PARTNERS MATERIAL FOR WEEKEND ONE

A GUIDE TO YOUR FOLDER

COURSE ADMINISTRATION

- Programme for weekend one
- Contact sheet - details of presenters and facilitators
- Evaluation sheet for weekend one
- Expenses claim form for weekend one
- Assignment sheets for weekend two

COURSE THEORY AND CONTENT WEEKEND ONE
ABOUT OUR ACTIVITIES FOR THIS WEEKEND

- How we are hoping to work together
- Agreeing group groundrules
- Working with our reputations
- Mapping power

ABOUT THE PARTNERS PROGRAMME

- Partners in Policymaking - the history - update report by Lorna Edwards
- Partners in Policymaking - the course programme - a summary
- Partners in Policymaking - the competencies

ABOUT THE WAYS DISABLED PEOPLE HAVE BEEN SEEN AND HOW THIS AFFECTS THE SERVICES THEY RECEIVE

- Underlying Perceptions - lecture notes on social perceptions of disabled people
- The Significance of Russian Dolls - lecture notes describing the way our core beliefs about people inform our thinking about what they need
- Working in the Present - the Impact of Russian Dolls - lecture notes on the impact of myths about disabled people and how these translate into modern services
- Not a lot of people know this...lecture notes giving key facts about the current trends in services in Scotland

WEEKEND ONE
understanding
why things are
the way
they are now

ABOUT MAKING CHANGE HAPPEN

- Why it's difficult - lecture notes on why change in human services is difficult
- Change is dangerous - be careful
- Dealing with adaptive, not technical, challenges
- The risks of exercising leadership when it matters
- Understanding power
- Remaining credible when working on behalf of others

ABOUT DIFFERENT WAYS OF SEEING THINGS

- The Values of Inclusion - handout
- Giftedness Poster - outline of poster - worksheet

BOOKS, PUBLICATIONS, HANDOUTS AND TRAINING MATERIALS

From behind the Piano and What's really worth doing and how to do it (Jack Pearpoint and Judith Snow) - joint publication from Inclusion Press
From behind the Piano details the personal story of helping Judith Snow move out of an institution and into the community and the development of her circle of support. What's really worth doing contains Judith's strategies to make it possible for people who are vulnerable to be more included and introduces us to the concept of giftedness.

Action for Incluson - How to improve schools by welcoming children with special needs into regular classrooms - O'Brien and Forest with Pearpoint, Snow and Hasbury - Inclusion Press

SHS Newsletter

Inclusion Distribution publications list

WEEKEND ONE

PROGRAMME

FRIDAY 7 NOVEMBER 2003

11.00	Welcome and Introduction Lorna Edwards and Jaynie Mitchell, Partners in Policymaking Facilitators
11.15	Hearing from you
12.10	Agreeing our ground rules
12.30	Lunch
1.30	Why we do this Heather Anderson, Scottish Human Services Trust
2.00	What people think of us - positive and negative reputations Heather Anderson and Dr Laurence Clark
2.30	Perceptions, beliefs and imagery - a historical view
2.45	Break
3.00	Knowing our history Dr Laurence Clark and Heather Anderson
3.45	Understanding our history Heather Anderson
4.00	Short break
4.10	Imagery Dr Laurence Clark (Liverpool Disability Campaigner and Comedian)
5.00	Break Booking into rooms, settling in
6.00	Evening meal
7.00	History of the independent living movement - a Scottish perspective Peter Brawley, Glasgow Centre for Independent Living
7.45	Brian's Story Brian Rosie, Partners graduate
8.10	Life after Partners - Carina's experience Carina Mitchell, Partners graduate
8.35	Life after Partners - Lesley's experience Lesley Stalker, Partners graduate
9.00	Close

WEEKEND ONE

understanding
why things are
the way
they are now

SATURDAY 8 NOVEMBER 2003

8.30	Admin surgery
	Helping with problems, organising expenses etc
	Janet Murray, Partners in Policymaking Administrator
9.30	Key learning points
	Learning to listen
	Lorna Edwards and Jaynie Mitchell
10.15	Community responses to the rights of disabled people
	Lorna Edwards and Jaynie Mitchell
10.45	Break
11.00	Working with ideas of capacity and giftedness
	Lorna Edwards and Jaynie Mitchell
12.30	Lunch
1.30	Working with power - presentation and group exercise
	Lorna Edwards and Jaynie Mitchell
2.45	Break
3.00	Winding up
3.30	Making a difference - Louise’s story
	Louise McKenzie, Partners Graduate
4.00	Close

CONTACT NAMES AND ADDRESSES

Lorna Edwards, Janet Murray
and Heather Anderson
Scottish Human Services Trust
1a Washington Court
Washington Lane
Edinburgh
EH11 2HA
T. 0131 538 7717
F. 0131 538 7719

ledwards@shstrust.org.uk
jmurray@shstrust.org.uk
handerson@shstrust.org.uk
www.shstrust.org.uk

Miriam Leighton
c/o SHS office

Jaynie Mitchell
16 Knock Jargon Court
Saltcoats
KA21 6HG
T. 01294 463446
jaynie.equity@btopenworld.com

Peter Brawley
2 Bluebell Walk
New Stevenston
Motherwell
ML1 4LW
T. 01698 833753
pbrawley@globalnet.co.uk

Brian Rosie
14 Donald Street
Dunfermline
Fife
KY12 0BY
T. 01383 735391

Louise McKenzie
4 Redlands Road
Tullibody
Clackmannanshire
FK10 2QH
T. 01259 211665

Dr Laurence Clark
Chair of North West Disability Arts
Forum
MPAC Building
1-27 Bridport Street
Liverpool
L3 5QF
lc@laurenceclark.co.uk

Lesley Stalker
11 Adamson Avenue
Kirkcaldy
KY2 5EH
T. 01592 590569
uniqueisfab2@activemail.co.uk

Carina Mitchell
Dreamcatchers
Number Ten
Constitution Road
Dundee
DD1 1LL
T. 01382 305726
admin@circlesarounddundee.org.uk

EVALUATION BY PARTICIPANTS

Date ________________ Name ____

ABOUT THE PRESENTERS In your view, how well, or badly did the presenters do?

	excellent	very good	fine	poor	dreadful
Lorna Edwards					
Jaynie Mitchell					
Heather Anderson					
Laurence Clark					
Peter Brawley					
Brian Rosie					
Carina Mitchell					
Louise McKenzie					
Lesley Stalker					

ABOUT THE MATERIAL How useful did you find the course material?

	excellent	very good	fine	poor	dreadful
The material sent out about the course (the leaflet and additional information)					
The material sent out to you before the course (the booklet, directions, programme, assignment details, etc)					

WEEKEND ONE

understanding why things are the way they are now

YOUR VIEWS

What is your overall reaction to the first weekend?

Which parts of the course programme did you find most useful?

Which parts of the course programme did you find least useful?

What could we do better?

What could we do differently?

Any other comments?

Thank you for your time in completing this form

PARTNERS EXPENSES CLAIM FORM
7/8 NOVEMBER 2003

Name ____________________

Address ____________________

____

TRAVEL If travelling by car

Outward journey from ____________ to ____________

Return journey from ____________ to ____________

Please detail total miles for whole trip
Total cost of mileage claim based on 32p per mile £____________

If you were giving other people a lift, please list names below

____

____

____

TRAVEL If travelling by other forms of transport

Please give details of where you travelled from and the costs of each part of the journey

From ____________ to ____________ at a cost of £ ______
From ____________ to ____________ at a cost of £ ______
From ____________ to ____________ at a cost of £ ______
From ____________ to ____________ at a cost of £ ______
From ____________ to ____________ at a cost of £ ______

Total travel costs (including mileage) £ ____________

WEEKEND ONE
understanding
why things are
the way
they are now

CHILDCARE COVER
number of hours and costs

Friday 7 November 2003

from ____________________ to _______________________ total hours ________

Saturday 8 November 2003
from ____________________ to _______________________ total hours _________

If charged on an hourly rate, please specify the hourly rate £ ______________

Total fee claimed £ ______________

PERSONAL ASSISTANCE
number of hours and costs

Friday 7 November 2003

from ____________________ to _______________________ total hours ________

Saturday 8 November 2003
from ____________________ to _______________________ total hours _________

If charged on an hourly rate, please specify the hourly rate £ ______________

Total fee claimed £ ______________

TOTAL CLAIM FOR THE WEEKEND 7 AND 8 NOVEMBER 2003

TRAVEL .... £

CHILDCARE .... £

PERSONAL ASSISTANCE .... £

TOTAL .... £

Signed ____ date _______________

Authorised by ____________________________________ date _______________

Form of payment:

Cash __________ BACS ____________ Cheque ________________

Payment received ____ partners in PolicYmaking

PARTNERS IN POLICYMAKING - EXPENSE CLAIMS

In order to make our expenses payments to you more efficient, we are trying to phase out payment by cheque and introduce payments made directly into your bank account.

To enable us to implement this change, please complete the details below and return this form to Janet Murray, along with your expenses form. If you would prefer to continue to be paid by cheque (or by cash for small amounts) please let us know.

Name ____

Address ______________________________________

________________________ Postcode ____________

Bank/Building Society Name: ______________________

Address: _____________________________________

________________________ Postcode ____________

Bank Sort Code ____________________

Bank Account Number ______________

Your signature ____________________

WEEKEND ONE
understanding
why things are
the way
they are now

PARTNERS IN POLICYMAKING COURSE ASSIGNMENTS - NOVEMBER 2003

ASSIGNMENT 1
GATHERING EVIDENCE OF POSITIVE AND NEGATIVE IMAGERY

Background to your first assignment

During the first weekend we heard about how people labelled as disabled have often been presented in a negative way in the past - for example, they were seen as:

- an economic burden on society, people who have nothing to contribute and can't work
- eternal children, often described as having a "mental age of....."
- victims of illness who suffer from certain conditions, have hard lives etc.
- objects of charity or gifts from God, people who other people have to feel sorry for
- people who aren't yet 'ready' - who need to be improved, trained, fixed
- a social menace, who might harm or frighten others
- a life 'not worth living' - again evoking severe sympathy, pity and a belief that death would be a merciful
- as commodities

We also talked about how damaging these ways of seeing people are and how society in general has to shift its view of people labelled disabled if anything is to change. We talked about promoting alternative, positive perceptions of people, for example, seeing them as:

- citizens with equal rights
- people with a contribution to make
- people worth knowing
- allies
- teachers
- leaders
- friends
- experts
- people who enjoy life and love living
- powerful people

WEEKEND ONE
understanding
why things are
the way
they are now

We emphasised that many of these messages are sub-conscious - they may be passed on with the best of intentions with no intention of being devaluing or harmful. However, we see them around us everyday - from the bin bags delivered through the front door asking for donations for a group of people labelled disabled, to the advertising campaigns which ask us to admire the bravery of children suffering from disability or feel fear about becoming disabled ourselves.

