the original truth.

In other words, a heresy is a doctrine in which the seeds of its own destruction are more or less latent. It is the paradoxical fate of ideologies that their animating principle, their motive force - that about them which really moves the minds of men - proves also often to be their achilles heel. To put the point another way, it seems that men are often only moved by over-statement. At all events, it is to the heretical aspects of the doctrine of handicapped people's emancipation, and their potentially damaging consequences, that I wish to devote the remainder of this essay. Like the incipient revolution in attitudes towards handicapped people just described, not unrelatedly, they have probably come first and most fully to the fore in the United States of America. But they are increasingly beginning to be evident on this side of the Atlantic also, so the enterprise may not be entirely untimely.

At the heart of this ideology is the notion that handicapped people are normal human beings much like everyone else. There is important truth in this, which must be grasped before any proper orientation towards handicap can be arrived at. Indeed it is disregard of this truth which has led to many of the undesirable attitudes and practices discussed at the beginning of this essay. However, when this notion is pushed to the point of suggesting that handicapped people are essentially no different from unhandicapped people, as it increasingly is today, then it seems to me that we have reached the point of heresy, where truth gives way to fallacy - seductive and alluring fallacy no doubt, but fallacy just the same. This fallacy, which I call the doctrine of indistinguishability, is met in at least two forms, which I shall refer to respectively as the "normal characteristic" and the "social" conception of handicap. Like the underlying notion of which they are the particular expression, these both have their positive features. They constitute an essential antidote to the ideas of custodialism and a stimulus to reform.

But like the underlying notion, they are also fatally flawed in a way which prevents them being regarded as anything more than a partial view of the truth about handicap. I shall deal with them in turn.

The "normal characteristic" view sees those conditions which are conventionally regarded as handicapping - defects of sight, hearing, locomotor function and intelligence - as but a single facet of their possessor's total make-up. They represent just one amongst the whole host of characteristics that go to make up a person's total being, identity or persona. By "normal" characteristics, I mean - as do those who expound this view - those characteristics which fall within the normal range of human diversity. In no way do impairments of body or mind differ from all the many other characteristics that go to make up a person's total identity in such a way as to warrant being singled out for special attention has "handicaps". At the most they constitute a nuisance merely. If such impairments constitute a disadvantage or a limitation, they may be expected to be offset by the countervailing strengths which any individual will possess, just like any other weakness or shortcoming. A person must be seen in the round, and judged according to the totality of his characteristics or attributes. One cannot say that the person with a conventionally handicapping condition is peculiarly at a disadvantage. As Kenneth Jernigan has put it with respect to blindness: "If blindness is a limitation (and, indeed, it is), it is so in quite the same way as innumberable other characteristics which human flesh is heir to. I believe that blindness has no more importance than any of a hundred other characteristics and that the average blind person is able to perform the average job in the average career or calling, provided (and it is a large proviso) he is given training and opportunity."[8]

I have a visually handicapped friend who believes that she exemplifies perfectly the essential correctness of this approach. For a number of years, she worked in a hospital as a medical secretary. Not surprisingly, she was glad of a bit of help from the other girls in the office from time to time - help with reading and identifying things, finding things, filing them in the correct place and so on. But equally there were things that she could do better than any of the other girls. There was one girl there who could not put a new ribbon in a typewriter to save her life, so my friend usually had to do it for her. All in all, my friend would say, there is no way that you could say that she was any worse as a secretary - any more handicapped - than any of the other girls in the office. Similarly, when she used to attend evening classes, she did not feel that she was any more "handicapped" in taking the course than someone who had a husband and four children to see to before she could even get to the class. My friend's conclusion was that she coped less well than some people with less sight, and better than some with more. How well you are able to cope in life, she would maintain, depends far less on the precise amount of sight you happen to possess, than on the sum-total of your other qualities - and a similar argument would hold for any other faculty you cared to name.

A commonly encountered variant of the "normal characteristic" conception of handicap runs like this: everyone is handicapped in some way or other. One person does not know French. Another is tone deaf. What is so special about the conventionally handicapped conditions?

As I have already indicated, there is a considerable amount of value in these emphases. By attempting to "normalise" handicap, they highlight an important dimension of what it is to be handicapped person - the essential normality, the inalienable humanity, of handicapped people.

But they do this at the cost of obscuring other important features of handicap, namely, that which is also special about the situation of handicapped people. For it is surely going too far to maintain that people are in the sum-total of their attributes, equally endowed. Common experience tells us that they are not. Deficiencies are by no means always counterbalanced by strengths, and even where they are to some extent, other things being equal, serious defects of things like sight, hearing, locomotor function and intelligence remain a serious handicap notwithstanding. If everyone is handicapped, then no one is, and the concept ceases to have any meaning. To some extent, this is simply a matter of degree, for those who espouse the "normal characteristic" conception of handicap do recognize the existence of limitations and even handicaps. They simply believe that, along with all the other characteristics which go to make up a person's identity, they are comprehended within the normal range of human diversity and as such are apt to be offset by countervailing qualities. But I would want to argue that those limitations which are singled out as handicaps for their peculiarly disadvantaging quality are singled out advisedly. For there comes a point with limitations when matters of degree give way to differences of kind. It may not be easy to say just where this is, but that there is a point where differences of degree between people's limitations become differences in kind, is surely a proposition which would strike most people as only commonsense. There may be little to choose in terms of handicap between someone who is left-handed, flat-footed or short-sighted, and someone who is none of these things. But when we turn to consider the case of the person who has no arms, or legs, or eyes, the matter surely stands entirely differently. If this is denied - if it said that, for example, blindness is not a handicap - then what about the person who is both blind and deaf? Or blind, deaf and confined to a wheelchair or even to bed?