Given the power of this imagery, we stressed the need to be very conscious of imagery in everything we do. We have to be deeply conscious of the unconscious message we are giving others about the people we are representing, whether this is in:

- the name of a group
- the name of building the group meets in, or the location of the building
- the image on the front of the leaflet and the quality of the leaflet and any other publicity or information produced
- the language we use to describe what we are doing and who we are.

Your First Assignment

Between the first and second weekend we want you to gather as much evidence as you can of both positive and negative imagery - and be clear about why you think it is negative or positive. This evidence can be from the newspaper, magazines, leaflets, information material you have received, posters, press cuttings, or stories and quotes from people you know.

When we come back in month 2 we want to prepare two big posters on the walls - a positive poster and a negative poster. So think about the kind of message the material you have given is sending to the real world.

ASSIGNMENT 2

During the history presentation, we heard a lot about the old institutions. We would like you to find out a bit about your local institution or poor house - where it is, what it was called, who lived there, how many people lived there, when was it shut down, etc.

If you can take a photograph or find some publicity material for the place, please bring this back with you. We will add this information to the time line on the Friday morning session of the second weekend.

You will find this information from a variety of sources and in a range of places. Some suggestions are:

- local library
- university library
- city or town archivist (your local authority will look after the archives or can help you find where they are)
- housing assocations - especially if old buildings have been converted into residential accommodation
- older friends or relatives might have stories passed down to them

ASSIGNMENT 3

During the first weekend of the course you started work on a giftedness poster for yourself.

For your third assignment we would like you to add to this poster once you have spoken to your friends and people you know who like you.

Bring this back with you to weekend 2 - we will be using the posters again.

HOW WE ARE HOPING TO WORK TOGETHER

Why we do this
To clarify with you what you can expect from us and what we can expect from you.

How we do this
The facilitators talk through the following points and then give you between 5 and 10 minutes in small groups to discuss any amendments or alterations you wish to make. We can alter the packs in the large group to take into account any changes you want to make.

As course facilitators we bring

- Experience of working with people and organisations around Britain who want to evaluate and improve the way they design and provide services for people
- Experience of working with and alongside user led organisations from the fields of learning difficulty, physical impairment, mental ill health and older people and children's services
- Knowledge of the history and key ideas which have shaped the development of the human service system, particularly during this century
- Considerable experience of teaching people to think about the philosophical basis of current service design and enabling people to develop strategies for change
- A thorough commitment to the values of inclusion
- A belief that the quality of life for many people who rely on services is unacceptably low and could greatly improve
- A belief that most staff working in services for people want to do their best - but that they need good leadership and support to help them do this

What you can expect from us

- What is said within the room, stays in the room - throughout the course people will be sharing their ideas and their stories - confidentiality must be respected. If any issue is raised which requires further exploration, we will discuss the next step within the group before taking any action
- We will facilitate the training sessions and seek to ensure that each person's viewpoint is heard and that each person is encouraged to contribute
- We will be ready to start on time.
- We will keep the programme under review with you, and adjust timings and content by negotiation if required
- We will use a range of teaching methods to make learning easier
- We will strive to make the course enjoyable, stimulating and useful

What we do not bring - but you do

- Knowledge of yourselves and some of the other participants on the course
- Knowledge about the current resources available within your area and the quality of services locally
- Knowledge of the way things work in this area - who's who and what has happened in the past
- Your time, energy and ability to learn
- Your intuition, imagination and inside knowledge - all of which will help you work out what to do next

What we expect from you

- To be present, or not - let us know
- To say what you think, not what you think someone wants to hear
- To participate
- To contribute
- To invite and respect other people's contributions
- To respect the fact that, within our agreed boundary, everything said within the room is confidential

AGREEING GROUP GROUNDRULES

Why we do this
The taught part of the course lasts 46 hours. Participants will also been working in locality groups, eating together and sharing their individual hopes and aspirations over the next 4 months. Many of the people will be meeting for the first time and they come from different service cultures.

We want people to work together in an inclusive, enjoyable and empowering way. We think it is important that we agree together some rules for how we work together over this period. This exercise is the first attempt at this process and may be revised as the course progresses. This is also an opportunity for individual participants to check out any concerns they have at this point about the course.

How we do this
We will give you between 5 and 10 minutes in small groups to suggest some basic groundrules. To help you come up with groundrules, it might be useful to think about the kinds of things the facilitators and other participants would have to do to make you feel at ease and part of the group.

Another way of looking at it is to think of things the facilitators or other participants might do which would make you feel uncomfortable and anxious.

It is also worth giving some thought to additional supports individuals on the course might need and how we organise this - someone might need a lift to and from the venue, someone might need help with taking notes or writing up their Inspiring Action Workbook, someone may be shy and need support to speak out in the big group.

You will need someone in the small group to take a note of the groundrules your group agree and report them back to the big group. We will hear back from each group and agree a final list of groundrules as a whole group.

You can take a note of the final list of agreed groundrules on the next page.

GROUP GROUNDRULES

1 ______________________________

2 ______________________________

3 ______________________________

4 ______________________________

5 ______________________________

6 ______________________________

7 ______________________________

8 ______________________________

9 ______________________________

10 ______________________________

WORKING WITH OUR REPUTATIONS

Why we do this
We live in a society where groups of people are often talked about and described as having shared sets of characteristics. This is the group's general stereotype, their public identity. Some groups have high status and value. For examples, nurses can be referred to as 'angels'.

Other groups have much lower status and public value. For example, 'Hell's Angels' can be seen as violent and scary. Football fans can be described as 'hooligans'. Traffic Wardens are considered as merciless and vindictive. People who rely on social security benefits can be seen as 'scroungers'.

Groups of people who experience low status in society can suffer from a negative reputation. Each person in this room uses services or cares for someone who uses services. They will all be aware of the public negative reputation the people they represent might suffer from because they will sometimes come across these negative assumptions and prejudices. For some people, they experience these prejudices on a daily basis.

In this exercise we want to draw on individual's experiences of these public perceptions and to see how common they are across service user groups.

This exercise will allow us to explore the prejudices and views held by the general public about certain groups in society, and to challenge some of those perceptions together.

How we do this
Step I - What we think they think about us
You will be asked to split into small groups. Each group should have a mix of parents and self-advocates and people from different areas around Scotland.

During the first 15-20 minutes we want the group to share their ideas about the negative reputation the feel their group has to deal with. What are the general, negative assumptions that are often made about people 'like you'.

While the group are sharing these ideas, one person in the group is to produce a poster that records this negative reputation. They will do this by writing down on a sheet of flip chart paper the words the group are using to describe how the general public view the group members.

All the negative posters will be displayed on one wall.

Step 2 - What we want them to think about us
Working in the same groups, you will be given 10 - 15 minutes to produce a positive reputation poster which illustrates how you would like your group to be viewed by the general public. Again, share your ideas and one person is to keep the record.

All the positive posters will be displayed on another wall.

Step 3
The facilitators will then ask constituency groups to report back to the whole group, starting with their negative reputations.

We will then reflect on our learning as a whole group.

MAPPING POWER

Why we do this
This is another attempt to help you reflect on and evaluate your current situation and think about how you might amend or improve it. Acknowledging and owning the power you have is an important part of the process of becoming a person who can make change happen. You have to also be aware of when projected power may be working against you.

How we do this
Everyone will individually be given some time to think about their own personal power and take their own notes on the attached sheet.

Using the four definition of power outlined in the presentation notes, please write down your own description of how these kinds of power are realised in your own life. If there is an obvious gap, you may want to think about what you can do about this.

Please take this page to note down your own sense of the different kinds of power you think you have at this stage.

Personal Power - Px For example your knowledge, skills, personality, appearance, ability, gifts	
Instrumental power - Pi For example, your control over resource such as money, equipment, information and people. All the networks and connections you have access to.	
Projected Power - Pp For example, the way others see you and what they invest in you. It can be influenced by public perceptions and attitudes. Remember that this power can be positive and negative.	
Official Power - Po For example, any posts you hold (Chair, treasurer etc) or titles you have (for example job titles or roles)	

Where are you currently powerful?

When are you vulnerable?

What can you do to change the current situation?

PARTNERS IN POLICYMAKING

THE HISTORY

THE AMERICAN EXPERIENCE
16 years ago, in the United States, a woman called Colleen Wieck began the Partners in Policymaking programme. Partners now runs in virtually every State of the United States, in England, Scotland, Holland and now Ireland. Colleen is now the Executive Director of the Minnesota Governor's Council on Developmental Disabilities.

THIS IS THE STORY OF HOW THE PROGRAMME DEVELOPED
In America, in the mid 1980's, Colleen was very aware that there were two main problems facing parents and self advocates. The first problem was one of age - the average age of leaders in the parent movement was over 60 and few younger parents were being recruited.

The second problem was one of strategy. Parents and self advocates did not speak with a united voice and the people with power would use this lack of agreement to prevent any change in the services offered. Often self advocates and parents were not well prepared and did not have informed and rational arguments to back up their case. Requests for services became emotional and personal battles.

At that time Colleen was a Director of the Council on Developmental Disabilities (the American term for learning difficulties). She was committed to informed parent and user involvement and she realised that parents and self advocates needed some training and support to empower and enable them to become effective and able partners at the policy making table.

Her solution to this issue was to develop the Partners in Policymaking programme - eight monthly residential weekend session for parents and self advocates to both

- inform them about how their local and national service system worked,

and

- train them to become effective contributors to local and national policy development.

The first Partners in Policymaking course ran in Minnesota in 1987, and since then the programme has been replicated and run in virtually all American states.

WEEKEND ONE
understanding
why things are
the way
they are now

SOME STATISTICS FROM THE STATES

1987	35 people graduate from the first Partners in Policymaking course in Minnesota
1990	Alabama, California, Colorado, Connecticut, Illinois, Indiana, Iowa, Louisiana, New York, Texas and Virginia ran Partners programmes
1992	36 States had started running Partners in Policymaking programmes
1995	2,934 people in America are Partners Graduates
1997	almost 6,000 people in America are Partners Graduates
1999	46 of the 50 states in the United States have sponsored programmes similar to the Partners programme and the total number of Partners Graduates in America as at October 1999 was 7,628
2000	over 8600 Partners graduates in America as at November 2000
2003	11,679 people have graduated from programmes in the US

THE BRITISH EXPERIENCE

A man called Chris Gathercole in the North West of England found out about the Partners Programme in the mid 1990's. Chris worked for the North West Training and Development Team, based near Manchester. He had attended workshops with Colleen and was determined to bring this programme to Britain. In 1995 Lynne Elwell travelled to the States to observe 2 Partners weekends and she and Chris worked together to adapt and develop the material for a British audience.

Funding for the first course came from the North West Training and Development Team, The Home Farm Trust and the Department of Health. Recruitment for participants from the North West of England was carried out in the 1995 and the first course ran in 1996.

This course was extensively evaluated and since 1996, over ten courses have run in England and four in Scotland, with a mixture of funding sources. Key dates for activity are:

1996	29 people graduate from the first British Partners course in the North West of England
1997	6,7 & 8 October - the North West Training and Development Team and the National Development Team run a 3 day international Partners Academy for people who want to learn more about Partners (people from Scotland attend)
1998	17 people graduate from the South West of England course in Bristol

1999	35 people graduate from the Greater Manchester Partners course 35 people graduate from the Liverpool Partners course
2000	22 people graduate from the London Partners course in June 13 people graduate from the Staffordshire Partners course in September 37 people graduate from the Scottish Partners course in May
2001	30 people graduate from the Cheshire Partners course in June 38 people graduate from the Scottish Partners course in June 27 people start on a Hartlepool programme in October 42 people start on the third Scottish programme in November
2002	37 people graduate from the third Scottish Partners course in June 35 people graduate from the first Dutch Partners programme 25 people graduate from the fifth North West of England Partners course in September Merseyside Partners in Policymaking launch own centre with successful fundraising bid Fourth Scottish course under way in November
2003	42 people graduate from the Scottish Partners course in June Second Dutch Partners course begins in October Partners in Policymaking is identified as a key element of the Valuing People review of services for people with learning difficulties in England First Southern Irish Partners course begins in October Fifth Scottish course underway in November

In England Lynne Elwell, the Partners in Policymaking Co-ordinator for a number of the programmes has also developed Sharing the Challenge, a partners type programme for self advocates and parents of older adults. The first programme ran in Lancashire in 2001 and a second is planned for 2002. The Merseyside Partners graduates have also been successful in securing funding to support graduates in their area and possibly run a second Liverpool programme.

WHAT MAKES THE PARTNERS PROGRAMME DIFFERENT
The content of the Partners programme is not unique, but the process for teaching the material and enabling people to increase their skills and knowledge is unique. The programme is designed to run over 8 months.

WEEKEND ONE
understanding
why things are
the way
they are now

Two thirds of the participants are parents of disabled children up to the age of 19, and the majority of these parents have young children under the age of 10. One third of the participants are disabled adults and the majority of these adults should be 35 years old or younger.

The course is designed like this for a purpose - Colleen wanted to maximise the amount of learning going on within the group and she wanted to attract people who were inexperienced or new to the field of campaigning and policy development. She wanted to build the leaders for the next generation.

Each weekend covers a specific topic and the aim over the 8 months is to cover all areas where parents and self advocates had a legitimate role to play in policy development. The course is competency based - you know you are on a Partners course when you are using a microphone, practising making presentations, rehearsing getting your point across and working on assignments which give you practical experience.

The other key ingredient is the quality of the presenters. Participants must be exposed to the best practitioners, thinkers and presenters in the field. These people are to be chosen from an international stage, not just the local area. The idea is to increase awareness of what's actually possible - the imagination and creativity of participants has to be stimulated and this is less likely to happen if you are only exposed to what you already know.

THE ESSENTIAL INGREDIENTS

- a mixed group of participants with an emphasis on young self advocates and parents of younger children
- a commitment to improving competence and practical expertise
- a determination to expose people to the best, most innovative ideas in the international field
- a programme which works with people over 8 months -

These ingredients make Partners different, serious and powerful.

THE HISTORY OF THE SCOTTISH COURSE

Scottish Human Services (SHS) became involved in late 1996. We attended a meeting in the NDT offices in Manchester to find out about the first Partners course. We had been invited because the North West Training and Development Team considered us to be an organisation who both shared the core values of the Partners programme and had the organisational ability to co-ordinate a Scottish course.

From that point to this, there has been years of activity to secure both funding for and commitment to the programme in Scotland. The key milestones in the process are listed here:

1997

March	Ayrshire and Arran Health Board in correspondence with SHS about a programme. Lynne Elwell comes up to run an information session.
June	Colleen Wieck makes presentation to Scottish Office.
September	Sought funding from the Department of Education and Industry of the Scottish Office.
October	International Partners Academy in Manchester - Scottish representatives from SHS, Ayrshire and Arran and Lanarkshire.
December	Further presentation by SHS and Lynne Elwell to the Scottish Office. Education and Industry agree to contribute towards the programme if Health and Social Work also contribute.

1998

February	Ayrshire and Arran agree to support the programme.
May	Sought funding from the Social Work Directorate and the Department of Health within the Scottish Office - correspondence continues for nearly a year.
Jan-Dec	SHS organises a number of information sessions and workshops to generate interest in the programme throughout 1998 Both Greater Glasgow Health Board and Fife Health Board agree to support the programme.

1999

March	Final agreement from Health Gain, Social Work and Education and Industry to provide seed funding (£30,000) for the programme on the basis that we attract match funding from local authorities, health boards, NHS trusts and other sources. We start to generate a further £60,000 - £70,000 for the programme - this work continues until June 2000.
October	First 40 participants meet at Barony Castle Hotel.

2000

May	37 Partners graduate. Presentation to Iain Gray, then Deputy Minister for Community Care. Commence recruitment for next programme, in spite of lack of financial support.

WEEKEND ONE

understanding
why things are
the way
they are now

September	National Lottery Charities Board agree to partially fund 3 national programmes and a graduate programme. Confirm with potential applicants that course will go ahead!
October	First Graduate session with Michael Kendrick.
November	New batch of 40 participants start second programme.

2001

March	Second Graduate session with Rose Galati, Canada Third Graduate session with Al Etmanski and Vickie Cammack, PLAN, Canada.
May	Fourth Graduate session with John McKnight, Chicago 3 day workshop entitled “Making Room to Work” with John O’Brien and Jack Pearpoint – reduced rates for Partners.
June	38 Partners graduate. Presentation to Trevor Jones, Head of the NHS in Scotland. Mr Jones so impressed he asks us to organise follow up presentation to ministers.
October	Graduates from the first and second courses present to Susan Deacon, then Minister for Health, and Malcolm Chisholm, then Minister for Community Care, in Edinburgh on 23 October. Trevor Jones, Head of NHS Scotland, plus numerous senior civil servants from the Scottish Executive attend the session. Exhibition boards prepared, report produced, and evaluation of first two courses undertaken.
November	Fifth Graduate session with Phoebe Caldwell, 42 new participants commence third programme. Full evaluation due by 20 November.
December	Sixth graduate session with Eddie Bartnik, Director of Metropolitan Services, Disability Services Commission, Western Australia. Eddie presented on Local Area Co-ordination.

2002

January	Seventh graduate session with Mary Schuh, University of New Hampshire/University Affiliated programme. Mary presented on inclusive educational practice and graduates were encouraged to bring along allies.

February	Eighth graduate session with Tom Kohler, Citizen Advocacy Co-ordinator, Savannah, Georgia, USA on the importance of independent advocacy
May	Ninth graduate session with Bruce Uditsky, Executive Director, Alberta Assocation for Community Living. Bruce presented on the importance of families organising for change.
June	Tenth graduate session with Judith Snow, philosopher, author and campaigner for social justice. 37 people graduate from the third Scottish Partners in Policymaking programme, making a total of 112 graduates around Scotland. Jim Wallace, QC and Deputy First Minister to the Scottish Parliament and Trevor Jones, Head of NHS Scotland attend presentation.
November	43 new Partners commence the fourth Scottish course

2003

March	Graduates and participants attend session to consider the draft Additional Support for Learning Bill
June	42 people graduated from the fourth course, bringing the total number of graduates in Scotland to 154, presenting to Euan Robson, Deputy Minister for Education and Young People and Trevor Jones, Head of NHS Scotland.
November	Around 40 participants begin the fifth course

Throughout 2002 Scottish Partners in Policymaking graduates presented on the Dutch Partners in Policmaking programme. We were also involved in the development of an Irish Partners in Policymaking course which begins in October 2003, with a number of Scottish graduates presenting throughout the eight weekends.

WEEKEND ONE
understanding
why things are
the way
they are now

THE COURSE PROGRAMME

The course runs over the 8 months from November 2002 through to June 2003. We meet on a Friday and Saturday once a month. The sessions start at 11.00am on the Friday morning and end at 4.00pm on the Saturday. We work on the Friday evenings and stay in the hotel on the Friday nights. All meals are provided.

The course is as inclusive as possible. The venue is fully accessible and can cater for specialist diets. Key materials can be provided on tape, in large print, in Braille or in another language. An induction loop and a signer can be available if required.

The course covers the following subjects:

SESSION 1
7-8 NOVEMBER 2003

UNDERSTANDING WHY THINGS ARE THE WAY THEY ARE NOW
During these two days we will look at the history of services for disabled people and how public and professional attitudes have caused disabled people to be segregated and excluded from society.

We will also look at the way change has happened in Scotland and in different parts of the world. Organisations of families and organisations of disabled people have played a major part in these changes and we will study the work of these groups.

SESSION 2
5-6 DECEMBER 2003

RELATING TO THE SYSTEM
During these two days we will spend time mapping out how the system works in different areas and sharing some stories. We will be building up a picture of the way services are currently organised. We will be finding out who does what, who pays for it, how you get it and how can you influence it.

We will also begin to explore ways of planning for better support services for ourselves.

WEEKEND ONE
understanding
why things are
the way
they are now

SESSION 3

16-17 JANUARY 2004

INCLUSIVE LEARNING - BEFORE, DURING AND AFTER SCHOOL

Many people who are trying to improve the place of disabled people in our society believe that we need to start by making schools inclusive. These two days will look at the issues raised by inclusive education for people of all ages.

We will hear about the ways other communities and societies have made inclusive education a reality and spend time thinking about what we can do in Scotland to make our education system more inclusive.

SESSION 4

13-14 FEBRUARY 2004

GETTING THE RIGHT SUPPORT AT HOME

This session will concentrate on home matters - what sort of help do families need at home; how should family support and respite be organised in the new millennium; how do we support people with disabilities to leave the family home and live in a place of their choice with the support they need.

We will exploring the alternatives to residential homes and group living and finding out about the growth of the community living movement. We will be gathering up to date information about new ways of supporting people within the community.

SESSION 5

12-13 MARCH 2004

EMPLOYMENT AND TRAINING

Many disabled people in Scotland face a lifetime of attendance at a day centre. Others have to survive with unpaid or low paid work. During these two days we will be hearing about ways of supporting people to find work and earn a living and receive the training and support they need to do this. We will be finding out how people’s benefits can be affected by earnings and about their legal rights within the workplace.

SESSION 6

16-17 APRIL 2004

RIGHTS AND SELF ADVOCACY
Discrimination on the grounds of disability is not a medical, social work or educational issue - it is a civil rights issue. During these two days we will be hearing from powerful self advocates about the growth of the disability movement internationally and nationally and the changes they want society to make.

We will also be spending time improving our own presentation and lobbying skills and techniques.

SESSION 7

14-15 MAY 2004

MAKING CHANGE HAPPEN LOCALLY
This session is about how to influence things locally in people's own community or in the way that services work. Everyone on the course will have different things they want to change.

For example, some people might be trying to make their local play group accessible or getting the local authority to support their sons or daughters to attend the local secondary school. Some people might be trying to change the way local housing departments deal with requests for tenancies from people with learning difficulties or getting the local authority to produce their publicity and information material in Braille.