If such a person is not handicapped, then, as I say the notion of handicap loses all meaning. But it is not meaningless. It refers to the commonsense notion, which would be too obvious to state were it not questioned, that those who have major problems of sight, hearing, intelligence, mobility or manipulation - and there may well be others - have limitations that are not within the normal range of human diversity, and as such are properly the object of special concern. It is not just that such people are statistically in the minority. So are blacks in America or whites in the rest of the world for that matter, but that does not of itself make them handicapped. Rather it is that they suffer from a disadvantage which is major, general and objective. That deprivation or serious impairment of a basic functional or sensory mode constitutes a major disadvantage needs little elaboration. By "general" I mean that it is endemic in the activities of everyday life, and by "objective" I mean that it is inherent in the condition, and does not simply exist as a matter of social response.

It is just this point which is denied by those who advocate the "social" conception of handicap. For they hold that there is nothing inherently handicapping about the conventionally handicapping conditions. Rather, they maintain, handicap is a product of social forces - of the material and social organisation of society - and not of physical or mental impairment at all. As Vic Finkelstein has put it: "Our society disables people with different physical impairments. The cause, then, of disability is the social relationships which take no or little account of people who have physical impairments."[9] Finkelstein illustrates this proposition with his now celebrated picture of the society almost entirely made up of people in wheelchairs where everything - both the physical environment and social relationships - is structured in line with their needs and perceptions. In such a society, Finkelstein argues, it is the conventionally able-bodied who would become disabled.

In one sense, of course, handicap is social. As we have have seen, just when a limitation becomes a handicap is a matter of social definition. In another sense, too, we can make the social conception of handicap true by definition if we wish - by defining handicap in terms of social response - if we say that handicap just is society's disadvantaging and unaccomodating reponse to certain kinds of mental and physical limitations. But this would be to beg the very question, which is at issue, namely, whether handicap resides in society's treatment of those with various kinds of mental and physical infirmities, or whether it is rather a function of those infirmities themselves. In any case, I do not think that this is what those who advance the social conception of handicap have in mind. For they assert that it is society's response which as a matter of fact and not merely as a matter of definition constitutes, "is the cause of", the handicap. They believe that unhandicapped people put the handicap into impairment and construct the handicap from which people with impairments suffer by structuring the environment without regard to their needs, by the attitudes they adopt towards them, by the way they think of them and treat them, and so on.

There is a substantive truth in this. Society's response to impairment can greatly add to or minimize its handicapping effect. But to say that handicap resides exclusively in the social response to impairment seems to me to go too far. For handicap surely resides neither in a person's impairment exclusively, nor in the physical or social environment in which he is required to function, but in an interaction between the two. This being the case, it seems naive and unrealistic to ignore certain ineluctible features of reality concerning human beings and their environment and to deny that certain conditions are unavoidably handicapping in the world in which we live. The handicap attached to being a homosexual or possessing a black skin may well be socially ascribed.

But that this is the case with the major physically or mentally handicapping conditions is much more debatable. If we were all suddenly transported to Mars or engulfed by flood, it would be fanciful to pretend that our handicap resided exclusively in the unfriendliness of Martians or the hostility of the fishes. It would reside equally in our maladaptation to these new environments. So it is with people suffering from a serious deficiency in one or more of the standard modes - the pre-conditions almost - of interacting with this world. By reference to the situation of man in space, Finkelstein suggests that the remedy lies in technology and environmental change.[10] But this ignores two things: first, the person supported in space by the wonders of modern technology is not as free as he is running around on the face of the earth under his own steam. And second, in the present state of technology at least, it is impossible to conceive of substitute technological means which are in all respects as good as or interchangeable with the natural ones. We know that blind people can make out very well at university using braille, tape recorders and the like. But it is inconceiveable that anyone who did not have to would actually choose to study by the methods that blind people do - and so it is with all the other major modes of functioning in the world.

All this would scarcely matter were it not for the tendency of the doctrine of indistinguishability to facilitate other sorts of error in relation to handicap. Like the doctrine of indistinguishability itself, they have a superficial attractiveness, but less in the way of truth. That is why I have classed them as "errors" rather than "heresies".

We have already met those who, sometimes simultaneously, object to special provision in the name of integration, and to integration in the name of special provision. There is of course nothing in this notion.