We will be hearing from people who are experienced in running campaigns and learning how to work with other people to achieve positive changes.

SESSION 8

18-19 JUNE 2004

BUILDING A MOVEMENT AND MAKING CHANGES AT A NATIONAL LEVEL
During this last session we will be hearing about how to influence the Scottish Parliament and get policies adopted to improve things nationally now and in the future.

We will be talking to politicians and civil servants involved in the Parliament and learning about the different organisations involved in lobbying and campaigning at national level.

This is also the Graduation session and we will be hearing from the new Partners graduates about what they are going to do next!

Throughout the course we will be gathering information about the latest ‘enabling’ technology for disabled children and adults. We will also be looking at practical skills for helping people to participate and communicate.

In between the sessions there will be a range of course work to chose from and some participants will be working on their own projects.

PARTICIPANTS MUST ATTEND ALL EIGHT SESSIONS.

COMPETENCIES FOR SCOTTISH COURSE

UPON GRADUATION, PARTNERS WILL BE ABLE TO

1. Explain how past negative beliefs about disabled people (as recipients of charity, as objects of pity, as eternal children, etc.) have shaped the history of the services for disabled people
2. Recognise the importance of presenting disabled people in a positive and non-disablist light, emphasising capacity and contribution rather than needs and deficiencies
3. Talk about the role parents and self advocates have played over the past 50 years in changing society's views about what is both acceptable and possible for disabled people
4. Recognise the limitations of the current service system and understand the importance of giving individuals, their families and friends some person centred tools and techniques to help them work out what they want in their life and how they get it
5. Build a shared vision of an inclusive Scotland for the year 2010
6. Describe the reasons for quality inclusive education
7. Outline specific strategies to enable people to achieve inclusion and quality of education
8. Recognise the role of family and individual support and be able to argue for flexible, responsive and person centred support for all individuals or families
9. Recognise the importance of raising expectations and developing networks to increase the likelihood of disabled people gaining access to real educational opportunities, training and employment
10. Explain the need for independent advocacy at both the individual and at local and national government level
11. Have knowledge of best practice in independent living and mechanisms to promote both physical, emotional and financial independence
12. Identify strategies for beginning and sustaining grassroots level organising around specific issues

WEEKEND ONE

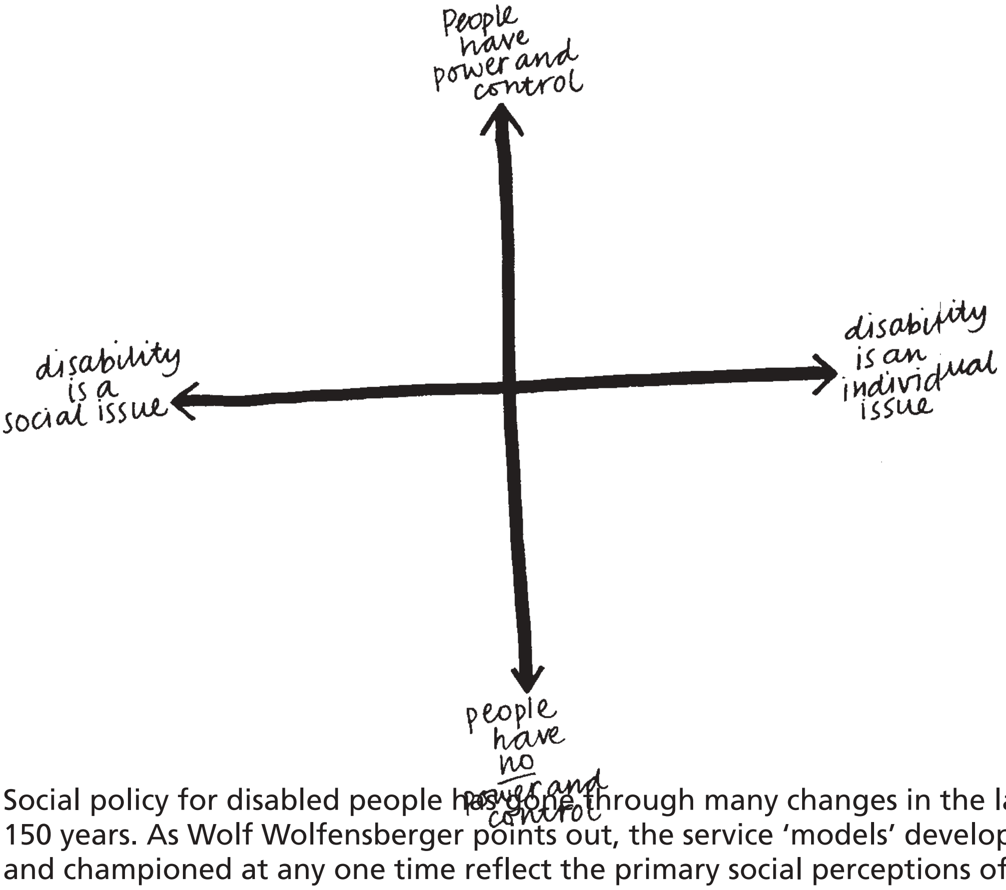
understanding
why things are
the way
they are now

13. Demonstrate how to meet with officials and representatives of local authorities and the Parliament
14. Understand how local government and the Parliament is organised in Scotland
15. Demonstrate how to both conduct and contribute effectively to meetings
16. Prepare and make presentations in a range of settings (small meetings, conferences, delegations etc...)
17. Identify mechanisms to promote co-operation and coalition building between separate disability organisations that will result in combined strength to influence public policy more effectively
18. Understand the real meaning of the values of inclusion and be able to refer to these values when developing their ideas and theories about how best to assist disabled people to get the lives they want to live

UNDERLYING PERCEPTIONS

Please note that when we use the term disability in this document, we are using it in its broadest sense. The client groups we refer to today - for example, people with learning difficulties, people with physical impairment, people with mental ill health, older people, homeless people - are relatively recent and the categories used by earlier social policy planners were different.

Throughout this lecture we will be referring to the following grid and using it as a frame to help us understand the development in social policy over the last 100 - 150 years.



Social policy for disabled people has gone through many changes in the last 150 years. As Wolf Wolfensberger points out, the service 'models' developed and championed at any one time reflect the primary social perceptions of disabled people. Most of our services today retain elements of many different models.

SOCIAL PERCEPTION - DISABLED PEOPLE AS AN ECONOMIC BURDEN
Disabled people may be seen as primarily a drain on society, as people who do not contribute but simply require other people to pay for and support

them. The ‘colonies’ and ‘farm schools’ set up to provide for people from 1870 onwards were organised to be as self-sufficient as possible, in order to reduce the costs to the public purse, and league tables were published to compare the performance of different institutions. This was one of the

pressures which encouraged very large establishments in rural settings, to achieve economies of scale. Many hospitals in the U K had farms until recent years.

Continuing this tradition people in adult training centres used to undertake jobs like packaging on a contract basis and, rather than get paid directly, would earn money for the local authority or the voluntary organisation running the centre.

Many elderly people are now regarded as economic burdens for the rest of society and throughout the 80’s we were constantly warned that as a society we would not be able to sustain our ageing population.

The ideas of cost and burden are also prevalent in the discussions around abortion of unborn babies who are suspected of ‘defects’ or ‘abnormalities’.

SOCIAL PERCEPTION - DISABLED PEOPLE AS ETERNAL CHILDREN

Disabled people, particularly people with learning difficulties and older people, may be seen as children who never grow up - in fact, there are social clubs called the ‘Peter Pan Club’ based on exactly this view.

Seeing and treating people as children is a theme which runs through many different services, and is often explicitly justified on the basis that people have a ‘mental age’ of 5 years, or 6 months, or whatever. This is given as an explanation for why people do not have a home of their own, or a job, or any money - and why they have not been consulted in crucial life decisions.

Services which treat people as children will seek to protect them from risk, from responsibility, from serious choices, from knowledge - to keep them in a state of innocence and also of powerlessness.

Design, decor, activities and language all reinforce the message that ‘these people are childlike’ and ‘we are the grown-ups’. Many adult services have Santa’s Grotto set up for Christmas. There are heated debates about whether someone in their 50’s should or should not be allowed to carry a doll around with them. Bedrooms are decorated with children’s posters and the TV is switched on for the teletubbies. People are addressed as children - men and women in their 80’s are referred to as boys and girls and asked to eat up their dinner. Older men and women, who are considered to be ‘disorientated and confused’ are asked to play team games with parachutes as a form of therapy.

Expressions of opinion by adults are simply discounted and not taken seriously. Staff assume a parent-like authority in relation to people of their own age and older, without even thinking about it. People are expected to ask permission and follow rules as if they were in primary school - while at the same time being told ‘this is your home’.

Some villages and ‘rural communities’ have a strong element of this approach - they wish to protect people and to create a ‘make-believe’ world where they will be able to escape the dangers of the real world. However, some of these villages also miss out on much of the variety, fun and freedom of the real world.

SOCIAL PERCEPTION - DISABLED PEOPLE AS SICK/PATHOLOGICAL

Disabled people may be seen as primarily sick or diseased. They are defined in terms of their diagnosis or syndrome. Some of the consequences of this include:

- People being grouped by diagnosis, living alongside people with the same syndrome in a service run by an organisation for people with that syndrome. It is not clear what benefits derive from sorting people into these groups, since the syndrome itself is not treatable or curable. Unlike TB, these syndromes are not contagious, and there are no benefits to other people from grouping people in this way.
- People’s ‘clinical needs’ are the focus of intervention, and people’s ordinary universal needs for housing, employment, friends etc. may be overlooked or seen as secondary.
- Medical and clinical perspectives and language are given overriding importance. Decisions about the risk attached to someone living in their own home are seen as medical matters. Normal activities such as riding, swimming or making things are redesignated as ‘therapeutic’, as if there is a sickness in people which these activities will cure.
- “Challenging behaviour” is seen as a side effect, not of neglect, abuse or boredom, but of the learning disability - in medical terms, it is seen as a diagnosis rather than a symptom. It becomes a focus for clinical rather than environmental intervention.
- It is seen as acceptable and desirable to undertake research and observations on people in their everyday life. Some services use one way glass to enable them to observe and monitor people. Nurses are located in observation stations.

THE NEED FOR HEALTH CARE

Disabled people do need good health care, and some are much more likely than the general population to develop illnesses and chronic conditions which need treatment. Unfortunately, the sickness model does not always result in people getting good basic health care - in fact, many disabled people living in hospitals, hostels and group homes have unmet primary health needs.

Often people in long stay hospitals have to be removed to general hospitals for medical treatment. They may not receive regular dental check ups or sight tests. Many older people in institutions have had their teeth removed, they share hearing aids and they don't have glasses. They may have far less information about the drugs they are compelled to take and their side effects than ordinary members of the public. They may have far less power to refuse medication and may often be sedated against their will.

This is nothing to do with the skills and qualities of people who have trained as nurses. This is about the model. A service model based on the perception of people as primarily sick is not focused on meeting the most important needs of people with learning disability and/or physical impairment.

It is worth remembering that the long stay chronic care institutions were not mostly built as hospitals. Before the NHS was founded in 1947, they were called schools, asylums or colonies. They were included in the NHS almost as an afterthought. Only then were they renamed as hospitals and seen as places where people would be cared for by nurses and doctors rather than keepers, instructors, wardens or attendants.

SOCIAL PERCEPTION - DISABLED PEOPLE AS OBJECTS OF CHARITY & HOLY INNOCENTS

Disabled people may be seen primarily as objects of charity and some are seen "as gifts from God". The connection with religious beliefs is not always consistent - sometimes serving such people brought the carer closer to God in some way and at others times the person was seen as some form of punishment for some previous misdemeanour. Lynne Elwell, a trainer in this field of work, talks about the nuns regarding her deafness as a blessing but her left handedness as a sign of the devil.

In pre-industrial times, disabled people may have been supported in monasteries, by wealthy benefactors or through charitable donations from the parish. Many religious organisations, for example the Brothers of Charity and the Church of Scotland are major providers of care services.

With the development of secular charitable and voluntary organisations, the image of people as objects of charity has been maintained as a way of raising money. Organisations still use collecting cans, second hand shops, door-to-door collections, and summer fairs to encourage people to 'give to the handicapped'. Some organisations post bin bags to houses asking for second hand goods.

Many large voluntary organisations use pity and fear as a way of making us put out hands in our pocket. One campaign in Christmas 1998 asked us to buy a Christmas decoration to 'hang on our tree' because the beneficiaries of the charity 'were hanging on' for our donation - presumably they weren't enjoying Christmas in the same way as US.

Many disabled people find this demeaning. It undermines their status as citizens - they do not have a right to decent services but should be grateful for handouts. Some of the annual charity events in Britain are strongly criticised by organisations of disabled people for the imagery they perpetuate.

Contrast this for example with the Big Issue where homeless people themselves do a disciplined job to earn some cash and produce a quality product. Comic Relief is another example of an organisation promoting positive imagery.

Generally, this notion of people as objects of charity encourages organisations to be complacent and think of themselves as working out of the goodness of their heart. Instead they should think of themselves as privileged to provide a service to people, and as accountable to the people they serve.

SOCIAL PERCEPTION - DISABLED PEOPLE AS PEOPLE IN NEED OF IMPROVEMENT

Disabled people may be seen primarily as people who need to learn skills in order to gain acceptance in society. They are not yet ready, but with enough help some of them may make the grade.

This way of thinking was the motivation behind the first residential schools for people with learning disabilities and/or physical impairment founded in the 1840s and 1850s in the UK and US. These were relatively small schools providing intensive training in on trades such as printing, bookbinding, shoemaking, tailoring and brush-making. However, many students never 'graduated' to the point where they were economically self-sufficient, and many of these schools, founded with great optimism, gradually deteriorated into or were replaced by long-stay institutions.

A similar model is used today in 'adult training centres'. People may spend thirty years of lives 'training' for something, but never getting there. Sadly, some of the trades which had a real economic relevance 150 years ago are still the focus of some of the activities in such centres, and have become nothing more than ways to fill the time.

This idea of people as ‘trainable’ is double-edged. It encourages people to develop their skills and abilities. But at the same time, it puts people in the position of ‘not yet ready to join in’. If people are seen mainly as deficient, in need of fixing, there is too much emphasis on their learning disability or impairment and not enough on them as a whole person. Also, many people will never learn to be ‘independent’. As Judith Snow, an internationally recognised thinker and campaigner in the disability movement, comments:

“I am perfectly eligible to live in a chronic care institution. I have never had the full use of my body in all of my 44 years and the taxpayers of Canada would pay $150,000 a year for me to be hospitalised. But 5, or, even 40 years later I would still have very limited use of my body. People would allow me, even support me, to spend the rest of my life waiting to become a person who walks and moves my arms. “

SOCIAL PERCEPTION - DISABLED PEOPLE AS SOCIAL MENACE

If disabled people are seen primarily as a menace to the stability and prosperity of society, then the job of services becomes to keep them out of the social mainstream and prevent them from having children. This was done most aggressively in the early part of this century when there was an active policy of taking people away to segregated institutions.

It was commonly accepted that a wide range of ‘mental deficiency’ was passed on through a single recessive gene, and that this gene had to be eliminated through social engineering.

Compulsory sterilisation was also used. Although it was publicly rejected in both the US and UK as impractical as a mass policy, it was and still is used as a way to deal with particular individuals.

This policy was taken to its logical extreme in Nazi Germany with the mass killings of disabled people during the 1930s. Sterilisation has only recently been changed in Canada. Many people will be familiar with the fact that the people with disabilities were experimented on and killed before the mass slaughter of Jewish people.

In the midst of all this, it is worth noting that the Nazis at the Nuremberg War Trials cited the Alberta Eugenics Board in Canada as a source of inspiration for their policy of sterilisation. Many People First organisations in Canada are supporting people to sue their state over the fact that they were sterilised without either knowledge or consent.

The social menace model is perhaps strongest today in relation to people with mental illness. Despite the evidence that the number of murders committed by people with mental illness has actually fallen over the last 40 years, many people still believe that this group represents a social menace.

FROM DETENTION TO INTEGRATION?

From 1930 onwards in the UK, there was a shift in official policy away from detention in institutions to supervision in the community. However, despite this shift in policy, the number of people in mental handicap hospitals and other long stay hospitals continued to grow in Scotland up to the 1960s and 1970s.

Many disabled people first started to be ‘identified’ systematically with the introduction of universal education in 1870 and the use of intelligence tests to screen children. Children with learning difficulties were either ‘ineducable’ and left at home, or were sent off to separate schools. Many children with any form of physical impairment were also identified and segregated, with schools and homes for the deaf, blind and infirm being established.

Despite the various Education Acts, disabled children still have to fight to get into the mainstream education system at age 5, and then have to keep fighting to stay in. Many teachers and parents still regard them as a menace or distraction to the ‘ordinary’ children. Despite the presumption of mainstream inclusion in the Standards in Scotland Schools Act 2000, children with labels of disability can still be excluded on the grounds of their assumed aptitude or ability, the perceived cost of their inclusion and their unfulfilled potential for interfering with the efficient education of other children. No other children have to pass such tests to attend their local primary school.

Social menace model reappears in the use of genetic testing and screening. Many people make the unconscious assumption that the world would be better off without disabled people. Therefore, if we can find out that someone will be born with a disability we should organise an abortion as a matter of course.

SOCIAL PERCEPTION - DISABLED PEOPLE AS A LIFE NOT WORTH LIVING

Some disabled people are seen as so impaired that their lives could not possibly be worth living. For example, the phrase ‘persistent vegetative syndrome’ is now used to describe a person in a coma. Similarly older people with dementia may be described as ‘gone’. Nursing homes are sometimes referred to as “God’s waiting room”.

Decisions about when it is worth undertaking painful treatment for an illness which is not curable are always difficult, but we are too ready to dress these decisions up as medical rather than ethical. Withholding food and water is not withholding medical treatment, but starving someone to death.

SOCIAL PERCEPTION - DISABLED PEOPLE AS COMMODITIES

The growth in the care sector, particularly over the last 10 years, and the integration of business language and ideology into the provision of care, has supported the view of disabled people as commodities. The following article by David Brindle in the Guardian newspaper on 2. September 1998 talks about older people being 'bought and sold".

"Old people are being bought and sold without any say or protection as nursing and other care homes change hands at on alarming rate, a campaign group is today warning... The alert comes from Counsel and Care, which specialises in advice and help for older people in care homes. It says that growing domination of the homes sector by bigger companies, and the accelerating withdrawal from it by local authorities, mean that home residents increasingly resemble a commodity being traded - often without knowing who 'owns' them. Some have experienced up to five different owners of their homes."

The article goes on to say that there are now 16 companies each operating more than 1000 beds in nursing, residential or dual-registered homes. BUPA Care Homes is by far the biggest in the field, with almost 16,000 beds, but Ashbourne has more than 8,500 beds and Westminster Health Care almost 6,000. It states that there is "no direct voice for the users of the service - old people themselves and their relatives and carers."

A NEW SOCIAL PERCEPTION - DISABLED PEOPLE AS CITIZENS AT RISK

All of our work at SHS is based on seeing people first and foremost as citizens - as adults and children first - who share common human needs, but who need more help than other people to get these needs met.

The sort of help that disabled people need is not different in kind from the sort of help that everyone else needs from time to time in their life. What is different is the intensity of help, and the fact that people may need help for most or all of their life.

Disabled people are also people with a contribution to make. We believe that society as a whole benefits from the presence and inclusion of people with disabilities and that it would not be a better place if all disability was eradicated.

Services based on this perception concentrate on helping people be included; on increasing and maintaining their power and status, and building their networks of friendship and association.

THE SIGNIFICANCE OF RUSSIAN DOLLS

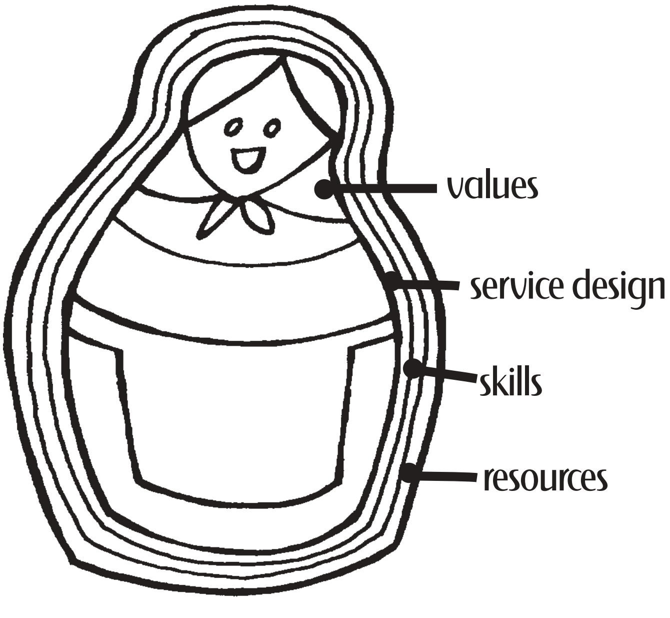
At the heart of an organisation we generally find a set of core beliefs and values which embody the organisation's reason for existing and its understanding of the world. This set of beliefs informs what the organisation does - how it organises itself and what job it sees itself as doing.

The way in which the organisation sets itself up and the job it sees itself as doing determines the type of staff it recruits and the skills and experience they look for in those staff. It also shapes what roles it wants these staff to undertake and what kind of resources it depends on.

Very crudely, if the organisation's core belief is that people with disabilities are a social menace they may see the job of their organisation as removing people from society and keeping them somewhere else, preferably somewhere isolated. They may also believe that people like this should be kept with their own kind.