It is not integration, but merely a spurious and soft-headed kind of "assimilationism". There is no antithesis between special provision as such and integration. This is to confuse special provision with segregation. As Aristotle pointed out long ago, inequality arises as much from treating unequals equally as from treating equals unequally. This is as true of special provision for the handicapped as it is of special provision for any other group in the community, such as pensioners, children, businessmen or the unemployed. No one supposes that special help for such people can only be mobilized away from or at the cost of their integration into the rest of the community. Whether or not special provision has a segregative effect depends entirely on the form that it takes. Yet the doctrine of indistinguishability - that handicapped people are essentially no different from anyone else - often most powerfully articulated by handicapped people themselves, cannot but reinforce and legitimate the proceedings of those who use a spurious rhetoric of integration as a mystifying device with which both to confound handicapped people's justified demand for a genuinely supported integration, and to oppose necessary measures of special support.

A second type of error fed by the doctrine of indistinguishability is manifested in a hostility to any form of labelling or identification of handicapped people as handicapped. This probably proceeds from a misguided fad of current sociology, but traces of it can certainly be discerned in the Warnock Report,[11] and it is also to be found in the reaction of some handicapped people to the assessment provisions of the Education Act, 1981. Whether labelling is a good thing or not all depends on what is done in consequence of the labelling. If it entails, for example, being sent to Auschwitz, that is one thing. But there is nothing objectionable about labelling as such.

Indeed we could not meaningfully conduct human affairs without the sort of classifications implied by labelling. Certainly so far as the handicapped are concerned, opposition to all forms of labelling, identification or differentiation only militates against any form of positive discrimination, and the "discriminating" mobilization of the various kinds of special assistance and support which handicapped people clearly need.

Still a third kind of error is committed by those who, like the Warnock Committee again,[12] carry their antipathy to labelling over into an aversion to distinctions of any kind, even within the category of the handicapped as a whole, between those who suffer from different kinds of handicap. This error is logically different from the last. For that reason, it is rather curious to find a committee chaired by a philosopher deriving the one from the other. Such a solecism simply compounds the offence. However that may be, to observe the dangerous potential of this most extreme relative of the doctrine of indistinguishability to ride roughshod over qualitative differentials in the matching of provision to need, it is only necessary to have regard to the disastrous cult of genericism in the social services, which has done so much damage over the last ten years.

What is the upshot of all of this? It means, I believe, that we need a philosophy of handicap which is attentive to both the similarities and the differences between handicapped people and the rest; and which recognises that handicapped people are, in their common humanity, crucially the same as unhandicapped people, while yet being in important respects different in terms of their need for special support. We need a model of society in which people are enabled to attain to their full human dignity by being permitted to participate in society to the maximum of their capacity, with such assistance as they require to make their maximum contribution - such assistance as far as possible being fully integrated into the life of the community and not provided at a segregating distance from it. Such a model, of course, has implications stretching far beyond the field of handicap. But if consideration of the field of handicap can point the way to a recipe for social living generally, then indeed will the International Year of Disabled People not have been in vain.

NOTES

1. E. Goffman, Stigma, Prentice-Hall, 1963, page 5.

2. M.P. & R. Burgdorf, "A History of Unequal Treatment; the Qualifications of Handicapped Persons as a 'Suspect Class' under the Equal Protection Clause", Santa Clara Lawyer, 15, 1975, pages 855-910 at page 883 ff.

3. A. Shearer, Disability: Whose Handicap?, Basil Blackwell, 1981, page 86.

4. M.P. & R. Burgdorf, op. cit., page 861 ff.

5. Ibid., page 863.

6. Ibid., page 864.

7. Ibid., page 865.

8. K. Jernigan, Blindness - Handicap or Characteristic, National Federation of the Blind, Baltimore, Md., U.S.A.

9. V. Finkelstein, "To Deny or not to Deny Disability?", Magic Carpet, XXVII, No. 1, (New Year, 1975), pages 31-38. (Reprinted in Disability Rights Handbook for 1977, Disability Alliance, 1977).

10. V. Finkelstein, Attitudes and Disabled People: Issues for Discussion, World Rehabilitation Fund, Inc., 1980, page 34.

11. Special Educational Needs, (Report of the Committee of Enquiry into the Education of Handicapped Children and Young People, Chairman: Mrs H.M. Warnock). Cmnd 7212, H.M.S.O., 1978, para 3.21-25.

12. Ibid.

IYDP - THE ROLE OF VOLUNTARY ORAGANISATIONS

Nicholas Hinton, Director
National Council for Voluntary Organisations

The secretariat of the International Year of disabled People is based at NCVO. As Director of NCVO I should like to take this opportunity of paying tribute to the secretariat, the voluntary organisations committee, and in particular to the Chairman, Sir Christopher Aston. (Sir Christopher Aston died in January 1982).

I have no doubt that IYDP is achieving a great deal. Just over half way through the Year it is appropriate to take stock. Many people have reservations about International Years; it is one of IYDP's achievements that those responsible have overcome the oft-heard comment "not another Year".

But what are some of its most positive achievements so far? First, there are a number in the legislative field: the 1981 Budget, unhappy in many respects, did at least exempt from VAT adaptations to disabled people's cars and increased the tax allowance for the blind. We do have a Bill on the integration of handicapped children into ordinary schools and it does look as if legislative steps will be taken to enforce the wearing of seat belts.