They might call the staff wardens or supervisors and the job of staff would be to supervise the custody of such people. If the people were perceived as violent and dangerous, the staff would require techniques to restrain people and medication to sedate them and keep them under control.

If the core belief is that disabled people are at risk from harm and are vulnerable in the community, an organisation wishing to do something about this may remove these people from the potentially damaging community where they are at risk and place them somewhere where they could be kept safe - 'for their own good'.



WEEKEND ONE
understanding
why things are
the way
they are now

This place might be supervised by superintendents or care staff. As people would not be allowed to leave this place, the staff would require a number of in house services to enable people to live their lives in this environment, i.e. catering, shops, hairdressing, dentistry, workshops.

If the core belief is that disabled people are clinically ill or chemically unbalanced in some way, they might be placed in hospital type settings staffed by nurses and clinicians. They would need resources to occupy people through the day but there would be a heavy emphasis on medical and behavioural intervention. In this environment, the people might be called patients and everything they did would be seen through a medical frame, generally as some pathological enactment of their diagnosis or condition.

If the core belief is that these people are simply an economic burden, then they should be put in a place where the care is as economic as possible. There may be an implicit ethos of allowing people to die. There are many stories of residents being deprived of food and drink.

As you can see, the core beliefs about who these people are and our explanations about why they are like that have very strong consequences.

As these views change, services providers and service systems struggle to keep up and adapt. At the Battle of Trafalgar at the beginning of the 19th century all the ships were wooden with guns pointing out of the sides. By the end of the century, all the ships were steel and the guns pointed out to the front and back.

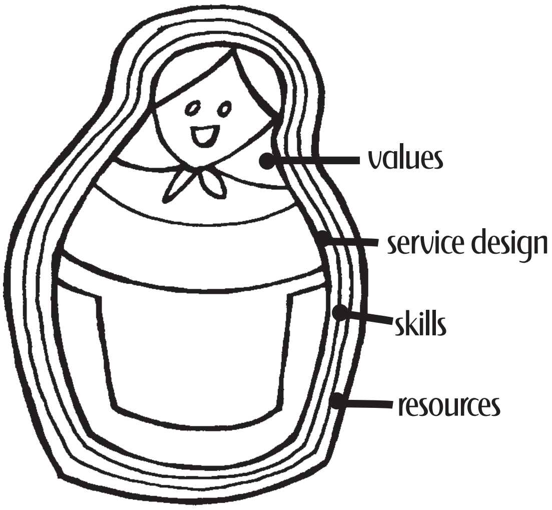
In the intervening period there were many different kinds of ship, half wooden, half steel with guns in a mixture of positions. Military strategists had to develop different manoeuvres and sequences to make sure the ships were facing the right way in combat. The pace of change during this century is unimaginably faster and for many people working in human services it may feel like we don’t know which way we are being asked to face.

WORKING IN THE PRESENT - THE IMPACT OF RUSSIAN DOLLS

Despite the best efforts of staff most services tend not to address or meet people's most important needs

Services typically face four different challenges in closing the gap between what people need and what they get. These are to do with: values and vision, service design, staff skills, and resources. A service may face all or some of these challenges.

- Values and vision
- Service design
- Skills
- Resources



These factors are linked. The underpinning values shape the service design, and this shapes the skills we expect from staff. The skills of staff affect the range and type of resources available to the service.

Organisations and services often say that all they need is more resources. However, it is clear that if the challenge is one of service design or of values and vision, just increasing staff resources will not prove to be a productive first step - it may be simply putting new wine into old bottles. Each type of challenge provides a constraint on what the service can achieve.

1. THINKING ABOUT VALUES AND VISION

We have seen the central role of values in shaping the way we understand people's needs and the sorts of services we provide. It is difficult to get managers in a service to take time out to talk about values - about what they think people need, about what makes them go to work in the morning. Values are not something which can be simply written down in the mission

statement and then left to look after themselves. Staff at all levels of the organisation need the chance to keep thinking about what they are trying to do, and why. This thinking works better if it can be done alongside the people who rely on the service.

Human services need to take as much care working on their values and vision as they take working on their budgets and their development plans. Otherwise, they will quickly go off course, and end up being very busy doing the wrong thing.

The values and vision must be clear, and they must be faithful to what people who use the service want and need. Otherwise, energy will be wasted and the service will not be focused on the right task. Every other decision will be flawed and may be counterproductive.

2. THINKING ABOUT SERVICE DESIGN

The service design must allow and enable the implementation of the values and vision. By design we mean the way the service is set up and managed: when, where and how people are able to use the service: the buildings that are used, the way people are grouped, the relationship which the service creates between staff and service user.

Many services were set up with a different set of values and vision and have inherited a design based on those different values. To make sense of their new vision they may need to make significant changes in design.
The explicit philosophy may have changed, but the models used are still the old ones. So we may talk about integration and inclusion but we still operate a whole range of segregated services - special needs housing, sheltered workshops, special schools, horse riding for the disabled, nursing and residential homes, day centres for people with learning difficulties and club houses for people with mental ill health.. We are still using many of the buildings put up between 1850 and 1950 to keep people 'out of sight and out of mind'.

The way we do things is influenced as much by unstated assumptions and custom and practice as by written policy.

Service practices, the 'look and feel' of the service, the design and location of the building, job titles and the way staff see their role, the messages the service sends out about what it is - all these often reflect very old-fashioned and sometimes unconscious assumptions about the people being served.

If you accept that children and adults with disabilities are citizens at risk of social exclusion, the role of services is to support and strengthen the capacity of society to include them and to help them maintain and extend their positive social identity as valued members of their communities.

3. THINKING ABOUT STAFF SKILLS

The staff skills must be up to the task. However clear the values and however beautiful the service design, a service cannot work well unless practitioners have the right skills. People who have done their previous job competently and conscientiously may feel defensive at the prospect of having to learn new skills, but without this a service may have all the right words but show no results. If the service has clear values and a clear vision, skilled and motivated staff can go a long way towards compensating for poor service design.

However, as a result of the way services are designed, staff become skilled in ‘doing for’ and even ‘thinking for’ people in the service. The language they use indicates very clearly where they believe the power lies in the relationship: they talk about “taking people to” places; of “allowing people ” to participate in activities. They become skilled at ‘organising’, ‘minding’ and ‘managing’. It is harder for them to learn ‘listening’ ‘standing back’ and ‘responding’.

Staff also become very comfortable inside ‘their’ building and less confident and comfortable ‘outside’. It is difficult for them to imagine functioning outwith the building and they begin to question the possibility of activity outside - ‘but what if it’s raining?’. Staff may not be skilful at introducing people they work with to people and places in the community, and may consciously or unconsciously mark people out as different and dependent.

4. THINKING ABOUT RESOURCES

Each of these three factors impose or remove a constraint on what is possible. Clearer vision, better design, higher skills increase the range of what can be achieved. The final constraint is the volume of resources - how many people, how much money can the service use. Everything else could be right and the service might be in a situation where progress can only be made if more paid staff are employed.

Most services would be happy to have an extra member of staff. But many services lack imagination in making use of the skills and resources of the people who use the service; or of their friends, families and contacts. Some services could also do more to make use of the skills and resources of their existing staff.

NOT A LOT OF PEOPLE KNOW THIS...

KEY FACTS

MENTAL HEALTH
Proportionally, there are twice as many long-term residents in psychiatric hospital in Scotland than in England.

This is not just about older people who got stuck in the system in the 'bad old days'. More people under 44 are being admitted to psychiatric hospitals than at any time in the past.

Prescriptions for anti-depressants rose by 30% between 1994 and 1996 and for anti-psychotics by 12% in the same period.

SEGREGATED EDUCATION
Despite policies promoting integrated education for children with special needs, there are the same proportion of children in special schools (1 in 100) as there were 10 years ago. To give each child the right to attend their local school, we would need to include one or two children with special needs in each primary school, and about ten children with special needs in each secondary school.

INSTITUTIONS FOR PEOPLE WITH LEARNING DIFFICULTIES
There are still 2,800 adults with learning difficulties living in long-stay hospitals in Scotland - proportionally about four times as many as in England and Wales.

In Norway, a country with a similar population to Scotland, there were 6,000 people with learning difficulties living in institutions in 1983. (In Scotland at that time there were exactly the same number). Following the national reform programme started in 1989, all the institutions in Norway were closed by January 1997.

The number of admissions to institutions for people with learning difficulties in Scotland is at an all-time high, and more than twice the number in 1983. Nearly all of these are for short-term care, but there are still long-term admissions taking place.

WEEKEND ONE
understanding
why things are
the way
they are now

RESIDENTIAL AND NURSING HOMES FOR OLDER PEOPLE
Since the NHS and Community Care Act of 1990, there has been a reduction in the number of residential homes and long-stay hospital beds. But the number of private nursing home beds has more than doubled, so the overall

amount of institutional care has increased from 39,200 beds in 1991 to 45,500 beds in 1998 - an increase from 12 to 13 places per 100 people over 75.

Nursing home companies are big business - for example Edinburgh-based company Highfields has doubled its turnover each year for the last four years and now earns £40 million per year. The large nursing home companies are buying up the smaller ones, and are quoted on the stock exchange.

Although community care was supposed to be helping people stay in their own home, most of the money transferred from the Benefits Agency to local authorities in Scotland has gone to fund nursing home care. The number of home helps in Scotland has not increased since 1993, and the number of home help clients appears to have actually decreased.

The number of district nurses has not increased in Scotland since 1980, while the number of medical consultants has increased by over 40%. Over the same period, the average length of stay in general hospital has consistently reduced.

October 2000

WHY IT'S DIFFICULT

What makes things difficult in human services

- Complacency - people don't see the problem
- Mental models - people don't see how it could be different
- Lack of imagination
- Distraction - change requires sustained effort and people move on to other priorities
- Low expectations - people who use services and their families do not expect things to be any better, and do not have a vision of an alternative
- Lack of political and financial power for service users and families
- Complexity - change involves realigning the way that large bureaucracies work
- The demands for simplicity and predictability - the more individualised services are more complex to design and manage, so there is always pressure to move to a fixed menu with fixed models
- Fixed investments - money and staff are tied up in old models, and resources are attached to existing buildings and projects rather than to people who use services
- Financial inflexibility - we have very few ways of moving money around the system or using money to facilitate change
- Competition - agencies which need to collaborate to achieve change either don't want to work together or don't know how to
- Separatist thinking - we are so used to looking for serviceland solutions for our particular 'care group' that we do not make good use of generic resources and structures
- Anxiety - we do not know how to do the new thing and we are frightened of making mistakes or of having to learn new skills
- Change increases costs and risks, and few people see the benefits of change as important enough to make this worthwhile

WEEKEND ONE

understanding
why things are
the way
they are now

CHANGE IS DANGEROUS – BE CAREFUL!