Secondly, there are achievements associated with the Year that have had some political influence. For example, there is now an all-party disablement group of Euro-MPs. Local authorities in many parts of the country have taken, or been made to take, heed of their responsibilities, mandatory and otherwise, for the disabled.

Access probably produces the longest list of achievements: permanent improvements to many public and private buildings, changes in the curriculum of the Schools of Architecture, the Buildings Award Scheme, installation of loop systems in a number of public buildings (for example, the Museum of London) to help those with hearing aids, and so on.

A major goal of the Year is that of increasing public awareness. An assessment of the Year's achievements must be subjective. My subjective judgement suggests that many people are much more aware of every form of disability. How long this will last begs yet more questions.

But what are the specific achievements of voluntary organisations? Their involvement in IYDP covers a wide range - as pressure groups, service providers, or volunteering. Those organisations that, either wholly or in part, act as pressure groups have mobilised their efforts this year. For example, the Save the Children Fund is running a 'Stop Polio Campaign'; the IYDP Committees' 3rd World Group gives an international, or north-south, dimension to the year; the Disability Alliance ran a major conference in January pressing for financial improvements for the disabled. Locally we have seen 'Mayors in Chairs' campaigns and a host of activities by local disability organisations.

But perhaps the greatest asset that volunteers can bring is communication with other members of the public about the problems that the disabled face. To take an analogy from another field - it was frequently argued some ten years ago by those working with offenders that the role of volunteers was limited and that they were a threat to confidentiality and so on. In the end, the major argument that won the day was that every volunteer working with an offender is likely to tell his or her friends that previously held perceptions of offenders can, and should, change. So it is with the disabled - volunteers with experience of working with the disabled can do more than anyone else to change apathetic, and sometimes hostile, public attitudes.

SHOULD DISABLED PEOPLE GET THE JOBS?

Cecil Pettitt, Training Officer (Business Systems), Plessey Connections Ltd, Chairman, Northamptonshire Council of the Disabled.

I intend, in order to be as realistic and practical as possible, to present my own industrial experience as a congenital paraplegic who has been fortunate to survive something over 42 years with a very large Multinational Company that has something of a reputation for being hardbitten.

It is significant that my employment opportunity came, through, for me, the good chances of war. For those of you who are not old enough to remember the war, this was the essential opportunity for the disabled in the community: you did not have to stand up and breathe to be employable, you could sit down and breathe.

There was little or no excuse for not being employed on the war effort. If you were an epileptic you could not get out of being employed just because of your epilepsy, you had to find a much stronger reason. How times have changed.

I left college at the age of 19 having been trained as a commercial artist and was immediately directed into industry as an electronic instrument maker. I had no wish to do this kind of work but I had no option. After the war, realising how fortunate I had been I had the good sense to stay where I was.

I spent something like twenty five years as an instrument maker, but within two years of joining the company I was running a production department of ninety-six people, trotting about on crutches, too stupid to use a wheelchair for fear of appearing disabled.

Progressing from production into administration I am now in the Personnel Department as Training Manager of Business Systems. I teach on-line materials management on a site that normally carries about three million pounds worth of stock.

Over the years I have had the privelege of teaching many hundreds of people and by large their physical condition has had little to do with their capability to do the kind of work I am demanding. The point I hope to make is that when we are talking about the disabled we are not talking about a sub-section of the community, a group of alien beings; we are talking about a cross-section of the community from top to bottom of the social structure, containing every kind of capability or lack of it, the good, the bad and the ugly. In other words we are average in performance given an average opportunity .

An interesting aspect of disablement is that if able bodied persons become disabled while in employment they are accepted as they are, normal human beings, good employees. Most employers will keep them on, saying, 'he is still the guy we knew and it is very bad luck that this has happened'. But it is a different matter if you are presenting yourself as a disabled person to a prospective employer. More often than not it takes legislation to get you through the door.

Lord Nelson did a good job minus an arm and an eye. I wonder if he would have been accepted into the Navy in that condition. The war made Bader acceptable but we have never ceased remarking upon it, even though he too would admit to being an ordinary guy doing an ordinary job.

So our essential task is to get people to accept the fact that the disabling condition is the norm in human expectation not the abnormal - that a frosty front-door step on a winter's morning can put you in a wheelchair for life.

We have to persuade employers to give handicapped people the chance to show what they can do. We are not talking about anything that is very peculiar but something which affects about ten per cent of the average population.

The situation is fast becoming desperate. In Northamptonshire we now have 1,350 on the dole. Those of you who know anything of the MSC side of things will know that I am speaking of registered disabled people and that for each registered disabled person there are at least two unregistered. Therefore we have something in the region of 4,000 across the county who are having employment problems.

QUESTION TIME

Q How able are MSC in advising disabled people about jobs, what to look for and how to find them, and how well are the MSC helping and are they any good. Are the MSC officers given any special training?

A I can only say reasonably good, their training would appear to be by progression, starting from a junior position they work up to a senior position. The 1944 disablement act came into force immediately after the war and created the 3% quota system to try to ensure that disabled servicemen were found employment. The 3% quota was never fulfilled and over the years from 1945 no more than a dozen companies were ever taken to Court. Though, to be realistic, there was never enough disabled people to give everyone who employed more than twenty people, a 3% disabled workforce. The MSC were always critical of the quota system. Disabled Advisory Committees were given an intensive questionnaire on this subject and the matter has still not been finally resolved.

My personal opinion is that the quota should be reduced to 2% and the law enforced, for without some mandatory enforcement I doubt if Disablement Resettlement Officers will get their foot through the door of most companies, particularly in this period of recession.

Q A lot of companies employ more than 3%. Ford Co. and others I know employ up to 7%. What is Plessey's percentage quota?

A I do not know what the overall Plessey's percentage is. On my site we employ about 3.2%.

Q How many disabled people do you have that are unregistered?

A It would probably at least match it. But where do you draw the line in determining what is a disability? There is a complete merge within society from the fit to the less fit. I know few people who are wholly fit.

Q I am concerned about physically handicapped children leaving school. They are doubly handicapped trying to find employment. Have you any suggestions as to how we can alter this and influence employers?

A We can only do this by the means I have suggested; to get the general community, and that includes employers, to accept the reality that disability is not abnormality. In many ways this can truly be a matter of self-interest and self-insurance. The public response to the International Year is both warm and generous but the difficulty can arise with disabled people themselves. We must get rid of this sense of stigma for it is absolutely stupid. Why should there be any sense of shame, guilt or embarrassment over having a disability no matter what, or how repulsive, or how distasteful?

No one chooses to be so, it is a matter of chance and no one knows when he or she could find themselves in such a position. To have it is bad enough; to waste energy worrying about what people think or how you look is ridiculous. Our concern must be for the complete liberation of handicapped people.

There are so many forms of handicap; those in prison and those on the dole are socially handicapped. The majority of disabilities are hidden - deafness, epilepsy, near-sighted - the list is a mile long. Having one disability is no prevention to catching any of the others. One can be both disabled and healthy; handicapped yet extremely fit and strong. The world is indeed a strange place.

Q No special provision was made for a highly intelligent deaf boy by MSC and the Education Department. Could he expect a good life?

A There is no reason why a handicapped person should not have a full satisfactory existence. At least as good as anyone else. I know because my own life has been full and happy but I recognise that I have been more lucky than most. The success and failures of life are mostly a matter of chance, being in the right place or the wrong place at the right or wrong time.

NEW HORIZONS FOR DISABLED PEOPLE

Alfred Morris, MP

I am naturally very pleased to have been able to accept the invitation to me to give this fifth and final IYDP Centre Lunch Talk. It is a source of particular pleasure to me that we meet under the chairmanship of Sir Christopher Aston. He has made a notable contribution to the work of carrying the message of IYDP to the people of this country. He has done so at a time of daunting personal difficulty and his triumph over illness has been a moving example to us all throughout the year.

I know that you, Sir Christopher, will agree with me about the importance of this series of talks that began with Ann Shearer's address on 27th March. The talks given by Ann, by Colin Low, by Nicholas Hinton and by Cecil Pettitt were from experts in their special fields and I know, from people who heard them, that they were extremely well worth coming to the King's Fund Centre to hear. My purpose today is to round off the series with an address that will look more to the future than to the past and to argue the case for renewed advance in improving the well-being and status of disabled people here in Britain, while at the same time also accepting our responsibilities to people with disabilities in the poorer countries of the world. I shall also try to allow enough time for you to put your viewpoints to me and to try to answer any questions you want to raise with me.

I have taken 'New Horizons for Disabled People' as the title of my address so as to be able to speak, in particular, about the document which was presented on 11th November to the Prime Minister in Downing Street. I refer to the "Charter for the 1980's" for disabled people worldwide, which was drafted under my chairmanship by a World Planning Group of Government Ministers, administrators, medical and other specialists in the field of rehabilitation.

It was in March, 1979, as Britain's then Minister for the Disabled, after opening a discussion at the UN in New York on what should be the goals of IYDP, that I was invited to chair the World Planning Group and to prepare a Charter that could be presented to the Heads of Government of all member states.

The World Planning Group included members with widely differing ideologies and cultural backgrounds. They were drawn from the north, south, east and west of the world and from rich and poor countries alike. The document which has resulted is based, in the words of Rehabilitation International, on:

> "The most extensive international consultation ever undertaken in the fields of preventing disability and the rehabilitation of disabled people."

Its text was reviewed over a two-year period at national and international conferences in every region of the world.

More than five hundred million people are disabled in the world today. That is more than the combined populations of the two super powers and more, too, than the entire population of the continent of Africa. In every country, at least one person in ten is disabled by physical, mental or sensory impairment. There are thus over five-and-a-half million disabled people in Britain.

Even these figures do not, however, tell the whole story. For the problems of disability affect vast numbers of people who are not themselves disabled. The mother of a disabled child is quite clearly involved, like the child of a disabled mother. With countless millions more, their lives are profoundly affected by disability in the family.