It is important to recognise that people making change happen is disruptive. Any organisation facing disruption tries to restore balance. Heifetz and Linsky, in the book "Leadership on the Line" (Harvard Business School Press, 2002), talk about four basic methods organisations use to prevent change and restore equilibrium:

> *"When exercising leadership, you risk getting marginalised, diverted, attacked or seduced. When people resist adaptive work, their goal is to shut down those who exercise leadership in order to preserve what they have."*

Examples of marginalisation might include:

- demoting, sacking or relocating someone
- listening to the person only when they are talking about their designated area of relevance, ie women only being asked to comment on issues directly related to women, such as childcare or the shoppers creche
- undermining someone's authority or credibility by the way you react to them, talk about them, behave towards them
- identifying someone entirely with the issue they represent – so you can ignore them when that issue is no longer a fashionable or pressing issue
- setting up a small scale, pilot project which has no impact on the mainstream.
- giving a small, generally insufficient amount of funding to a new group.

Examples of diversion might include:

- encouraging or compelling someone to widen their agenda so broadly that they lose focus and impact
- promoting someone and giving them more responsibility
- overwhelming the person with other demands, ensuring that they are kept extremely busy.

Examples of attack might include:

- turning the focus of attention away from the change issue and onto a personal issue, making the person the topic of conversation, not the issue
- being physically removed or controlled, eg demonstrators being restricted by police
- being attacked for your character, your competence, your family or the company you keep
- misinterpreting your views
- being physically attacked, injured or even assassinated.

Finally, Heifetz and Linsky talk about seduction, a politically charged word. They define seduction as taking someone out of action by attracting them with something that has special appeal to them.

Examples of seduction might include:
giving the person something they want,

- money
- power
- influence
- access
- status
- attention
- flattery
- position
- praise

in order to exercise control over them now, or later.

Everyone who wants to make change happen needs to be conscious of their personal weakness. What is yours?

DEALING WITH ADAPTIVE, NOT TECHNICAL, CHALLENGES

In life we sometimes have to deal with technical challenges. There is problem that needs to be solved, a puzzle that needs to be cracked. If we apply current know how, principles and techniques, we will be able to sort it. The work of technical change in human services is often carried out by statutory authorities.

Sometimes, however, when trying to change human services, we are dealing with problems to which there are not already devised, not yet applied, technical solutions. Trying to apply more of the same, faster, doesn't crack the problem we are trying to solve.

We are then dealing with problems which pose "adaptive challenges", as described by Ronald A Heifetz and Marty Linsky in their book Leadership on the Line (published Harvard Business School Press, 2002).

Heifetz and Linsky explain that adaptive challenges require experiments, new discoveries, and changes in attitudes, values and behaviours. They require people to be creative, imaginative, thoughtful, reflective, courageous, honest and bold in the face of uncertainty.

We would suggest the job of effectively and meaningfully including people who are currently devalued and potentially marginalised in our society is our greatest adaptive challenge. Creating support systems and services that both meet basic human needs and increase the likelihood of individuals playing an active part in their communities is not something that we already know how to do well. It is something that we have to learn how to do well.

Heifetz and Linsky state that leading people through a process of adaptive process requires distinct leadership qualities.

> *"If leading were about giving people good news, it would be easy. Unfortunately many leaders avoid the hard work. How many leaders have you heard say something like this?*
>
> *'We can't keep going on this way, but the new direction is yet undetermined, and how effective any plan will be in enabling us to thrive - or even survive - in the new environment is also unknown.*

> *We're going to have to go through disagreements and conflicts as we sort through what's precious and what's expendable; loss as we abandon comfortable pieces of the past, old routines and even close relationships with people; feelings of incompetence as we strive to innovate and learn new ways; and doubt and uncertainty as we make inevitable wrong turns on the way.' Clearly this is a very difficult message to deliver, however honest."*

As Heifetz and Linsky stress, people generally resist change. When they are faced with an adaptive challenge, they can't see that the new solution will be any better than the current condition. All they see at the start of the process is potential for loss.

Part of the work of changing human services involves all of us in thinking carefully about what we are trying to do and why we understand it to be difficult. It requires us to gather our knowledge about what other people have tried and to think together creatively about what a good next step might be. It involves us each reassessing who we think we are in the process and the part we can each play. It also requires us to think about what we are willing to give up as well as what we hope to gain.

THE RISKS OF EXERCISING LEADERSHIP WHEN IT MATTERS

RECOGNISING WHY WE DO THIS WORK
Each of us came into the work of changing the world for a reason. Many of us may have a deep sense of social justice or simple fairness. This may have been instilled in us when we were children. We may have watched our mum or dad stand up for someone. We may have felt injustice inflicted upon us and never forgotten it.

We may be honouring a learned sense of duty, believing it is good to do something for others. We may have stumbled into friendship and joined others who were fighting their own cause. We may unconsciously be trying to heal damage to ourselves by working to prevent further damage to others. We may be operating out of fear of what might happen if we don’t do something. We may have come into the world of social justice through chance, not design.

We may not know yet what brought us to this work. If we don’t know why we are here, it is worth spending some time trying to discover the reason. If you are unaware of your own motivation, you can mislead yourself. It is important to recognise whether the source of the motivation is essentially love or fear. The consequences are significant.

EXERCISING LEADERSHIP
Exercising leadership is often about making something happen, encouraging and taking action. It is about taking a position, speaking up, identifying ourselves as not just one of the crowd.

Some of us see other people who inspire us to act, some of us suddenly find ourselves at the front of the crowd. Some struggle to obtain positions of influence. Some become trapped in a complex web of competing interests.

Some can find themselves undertaking leadership not because they wanted to, but reluctantly, because no one else spoke up.

When we do find ourselves in a position of leadership we become vulnerable. The act of standing up for something means that you are taking a position. Whenever you take a position, you set up a counter position. You may be clear what you stand for – others make sense of it by defining what you don’t stand for. Being pro-something is twisted into being anti-something else.

For example, anyone who declares that they believe in the benefits of inclusive education is constantly asked to explain why they don’t believe in the benefits of special education. This is part of the territory. Exercising leadership is about declaring a position and leading people to it. Whilst the skills of consensus building are important, there are times when you have to be clear who and what you stand for. Others will constantly challenge you over these matters.

RECOGNISING WHO OR WHAT YOU ARE WORKING ON BEHALF OF

When you are tying to make change happen you have to be able to operate outside your “home” territory. Most people are trying to effect change out there, in the real world. That means that they have to have influence, be heard and exert pressure out there, in the real world. You don’t make change happen by staying home, watching East Enders.

Many people who are affected by impairment, illness, or significant difference, find themselves trying to change the parallel world of Service Land. These people become veterans of service reform. They spend their time and energy living within the compound of services, negotiating with people who are employees of Service Land about reform within Service Land.

We know there are significant power differences between people who design, deliver and manage human services and the people who rely on receiving them. Namely, the first group generally have the money, the staff and the resources. The second group need them. Employees of the system have significant legal power over members of the public. Social workers have statutory power over the protection of children. Psychiatrists can place people under section. Educational psychologists have enormous influence over where your child is going to be educated.

The human service system has a historical legacy of “care and control”. There is endless tension between statutory enforcement and capacity building, social work provision and community development. We are essentially caught in the cross fire between these conflicting forces:

Exercising statutory social control over people	Empowering people to manage themselves
“Knowing what’s best”	Asking what might work
Believing that they are working with the best of intentions and in the best interests of the people they serve	Being accountable to people and being of service

When people who have been traditionally viewed as powerless are trying to make things change within a system that has traditionally exercised “power over” people, there are many dangers.

KEEPING YOUR SUPPORTERS ON BOARD

Leaders are given their position by people who support, admire and trust them. Maintaining the support of your supporters and key allies will sustain you in the struggle. However, all change involves both sides agreeing to give up something. When leaders are in a negotiating position, they run the risk of disappointing their own core supporters, their key core allies every time they negotiate a deal. They are at risk of being seen as compromising, or selling out, or betraying their supporters.

Leaders are similarly at risk of being ineffective in delivering change. If they are too dependent on the flattery and endorsement of their supporters, their position might be too inflexible. They may be unwilling to confront and convince their supporters that they might have to adjust their position to secure a deal. They are then unable to make change happen at all.

Anyone exercising leadership has to be conscious of the dangers and reflect on how they are safeguarding themselves from such dangers.

UNDERSTANDING POWER

ACKNOWLEDGEMENTS
This presentation is heavily indebted to the work of the Craighead Institute and the Grubb Institute and is based on the papers these organisations prepared on the subject of power and authority. In particular these notes draw on a paper entitled "Reflections on Authority and Power in Groups and Systems", by Colin Quine of the Grubb Institute. This paper formed part of the course materials for a Diploma course in consulting and facilitating, organised by the Criaghead Institute in 2002. A copy of this paper can be provided for further reading.

The key extract from these papers refers to work undertaken by Bruce Reed of the Grubb Institute in the early 1970's which led him to define power and authority in the following ways:

Power is an attribute or quality of persons or groups.
Authority is an attribute or quality that is attached to roles within a system.

In this section the focus is on the term power. Reed distinguished between four different sources of power.

Px	Personal Power
Pi	Instrumental Power
Pp	Projected Power
Po	Official Power

PERSONAL POWER (PX)
This is the power that each of us has, based on our skills, experience, know-how and personality, combined with our particular personal resources of appearance, intelligence, character, temperament etc. Your gifts are examples of your personal power.

This power can be inherited (how you look) or acquired (through developing knowledge and skills), but you have responsibility for how you use it.

Personal power is always available for our use because it belongs to us. However, we can be in circumstances where, for example we are experiencing high levels of uncertainty or anxiety, and we can lose touch with our personal power and feel "powerless" or "de-skilled"

INSTRUMENTAL POWER (PI)
This is the power you have because you have control over resources. These resources can be money, information, contacts, equipment. All these

WEEKEND ONE
understanding
why things are
the way
they are now

resources are external to the person (unlike personal power) and their access to this power may be under the control of someone else (for example, their line manager).

Whilst control over and access to money is a very obvious example of this power, contacts, networks and information are also extremely important when you are trying to influence change. Exercising this power means developing these relationships and using those connections.

PROJECTED POWER (PP)

This is power attributed to or given to you by other people. Leadership of groups and organisations depends on capacity to attract projected power. When you are leading groups you are carrying this kind of power, projected onto you by the people who are following you or supporting you.

The person does not have any control over whether they are given projected power and projected power can be both

- positive. (for example, believing you are a good person because you are a priest) and
- negative (for example, believing you know everything about everyone in the office because you are the boss's wife).

Celebrities carry projected power. It can also be given to people because of their relationships to other people who are seen as powerful. As this power is given to you by others, you cannot control it.

People can be seen as charismatic leaders because others project a certain kind of power onto them. The power comes from the way others regard you, the qualities and attributes they assume you to have. If something disrupts this view of you (a scandal or previously hidden information) this power can evaporate in an instant.

This power is connected to reputation and public perception. It can operate negatively with people who have previously been socially devalued. People who are trying to change traditional attitudes have to be acutely aware of this kind of power.

OFFICIAL POWER (PO)

This is the power that you have because of your title, office or position. This may be because you are called the Chief Executive, the Director, the Manager, the Head teacher, the Minister. The office of course also gives you access to instrumental power.