That is why the World Charter puts so much emphasis on the need to think in terms of the disabled family. It also explains the UN's estimate that no less than twenty-five per cent of the world's population are involved in the problems of disability either directly as disabled people or through family.

That may have seemed an exaggeration when it was first published, but a Gallup survey commissioned earlier this year by the BBC and New Society to mark IYDP found that, here in Britain, 29 per cent of people have a disabled person in their families. Much apart from being an exaggeration, the UN's figure is shown, therefore, to be an understatement in the case of this country.

The Charter lists over forty recommendations for action at the community, the national and the international levels. They derive from four main aims, each of equal importance:

1. To save as many people as possible from becoming disabled by maximising the prevention of disability.
2. To reduce the handicapping effects of disability by the provision of adequate rehabilitation services.
3. To ensure that disabled people are a part of and not apart from society and that they can participate fully in the life of their communities.
4. To promote full public awareness of the problems of disabled people and of their right to social equality.

Every country is urged to prepare a ten-year plan of action for the achievement of these aims, in the light both of the Charter's recommendations and its own circumstances.

The plan should involve all important aspects of national life and be a component of high priority in any wider plans for national development. To ensure the success of the plan, the Charter calls for every government to include a co-ordinator, of senior rank and directly responsible to the Head of Government, to direct both the preparation of the plan and its implementation.

There are two reasons why co-ordination is so important in this field. The first is that if the disabled person is to receive the right help, in the right place and at the right time, then the left hand of government must know what the right hand is doing. The second reason for the best possible co-ordination is that, with resources that are always likely to be limited, we must make sure that they are used to best advantage. Only effective co-ordination within central government, and between central government and all the statutory and voluntary agencies outside, can ensure that there is a minimum of duplication and waste.

Any country with resources to waste should reflect on the plight of disabled people in the poorest countries. Nearly three-quarters of the world's five hundred million disabled people lack the help they need to live a full life. They can be found in every part of the world, but by far the greatest numbers live in countries at early stages of economic and social development. There, poverty joins with impairment to poison the hopes and diminish the lives of disabled people and their families.

It is a daunting fact that, on present forecasts, fifteen out of every one hundred children born in the Third World in this International Year of Disabled People will have died before their first birthday. One-quarter of the rest will suffer from deficiency diseases and three-quarters will lack any kind of modern medical care.

Again, millions of people will become avoidably blind and others, even more grievously, will preventably become both deaf and blind. Another sombre fact about the scale of the challenge facing us internationally - and a sharp reminder of the comparative scale of the problems here and in some other countries - is that India today has more disabled people than Britain has people.

That is why the World Charter insists on a redistribution of resources in favour of disabled people, not only within individual countries but also between countries. We live in a world of obscene disparities of wealth, literacy, health, opportunity, life expectancy and hope. And we shall never have a really safe and stable world while there are the gross and glaring inequalities which so divide and disfigure the world today.

It will be argued, of course, that the resources are just not available for the achievement of a better life for the disabled and more especially for disabled people in the Third World. But the truth is that too much is spent on the munitions of war and too little on the munitions of peace. If only one per cent of what is now spent on weapons of destruction were to be spent instead on the prevention of disability and the rehabilitation of disabled people, the lot of the disabled in the Third World could quickly be transformed. So we must insist that the problem is not one of resources but of political will and priorities. To take but one example of expenditure on arms compared with that on the prevention of disability, the World Health Organisation recently announced the success of its campaign to eradicate smallpox from the face of the earth at a total cost of two hundred million US dollars. For the same bargain price, the world could have had two more B51 bombers. It is that kind of comparison that must be made in responding to those who say that the problem is mainly one of resources.

We must also improve public attitudes to the disabled. The able-bodied of today are often the disabled of tomorrow and we must challenge people everywhere to think more deeply about the problems and claims of disabled people. At the same time, we must stress that potentially we are all involved in the problems of disability. Even if we are neither disabled ourselves nor have anyone who is disabled in the family, even again if we are fortunate enough to have escaped the handicaps brought about by ill health or accident, almost all of us will become disabled at some stage in our lives if only by the ageing process. The problems of disability are, therefore, ultimately those not of a tiny minority but of the vast majority of people.

This means that if, in our localities, there are physical barriers that prevent disabled people from using facilities that everyone else takes for granted, they will most probably be barriers against us, too, at some time in our lives. I refer not only to libraries and theatres, but also to shops, pubs and indeed public and social buildings of every kind. It is this ultimate personal involvement that all of us must come to accept (and persuade others to recognise) if we are further to improve the well-being and status of disabled people in contemporary society. For it is irrefutably the case that, by acting now to make life better for disabled people and their families, we shall almost certainly also be helping ourselves and our own families in the future. In effect, the question that must be put to non-disabled people is:

> 'Why diminish the quality of your own life in the future by failing to respond to the compelling and wholly legitimate claims of those who are disabled now?'

For centuries, disabled people have been stigmatised due to fear based on ignorance and misinformation.

Massive public awareness campaigns must be aimed at helping the non-disabled to see that it is often their negative attitudes that disabled people find hardest to bear and which impose the greatest limitation on them. Such campaigns must also stress the potential of disabled people. They have abilities as well as disabilities and everyone must be made aware that rehabilitation is based on the philosophy that what a person can do is more important than what he or she cannot do.

There is special emphasis in the World Charter's recommendations on the abilities of disabled people and the importance for them of equal employment opportunities. Yet in Britain today unemployment among employable disabled people is effectively at least twice as high as it is among the able-bodied. In fact, there are parts of Britain where unemployment is now as high as 80 per cent among disabled people registered for work and for whom being out-of-work is a deeply demeaning further handicap. In seeking dignity and not the dole, they become doubly handicapped and suffer double despair.

What the World Charter seeks in the employment field is not only quota schemes, although they can be extremely important in terms of improving job opportunities for disabled people, but also reserved and designated employment, the provision of loans and grants for the development of small businesses, the granting of exclusive contracts or priority production rights to co-operative and other workshops for the disabled, tax concessions and other financial incentives.

E F Schumacher, in his book Small is Beautiful, in a memorable sentence said that: '...the chance to work is the greatest of all needs... for a man is destroyed by the inner conviction of uselessness'. I hold that to be eminently true no less of disabled people than of people generally.

Britain's five-and-a-half million disabled people (and the world's five hundred million) have the same rights as all humanity to grow and to learn, to work and to create, to love and to be loved. Without these rights, they are gratuitously further handicapped by the loss of opportunities and responsibilities which should be theirs.

The World Charter makes the case for community care, wherever that is appropriate, as opposed to providing for the disabled in institutions. Its recommendations for action include a call to all governments to ensure that, wherever possible, disabled people are helped to live at home as fully integrated members of their local communities. That makes good sense economically as well as being one of the main aspirations of disabled people.

Yet all of us want to do more than simply stay at home. We want to get out to cultural, social and other events. Most of us also want to go out to work if we can. That is true also of disabled people and access to the built environment is essential if they are to play their rightful part in the normal activities of life. In fact, such access is as crucial to the enjoyment of a full and fulfilling life as all the aids and practical help with which disabled people can be provided by a caring society. And for the disabled, as for everyone else, "access" is not just about getting into and around public and social buildings. It has the much wider meaning of going somewhere and being accepted on equal terms.

All of the World Charter's targets for action are deeply important but none more so than those which deal with the prevention of disability. In particular, there is a pressing need to extend primary health care to all communities and by new and expanded programmes of immunisation, to step up our assault on the six major diseases of childhood.

In this regard, the Charter calls for the total eradication of poliomyelitis by the end of the decade. Here again, active co-operation between developed and developing nations will be a vital necessity in achieving success.

As of now, the developed countries do more to disable people there than to prevent disability in the Third World. The world cigarette industry is dominated by five multi-national companies. The Third World is now their most important area of expansion and cigarette-related diseases look like becoming tomorrow's epidemic among the world's poor.

Again, the tradition of breast-feeding is being replaced by the technology of the bottle. Intensive campaigns by manufacturers have resulted in an ever increasing number of infants being artificially fed. The result is a health crisis.

Artificial baby milks are expensive and demand regular cash incomes. Reading the labels requires literacy. Bottles and mixing utensils must be sterilized and the water boiled. When one or more of these factors is missing, infants receive unhealthy diluted milk formulas in contaminated bottles. Diarrhoea, gastro-enteritis and malnutrition are the results.

Five companies (Nestle, Wyeth, Bristol and Myers, Abbott and Cow and Gate) account for 75 per cent of the total output of the infant food industry. The developing countries account for half the market, of which Nestle controls 40 per cent.

Many drugs which have been withdrawn in richer countries because of doubts about their safety, continue to be distributed in the Third World. Those of us in the developed world must, therefore, look at the prevention of disability in the poorer countries self-critically rather than with sloppy idealism.

The World Charter's aims cannot, of course, all be achieved at once, which is why IYDP must be seen not just as a one-year wonder that can soon be forgotten - or as this year's good cause - but as the start of a new era. Our concern must be to win for disabled people the rights, responsibilities and opportunities that all other people take for granted. They must include the opportunity to work and to enjoy all kinds of leisure pursuits. In breaking down the physical and social barriers against them, we shall also make it possible for disabled people to decide more things for themselves instead of always having decisions made for them.

Here in Britain there has been marked progress in providing new help for disabled people in the past decade, but there is still very much more to do if the World Charter's aims and recommendations are to be fully achieved. As I mentioned earlier, it was as the Minister for the Disabled in this country that I was asked in March, 1979, to chair the committee that was to draft the World Charter. I had then been the Minister for over five years and in that period, even at times when public spending in almost every other field was being cut back, there was rapidly increasing expenditure on new help for chronically sick and disabled people. Spending on cash help alone rose from £474 million in 1974 to £1,574 million in 1979. That was an increase of £1,100 million and is my credential for speaking now about the need for further advance. Again, spending on centrally financed services for the disabled almost trebled between 1974-79. In real terms, these were very substantial improvements and they were achieved in economic conditions of great difficulty.