This type of power is based on people's expectations of the title, not the person. Official power can operate, regardless of the person, their capabilities, their personality or whether they are even known or recognised. It can operate on the basis of their signature. This also means that the power will be passed onto the next post holder and not remain with the past post holder.

These different kinds of power help us understand why we might be powerful in some areas and powerless in others. By examining our own sense of the power we carry, we can increase the power we have and use it more consciously.

REMAINING CREDIBLE WHEN WORKING ON BEHALF OF OTHERS

When you are working for change, you can often exercise influence, but not power. Your position may be in the gift of the people who manage the service system. Your invitation to the table can be withdrawn if your behaviour or suggestions are disapproved of.

You can be invited to make a contribution, but you cannot enforce any action. You can be critical of the current set up, but have no authority over it. Any power you experience may feel very transient and disapproval can come from any direction.

When you are trying to keep yourself grounded and safe in such an environment, you need to know whom you are working on behalf of and whose authority your carry within you. You need to know what makes you both credible and authentic.

When we were thinking about this solitary person trying to make change happen, we began to imagine a triangular force field around the person. The three points of the triangle represented the following:

- their personal credentials
- their constituency credentials
- their service system credentials.

Each of these points carries their own positive and negative attributes.

PERSONAL CREDENTIALS
These include your natural authority. For example, being a parent of a child with a disability, being an older person etc. With the growth in 'user led' organisations, this credential has become increasingly important.

However, it is worth being aware that whilst a strong connection between a person's identity and the cause they are campaigning for is useful, it can also make the person vulnerable. Any time the external world devalues the issue they are wishing to be addressed, they can experience personal devaluation. Any expression of prejudice can be taken as a personal insult. Stigma is experienced not an abstract concept, but is acutely felt.

A person's beliefs and commitment to a cause or set of ideals can also give them personal credibility. People who are seen as genuinely being committed to a cause, without any obvious personal connection (such as having an impairment themselves or caring directly for someone else, etc), are of course essential to the growth of any movement. If the only members of your movement are people who have direct personal reasons to be there, you will not change the world.

CONSTITUENCY CREDENTIALS

These include the organisations, groups, clubs and families you consider yourself to be a member of and to represent.

Your influence can mirror the public reputation and power of the organisation. Some organisations are more powerful than others: they have larger bank accounts; they employ more staff, they have been around longer and they are members of the recognised disability establishment. Others are viewed as troublemakers or single issue groups, who have a very narrow focus. They may be seen as angry and destructive, rather than passionate and constructive. Trying to create a profile for a new issue or group is time consuming and organisations are often in competition with one another for restricted resources and influence.

SERVICE SYSTEM CREDENTIALS

These include the groups, committees, steering groups and working parties you are a member of and the number of key people within that system you can count as allies.

The status you have in these groups will depend on the alliances you make, the personal relationships you develop and the knowledge you bring. If you are not involved within the service system, you have little chance of changing anything. You may have huge personal authority and strong support from your constituency groups, but you won’t be making anything change.

BEING CENTRED

Imagine these three different kinds of credentials as points on a triangle around you. Each point of the triangle is in tension with the other two and your task is to remain an equal distance from each point in order to retain credibility with each party. If you move more towards one point than the other, then the whole structure becomes distorted.

For example, if you are seen as being in the pocket of the service system, the people and cause you represent may begin to become uncomfortable and feel unrepresented or even betrayed. They will withdraw their support. Alternatively, if you do not manage to maintain status within the service system, you may be strongly supported by their constituency but not be of use in negotiating change.

If you are seen as being only interested in your own personal issue, you can be sidelined by the service system and marginalised by the constituency of interest you claim to be a member of. You can be accused of working only out of self-interest.

If you are seen as working on behalf of one group, you can again attract criticism in terms of self-interest, particularly when service provision contracts are being negotiated. However, if you have no connection with any group or organisation, it is difficult for you to act in a representative way as you may have no one to check anything out with or to mobilise.

Your task is to be aware of how healthy and balanced your own credibility map is and to take action to ensure that each point of the triangle is strong.

THE VALUES OF INCLUSION

Every one is born in
we are all born as equal citizens and part of a community, we are only later excluded

All means all
everyone capable of breathing, even if breathing requires support, is entitled to be included - no-one is too difficult, too old, too poor or too disabled to qualify

Everyone needs to be in
if people are physically excluded, they have to be physically included. Judith Snow talks about presence being the first criteria for inclusion - if you’re not there, no-one will know you’re missing

Everyone needs to be with
being there is necessary - but being with takes time and effort. A community is not just a locality - it is a network of connections and relationships. We have to help people be part of and belong to communities, not just be lonely residents within them or day visitors to them

Everyone is ready
no-one has to pass a test or meet a set of criteria to be eligible - everyone is ready to be part of community now and it is community’s task to find ways of including them

Everyone can learn
we believe that everyone should be given the opportunity to learn new things, grow as individuals and develop to their full potential. Everyone can learn and we can all learn to be better teachers

Everyone needs support - and some need more support than others
no-one is fully independent and independence isn’t our goal. We are working towards interdependence and differing degrees and kinds of support at different times

Everyone can communicate
just because someone can’t or won’t use words to communicate doesn’t mean that they don’t have anything to say - everyone can communicate and we have to work harder at hearing, seeing, understanding and feeling what people are communicating to us and communicating back

Everyone can contribute
each person has their own gifts and strengths - and each person has a unique contribution to make. Our task is to recognise, encourage and value each person’s contribution - including our own!

Together we are better
we do not believe the world would be a better place if everyone is the same. We are not dreaming of a world when all differences are eradicated and all disabilities are cured - we believe that diversity does bring strength and that we can all learn and grow by knowing one another

WHO AM I POSTERS

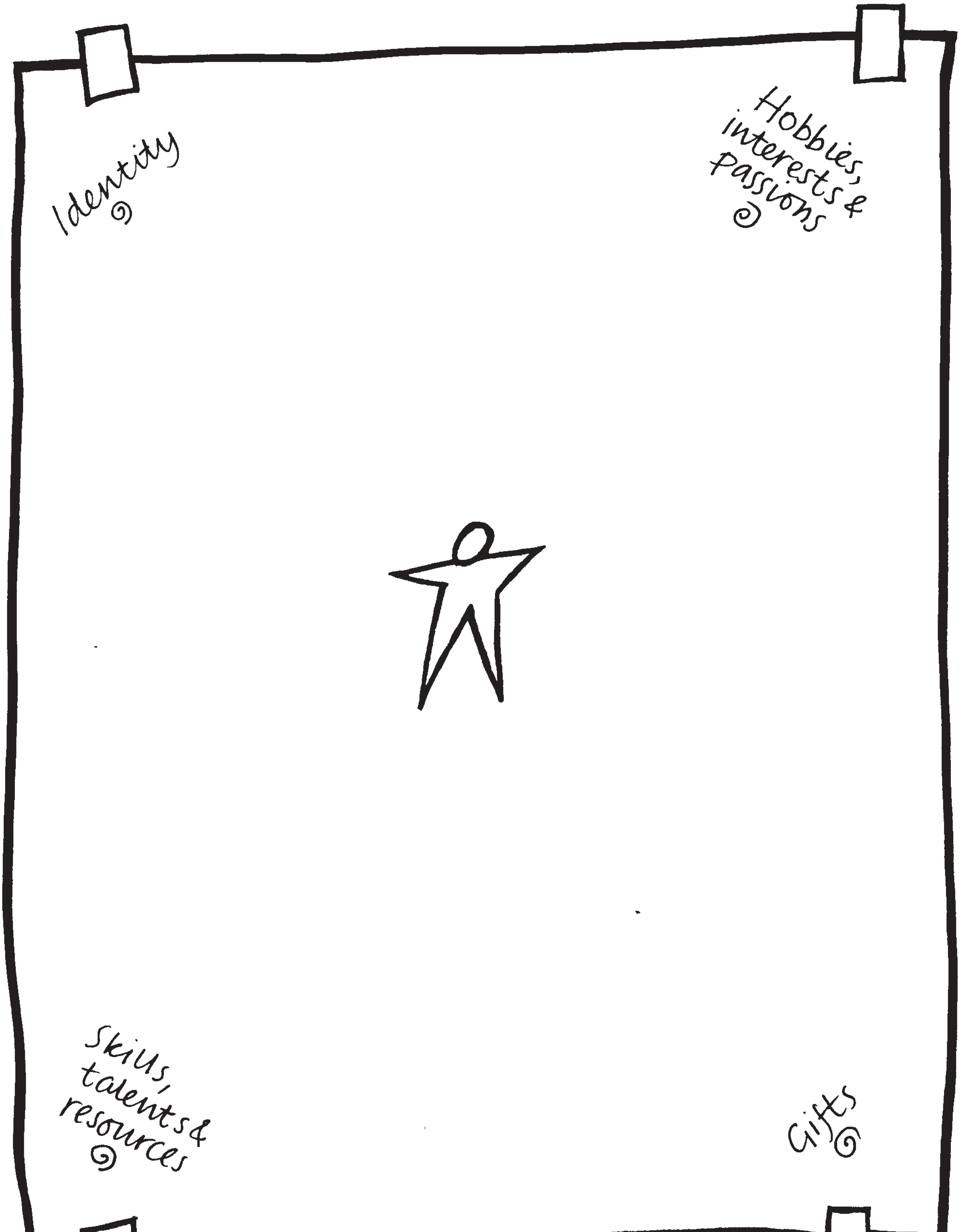
One framework for focussing on an individual's strengths and capacities is to do a 'Who am I?' poster with them (see overleaf). The framework suggests a series of good questions to ask - which when taken together will give a rounded and positive view of the person you are either trying to get to know or introduce to others in the community.

WHAT'S MY IDENTITY?
This includes information about age, gender, job titles and important roles in the person's life, e.g. a 30 year old woman, a mother of boys, a big brother, the baby of the family, a nurse, a cleaner, the person who everyone talks to, the office agony aunt, the optimistic one in team meetings, the van driver, the fixer, etc...

WHAT ARE MY HOBBIES, INTERESTS AND PASSIONS?
This should list all the areas and interests the person has, as much as possible in their own words and in as colourful detail as possible, ie, they are a Hearts fanatic, adore Indian food - especially chicken tikka, like an expensive white wine, etc.

WHAT ARE MY SKILLS, TALENTS AND RESOURCES?
List everything the person can do, is good at, and enjoys. Also list all the people the person knows who might come in handy, together with any equipment or resources they have access to, ie they drive a car, have a spare bedroom, own lots of CDs etc.

WHAT ARE MY GIFTS?
This can be difficult for people to do themselves. Our culture seems to discourage giving ourselves much credit. It is here however that friends and allies can be of most help. What do these people say about you? Why do they like you? What attracts them to you? ie, an infectious smile, a great listener, someone to lean on, etc. Remember what was said earlier about the sense in which we use the word 'gifts'.


Identity
Hobbies, interests & passions
Skills, talents & resources
Gifts