Now the emphasis is on reducing provision on the grounds that disabled people must take their 'fair share' of cuts in public expenditure.

Invalidity Benefit has been cut this year by five per cent, in real terms, for 650,000 people whose working lives have been cut short by long-term sickness and disability. The reason given by Ministers is that Invalidity Benefit ought to be taxed, that it will be taxed as soon as they can change the law and that, in the meantime, they are cutting its value because the Government needs the money that would be raised if the benefit were already taxable. Yet the fact is that hundreds of thousands of the long-term sick and disabled people whose incomes have been cut would still fall below the tax threshold if Invalidity Benefit were to be taxed.

The cut in Invalidity Benefit is only one among many cuts in the living standards of disabled people. Take, for example, the five-fold increase in prescription charges. Or again, look at the effect on disabled people of the so-called 'simplification' of the Supplementary Benefit Scheme. I estimate that well over a million disabled people have suffered reduced living standards in consequence of that exercise alone.

In this regard, the Royal Association for Disability and Rehabilitation has said that:

> 'The Government has consistently requested local authorities not to charge people on Supplementary Benefit for home-helps, but has also taken specific action to ensure that no additional Supplementary Benefit can be paid to meet any charges. We believe that this is particularly disgraceful as an example of the two millstones of central and local government grinding disabled people in the middle.'

The Royal Association, with fourteen other national charities, are now prepared to take legal action if that is the only way of protecting disabled people from cuts in essential services.

The charities see themselves as acting in the public interest. For it is as much in the interest of the taxpayer and ratepayer as it is of disabled people to help them, wherever possible, to live at home.

For their part, Ministers now say that disabled people must increasingly look to charitable bodies for the services they need. The implication is that Ministers want charitable activity to increase and that they are ready to do whatever they can to help the voluntary sector. Yet in fact many of Britain's charities are in a state of deep financial crisis. By doubling VAT, the Government has put most of the voluntary sector deeply in the red. The Spastics Society alone, which had a deficit of £823,000 last year, is being forced to pay £300,000 in VAT this year. Every penny of that money was intended not for the Chancellor but for charity. Nevertheless the Treasury has refused even to receive a deputation from the charities to discuss the effect of the huge new burden of VAT that has been imposed upon them. Much apart from helping those who help others, the present policy is thus seen to be painfully twisting the arm of the Good Samaritan himself. As Brian Rix said recently, speaking as the Secretary/General of MENCAP: 'We are running a service for charity and we are being clobbered.'

Many other distinguished representatives of the voluntary sector have spoken to the same effect. They are people who pioneer and provide educational services, treatment and training for people with disabilities. Their contribution is a most valuable one, but they are held back in seeking to do more by the Treasury's hand in their till.

Happily not all recent developments have been for the worse. I take just three examples. First, the new specialties are saving an increasing number of hospital patients from permanent disability.

Secondly, and much to their credit, post office engineers continue to install telephones, in their spare time and without pay, in the homes of severely disabled people. It was recently announced that over 60,000 such telephones have now been installed by members of the Post Office Engineering Union without any charge to public funds for labour costs. That act of genuine fraternity unfortunately is not news. At least, I never saw it reported anywhere in the media. The third recent development I find most heartening is POSSUM's introduction of a special micro-processor for use by severely disabled people which enables them to work at home. It is so designed that it can store an indefinite amount of information on cassette tapes and, if requested, transfer information by telephone from one text processor to another. This enables the disabled person both to transmit to and receive back from a secretary or other person at a company office. The processor has been developed to use a normal keyboard in the case of a secretary. The great majority of POSSUM typewriter systems at present in use through the NHS could be converted to text processors on site.

I understand the present Minister made a recent visit to see the new development. He will know, therefore, how helpful the new micro-processor could be in assisting even some of the most severely disabled people to leave behind them the <u>dependence</u> of Supplementary Benefits for the <u>independence</u> of becoming taxpayers. He will also be aware of the wide range of equipment for rehabilitation and communication that is available and of how helpful it would be for such equipment to be supplied for the education of disabled children and young people. I implore the Government as the World Charter implores all governments, not to neglect the importance of modern technology in the service of disabled people.

Aiming at a new era for disabled people, indeed providing its agenda, the World Charter is now being presented to Heads of Government all over the world. It provides a timely opportunity for the Government here, and for other Governments across the world, to review priorities and to look again at the claims and needs of disabled people. The Charter asks Heads of Government to do all in their power to speed its implementation. It has been described as a document about man's humanity to man. The kind of society it seeks is one where there is not pity but genuine respect for the disabled; and where the disabled have a fundamental right to full citizenship and social equality.

The knowledge and skills now exist to enable each country to remove the barriers which exclude people with disabilities from the life of the community. It is possible now for every nation to open all of its institutions to all of its people. As I have shown, what is too often lacking is the political will to proclaim and translate into action the policies necessary to bring this about. Yet in my view only a nation responding to this challenge will ever recognise its true worth.